

**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda,  
Vishakhapatnam, Andhra Pradesh, INDIA, 530040.  
TEL NO : 891-3501601  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET****Registration Details :**

**Admission No** : IP22-00023299      **Admit Date** : 17-Jun-2026      **Admit Time** : 01:10 PM      **UHID** : HCV-00037719

**Patient Details :**

**Patient Name** : Mrs P MANISHA SRI LAKSHMI      **Age** : 29 Y 10 M 30 D  
**Guardian** : Mr HEMANTH      **DOB** : 18-07-1996  
**Gender** : Female      **Religion** :  
**Occupation** :      **Martial Status** :  
**Address (H)** : Govt Diary Farm Vishakhapatnam Andhra Pradesh INDIA 530040      **Phone No** : 7730038688/  
E-mail : no@gmail.com

**Admission Details :**

**Bed Type** : PRIVATE ROOM      **Bed No** : PVT 102      **Ward Name** : 1F-FIRST FLOOR  
**Room No** : PVT 102      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr HEMANTH      **Relationship** : W/O  
**Contact Address** : Govt Diary Farm Vishakhapatnam Andhra Pradesh INDIA 530040      **Phone No** :

*P. Hemanta*  
Signature

**Doctor Details :**

**Doctor Name** : Dr. M V R SHAILAJA      **Specialisation** : OBSTETRICS AND GYNECOLOGY  
**Referral Doctor** : Dr. Nivedhidha      **Phone No** : 6380611251  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : HERITAGE HEALTH INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00037719 IP22-00023299  
Mrs P MANISHA SRI LAKSHMI  
18-07-1996 29 Y 10 M 30 D (F)  
UHID No :..... Dr. M V R SHALAJA .....Consultant : .....Dept.: .....  
Date of Admi: .....Date of Discharge:.....Time:.....  
Room / Bed No : .....Ward : .....Suggested Billable bed type:.....



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
17/6/26	11:20 AM	MICU	102	Shan
18/6/26	7:30 AM	102	MICU	Shan
18/6/26	8:50 AM	MICU	OT-II	Uela
18/6/26	10:45 AM	OT-II	MICU	Uela
18/6/26	12:05 PM	MICU	102	Uela

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	18/6/26	689574	Prathyusha
2.	Jyothirmayee	18/6/26	689574	Rajeev
3.	Prathyusha Samuel	19/6/26	89681	Prathyusha
4.				
5.				
6.				
7.				
8.				
9.				
10.				

check by Rajeev 18/6

Cross checked by [Signature]



# INVESTIGATIONS

Date	Investigations	Order No.	Signature
17/6/26	NST 11:40 pm	6759 ✓	Jhaw
17/6/26	CRBS 101mg/dl 12:30pm	13132 ✓	Jhaw
17/6	NST 4:20pm	6760 ✓	Jhaw
17/6	Cervical length (Due)	6761 ✓	Jhaw
17/6	CRBS @ 9pm 100 mg/dl	3137 ✓	Niger
17/6	NST @ 9pm	6765 ✓	Rhe
17/6	CRBS @ 10pm 121 mg/dl	13147 ✓	Rhe
18/6	NST @ 1am	6766 ✓	Rhe
18/6	NST @ 5:30am	6770 ✓	Rhe
18/6	CRBS @ 6am 87 mg/dl	13157 ✓	Rhe
Cross checked by Rhe on 18/6			
19/6/26	CRBS @ 91 mg/dl	13217 ✓	Rhe
19/6/26	PPBS 163 mg/dl	13243 ✓	Santhoshi
19/6/26	CRBS - 99 mg/dl 4pm	13272 ✓	Jmy
19/6/26	CRBS - 150 mg/dl 7pm	13273 ✓	Jmy
19/6/26	CRBS @ 5:20 mg/dl 11pm	3281 ✓	Jhaw
20/6	FBS @ 7:30am 113 mg/dl	13290 ✓	Rhe
Cross checked by Rhe			

**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
18/6/26	Til-Placement	1	9422	Bhes
18/6/26	Cannulation	1		Bhes
	PAC			
	Catheterization			
	LSCS Done by			
	Dr. Shailaja		689452	Malathi
	Under US/A		689453	
	Anerth: Dr. Praveen			
	In time: 9:00 Am			
	Out time: 10:30 Am			
				cross check By Rajalaxmi @ 9pm

**ANY OTHER INFORMATION**

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Date: 18/6/26

Time: 4pm

Prepared By:

<p>Staff Nurse</p> <p>Bhes</p>	<p>Shift / Ward</p> <p>3rd floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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102

## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 18/6/26 Time: 3pm

Origin: INDIA Height: 153cms Weight: 78 kgs BMI:  ~ 26 kg/m<sup>2</sup>  
 ~ 28 kg/m<sup>2</sup>  
 ~ 30 kg/m<sup>2</sup>

Food Allergies: Nil

Diagnosis: G2 E1 37 2/7 wks GA 7 previous pregnancy

Type of Diet:  Liquid  Soft  Normal  Diabetic of labours  
 Vegetarian  Non-Vegetarian  Vegan  
IUF Conception GDM on OHA in latent phase

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: 7 [Signature]

Name: Sri. lakshmi

Date & Time: 18/6/26 3pm

Dietician's

Signature: [Signature]

Name: Jyothirmya

Date & Time: 18/6/26 3pm





anisha



I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints: *pl decreased fetal movements for 2hrs in the morning*

LMP: *24.9.25*  
 FET: *17.10.25*  
 Corrected EDD:

EDD: *5.7.26*  
 GA: *37 2/7 wks*

Obstetric Formula: *G2A1 mild abd pain back pain*

Menstrual History: Regular:  Yes  No

Obstetric History: *G2: Ectopic preg; med by - 2022*

Obstetric Examination: *MH: 5/3 months*  
 Fundal Height: *Jeom ML: 5ycom, NCM.*

Present Pregnancy Record: *G2: IVF Conception; FET immunized*

Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifts Palpable: *4/5ths*  
 FHS:  Normal  Tachy  Brady  Absent

RISK FACTORS: *Reg ANU.*

*GDM on MAT OHA : 1 month.  
 ↓  
 J. GLUCO MET → 250mg - morning  
 500mg - night  
 : 23/4/26.*

Per Speculum Examination  
 Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination  
 Cervix:  Long  Partially effaced  Effaced *80/0*  
 Os: Closed *2+ 2.5cm* Dilated \_\_\_\_\_

Height: *153* cm  
 Weight: *78* kg  
 Allergies: \_\_\_\_\_  
 Preast  Normal  Abnormal

Membranes:  Present  Absent  
 Liquor:  Clear  Meconium  Blood Stained  
 Presenting Part:  Vertex  Breech  Others  
 Sutton:  -3  -2  -1  0  +1  +2  
 Pelvis:  Adequate  Doubtful

Examination:  
 Consciousness:  ✓ Pallor: \_\_\_\_\_  
 Edema: \_\_\_\_\_  
 PR: *80/min*  
 DTR: *(+)*  
 RS: *stos root.*  
 Urine Output: *Adequate*

IS \_\_\_\_\_  
*GA 37 2/7 wks  
 precise pregnancy  
 in latent  
 GDM on MAT OHA  
 in late pregnancy  
 of labour.*



<p>Family History</p> <p>Father → Hypothyroid</p>	<p>Surgical History</p> <p>① Appendicectomy in childhood</p> <p>② Lap in 2023, Dense Adhesions</p>
<p>Medical History:</p> <p>Ms.</p> <p>Gestational Diabetes Mellitus OHA on Diet.</p>	<p>Medication History:</p> <p>→ <del>Aspirin</del> T-ECOSPRIN 150mg :: 5th month. stop @ 36 wks.</p> <p>MS.</p> <p>→ T-CELUMET 250mg - morning 50mg - night.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>1) Admission</li> <li>2) CTG with hourly monitoring</li> <li>3) Pain preparation</li> <li>4) Consent to NND</li> <li>5) FHR hourly monitoring</li> <li>6) wait uterine action.</li> <li>7) wait labour progression.</li> <li>8) Monitor vitals.</li> <li>9) Inform &amp; S.O.S.</li> </ol>	<p>Investigations:</p> <p>7.3.26 <math>GET - 157 \text{ mg/dl}</math></p> <p><u>12/6/26</u> <math>[A+ve]</math> <math>W/G/2c</math>  <math>HbA1c \rightarrow 5.17</math></p> <p>HIV } Non Reactive    HBsAg }    HCV - Non Reactive. <math>W/G/2c</math>  <del>RAS</del> <math>RAS: 10.1 \text{ gmg/lap}</math></p> <p><u>12/6/26</u> <math>HbT. \rightarrow 12.8 \text{ gm/dl}</math> <math>PT: 13 \text{ sec}</math>  <math>Plt - 1.76 \text{ lakhs.}</math> <math>INR: 0.94</math>  <math>APTT: 28.8</math></p> <p><u>6.6.26</u> <u>Scan</u>    SLF, cephalic.    Pl - Ant    Hg - 18.5 cms.    EPW - 2.376 kg.    Dopplers - (N)    Two loops of cord around    Persistent Lve :: anom</p>

Doctor Name: Dr. Arhe Lallia  
 Signature: Arhe Lallia  
 Date & Time: 17.6.26

Consultant Name: Dr. Shailaja  
 Signature: Shailaja  
 Date & Time: 17.6.26

Free for use

HCV-00037719 IP22-00023299  
 Nrs P MANISHA SRI LAKSHMI  
 13-07-1996 29 Y 10 M 30 D (F)  
 Dr. M V R SHAILAJA



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

**Date of Admission:** Amical 17/6/2026 @ 11:30 AM

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify .....

Primary Language:  Telugu  English  Hindi  Others, specify .....

Do you require an interpreter?  Yes  No If Yes specify .....

Source of Information:  Patient  Family  Others, specify .....

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: .....

If yes, identify .....

**Chief Complaints:** Came with the complaints of uterine contractions & back pain Doctor Notified on Admission:  Yes  No

Name of the Doctor: Dr. Ashalatha Time Notified: 11:35 AM

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	yes	yes

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>4-5 days</u> Onset of Menarche: <u>13yr</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/09/2025</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes Type:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 2 P ..... L ..... A E1

**Previous LSCS:** NO

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form Tab. Glycomet M-250mg  
Tab Glycomet 500mg

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other Father - Thyroid

**Vital Signs / Measurements:** Temp: 98.4 F HR: 80/min RR: 20/b  
 BP: 120/80 Weight: 78kg Height: 152cm BMI: .....

**Pain Assessment:** Pain:  Yes  No (If Yes, complete the Pain Assessment / Reassessment Form)



### PHYSICAL ASSESSMENT

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score ..... 20 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... 20 (complete the Braden Q Sheet)

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. **Marital Status:**  Single  Married  Divorced  Widow

2. **Special Habits:** **Smoker:**  Yes  No **Alcohol Abuse:**  Yes  No **Drug Abuse:**  Yes  No

**Social History:** Lives With ..... husband .....

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach :  Yes  No
- Waste Disposal Explained:  Yes  No
- Infusion Pump :  Yes  No
- Hand Hygiene Explained:  Yes  No
- Others

Above information given to ..... patient .....

Name of Person Orientation was given to: ..... Mrs. Manisha Sreelakshmi. P

Orientation not given Reason: .....

Nurse Signature: ..... Sridu

Nurse Name: ..... Sridu

Date & Time: ..... 17/6/26 @ 11:32 AM



3 pm

G.C - fair  
Afebrile

BP = 122/80 mmHg

PR = 78/min

SpO<sub>2</sub> = 100% on RA

PA - ut - Term size  
cephalic, FHR (+) 140 bpm  
mild action + (2c/25' 10")

P/V - BS - 2 - 2.5 cm

a - 60%

st - 3

Pelvis - gynaecoid  
adequate

Adms

- watch for  
spontaneous  
progress

- FHR 1/2 hourly  
monitoring

- CTG 4<sup>th</sup> hourly  
monitoring

- monitor vitals

- Inform SOS

17/6/26  
4:45 pm

SLB - Dr. Nikhita (Reg)  
Dr. Nisha (Pg) | Dr.

G2E1 | 37+2 weeks | IV F conceptus / GDM on OHA  
in latent labor

AC fair

vitals stable

PA - ut term size, cephalic  
at mild action

Pv - 6 - 6

1st dose of MISOPROST 250ug given  
per vaginally @ 11:30 pm  
next dose due @ 8:45 pm  
next dose of OH @ 8 pm

① LLP  
② w/ uterine action /  
progression of labor

③ monitor vitals  
inform SOS

Resh

Shailaja

To Do  
Prepines  
Rest Patient  
Send sugars

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>14/06/2026</del>	<del>9:30pm</del>	cts/B Dr. Ratnavalli (reg) Dr. Nisha (PG)
		G2E1 / 37w <sup>2d</sup> POG / IVF conception / upm on oHA for SCL
		no fever Afebrile BP - $\frac{115}{80}$ mmHg
		PR - SOBpm RR - 14cpm A/L - No abnormality detected
		PA - ut firm cephalic
		AFE (+) 116bpm ut relaxed
		PV - G <sub>1</sub> - SOB efforted S/D A <sub>1</sub> - 2-3 cm dilate
		Pre-Diuretic - 10mg/dL Post-Diuretic: 13 mg/dL
		PP-V <sub>1</sub> - (-2) Station Pelvis Gynecoid adequate
		2 <sup>nd</sup> dose of MISOPROSTOL 20mcg kept pr vaginally @ 9:30pm next dose @ 1:30pm (next cts 1:45pm)

- 1) rest in LLP
- 2) w/ uterine action / progression of labor
- 3) w/ any PV leak / P<sub>1</sub> Bleeding
- 4) with every 4<sup>th</sup> hly hrce
- 5) Afe monitoring every 30 min.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

*Nisha*

18/06/2026  
2AM

SIB - Dr. Ratnavalli (Reg)

Dr. Nisha (Pu)

G2E1 | 37w + 3d P04 / IVF conception | Common OXA |  
to DDL.

ac joint  
afebrile

BP -  $\frac{110}{70}$  mmHg

PR - 80 bpm

PA - 4 term  
cephalic

FHR - 140 bpm  
uterus mild acting

PV - ex - 50-60% effaced

US - 2-3cm dilated

PPV<sub>1</sub> (r2)

Pelvis adequate  
gynecoid

CRP  
reactive

To do  
FBS in the  
morning.

3rd dose - 5-misoprost 25mcg kept per vaginally @ 2AM  
not due @ 6AM  
correct C/A @ 5:30AM.

NBM-till <sup>ade</sup> further order.

1 Rest in LCP

2 w/ff uterine action)

Progression of labor

3 w/ff any PV leak)

4 C/A with baby

5 FHR every 30min  
monitoring

6 monitor vitals

7 perform S/S

Nisha

N. Bhar



12/6/20  
10:00am

Immediate Post-op Note

P, L, E, | POD-0 | GDM on OHA

GC: Fair  
Afebrile  
BP: 130/80 mmHg  
PR: 84/min  
RR: 16/min  
HIL: No abnormality detected  
PIA: uterus retracted well  
OIG: No active bleeding

B/L Breast soft  
Baby - NICU

Urine Output: 100ml : OT

- 1) NBM x 6 hours  
Allow oral sips @ 11:00pm  
Allow soft diet @ 6:00pm
- 2) SUF < 20RL } @ 100ml/hr  
20NS }
- 3) Sy: MONOCE F 1gm IV 12th hly
- 4) Sy: PANTOP 40mg IV 24th hly
- 5) Sy: PARACETAMOL 1gm IV 8th hly
- 6) Express breast milk
- 7) No charting.
- 8) W/L bleeding, PU.
- 9) W/L dressing leakage
- 10) Monitor vitals
- 11) Suform s.o.s
- 12) check FBS tomorrow mng -

↓  
G. N. W. S.

Noted by Usher



8/8/22  
8:30pm

oLs/B Dr. Nikhat (Reg)  
Dr. Nikhat (PG)

P.L.E. | POD-0 | GDM on OHA

Gc: Fair

Afebrile

BP: 120/80 mmHg

PR: 86/min

RR: 14/min

MLL: No abnormality detected

PLA: uterus retracted well

oLs: no active bleeding

BLK Breast sgt

Baby - MCV

Urine output: 650ml: 07

TODO  
FBS tomorrow

Remove Foley's @ 6:00am  
tomorrow

R

- 1) Soft diet with plenty of oral fluids.
- 2) continue Rx as per drug chart.
- 3) expression of breast milk
- 4) with bleeding plw
- 5) Ambulation.
- 6) Monitor vitals
- 7) Inform S.O.S.

MB-Rh

G. Nikhat

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/06/2026	8 AM	<p>ds LB Dr. Kompathy / Dr. Soniya (Pa) / Dr. Nisha (Pa) Dr. Nethika (Pa) / Dr. Nisha (Pa)</p> <p>PLI GI / Pop-1 / adm motHA.</p> <p>ac fair <span style="float: right;">ado</span> Afebrile</p> <p>BP - <math>\frac{120}{85}</math> mmHg</p> <p>PR - 72 bpm</p> <p>RR - 18 cpm</p> <p>H/C - No abnormality detected</p> <p>PA - Wound retracted well (4) by PARACETAMOL 1g 5th day</p> <p>oc - No active bleeding PV (5) Exclusive breast feeding</p> <p>BLE breast soft Baby: <u>mother side</u></p> <p>T-VU - 1950 ml / since surgery (clear) Foley's catheter removed</p> <p>FBS - 91 mg/dL</p> <p>PO DO P.P.S. &amp; Enfam.</p>
		<p>(1) Regular diet = plenty of oral fluid</p> <p>(2) Ty. monocef 1g 10 12th July</p> <p>(3) sup. PANUP 4mg 10 24th July</p> <p>(6) w/ any active bleeding</p> <p>(7) encourage to feed milk</p> <p>(8) Ambulation</p> <p>(9) monitor vital</p> <p>(10) inform SOS</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

*M. B. Santhosh*  
www.rainbowhospitals.in

19/06/2026

3pm

C/S | By Dr Ashalathalleg  
Dr soumya (PS)

P.I.E - POD'JI / gom a oHA

Rs

HL: no pain  
Afebrile  
BP -  $\frac{110}{70}$  mmHg  
PR - 84 bpm  
RR - 16/min  
HIL - NAD  
ph - ut retract wew  
O/E - NAR  
wmi pained  
Bs @ w  
Baby: well  
mother side  
B/L Breast soft

- 1) Reg diet and plenty of al fluid
- 2) 15 Pantop 40mg pl. 24th July 1-0-0
- 3) 15 Acecloprax 500mg pl. 8th July 1-1-1
- 4) 15 MONOCEP 200mg pl. 12th July 1-0-1
- 5) Exclusive breast feeding
- 6) w/e bed pl
- 7) Vitas @
- 8) Amputation
- 9) Infant so

Remove IL  
canal  
chest PRBS @ 4pm

*[Signature]*  
Soumya

Noted by family  
at 19/6/28  
SP

*[Signature]*  
Sulepamur

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

F HCV-00037719 IP22-00023299  
Mrs P MANISHA SRI LAKSHMI  
18-07-1996 29 Y 11 M 2 D (F)  F  
Dr. M V R SHALAJA  


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>19/6/26</del>	<del>8pm</del>	C/S/B - Dr. Nikita (Reg) Dr. Niroshini (CA)
		PIL/EI / POD - I / UOM on OHA
		<p>CC - No pallor</p> <p>Afebrile</p> <p>BP - 110/70mmHg</p> <p>PR - 80/min</p> <p>RR - 14/min</p> <p>HPL - NAD</p> <p>P/A - uterus retracted well</p> <p>P/E - No active bleeding PIV</p> <p>B/L Breast: soft</p> <p>Baby well on mother side</p>
		<p><u>Rx:</u></p> <ol style="list-style-type: none"> <li>①. Regular diet</li> <li>②. plenty of oral fluids</li> <li>③. Continue Rx as per drug chart</li> <li>④. wff Bleeding PIV</li> <li>⑤. Exclive Breast feeding</li> <li>⑥. vifals monitoring</li> <li>⑦. Injfer 800</li> </ol>
		<p><i>M. R. Ramesh</i></p> <p><i>Dr. M. R. Ramesh</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/20  
8:30am

cls 1B. Dr. Nikhat (Reg), Dr. Krupashika (Reg)

Dr. Sowmya (PG<sub>2</sub>), Dr. Nithya (PG<sub>1</sub>)

P, L, E, | POD-2 | GEDM on OHA

GC: Fair

Afebrile

BP: 129/95 mmHg

PR: 82/min

RR: 16/min

H/L: No abnormality detected

PA: uterus retracted well

O/E: No active bleeding.

BL Breast soft

Baby well on mother side

FBS: 113 mg/dl

Dietician consultation today.

white

f

- 1) Regular diet with plenty of oral fluids
- 2) J. MONOCEF 200mg po 1<sup>st</sup> hly
- 3) T. ACYCLOVIR 500mg po 8<sup>th</sup> hly
- 4) T. PANTOP 40mg po 2<sup>nd</sup> hly.
- 5) Exclusive breast feeding.
- 6) w/lt bleeding PV
- 7) Ambulation.
- 8) Monitor vitals
- 9) Supram S.O.S
- 10) Lactase granules in milk SOS
- 11) Sys. DUPHALAC 15ml at bed time

Preferable.



Patient N		I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> <i>Sy. MONO CEF</i>				Date															
				Time	<i>18/6</i>	<i>19/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>IV</i>	<i>12<sup>th</sup>ly</i>	<i>18/6/16</i>	<i>BA</i>	<i>X</i>	<i>18/6</i>													
Name & Signature of the Doctor starting the Drugs:																			
<i>[Signature]</i>																			
Additional Instructions:				<i>Stop antiacids</i>															
				<i>2pm check</i>															
				<i>2pm</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>															

<b>DRUG :</b> <i>Sy. PANTOP</i>				Date															
				Time	<i>18/6</i>	<i>19/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>IV</i>	<i>24<sup>th</sup>ly</i>	<i>18/6/16</i>	<i>BA</i>	<i>X</i>	<i>18/6</i>													
Name & Signature of the Doctor starting the Drugs:																			
<i>[Signature]</i>																			
Additional Instructions:				<i>Stop antiacids</i>															
				<i>2pm check</i>															
				<i>2pm</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>															

<b>DRUG :</b> <i>Sy. PARACETAMOL</i>				Date															
				Time	<i>18/6</i>	<i>19/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>IV</i>	<i>8<sup>th</sup>ly</i>	<i>18/6/16</i>	<i>GA</i>	<i>X</i>	<i>18/6</i>													
Name & Signature of the Doctor starting the Drugs:																			
<i>[Signature]</i>																			
Additional Instructions:				<i>Stop antiacids</i>															
				<i>2pm check</i>															
				<i>2pm</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>															

<b>DRUG :</b> <i>TB. PANTOP</i>				Date															
				Time	<i>18/6</i>	<i>19/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>PO</i>	<i>24<sup>th</sup>ly</i>	<i>19/6</i>	<i>GA</i>	<i>X</i>	<i>18/6</i>													
Name & Signature of the Doctor starting the Drugs:																			
<i>[Signature]</i>																			
Additional Instructions:				<i>Stop antiacids</i>															
				<i>2pm check</i>															
				<i>2pm</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>															

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> 15. Mondaer				Date	19/6	20/6														
				Time	8AM	8PM														
Dose	Route	Frequency	Start Dt.																	
200mg	po	12tbls	19/6																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b> 15. Acecloprax				Date	19/6	20/6														
				Time	6AM	8PM														
Dose	Route	Frequency	Start Dt.																	
500mg	po	8tbls	19/6																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
DRUG :		Dose						
		Dr Sign.						
Route	Start Date	Dose						
		Dr Sign.						
Name & Signature of the Doctor		Dose						
		Dr Sign.						
Additional Instructions		Dose						
		Dr Sign.						

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
DRUG :		Dose						
		Dr Sign.						
Route	Start Date	Dose						
		Dr Sign.						
Name & Signature of the Doctor		Dose						
		Dr Sign.						
Additional Instructions		Dose						
		Dr Sign.						

### STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
17/6/26	4:30pm	T. MISOPROSTOL	25ug.	P/V	mf.	Shani Malata
17/6/26	9:30pm	T. MISOPROSTOL	25mcg	PV	ushe	Bhes maha
17/6/26	2AM	T. MISOPROSTOL	25mcg	PV	ushe	Bhes maha
18/6	8:30am	INJ MONOCEP	1gm	IV	✓	Bhes Anuraj
18/6	7:30am	INJ ONDEM	4mg	IV	✓	Bhes Anuraj
18/6	7:30am	INJ ESMAPROLOLE	90mg	IV	✓	Bhes maha
18/6/26	9:30am	T. JUSTIN	200mg	PLR	✓	Usha Malathi
18/6/26	9:30am	Dij METERGLOE	1cc	im	✓	Usha Pansari
20/6/26	12:30am	T. ULTRACET	1 TAB	P/O	mf	Bhes maha



**CAESAREAN SECTION OPERATIVE NOTES**

Name: Mrs. P. Manisha Consultant I/C: Dr. MVR. Shailaja Reg.No. \_\_\_\_\_

Surgeon's Name: <u>Dr. MVR. Shailaja</u>	Date of delivery: <u>18/06/2026</u>
Assistant surgeon: <u>Dr. Ashalatha</u>	Time of delivery: <u>9:19 AM</u>
Anaesthetist: <u>Dr. Praveen</u>	Sex of baby: <u>MCH</u>
Type of Anaesthesia: <u>spinal</u>	Weight of baby: <u>9.642</u>
Paediatrician: <u>DR. PARAMESH</u>	Apgar Score: <u>7-8/10</u>
Scrip Nurse: <u>Pavani ssk</u>	NICU Admission: <u>NICU ilulo Tachypnoea</u>

Elective  Emergency  Indication: ilulo failure of progression of labour, preterm pregnancy

Urgency  Immediate threat to life of woman or fetus  
 Maternal or fetal compromise not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery time to suit woman and staff

Decision time: \_\_\_\_\_ Knife to rectus: 3mins

CTG description CTG-reactive

If there was a delay give the reasons: \_\_\_\_\_

**EXAMINATION FINDINGS WHEN APPROPRIATE**

Presentation:  Cephalic  breech  Other \_\_\_\_\_ Cervical dilatation: 2-3cm cm

5th palpable: 4/5 Fetal position: \_\_\_\_\_

Station: ~~3~~  -2  -1  0  +1  2 Moulding: None  +  ++  +++

Caput: +  ++  +++  Meconium None  +  ++  +++

Bladder catheterized Yes  No  Urine: Clear  Blood stained

Skin incision: Pfannenstiel  Transverse  midline  other

Uterine incision: Lower segment  Classical  Inverted T  J incision

Previous scar: Intact  Thinned out  Ruptured  No scar

Incision through placenta: Yes  No

Delivery of head: Manual  Forceps

Liquor: clear  Meconium: I  II  III  Blood  Offensive  Not offensive

Delivery of placenta: Manual  CCT \_\_\_\_\_ Complete  Incomplete  Piecemeal

Cord appearance: Normal Cord around the neck Yes  No  *1 loop around*

Appearance of placenta: Normal Cavity explored Yes  No

Uterus, tubes and ovaries: Normal  Not normal  Sterilization Yes  No

Complications / Comments: Delayed cord clamping done  
1 loop of cord around neck

Uterine closure: One Layer  Two layers  1-0 Vicryl Suture

Peritoneal closure: Pelvic  Abdominal  None  \_\_\_\_\_ Suture

Sheath closure: yes 1-0 Vicryl Suture

Fat closure: Yes  No  2-0 rapid Vicryl Suture

Skin closure: Subcuticular  Matters  2-0 rapid Vicryl Suture

Vagina evacuated: Yes  No  Estimated blood loss: 2500ml

Drain: Yes  No  Remove in \_\_\_\_\_ days Await instructions

Catheter: Yes  No  Remove in 24hr days Await instructions

Swap & instruments count correct? Yes  No  Post-op antibiotics Yes  No

Intraoperative antibiotics cover Yes  No  Thromboprophylaxis: Yes  No

Post operative Comments: Follow post op orders

*[Handwritten Signature]*  
Signature

PREANAESTHETIC EVALUATION

Date: 18/6/26

Time: 8:30 pm

Name: P. Manisha Sri Lakshmi

Proposed Operation: LSCS

Age: 29 yr

Preoperative Diagnosis: G2E1 / 37wk3d / 1NF conception

Sex: F

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status
110/70	92/min	14/min	Afebrile			1 2 3 4 5

I.P. No. 23299

LABORATORY DATA

Hgb 12.8	Glucose	Protien	HIV NR	X-ray	Other:
PCV	Urea	Alb	HBS Ag NR	ECG	
WBC	Creat	Total Bill	HCV NR	2D Echo	
Plate	Na	Dir. Bill	Blood group A+ve	Stress/Anglo	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: NIL

Medical History:

CVS: S1S2 (+)

RESP:

CNS: Conscious Coherent

Diabetes: -

Renal:

Hepatic / GE: NAD

APD+/-

Others:

Past Anaesthetic History:

Physical Exam

Adeq

(N)

(N)

(N)

Airway

MP 1 2 3

Mouth Opening

Mentohyoid Distance:

Neck:

Teeth:

Lungs: R/L A (+)

Heart: S1S2 (+)

CNS: Conscious Coherent

Pupils: (N) / Reactive to light EVM 6

Others:

Pallor: +/- -

Venous Access Site: patent

Spine Exam for regional: (N)

ANAES. PLAN

MAC/REGIONAL/GA-ETT/LMA

Proposed Post-op Plain relief

Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO

PREGNANT LMP

YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form: 6hrs before Surgery
3. Informed Consent (Standard) / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 92/min SaO2: 98%

R.R.: 14/min Last Feed:

B.P./C.T.Y.: 110/70

Signature: \_\_\_\_\_

Dr. Praveen  
18/6/26



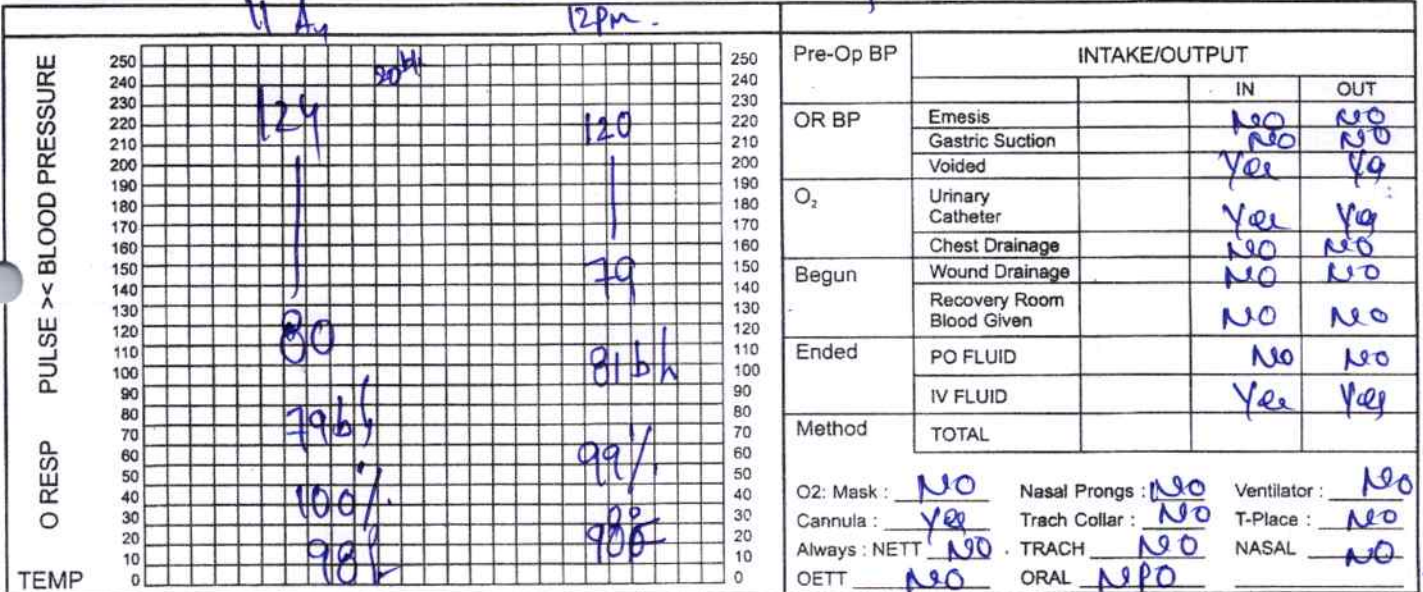
POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology  
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General  Epidural  Spinal  Other Regional

Anaesthesiologist : Dr. Praveen Surgeon : Dr. MNR Srilaja Procedure : LSCS

Received in PACU by : Usha Time in : 11 AM Time Out : 12 PM



POST ANAESTHESIA SCORE	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	2	2	2		A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE.  EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NBM 6hrs post Surgery</u>
			2. Analgesia <u>IV: PCM - 100ml iv - Tid</u>
			3. Fluids <u>IV - 2 ORALS (2ONS) @ 80ml/hr</u>
			4. Anti Emetics <u>Monitor vitals</u>
			5. PCA/Epidural/ I.V. Infusion <u>Infoun Sos</u>
			6.

Evaluated and discharged by : Dr. Dr. Praveen Transferred to Unit by Usha

Discharged by : (Nurse) Usha Received on Unit by Santhosh

Patient ID :



**Department of Anaesthesiology**  
**AXON ANAESTHESIA ASSOCIATES**  
**EPIDURAL ANALEGESIA RECORD**

Date : \_\_\_\_\_ Time: \_\_\_\_\_ **Procedure done by:** \_\_\_\_\_  
CSE/Spinal/Epidural      Position: \_\_\_\_\_      Speace: \_\_\_\_\_      Technique (LOR/LOS)  
Depth: \_\_\_\_\_      Catheter at Skin: \_\_\_\_\_      Attempts: \_\_\_\_\_  
Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal BP And Pulse	FHR	Comments
			Left	Right			

**Deliver Details :** Time: \_\_\_\_\_      APGAR: \_\_\_\_\_      SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : G2 ETC P. Manisha Sri Lakshmi Age : 29y  
 Gender : M  F  - IP No : 23299 Consultant : Dr. MVR Sailaja  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Peaveen  
 Operative procedure planned : LSCS

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of event and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery; Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s)** : The doctor have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease
- Hypertension
- Diabetes mellitus
- Renal failure
- Hepatic disorders
- Shock
- Multiple organ failure
- Polytrauma / RTA
- Incapacitating COPD
- Others : PDPH

Comments : .....

Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient P. Manisha Sri Lakshmi the above mentioned operation I Diagnostic I Therapeutic procedures LSCS L SA

I authorize and give consent for anaesthesia (  Regional /  General Anaesthesia /  Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant:  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient Attendant:**

Signature : .....  
Name : .....  
Relationship with Patient : .....  
Date & Time : .....

**Witness :**

Signature : .....  
Name : .....  
Date & Time : .....

**Doctor (who is taking the consent) :**

Signature : .....  
Name : .....  
Date & Time : .....

# Informed Consent for Surgery or Special Procedure

Patient Name: Mrs Prmanisha Sri Lakshmi Age: 29y Gender: F  
 UHID / IP No: HCV-00037719

## INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms).....

Elective ces P/O failure of progression  
upon

(Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Hemorrhage, infection, injury to Bowel, Bladder, nerves  
NICU admission of baby if required.

### My signature on this form indicates that

- I have read and understood the information provided in this form.
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize and consent to the performance of the operation or procedure.

<b>Consentee:</b>	<b>Relative</b>	<b>Witness:</b>
Signature: <u>M. Manisha Sri Lakshmi</u>	Signature: <u>[Signature]</u>	Signature: <u>P. Satyawathi</u>
Name: <u>Manisha Sri Lakshmi</u>	Name: <u>T. Hemanth</u>	Name: <u>Satyawathi</u>
Date & Time: <u>18/6/26, 7:30AM.</u>	Relationship with patient: <u>Husband</u>	Date & Time: <u>18/6/26, 7:30AM</u>

Signature: [Signature] Name of Doctor: Dr. M V R Shailaya  
 Date & Time: 18/06/2026, 7:30AM.

[Signature]

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

17/6/26

DEPARTMENT

mbcu

NAME:

mes. manisha sri  
Lalashmi

UHID / I.P.NO.:

HCU-00037719.

WARD / BED NO.:

OBG

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / LSCS ✓

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:

# PATIENT TRANSFER FORM

Patient Name / I.P. No Mrs. P. Manisha Sasi haterkar IP NO : 00023299	Date & Time of Admission 17/6/26 at: 1:10 PM	Date & Time of Transfer Order 18/6/26 at: 12:05 PM
Treating Consultant Dr. Shailaja	Transfer ordered by Dr. Achalatha	Reason for Transfer LSCS - POD - 0 day for observation
From Bed / Ward / Hospital MICU	To Bed / Ward / Hospital 102	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 30	Number of Imaging films NST - 5	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL - ①	Ij PCM - 1gm - ②
2.	NS - ①	10 cc - ①
3.	DNS - ①	2 cc - ①
4.	Ij monocel - 1gm - ①	O2 mask & Tube - ①
5.	Ij Eskulaput - ①	

Shifting Summary / Notes written by Doctor:

Dr. Achalatha

Name and Signature of Person filling this part Usha	Name of person ordering transfer Dr. Achalatha	Name & Signature of Nurse Supervisor Malathi	Referral note & referral Doctor Name:
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Patient & Clinical records received by:

Santhoshi

Signature with Date & Time  
SD 05342 18/6/26 12:30 PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Manisha Sai</i>	Date & Time of Admission <i>17/6/26 1:10pm</i>	Date & Time of Transfer Order <i>18/6/26 @ 7:30am</i>
Treating Consultant <i>Dr. Shailesha</i>	Transfer ordered by <i>Dr. Rathnawati</i>	Reason for Transfer <i>LSCS</i>
From Bed / Ward / Hospital <i>902</i>	To Bed / Ward / Hospital <i>MICU</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>26</i>	Number of Imaging films <i>MST-5</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?

### Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>RL → 20</i>	
2.	<i>IU set → 1</i>	
3.		
4.	<i>Underpad - 1</i>	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Dhan</i>	Name of person ordering transfer <i>Dr. Rathnawati</i>	Name & Signature of Nurse Supervisor <i>Ganya</i>	Referral note & referral Doctor Name: <i>—</i>
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Patient & Clinical records received by:

Signature with Date & Time <i>Ganya @ 7:30am</i>
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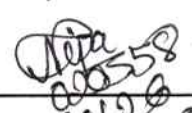
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

# PATIENT TRANSFER FORM

Patient Name / I.P. No M. Manuha / 23299	Date & Time of Admission 17/6/26 @ 1:10 pm	Date & Time of Transfer Order 17/6/26 @ 7:20 pm	
Treating Consultant Dr. MVR Shaulgi	Transfer ordered by Dr. Nikat	Reason for Transfer SPO	
From Bed / Ward / Hospital NICU	To Bed / Ward / Hospital 102	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 34	Number of Imaging films NST (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	undepac - (1)		
2.	PL - (1)		
3.	Sweet - (1)		
4.	Karnali 20g - (1)		
5.	2cc - (1)		
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Jhoni	Name of person ordering transfer Dr. Nikat	Name & Signature of Nurse Supervisor Malata	Referral note & referral Doctor Name:
Patient & Clinical records received by:  000558			
Signature with Date & Time 17/6/26 7:30 pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready