



SURGERY DETAILS

Sl.No.

Date : 18/6/26

MAH-00330508 IP2-00056591
Mrs JAHNAVI JAMPANA
12-11-1991 34 Y 7 M 6 D (F)
Dr. VARALAKSHMI NANDYALA

Patient Name :

.....Age :Sex :



UHID No. :IP No. :

Date of Surgery : 18/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : EL LSCS + BLL tubectomy + S.A

Baby is mother side

Time in : 10:10 AM

Time Out : 11:10 AM

NAME	AMOUNT
1. Surgeon : Dr. varalakshmi / Dr. sonika
2. Anaesthetist : Dr. Madhavi
3. Asst. Surgeon : Dr. Vasavi
4. OT Technician : Sr. shiva
5. Circulating Nurse : Sr. Balu
6. Asst. Nurse : Sr. Anitha

Special Equipment : Laproscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon *[Signature]*

Signature of the Circulating Nurse *[Signature]*

Order No. : 947068 / 947062 Order by : *[Signature]*

Patient Name: Mr. J. Smith
 UH/D No: 12345678
 Date of Surgery: 15/03/2024
 Name of the Surgery: Elective Hip Replacement

Time: 09:00

- | NAME | ROLE |
|---------------------|----------------------|
| <u>Mr. J. Smith</u> | 1. Surgeon |
| <u>Mr. J. Smith</u> | 2. Anaesthetist |
| <u>Mr. J. Smith</u> | 3. Asst Surgeon |
| <u>Mr. J. Smith</u> | 4. OT Technician |
| <u>Mr. J. Smith</u> | 5. Circulating Nurse |
| <u>Mr. J. Smith</u> | 6. Asst Nurse |

Specialist Instrument Prosecco Blood Medication ARV Cephalosporin

Signature of the Surgeon: Mr. J. Smith

Order for: Mr. J. Smith

MAH-00330508
 IP2-00056591
 Mrs JAHNAVI JAMPANA
 34 Y 7 M 6 D (F)
 DR. VARALAKSHMI NANDYALA



CONSUMABLES OF OT

Rainbow's Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Circulating staff : Technician : Chitra Hancha Date : 18 Dec 2018 Time : 11:30 AM

Anesthesia Disposables		Surgical Disposables		Disposables (Baby Side)	
Issued Qty	Used Qty	Issued Qty	Used Qty	Issued Qty	Used Qty
ET tube		Major Pack	188CS	Inj Vit.K	01
LMA		Sutures		Cord Clamp	02
ECG leads	A/P/N		8346	Suction Catheter	02
HME filter	A/P/N		8364	Feeding Tube	01
Syringes	: 10 cc	Gloves	1386 6/4 PRSC	Vacuum Suction Set	01
	05 cc			Surgical Gloves	55
	02 cc			Gauze Pack	
	01 cc			Syringe 1ml / 2ml	01
Cautery plate	: A/P/N	Surgical blade	22	Surgical Blade # 20	01
IV set		NG tube		Koochies (S)	01
RL		Cautery pencil			01
NS : 10ml / 100ml / 500ml / 1000ml					01
Casertan		Ointments			01
Buscopan		Suction Catheter			01
Fentanyl		Cap, Mask			01
Morphine		Gauze Pack			01
Ketamine		Mop Pack			01
Propofol		Steristrip			01
Rocuronium		Underpad	1400		01
Glycopyrolate		Draw sheet			01
Abgel		Abgel			01
Myopyrolate		Foleys catheter			01
Ondansetron		Urobag			01
Pencan 250 Spinal Needle 22		Chest Drainage Catheter			01
Bupivacaine 0.25%		Romodrain bag			01
Bupivacaine 0.25% (Heavy)		Bandage	61		01
Antibiotics		Tegaderm			01
Suppositories		Ioban			01
Anamol : 80mg / 250mg / 170 mg		Double J Stent			01
Supridol : 100mg		Vacuum Suction set			01
Justin : 12.5 mg / 25mg / 100mg		Plastic Bed Sheet			01
Tab. Misoprost : 200mg		Betadine Solution			01
Ephedrine		Microshield			01
0.5% eye drops		Cotton Balls			01
		Latex Gloves			01
		Randione Scrub			01
		Saral			01

Surgeon : Anesthesiologist : Ordered by :
 OT Technician : Manu Nurse : [Signature]

Order No. : Doc. No. : RCH / FRM / GENERAL / 125

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CAESAREAN SECTION OPERATIVE NOTES

Name: Jahnavi Consultant I/C: _____ Reg. No: _____

Surgeon's Name: <u>Dr. Varalakshmi</u>	Date of delivery: <u>18/8/26</u>
Assistant surgeon: <u>Dr. Sonika</u>	Time of delivery: <u>10:22am</u>
Anaesthetist: <u>Dr. Vaseeni</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>DR. VSHA</u>	Weight of baby: <u>3.083kgs</u>
Paediatrician: <u>+ spinal.</u>	Apgar score: <u>8, 9</u>
Scrup Nurse: <u>Dr. Ashwini</u>	NICU Admission: <u>NO.</u>
	<u>Dr. Anitha</u>

Elective Emergency Indication: previous lcs ~~and~~

- 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 timed to suit woman and staff

Decision time: _____ Knife to rectus: _____

CTG description _____

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: cephalic breech other _____

Cervical dilatation: _____ cm

5th palpable: _____

Fetal position: _____

Station: -3 -2 -1 0 +1 2

Moulding: None + ++ +++

Caput: + ++ +++

Meconium: None + ++ +++

Bladder catheterized Yes No

Urine: Clear Blood stained

Skin incision: Pfannensteil 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

Delivey of head: Manual Forceps

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

Delivery of placenta: Manual CCT done Complete Incomplete Piecemeal

Cord appearance: _____ Cord around the neck Yes No

Appearanc of placenta: _____ Cavity explored Yes No

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

Complications / Comments: by modified pomroy's method

Uterine closure: One layer Two layers _____ Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: _____ Suture

Fat closure: Yes No _____ Suture

Skin closure: Subcuticular Mattress _____ Suture

2-0 vicryl

3-0 monocryl

Vagina evacuated: Yes No Estimated blood loss: _____ ml

Drain: Yes No Remove in _____ days Await instructions

Ctheter: Yes No Remove in _____ days Await instructions

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

Intraopeative antibiotics cover: Yes No Thromboprophylaxis: Yes No

Post operative Comments: NBM x 2 hrs, w/lt bleeding pl monitor vitals.

Albani
D. Sankar
 Signature

①

18/6/26

ACTIVITY RECORD FOR BILLING

MAH-00330508 IP2-00056591
 Name: Mrs JAHNAVI JAMPANA (F)
 12-11-1991 34 Y 7 M 6 D
 Dr. VARALAKSHMI NANDYALA

UHID No : _____ - Consultant : _____ Dept : _____

Date of Admission : _____ Time : _____ Date of Discharge : _____ Time : _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

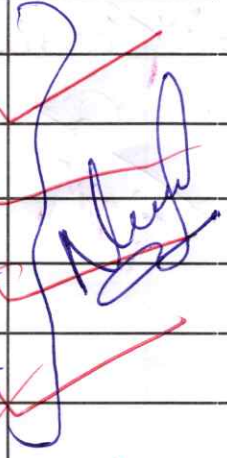
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	2:30pm	hdw	401	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/6/26	2.0 placement Catheterization	1	947034	
18/6/26	PAE Ch. NCS USA	1	947033	
18/6/26	done p. February	1	947067	
18/6/26	OR VARA Catheter	1	947068	
	Cross check see order 18/6/26			
18/6/26	NHA	①	947225	Arna


ANY OTHER INFORMATION

op side gum patient attended
• J. Cuthwa

Date: 18/6/26

Time: 2:30 pm

Prepared By: Aruna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	W/W to H07 Arna		

Mrs Jahnavi



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: *G3P2L1A1*

Obstetric History:

G1-2020 - Missed miscarriage MRCPL
G2-2024 - LSCS (NPD) @ 30 1/2 wks AET. @ RCH
G3-PP - sport. con. w/ m.
 Present Pregnancy Record:
Booked @ RCH @ 4+6 wks
FTS - Neg.
TIFFA (2)

RISK FACTORS:

Prev. LSCS.

Height: cm
 Weight: *86.8* kg
 Allergies:
 Breast: Normal Abnormal
 General Examination:
 Consciousness: Pallor:
 Icterus: Edema:
 Temp: PR: *90*
 BP: *119/75* DTR:
 CVS: RS
 Liver/Spleen: Urine Output:

LMP: *28/9/25* EDD:
 Corrected EDD: *2/7/26* GA: *38 wks.*
 Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height:
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable: _____
 FHS: Normal Tachy Brady Absent

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced
 Os: Closed _____ Dilated _____
 Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS
G3 P1L1A1 / 38 wks / prev LSCS for elective LSCS + B/L tubectomy



<p>Family History: Father HIV</p>	<p>Surgical History: 2020 - Sebaceous cyst removal (Back) 2024 - LSC</p>
<p>Medical History: -</p>	<p>Medication History: -</p>
<p>Plan of Care: <u>Adv</u> Admission NBM, CBP Prepare parts Consent for LSC 1mg Torim 8mg iv 1mg Pantop 4mg iv PAC Check Blood availability IORL patency.</p>	<p>Investigations: O +ve HIV } HbSA } NR HCV } VDRL }</p> <p>24/4 - SLUG ~ 30+ cephalic CFW: 1.485kg 32% AC - 24% AFI: 17.2cm Placenta ant. High. Doppler @.</p>

Doctor Name: Dr. Sonali
Signature: [Signature]
Date & Time: 18/6/26

Consultant Name: Dr. Varalakshmi
Signature: [Signature]
Date & Time: 18/6/26
Dr. Varalakshmi

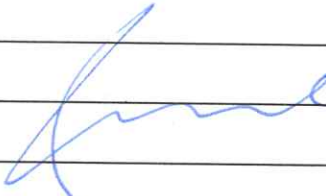
18/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 11:20 AM	POD - 0 P/F cle Cefais ayabrite BP = 130/70 PR = 90b/m SpO ₂ = 100% U/O - 200ml P/A - V T N we V/E - NAB.	Adm - NBM x 2 hrs - EBF - w/f bleeding pv - monitor vitals - drugs as charted - I/O charting - Inform ed
Noted by <i>[Signature]</i> 18/6/26		
18/6/26 1:20 PM	S: POD - 0 O/E Cefais ayabrite PR = 89/u BP = 120/80 mmHg P/A - uterus well retracted BS +/f +/- V/E - bleeding up L Output - 150ml (Dr. Varalakshmi)	Adm Start sips flb liquid diet - Adequate hydration - EBF - w/f bleeding pv - monitor vitals - follow drug chart order - Soft diet at 5:30 pm - Remove Foley's at 6 AM on 19/6 - Shift to room
Noted by <i>[Signature]</i> 18/6/26 1:20 PM		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 7PM	POD - 0 Pt stable BP - 123/68 PR 75/min PA - ut wall (O) & (P) BS (P)	
Baby - Mg	4E - min PV bleed	
Up - clear adequate		
	Adv - Monitor vitals - Soft diet - EBF - I/O charting - Drugs as charted - Remove Foley's at 6am on 19/6 - w/f excess PV bleed upon SOS	
		
	noted by Anitha 18/6/26 @ 7pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 7:30 am	<p>POD-1 Pt stable BP-117/65 PR-88/hr PA - ut well @ 6P 4E - Min PV bleed</p>	
<p>babysing U/O - 1850ml FV ✓</p>	<p>Adv - Monitor vitals - soft diet - EBF</p>	
<p>Remove IV cannula</p>	<p>- Drugs as charted - Ambulant - Encourage to void - w/ excess PV bleed - 1-2 gowns</p>	
	<p><i>[Signature]</i></p>	<p>per 1 S/B Dr Sonik</p>
<p>19/6/26 8 AM</p>	<p>pt comfortable</p>	<p>Adv</p>
<p>U ✓ Baby mother side</p>	<p>PA - ut extracted well 4E - NAB</p>	<p>Continue same treatment <i>[Signature]</i> <i>[Signature]</i> Dr. Varalakshmi</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/06/26 1:30pm	<p style="text-align: center;"><u>POD-01</u></p> <p>pt clec CC - ppr, afebrile BP - 101/60 mmHg PR - 80 bpm SLE - NAD P/A - ut & w/r U-P, glucose - P M - OP BS (+)</p>	<p style="text-align: center;"><u>Rx 0</u></p> <p>+ (N) diet + follow day chart + monitor vitals + w/ bleeding pr + ambulation + adp. hydration → ABP → Inform to</p>
noted by Anita 19/6/26 @ 1:30 pm		
19/6/26 7pm	<p style="text-align: center;"><u>POD-1</u></p> <p>CC - full afebrile PR = 82/w BP = 122/70 mmHg P/A - uterus well retracted BS (+)</p>	<p>Baby, MS, BS (+)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	UG - bleeding wNL U ✓ F ✓	Adm - (N) diet - Adequate hydration - GBF - w/f bleeding pv - Monitor vitals - follow drug chart orders - Typon 80S
Noted by Anitha @ 7 PM		
20/6/26 7 AM	S - POD-2 O/E as per apex PR 200/n BP = 114/65 mmHg P/A - uterus well retracted UG - bleeding wNL U ✓ M	Adm - (N) diet adequate hydration GBF w/f bleeding pv Monitor vitals follow drug chart orders Typon 80S
Baby MS BP (x)		(Dr. Varalakhmi)
Noted by Srishta on 20/6/26 At: 12:5 PM		

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 Mrs JAHNAVI JAMPANA
 12-11-1991 34 Y 7 M 6 D (F)
 Dr. VARALAKSHMI NANDYALA



① 18/6/26

ICATION RECONCILIATION FORM

Drug Allergies: *Nic* Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: *Labour ward*

Shifted to: *402 (4th floor)*

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *D. Sanali* *Dr*

Date & Time : *18/6/26* *8:00 AM*

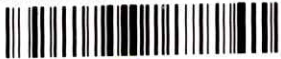
Nurse Name & Signature: *Adelina & Neel*

Date & Time : *18/6/26* *8:57 AM*

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REGULAR PRESCRIPTIONS

Weight 87.7 Ward 110

Drug				Date	Time
Drug: <u>Juj-TAXIM</u>				18/6	19/6
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>18/6</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>8:30 AM</u>	<u>STOP</u>
				<u>Chand</u>	<u>Chand</u>
Additional Instructions:				<u>8:30 PM Anya</u>	<u>19/6/20 9 AM</u>
Daily Doctor's Endorsement by a Sign					
Drug: <u>Tab-PARACETANOL</u>				18/6	19/6
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>ORAL</u>	<u>QID</u>	<u>18/6/20</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>12 AM</u>	<u>12:30 PM</u>
				<u>6 AM</u>	<u>6 AM</u>
Additional Instructions:				<u>12 PM</u>	<u>6 PM</u>
Daily Doctor's Endorsement by a Sign					
Drug: <u>Tab-DICLOFENAL</u>				18/6	19/6
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>ORAL</u>	<u>TID</u>	<u>18/6/20</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>6 AM</u>	<u>6 AM</u>
				<u>3 PM</u>	<u>10 PM</u>
Additional Instructions:				<u>10 PM</u>	<u>10 PM</u>
Daily Doctor's Endorsement by a Sign					
Drug: <u>Tab-TRAMADOL</u>				18/6	19/6
Dose	Route	Frequency	Start Date		
<u>100mg</u>	<u>ORAL</u>	<u>TID</u>	<u>18/6/20</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>6 AM</u>	<u>6 AM</u>
				<u>11 PM</u>	<u>11 PM</u>
Additional Instructions:				<u>11 PM</u>	<u>11 PM</u>
Daily Doctor's Endorsement by a Sign					



Patient Name :

I.P. No.	Sheet No.	Wards	Weight (kg)
	10	11087.7	7.69

REGULAR PRESCRIPTIONS

DRUG : T. TAXIMED				Date	19/6
				Time	
Dose	Route	Frequency	Start Dt.		
200mg	PO	BD	19/6		
Name & Signature of the Doctor starting the Drugs:				9AM	
Additional Instructions:				9AM	
Daily Doctor's Endorsement by a Sign.					

DRUG : T. Pantop				Date	19/6	20/6
				Time		
Dose	Route	Frequency	Start Dt.			
40mg	PO	OD	19/6	6AM		
Name & Signature of the Doctor starting the Drugs:				6AM		
Additional Instructions:				6AM		
Daily Doctor's Endorsement by a Sign.						

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	8:30 AM	1mg Toxim	1gm	IV	AS	Aruna
18/6/26	8:10 am	1mg Pantop	40mg	IV	AS	Aruna
18/6	10:22 AM	INTICARBETOCIN	100 mg	IV	AS	Aruna
18/6	10:55 AM	INTRANEXAMIC ACID	1gm	IV	AS	Aruna
18/6	11:10 AM	SUPP TRAMADOL	100mg	PIR	AS	Aruna
18/6	11:10 AM	SUPP DICLOFENAC	100mg	PIR	AS	Aruna
18/6	10:40 AM	INTONDANISETRON	4mg	IV	AS	Aruna
18/6/26	11: AM	T. MIKO	400mg	PIR	AS	Aruna

Signature
VERIFIED BY: Name

I.V. FLUIDS CHART



Position of I.V. Fluid
 (In infusion, mention ml/hr = Mcg/kg/min. etc)

Time	Position of I.V. Fluid	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6/26	10 RL	IV	100ml/hr	[Signature]	[Signature]	18/6/26	[Signature]	[Signature]
18/6	10.15 AM RINGERLACTATE	IV	FF	[Signature]	[Signature]	18/6/26	[Signature]	[Signature]
18/6	11.00 AM RINGERLACTATE	IV	100 ml/hr	[Signature]	[Signature]	18/6/26	[Signature]	[Signature]
18/6/26	11:30 AM 10 RL	IV	100ml/hr	[Signature]	[Signature]	18/6/26	[Signature]	[Signature]
18/6/26	2 PM 10 RL	IV	100ml/hr	[Signature]	[Signature]	18/6/26	[Signature]	[Signature]

Signature
 VERIFIED BY : Name

Patient Name: Jahnavi Jampara
347m



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 18/6/26 Time: 4.30pm

Origin: India Height: - Weight: - BMI: -

Food Allergies: NO allergies

Diagnosis: UCS

Medical History: NO

Surgical History: NO

- Vegetarian Non-Vegetarian Vegan

Diet Advised: soft diet @ 5.30pm

Patient's / Attendant's

Signature: V. Reshma

Name: _____

Date & Time: _____

Dietician's

Signature: [Signature]

Name: Lakshmi

Date & Time: 18/6/26, 5pm

