




SURGERY DETAILS

Date : 4/6/25

Sl.No. MAH-00384563 IP2-00056457
 Mrs PRIYA BHANDAVI RACHAKONDA
 14-08-1999 26 Y 9 M 21 D (F)
 Dr. LAKSHMI DEVI APPASANI

Patient Name :  ...Age :Sex :

UHID No. :IP No. :

Date of Surgery : 4/6/25 OT: OT 1 OT 2 OT 3

Name of the Surgery : EM L.S.L.S + myomectomy.
↓ S.A

Baby is shifted to modern side of specimen sent to Corp.

Time in : 12:15 AM

Time Out : 1:15 PM

NAME	AMOUNT
1. Surgeon : <u>Dr. Lakshmi Devi</u>
2. Anaesthetist : <u>Dr. Nagesh</u>
3. Asst. Surgeon : <u>Dr. Souali</u>
4. OT Technician : <u>Dr. Chand</u>
5. Circulating Nurse : <u>Dr. Divya</u>
6. Asst. Nurse : <u>Dr. Bidhya</u>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 0942927/0942927 Order by : [Signature]



OPERATION CARD

Patient Name: _____

Room No: _____

Date of Surgery: _____

Name of the Surgery: _____

Time in _____

Signature of the Surgeon _____

Signature of the Anesthetist _____

Signature of the Asst. Surgeon _____

Signature of the OT Technician _____

Signature of the Circulating Nurse _____

Signature of the Asst. Nurse _____

Signature of the Operating Nurse _____

Signature of the Surgeon _____

Order No. _____



EM-LSL

CONSUMABLES OF OT

Circulating staff : Technician : Anneem Date : 4/6/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSL</u>		<u>01</u>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : <u>A</u> P / N		<u>03</u>	<u>2346</u>		<u>02</u>	Suction Catheter		
HME filter : A / P / N			<u>2364</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc	<u>02</u>	<u>02</u>	<u>1326</u>		<u>01</u>	Vaccum Suction Set		
05 cc	<u>02</u>	<u>03</u>	Gloves <u>612 prisl</u>		<u>05</u>	Surgical Gloves		
02 cc	<u>02</u>	<u>03</u>				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : <u>A</u> P / N		<u>01</u>	Surgical blade <u>22</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>03</u>	Cautery pencil		<u>01</u>			
NS : 10ml / 100ml / 500ml / 1000ml		<u>01</u>	Koochies		<u>01</u>			
<u>Inj. Carbetamol</u>		<u>01</u>	Ointments		<u>01</u>			
<u>Inj. Tranexa 500mg</u>		<u>01</u>	Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask		<u>01</u>			
Morphine			Gauze Pack		<u>3</u>			
Ketamine			Mop Pack		<u>2+1</u>			
Propofol			Steristrip					
Rocuronium			Underpad <u>(A111)</u>		<u>04</u>			
Glycopyrolate		<u>01</u>	Draw sheet					
Myopyrolate			Abgel		<u>01</u>			
Ondansetron		<u>01</u>	Foleys catheter					
Pencan 25g/ Spinal Needle 22		<u>01</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Romodrain bag		<u>01</u>			
Antibiotics			Bandage <u>6"</u>		<u>01</u>			
<u>Inj. 10x27</u>		<u>01</u>	Tegaderm		<u>01</u>			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>01</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet		<u>02</u>			
Tab. Misoprost : 200mg		<u>02</u>	Betadine Solution		<u>02</u>			
<u>Mephentermine</u>		<u>01</u>	Microshield					
<u>phenpress</u>		<u>01</u>	Cotton Balls		<u>02</u>			
<u>atropine</u>		<u>01</u>	Latex Gloves		<u>10</u>			
<u>adrenaline</u>		<u>01</u>	Ramdione Scrub					
			Saral					

Dr. Lakshmi Devi
 Surgeon

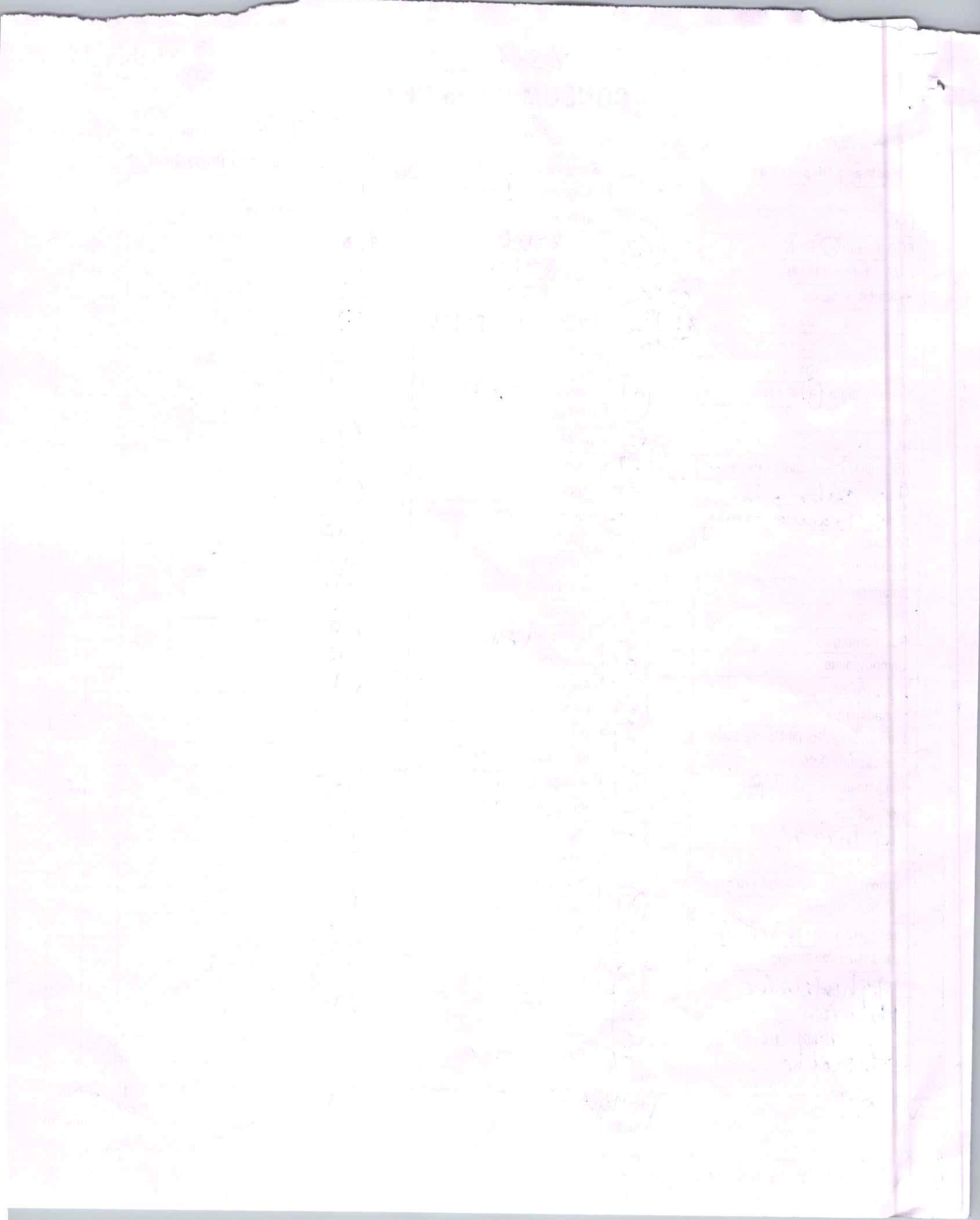
Dr. Tejaswini
 Anaesthesiologist

Bidhya
 Nurse

Anneem
 OT Technician

Order No. : Ordered by :

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



407- Prinj

Physiotherapy Consult

Ref. No.: F/HW/CONS/FAM/1



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSULTATION FORM

Doctor Name : VAIBHAVI HARNE

Date : 6/6/26

Hour : 12:30

Hospital :

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

Urgent (within 6 hrs.) Non Urgent (within 24 hrs)

Transfer of care

Date : Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

POST PARTUM EX.

Signature:

M.

Report of Findings and Recommendations :

Adv / seen for

- Neck stretches
- Upper back strengthening
- Shoulder, Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

1
OK RMR

Consultant :

Name : VAIBHAVI HARNE

Signature : VM

Date & Time :

NOTE : If more spaces required use another consultation sheet as continuation

CIN : 085110 TG1998 RTO029914

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ORIGINAL



4/6/26
①

ACTIVIT MAH-00384563 IP2-00056457 **G**

Mrs PRIYA BHANDAVI RACHAKONDA
14-08-1999 26 Y 9 M 21 D (F)
Dr. LAKSHMI DEVI APPASANI

Name: ---

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
4/6/26	5pm	Clw	407	Rizia /

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Harne	6/6/26	943571	Chand
2.	cross checked done by Sandhya 6/6/26			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IV placement	①	942903	<i>[Signature]</i>
4/6/26	RAC	①	942902	<i>[Signature]</i>
4/6/26	Catheterization	①	942903	<i>[Signature]</i>
4/6/26	fm-lscst+Myomectomy	①	942926	<i>[Signature]</i>
4/6/26	↓ Spinal done by Dr. Lakshmi Devi	①	942927	<i>[Signature]</i>
<i>cross checked done by sis. Nirmala 4/6/26 @ 3PM</i>				
5/6/26	N.H.A	①	948160	Sandhya
<i>cross checked done by Sandhya</i>				

ANY OTHER INFORMATION

Op file Given to Pt Attender
[Signature]

Date: *4/6/26* Time: *5pm* Prepared By: *[Signature]*

Staff Nurse <i>Ravie</i>	Shift / Ward <i>4w to 407 Bushman</i>	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

do leaking pu : 9:30 AM

Obstetric Formula: *Prim*

Obstetric History:

G1-P0 sport. concep^m

Present Pregnancy Record:

Booked @ RCN @ 10wks.

RISK FACTORS:

@ 13wks Fibroid 4.1 x 4.3 cm noted
 @ 35+2wks R+ Lateral wall fibroid 58 x 37 mm

Height: *161* cm

Weight: *76.9* kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR:

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: *30/8/25*

EDD:

Corrected EDD: *6/6/26*

GA: *39+4*

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height:

27/20/10

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

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Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated *tip of finger*

Membranes: Present Absent

Grade II

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

DIAGNOSIS

Prim 39+4wks / fibroid uterus with PROM with Grade II MSU for emergency lscs

Patient Sticker

<p>Family History:</p> <p>—</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>—</p>	<p>Medication History:</p> <p>—</p>
<p>Plan of Care:</p> <p><u>Adu</u> admission, NBM NST, CBP consent for emergency US Prepou parts. Inj Taxim 1gm iv Inj Pantop 40mg iv } etc PAC. Check Blood availability 10RL iv @ 100ml/hr FHR Monitoring</p>	<p>Investigations:</p> <p>O+ve HIV HbS Ag HCV VDRL } NR</p> <p><u>25/5/26</u> SLUG ~ 38+2 cephalic. AFI = 16cm Placenta post high. EFW = 3.021. 27%. AC = 46%. Doppler @</p>

Doctor Name: Dr. Sonali
Signature: [Signature]
Date & Time: 4/6/26

(Handwritten note/initials)

Consultant Name: Dr. Lakshmi Devi
Signature:
Date & Time:

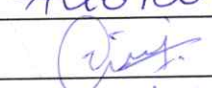
MAH-00384583 IP2-00056457
 Mrs PRIYA BHANDAVI RACHAKONDA
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 Dr. LAKSHMI DEVI APPASANI



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 11:30AM	HIGH RISK CONSENT	
	<p>Patient and attender informed & explained about patient's condition of Grade II MSU Risk and complications like fetal distress, meconium aspiration syndrome, NICU admission have been informed & explained to us. Need of operative intervention like emergency (C/S) C-section have been explained to us</p>	
	<p>Ry</p>	
	Patient sign	<p>Attender sign  4/6/26</p>



①
 4/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 1:40 pm		POD-0 PT Struggle
		BP - 108/72 PR - 60 bpm
Healthy - MS		PA - wt well (C) (CP) dry dressing
40 - 200ml.		4E - skin PV bleed
	Adv - Monitor vitals	
	- NBM	
	- No charting	
	- Drugs charted	
	- w/ excess PV bleed	
	- Infused	
	Noted by Sus Desai 4/6/26	



②
 4/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD - 0	
4/6/26		Rx:
7:40pm	pt clear	→ sips of water + lb
	afebrile	clear urine
	BP - 110/63 mmHg	→ w/ft bleeding pt
	PR - 67 bpm	→ good gas exchange
baby - ms (A, BF) #	SLE - NAD	→ I/O charting
	PIA - w/ft WR	→ early ambulation
U.O - 100ml,	soft	→ adp. hydration
clear, adp	BS +/+	→ soft diet @ 9pm
	SLE - NAD	→ Remove foley's
Shift to 80000		on 5/6/26 @ 6am
		→ Inform pt
	Noted by: Aris	
4/6/26	POD - 0	Adv
8pm	pt clear	- soft diet at 9pm
	afebrile	- EBF
	BP = 110/70 mmHg	- monitor vitals
Baby ms	PR = 72/min	- dx as charted
BF @	SLE - NAD	- w/ft bleeding
	PIA - w/ft WR	PR
U/O - clear,	BS @, soft	- I/O charting
adequate	SLE - NAD	- Remove foley's
		at 6am (5/6/26)
	Noted by: Sushma 4/6/26	Inform pt



8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	POD-1	Adv
8 AM	Ptele	- diet
	cypais	- EBF
	ajebule	- monitor vitals
	BP = 100/70 mmHg	- w/ bleeding pr
Baby m/s	PR = 78/min	- drugs as
BP ⊕	S/E - NAB	- uncontracted
	P/A - utw/r	- ambulation
U-passed	soft, BSC ⊕	- inform ses
	V/E - NAB	
		h CDM (Lakshmi)
	noted by	Antha
5/6/26	POD-1	5/6/26 @ 8 AM
2 PM	clo-ril	Adv
	PR = 78	Ⓝ diet
Baby	BP = 118/70	vitals monitor
mother	P/A - utwell	EBF
	uncontracted	ambulation
	P/V ⊕ No active	w/ bleeding pr
	bleeding	inform ses
UV		
FU		
MV		S

noted by Sandhya 5/6/26 @ 2 PM (P.T.O)



④

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8 pm	<p><u>POD-01</u></p> <p>pt clec</p> <p>GC clear, afebrile</p> <p>BP- 121/84 mmHg</p> <p>baby - ML (A), BF ⊕</p> <p>PR- 88 bpm</p> <p>SE - NAD</p> <p>U-P, M-P</p> <p>PLA - ut N WR</p> <p>Soft, BS ⊕</p> <p>Ut - NAB</p>	<p>Rx 0</p> <p>→ (N) diet</p> <p>→ follow day chart</p> <p>→ monitor vitals</p> <p>→ w/t bleeding PV</p> <p>→ Ambulation</p> <p>→ adq. hydration</p> <p>→ CRF</p> <p>→ Inj am 303</p>
<p>Noted By - <i>Sushma</i> 5/6/26 8 pm</p>		
6/6/26 8 am	<p><u>POD-02</u></p> <p>pt clec</p> <p>GC clear, afebrile</p> <p>BP- 100/68 mmHg</p> <p>baby - ML (A), BF ⊕</p> <p>PR- 88 bpm</p> <p>SE - NAD</p> <p>U-P, M-P</p> <p>PLA - ut N WR</p> <p>Soft, BS ⊕</p> <p>Ut - NAB</p>	<p>Rx 0</p> <p>→ (N) diet</p> <p>→ follow day chart</p> <p>→ monitor vitals</p> <p>→ w/t bleeding PV</p> <p>→ Ambulation</p> <p>→ adq. hydration</p> <p>→ CRF</p> <p>→ Inj am 303</p>
<p>Noted by <i>Chandmani</i> @ 8 AM 6/6/26</p>		

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4/6/26



MEDICATION RECONCILIATION FORM

Drug Allergies: 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: ICU Shifted to: 407

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 : Dr. Sonali Joshi

Date & Time : 4/6/26 11:30 AM

Nurse Name & Signature: Deepika

Date & Time : 4/6/26 11:30 AM





REGULAR PRESCRIPTIONS

Weight Ward. 600

2

DRUG : 100 Taxim				Date Time	4/6	5/6														
Dose	Route	Frequency	Start Date																	
100mg	IV	BD	4/6/20	12 AM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : TB Pontop				Date Time	5/6	6/6														
Dose	Route	Frequency	Start Date																	
400mg	PO	OD	5/6/20																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : TB Taxim				Date Time	5/6	6/6														
Dose	Route	Frequency	Start Date																	
200mg	PO	BD	5/6/20																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. PARACETAMOL				Date Time	4/6/20	5/6	6/6													
Dose	Route	Frequency	Start Date																	
1g	PO	6th hourly	4/6/20	12 AM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

DRUG : Tab. DICLOFENAC				Date Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	8 th July	21/6/26	7AM	7	5/6	6/6												
Name & Signature of the Doctor starting the Drugs: Dr. Tejaswini																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : Tab. TRAMADOL				Date Time																
Dose	Route	Frequency	Start Dt.																	
100mg	PO	8 th July	4/6/26	8AM	5/6	6/6														
Name & Signature of the Doctor starting the Drugs: Dr. Tejaswini																				
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.																			

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.																			

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Patient Name

I.P. No.

Sheet No.

Wards

Weight (kg)



REGULAR PRESCRIPTIONS

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.																				

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.																				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/6/26	12pm	Inj Toxim	19mg	IV	[Signature]	[Signature]
4/6/26	11:30 am	Inj Pantop	40mg	IV	[Signature]	[Signature]
4/6/26	12:32pm	Inj CARBETOLIN	100mg	IV	[Signature]	[Signature]
4/6/26	12:40pm	Inj TRANEXAMIC ACID	1g	IV	[Signature]	[Signature]
4/6/26	1pm	Inj ONDANSETRON	4mg	IV	[Signature]	[Signature]
4/6/26	1:15pm	Sup DICLOFENAC	100mg	PR	[Signature]	[Signature]
4/6/26	1:15pm	Sup TRANEXOL	100mg	PR	[Signature]	[Signature]
4/6/26	1:30 pm	TAB M/SOPROSTOL	400 ug	PR	[Signature]	[Signature]

VERIFIED BY : Name: Signature

(6)

I.V. FLUIDS CHART

Weight. Ward. Coo



DATE	TIME	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6/26	11:30 AM	1 ORL	IV	100ml/hr	S2	Sey	4/6/26	te	Sey
4/6/26	12:15pm	RINGER LACTATE	IV	500ml 1FF	[Signature]	Sey	4/6/26	[Signature]	Sey
4/6/26	12:30pm	RINGER LACTATE	IV	1000 ml/hr	[Signature]	Sey	4/6/26	[Signature]	Sey
4/6/26	1:1pm	RL	IV	100ml	S2	Sey	4/6/26	S2	Sey
4/6/26	2:30 pm	RL	IV	200ml/hr	[Signature]	S	4/6	S	S

Signature

VERIFIED BY : Name

607

Patient Sticker
Priya Bhandari



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 5/6/21 Time: 10:am

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

Food Allergies: NO allergies

Diagnosis: LSC

Medical History: NO

Surgical History: NO

Vegetarian Non-Vegetarian Vegan

Diet Advised: Normal diet

Patient's / Attendant's

Signature: [Signature]

Name: Vinika

Date & Time:

Dietician's

Signature: [Signature]

Name: Laxmi

Date & Time: 5/6/21, 10am

CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs Priya Consultant I/C: Dr Lakshmi Devi Reg. No: _____

Surgeon's Name: <u>Dr Lakshmi Devi</u>	Date of delivery: <u>4/6/26</u>
Assistant surgeon: <u>Dr Sonali</u>	Time of delivery: <u>12:31 PM</u>
Anaesthetist: <u>Dr Tejaswini</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>3.077kg</u>
Paediatrician: <u>Dr Sri Vidya</u>	Apgar score: <u>9, 9</u>
Scrup Nurse: <u>Bidya</u>	NICU Admission: <u>NO</u>

Elective Emergency Indication: Grade II MSL

- 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: 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 done Complete Incomplete Piecemeal
 Cord appearance: _____ Cord around the neck Yes No
 Appearance of placenta: _____ Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not normal Sterilization Yes No
 Complications / Comments: 5x6cm pedunculated subserosal fibroid on anterior (R) lateral wall removed & sent for HPE

Uterine closure: One layer Two layers vicryl no 0 Suture
 Peritoneal closure: Pelvic Abdominal None _____ Suture
 Sheath closure: vicryl no 1 Suture
 Fat closure: Yes No vicryl no 1 Suture
 Skin closure: Subcuticular Mattress monocryl 3-0 Suture

Vagina evacuated: Yes No Estimated blood loss: _____ ml
 Drain: Yes No Remove in _____ days Await instructions
 Catheter: Yes No Remove in _____ 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: AVBM for 2 hrs
Vitals Monitoring

Medications as per drug chart
w/ bleeding pv
hw date this?

Signature

SURGICAL SAFETY CHECKLIST

Ref. No. : F / SSC / OT / 06

Surgeon : Dr. Lakshmi Devi
Asst. Surgeon : Dr. Sonali
Anaesthetist : Dr. Tejaswini
Scrub Nurse : Su. Bidya

Patient Name : Ms. Priya Age : 36y Gender : F
IP No. : 56157 Surgery Name : Am. CSCS
Date : 11.06.2018 In-time : 12:15pm Out-time : 1:15pm

Before Induction of Anaesthesia

SIGN IN 12:10pm

- Patient Has Confirmed
 - Identity
 - Site
 - Procedure
 - Consent
- Site Marked/not Applicable
- Anaesthesia Safety Check Completed
- Pulse Oximeter on Patient & Functioning
- Does Patient Have A:
 - Known Allergy? Yes No
- Difficult Airway/aspiration Risk?
 - Yes & Equipment / Assistance Available
 - No
- Risk of >500ml Blood Loss (7ml/kg In Children)?
 - Yes, and Adequate Intravenous Access and Fluids Planned
 - No

Signature of the Anesthetist: Dr. Tejaswini

Before Skin Incision

TIME OUT 12:20pm

- Confirm all team members have introduced themselves by Name and Role
- Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
 - Patient
 - Site
 - Procedure

Anticipated Critical Events

- Surgeon Reviews:** What are the Critical or Unexpected Steps, Operative Duration, 1 hour 15 min, Anticipated Blood Loss?
- Anaesthesia Team Reviews:** Are There Any Patient-specific Concerns? NO
- Nursing Team Reviews:** Has Sterility yes (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? NO
- Has Antibiotic Prophylaxis been given within the last 60 minutes?
 - Yes
 - Not Applicable
- Is Essential Imaging Displayed?
 - Yes
 - Not Applicable

Signature of the Nurse : Dalpekar

Before Patient Leaves Operating Room

SIGN OUT 1:15pm

Nurse Verbally Confirms with the Team:

- The Name of the Procedure Recorded
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)
- How the Specimen is Labelled (including patient name)
- Whether there are any Equipment Problems to be addressed
- Surgeon, Anaesthesia Professional and Nurse Review the Key Concerns for Recovery and Management of this Patient

Signature of the Surgeon: [Signature]

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

Handwritten notes on lined paper, including a date "11/11/11" and a list of items.

11/11/11

- 1. ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...
- 6. ...
- 7. ...
- 8. ...
- 9. ...
- 10. ...

MAH-00384563 IP2-00056457
Mrs PRIYA BHANDAVI RACHAKONDA
14-08-1999 26 Y 9 M 21 D (F)
Dr. LAKSHMI DEVI APPASANI



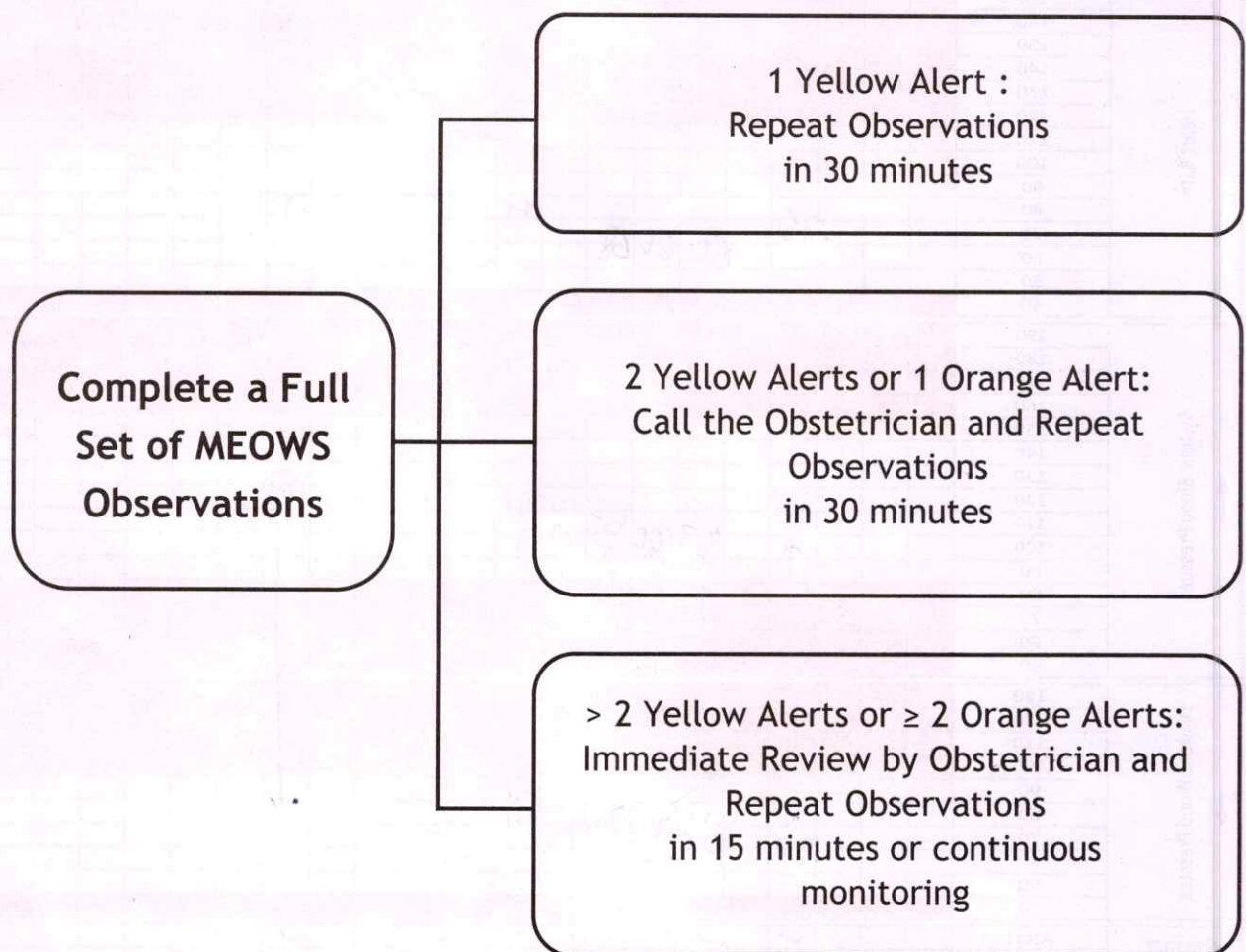
①
4/6/26

RESULT SHEET



Date	4/6/26				
Time	11:20AM				
Hb	14.7				
PCV	43.6				
RBC	4.94				
WBC	10.66				
N/L					
Platelets	224				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00384563 IP2-00056457
 Mrs PRIYA BHANDAVI RACHAKONDA
 14-08-1999 28 Y 9 M 21 D (F)
 Dr. LAKSHMI DEVI APPASANI



5/06/26

(2)

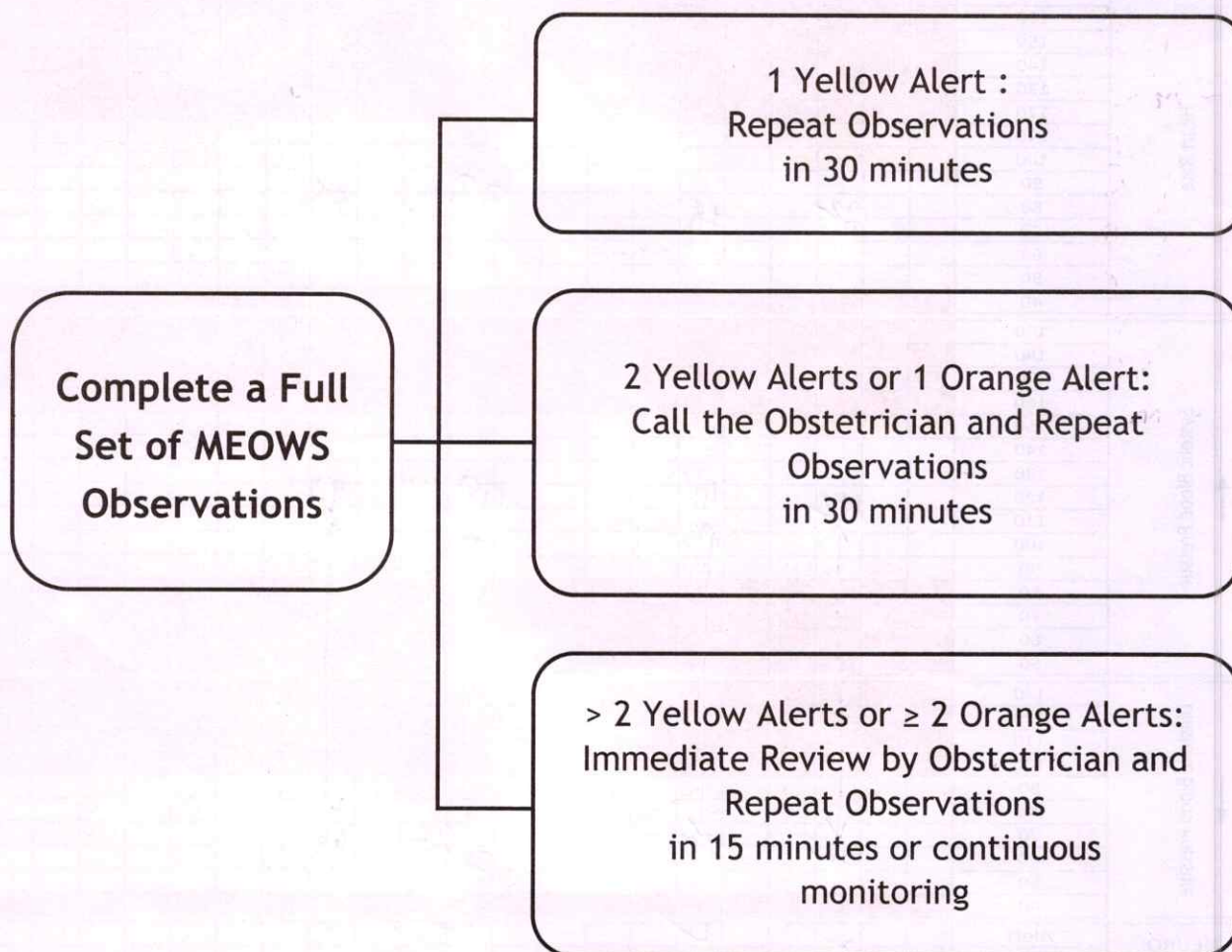


Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

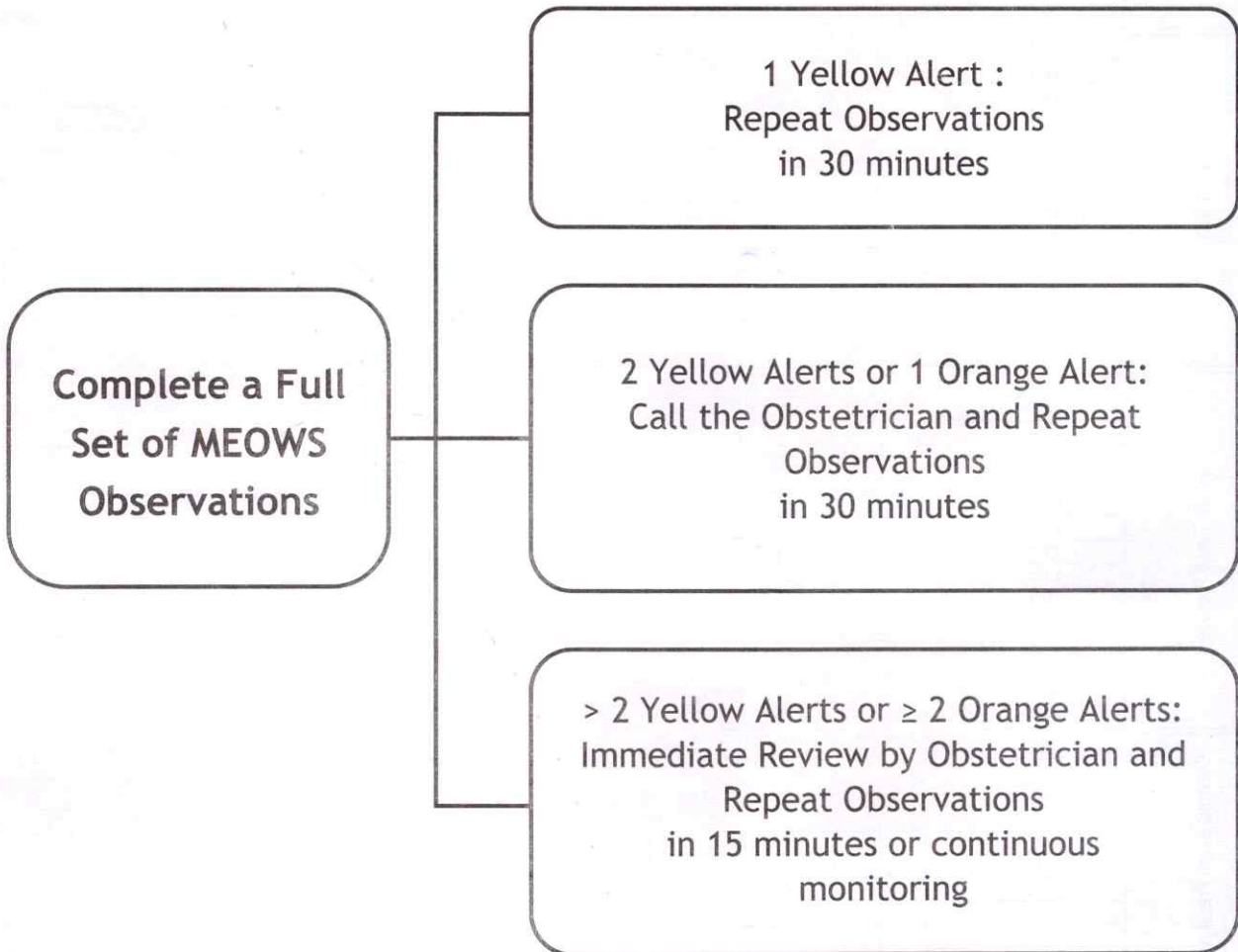
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		20				20						19				20							20			
	0 - 10																										
Saturations	94 - 100 %		100				100						100				100							100			
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36		95				95						95				95							95			
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		82				78						88				86								88		
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice			✓			✓						✓				✓							✓			
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30			✓			✓						✓				✓							✓			
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			✓			✓						✓				✓							✓			
	Heavy / Foul																										
Liquor	Clear / Pink			✓			✓						✓				✓							✓			
	Green																										
TOTAL YELLOW SCORES				0			0						0				0							0			
TOTAL ORANGE SCORES				0			0						0				0							0			
Nurse Initial				SP			SP						SP				SP							SP			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



5/06/26

FLUID CHART

Sheet No. : (2)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										0	} Amp
	09:00 am	18ly									0	
	10:00 am	+							✓		0	
	11:00 am	H ₂ O									0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake : 18ly + H ₂ O -			Total Output : U-1 M-0									
	02:00 pm										0	} Amp
	03:00 pm	Khichdi									0	
	04:00 pm	+							✓		0	
	05:00 pm	H ₂ O									0	
	06:00 pm								✓		0	
	07:00 pm										0	
Total Intake : Khichdi + H ₂ O			Total Output : U-2 M-1									
	08:00 pm										0	} Amp
	09:00 pm										0	
	10:00 pm	Khichdi									0	
	11:00 pm	+									0	
	12:00 am	H ₂ O									0	
	01:00 am										0	
Total Intake : Khichdi + H ₂ O			Total Output : U-1 M-0									
	02:00 am										0	} Amp
	03:00 am										0	
	04:00 am	H ₂ O							✓		0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake : H ₂ O			Total Output : U-1 M-0									
Total 24 hrs. Intake		18ly + Khichdi + H ₂ O + Khichdi										
Total 24 hrs. Output		U-5 M-0										



6/6/26

FLUID CHART

Sheet No. : 3

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										0	S B
	09:00 am	Idly							✓	0		
	10:00 am	+ H ₂ O								0		
	11:00 am								✓	0		
	12:00 pm									0		
	01:00 pm								✓	0		
Total Intake : Idly + H ₂ O			Total Output : U-3 M-0									
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :			Total Output :									
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :			Total Output :									
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :			Total Output :									

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							