



**SURGERY DETAILS**

Date : 5/6/26

Sl.No.

Patient Name : ..... Age : ..... Sex : .....

MAH-00385004 IP2-00056474  
 Mrs NAGAVALLI  
 18-01-1991 35 Y 4 M 18 D (F)  
 Dr. LAKSHMI KIRAN S

UHID No. : ..... IP No. : .....



Date of Surgery : 5/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Ectopic Pregnancy

Baby is with mother side

Time in : 1:50pm

Time Out : 2:30pm

NAME	AMOUNT
1. Surgeon : Dr. Lakshmi Kiran	.....
2. Anaesthetist : Dr. Nandini	.....
3. Asst. Surgeon : Dr. Sameena	.....
4. OT Technician : Aravind	.....
5. Circulating Nurse : Nalini	.....
6. Asst. Nurse : Anitha	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 943221/943222 Order by : [Signature]



Brightline  
Express  
Service

**ANESTHESIA**

1/16/20

DATE OF SURGERY: 1/16/20

NAME OF THE SURGEON: [illegible]

OPERATION: [illegible]

NAME	AMOUNT
Surgeon	[illegible]
Anesthetist	[illegible]
1st Assistant	[illegible]
2nd Assistant	[illegible]
OT Technician	[illegible]
Circulating Nurse	[illegible]
Asst Nurse	[illegible]

Special Equipment:  Endotracheal  Laryngoscope

Signature of the Surgeon: [illegible]

Order No.: [illegible]

LSCS & SA



# CONSUMABLES OF OT

Circulating staff : Nalini Technician : Aravind Date : 5/6/26 Time : 12:50pm to 2:50pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>WSE</u>		<u>01</u>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>A/P/N</u>	<u>03</u>		<u>2346</u>	<u>01</u>	<u>01</u>	Suction Catheter		
HME filter : A/P/N			<u>2364</u>	<u>01</u>		Feeding Tube		
Syringes : 10 cc ✓	<u>02</u>		<u>1326</u>	<u>01</u>		Vaccum Suction Set		
5 cc ✓	<u>02</u>		Gloves			Surgical Gloves		
2 cc ✓	<u>02</u>		<u>PP/SG 6.5</u>	<u>05</u>	<u>03</u>	Gauze Pack		
01 cc			<u>SG 2.0</u>	<u>02</u>		Syringe 1ml / 2ml		
Cautery plate <u>A/P/N</u>	<u>01</u>		Surgical blade <u>22</u>	<u>07</u>		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL ✓	<u>02</u>		Cautery pencil	<u>01</u>				
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>Vicryl 2342</u>	<u>01</u>	
<u>Carbetocin</u>	<u>01</u>		Ointments	<u>01</u>				
<u>Laxir (Frusemide)</u>	<u>02</u>		Suction Catheter			<u>HCV RPT</u>	<u>05</u>	
Fentanyl			Cap, Mask	<u>10/10</u>				
Morphine			Gauze Pack	<u>3+2</u>				
Ketamine			Mop Pack	<u>02+02</u>				
Propofol			Steristrip					
Rocuronium			Underpad <u>Ally</u>	<u>03</u>	<u>01</u>			
Glycopyrolate			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					
Antibiotics			Bandage <u>16"</u>	<u>01</u>				
<u>Lax 24</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>02</u>			
Justin : 12.5 mg / 25mg / 100mg ✓	<u>01</u>		Plastic Bed Sheet		<u>03</u>			
Tab. Misoprost : 200mg ✓	<u>02</u>		Betadine Solution		<u>02</u>			
<u>Themichrine</u>	<u>01</u>		Microshield					
<u>phenpress</u>	<u>01</u>		Cotton Balls		<u>2</u>			
<u>Norad</u>	<u>01</u>		Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Dr. D. K  
Surgeon

Dr. N. C. P.  
Anaesthesiologist

Aravind  
Nurse

Aravind  
OT Technician

Order No. : ..... Ordered by : .....

1882

1882

of the year 1882

of the year 1882

of the year 1882

of the year 1882

of the year 1882

of the year 1882

of the year 1882

of the year 1882

*Nagavalli*

Physiotherapy Consult

MAH-00385004 IP2-00056474  
Mrs NAGAVALLI  
18-01-1991 35 Y 4 M 19 D (F)  
Dr. LAKSHMI KIRAN S



CONSULTATION FORM



Doctor Name : *VAIBHAVI HARNE*

Date : *6/06/26* Hour : *12:00*

Hospital : .....	Type of Referral : <input type="checkbox"/> Emergency (within one hr.)
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management	<input type="checkbox"/> Urgent (within 6 hrs.) <input type="checkbox"/> Non Urgent (within 2-3 hrs)
<input type="checkbox"/> 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 EXC.*

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

*VH RPT*

Consultant :  
Name : *VAIBHAVI HARNE* Signature : *VH* Date & Time : .....

NOTE : If more space is required use another consultation sheet as continuation

**ORIGINAL**

CIN: 035110 TG1998 PTC029914

www.rainbowhospital

2/2/20

1000

1000



①

5/6/26

### ACTIVITY RECORD FOR BILLING

Name: ----- MAH-00385004 IP2-00056474 -----  
 UHID No : ----- IP No : ----- Mrs NAGAVALLI  
 18-01-1991 35 Y 4 M 18 D (F) ----- Dept : -----  
 Date of Admission : ----- Time : - Dr. LAKSHMI KIRAN S ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	6:49pm	666	201	<i>[Signature]</i>

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. VAIBHAV Hame	6/8/26	243628	<i>[Signature]</i>
2.				
3.	<i>2nd floor cross checked by person</i>			<i>7/6/26</i>
4.				<i>[Signature]</i>
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
5/6/26	I.V placement	1	943295	
	Catheterization	1		
5/6/26	PAE (OP Basise Done)	1	00212711	
	Ch kcs ↓ SA	1		
5/6/26	Done	1	943221	
	Dr Lakshmin	1	943222	
5/6/26	Kiran	1		

Cross checked done by SIS alimnala 5/6/26  
@ 4PM

6/6/26	NHA		943627	
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Cross checked by Poonam  
7/6/26 @ 12:29 PM

**ANY OTHER INFORMATION**

OP file given to patient attendee

↓

Date: 5/6/26

Time: 12:30 PM

Prepared By:

Staff Nurse <u>Abhram</u>	Shift / Ward LW to 201 Chand	Billing Assistant	Billing Supervisor
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valli

# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

- admitted for elective USCS

Obstetric Formula:

Pr nigavallida

Obstetric History:

Pr ni / spontaneous conception

Present Pregnancy Record:

booked at 7<sup>th</sup> weeks

NT scan - (N)

FTS - Negative

RISK FACTORS:

NIPT - low risk

MTAS - (N)  
 Maternal 2 echoes? (N)  
 ECG

→ Retroflexed +ve

Height: ..... cm

Weight: ..... kg

Allergies: .....

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR:

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: 7/9/25

EDD:

Corrected EDD: 14/6/26

GA: 38<sup>+</sup>5 weeks

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: 36

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifths Palpable: 4/5<sup>+</sup>

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

Pr nigavallida | 38<sup>+</sup>5 weeks POA | Retroflexed position  
 for elective USCS



<p>Family History:          Father - HTN, Type 2 DM.</p>	<p>Surgical History:          2022 - Bilateral hip Replacement.          2018 - Laparoscopic Appendicectomy.</p>
<p>Medical History:          * K140 bronchial asthma - 2009.          last episode - 2009, last used inhaler - 2012 (stopped).          * Diagnosed HIV positive - 2009</p>	<p>Medication History:          T. Dolutegravir + Lamivudine (50/300mg) OD</p>
<p>Plan of Care: on T. Dolutegravir + Lamivudine (50/300mg) OD          23/5 - HIV viral load &lt; 30.</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- NBM</li> <li>- Parts prepared</li> <li>- PAC</li> <li>- Check for PRBC availability</li> <li>- Send CBC</li> <li>- Consent for LSCS</li> <li>- Inj Taxim 1gram IV stat</li> <li>- Inj panto p 40mg IV stat</li> <li>- Shift to OT as per orders</li> </ul>	<p>Investigations: O + ve</p> <p>HIV - positive</p> <p>MBSAG } NR          HCV }          VDRL }</p> <p>23/3/26 hb - 11 g/dl          plt - 3.6 L.</p> <p>USG obs at 36<sup>th</sup> weeks - cephalic, 2.7 kg, 29<sup>th</sup> c, AFI - 12.8 cm, placenta - post right, dopplers ⊕</p>

Doctor Name: ..... Sameena .....  
 Signature: ..... [Signature] .....  
 Date & Time: ..... 5/6/26 .....  
 \_\_\_\_\_

Consultant Name: ..... Dr. Lakshmi Kiran .....  
 Signature: ..... [Signature] .....  
 Date & Time: ..... 5/6/26 .....  
 \_\_\_\_\_



① 5/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 2:30 PM	POD-0	
Baby MS	O/E uterine afebrile PR = 79/u BP = 116/88 mmHg P/A - uterus well retracted. UE - bleeding well. Output - 200ml (clear)	Adv - NBM x 2 hours - w/f bleeding pv - Monitor vitals - - Adequate hydration - follow drug chart orders - - I/O charting - Inform SOS
Noted by Sr. Nurse 5/6/26 @ 3 PM		
5/6/26 5 PM	O-POD	Adv
	clo-nid PR = 84 BP = 110/70 P/A - uterine contracted BS (7) P/O = NO active bleeding	Liq diet To Cabergoline 0.5mg po qd Vitals Monitor Start soft diet at 9 PM Remove jellies on 6/6/26 @ 10 AM w/f bleeding pv inform SOS
I/O = 350ml		SHIFT TO ROOM Noted by So. Abhrami 5/6/26 5 PM





3  
6/6/26

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>6/6/26</u> 2:00pm	POD-1 p tele cupais ajebnile	Adv - soft diet
	BP = 130/80mmHg PR = 89/min S/E - NAB	- monitor vitals - drugs as charted
Baby - ms		- w/f bleeding PH
	P/A - UTAWR soft, BS (+)	- Ambulation - adequate
VV FV	U/E - NAB	- hydration - Informes
<u>6/6/26</u> 7:30pm	POD-1	
	GC - jaw ajebnile	Adv - (N) diet
	PR = 85/min BP = 103/68mmHg	- adequate hydration w/f bleeding p
Baby ms	P/A - uterus well contracted, soft BS (+)	- monitor vitals - Inf perinorm 10mg w stat - Ambulate
BF (+)	U/E - NAB VV platus x	- follow drug chart orders - Informes

Noted by Poornima

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 7:30 AM	S: POD-2	
Baby MS <del>MS</del>	O/E GI-fair afebrile PR = 82/min BP = 107/64 mmHg P/A - uterus well retracted BS (+) UE - bleeding wnl U ✓ Flatus ✓	Adv - (N) diet - Adequate hydration - dextrose supp (S) P/R stat - Ambulate - follow drug chart order - w/f bleeding pv - monitor vitals
		
2/6/26 12:30 PM	POD-2 P/E afebrile afebrile BP = 130/80 mmHg PR = 89/min	Adv - (N) diet - Adequate hydration - Ambulation - drugs as
Baby MS	P/A VT w/w soft BS (+) V LE - NAR	charted - w/f bleeding PV - monitor vitals
U ✓ F ✓		- Inform
		













MAH-00385004  
 Mrs NAGAVALLI  
 18-01-1991 35 Y 4 M 18 D (F)  
 Dr. LAKSHMI KIRAN S

IP2-00056474

5/6/26



## MEDICATION RECONCILIATION FORM

Drug Allergies: Nil  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: 201

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	T. Dolutegravir + Lamivudine	50/300 mg	P/O	OD		<input checked="" 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 : Saumen S

Date & Time : 5/6/26 @ 12PM

Nurse Name & Signature : Neel & Neel

Date & Time : 5/6/26 12:30 pm





REGULAR PRESCRIPTIONS

Weight 101 kg Ward 6/w




DRUG : <u>SIROP NEVIRAPINE</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1.5ml</u>	<u>PO</u>	<u>BD</u>	<u>5/6/26</u>																			
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																		
Additional Instructions:				<u>STOP</u>																		
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>TAB. PARACETAMOL</u>				Date Time	<u>6/6/26</u>	<u>6/6/26</u>	<u>7/6/26</u>															
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>ORAL</u>	<u>6 HRLY</u>	<u>5/6/2026</u>	<u>12 AM</u>	<u>6 AM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>	<u>6 PM</u>	<u>12 PM</u>
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																		
Additional Instructions:				<u>Dr. Nagesh</u>																		
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>TAB. TRAMADOL</u>				Date Time	<u>5/6</u>	<u>6/6</u>	<u>7/6</u>															
Dose	Route	Frequency	Start Date																			
<u>100mg</u>	<u>ORAL</u>	<u>8 HRLY</u>	<u>5/6/2026</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>	<u>4 PM</u>	<u>11 PM</u>	<u>8 AM</u>
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																		
Additional Instructions:				<u>Dr. Nagesh</u>																		
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>FAT INJ TAXIM</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>5/6</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>1</u>	<u>2</u>
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																		
Additional Instructions:				<u>[Signature]</u>																		
Daily Doctor's Endorsement by a Sign																						

Pati  I.P. No. Sheet No. Wards Weight (kg)

**REGULAR PRESCRIPTIONS**

**DRUG : T. ZOFER**

Date	Time	Dose	Route	Frequency	Start Dt.
5/6	6/6	4mg	PO	TD	5/6
Name & Signature of the Doctor starting the Drugs: Dr. Swathi					
Additional Instructions: Give 10min before T-TRAMADOL					
Daily Doctor's Endorsement by a Sign.					

**DRUG : ZIJ. CELEXONE**

Date	Time	Dose	Route	Frequency	Start Dt.
5/6	6/6	60mg	SC	OD	5/6
Name & Signature of the Doctor starting the Drugs: Dr. Swathi					
Additional Instructions: For 3 days					
Daily Doctor's Endorsement by a Sign.					

**DRUG : INS TAXIM**

Date	Time	Dose	Route	Frequency	Start Dt.
5/6	6/6	19gram	IV	BD	5/6
Name & Signature of the Doctor starting the Drugs: Sauer					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

**DRUG : TAB TAXIM-O**

Date	Time	Dose	Route	Frequency	Start Dt.
6/6	7/6	200mg	PO	BD	6/6
Name & Signature of the Doctor starting the Drugs: Sauer					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

MAH-00385004 IP2-00056474  
 Mrs NAGAVALLI  
 18-01-1991 35 Y 4 M 18 D (F)  
 Dr. LAKSHMI KIRAN S

Ref. No. : F / HW / DC / RP / INPR / 05.a



I.P. No.	Sheet No.	Wards	Weight (kg)
-	②	W/O	101 1988

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> TAB PANTOP				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
100mg	PO	OD	6/6																			
Name & Signature of the Doctor starting the Drugs:				Saurabh																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

<b>DRUG :</b> T. ODOTEGRAVIR + CANIVUDINE				Date Time	6/6	07/06																
Dose	Route	Frequency	Start Dt.																			
1 TAB (500mg)	PO	OD	6/6																			
Name & Signature of the Doctor starting the Drugs:				2pm																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

<b>DRUG :</b> T. CABGOLINE				Date Time	6/6																	
Dose	Route	Frequency	Start Dt.																			
OD	X 3d		0-7/6																			
Name & Signature of the Doctor starting the Drugs:				5pm																		
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.																						



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	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.	
<b>DRUG :</b>	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
5/6/2026	1:58 pm	INJ. CARBETOICIN	100mg	IV	PB	<del>Nalini</del>
5/6/2026	2:10 pm	INJ ONDANSETRON	4mg	IV	PB	<del>Nalini</del>
5/6/2026	2:30 pm	TRAMADOL SUPP	100mg	per rectal	PB	<del>Nalini</del>
		TAB MISOPROSTOL	400mcg	P/R		
5/6/26	1:40 pm	1mg Taxim	1gm	IV		Nalini
5/6/26	1:30 pm	1mg Pantop	40mg	IV		Nalini
5/6/26	2:35 pm	T6 Misoprostol	400mcg	PR		Nalini
5/6/26	5:15 pm	T6 Cabergolin	0.5mg	P/O		Nalini
5/6/26	2-30 pm	Dienterol Ac	100mg	PR		Nalini

5/6/26 8 pm INJ PERINORM 10 mg P/R  
 2/6 HAN DUOXOLEX SUPP. (2)

VERIFIED BY - Name: Signature



I.V. FLUIDS CHART

Weight..... Ward..... 6/20

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
5/6/2026	1 PM	10 RL	IV	FF	PB	[Signature]	5/6/26	PB	[Signature]
5/6/2026	2 PM	10 RL	IV	FF	PB	[Signature]	5/6/26	PB	[Signature]
5/6/2026	2:20 PM	10 RL	IV	FF	PB	[Signature]	5/6/26	[Signature]	[Signature]
5/6/26	3:00 PM	10 RL	IV	1000/15	[Signature]	[Signature]	5/6/26	[Signature]	[Signature]
5/6/26	4 PM	10 RL	IV						
5/6/25									

Signature

VERIFIED BY : Name





**CAESAREAN SECTION OPERATIVE NOTES**

Name: Nagavalli Consultant I/C: Dr Lakshmi Kiran Reg. No: \_\_\_\_\_

Surgeon's Name: <u>Dr Lakshmi Kiran</u>	Date of delivery: <u>5/6/26</u>
Assistant surgeon: <u>Dr Sameena</u>	Time of delivery: <u>1:58 PM</u>
Anaesthetist: <u>Dr Noopur</u>	Sex of baby: <u>male</u>
Type of Anaesthesia: <u>spinal Anaesthesia</u>	Weight of baby: <u>3310 gram</u>
Paediatrician: <u>Dr srividya</u>	Apgar score: <u>9,9</u>
Scrup Nurse: <u>Anitha sister</u>	NICU Admission: <u>No</u>

Elective  Emergency  Indication: maternal request with retrorenal position status

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

5<sup>th</sup> palpable: S/S 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

Delivey of head: Manual  Forceps

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

Delivery of placenta: Manual  CCT \_\_\_\_\_ 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: \_\_\_\_\_

Uterine closure: One layer  Two layers  \_\_\_\_\_ Vicryl-0 Suture

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

Sheath closure: \_\_\_\_\_ Vicryl-1 Suture

Fat closure: Yes  No  \_\_\_\_\_ Vicryl-1 Suture

Skin closure Subcuticular  Mattress  \_\_\_\_\_ Rapid Vicryl 3-0 Suture

Vagina evacuated Yes  No  Estimated blood loss: 500 ml - ml

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

Ctheter: Yes  No  Remove in 1 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: NBM x 2 hours, w/f bleeding pv, monitor vitals, follow drug chart orders

Signature

# SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Lakshmi Kiran  
 Asst. Surgeon: Dr. Suresh  
 Anaesthetist: Dr. Deepak  
 Scrub Nurse: Dr. Anitha

MAH-00385004  
 Mrs NAGAVALLI  
 18-01-1991  
 Dr. LAKSHMI KIRAN S



56726 1150 PM

Gender: Female  
 Time: 2:50 PM



BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## Before Induction of Anaesthesia

SIGN IN Time: 1:50 PM

- Patient Has Confirmed Identity  Yes  No
- Site  Yes  No
- Procedure  Yes  No
- Consent  Yes  No
- Site Marked  Yes  No  NA
- Anaesthesia Safety Check Completed  Yes  No
- Pulse Oximeter on Patient & Functioning  Yes  No
- Does Patient have a:
  - Known Allergy?  Yes  No
  - Difficult Airway / Aspiration Risk?  Yes  No
  - Yes, & Equipment / Assistance Available  Yes  No
- Risk of > 500ml Blood Loss (7ml/kg In Children)?
  - Yes, and Adequate Intravenous Access and Fluids Planned  Yes  No  NA
  - Blood Units Reserved  Yes  No  NA
- Has Antibiotic Prophylaxis been given within the last 60 minutes?  Yes  No  NA

Signature: [Signature]  
 Name: Dr. Swathi

## Before Skin Incision

TIME OUT Time: 2:50 PM

- Confirm all team members have introduced themselves by Name and Role  Yes  No
- Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
  - Correct Patient (Check ID Band)  Yes  No
  - Correct Site  Yes  No
  - Correct Procedure  Yes  No
- Anticipated Critical Events
- Surgeon Reviews:
  - What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?  Yes  No  NA
- Anaesthesia Team Reviews:
  - Are There Any Patient-specific Concerns?  Yes  No  NA
- Nursing Team Reviews:
  - Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?  Yes  No  NA
  - Is Essential Imaging Displayed?  Yes  No  NA

Signature: [Signature]  
 Name: Dr. Swathi

## Before Patient Leaves Operating Room

SIGN OUT Time: 3:00 PM

- Nurse Verbally Confirms with the Team:
  - The Name of the Procedure Recorded  Yes  No
  - That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)  Yes  No  NA
  - The Specimen is Labelled (including patient name)  Yes  No  NA
  - Whether there are any Equipment Problems to be addressed  Yes  No  NA
- To Surgeon, Anaesthetist and Nurse:
  - What are the key concerns for recovery and management of this patient?  Yes  No

Signature: [Signature]  
 Name: Dr. Swathi

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Vertical handwritten text on the right side of the page, possibly a list or index.

Handwritten notes at the bottom right of the page, including the word "The" and other illegible text.