

SURGERY DETAILS

Date : 5/6/26

Sl.No.

MAH-00331856 IP2-00056463
Mrs VASANTHI VATSAVAI
02-06-1991 35 Y 0 M 3 D (F)
Dr. LAKSHMI KIRAN S

Patient Name :



Age : Sex :

UHID No. : IP No. :

Date of Surgery : 5/6/28 OT : OT 1 OT 2 OT 3

Name of the Surgery : EL LSCS V S A

Baby is mother's side

Time in : 5:30 AM

Time Out : 6:30 PM

NAME

AMOUNT

- 1. Surgeon : Dr. Lakshmi Kiran S
- 2. Anaesthetist : Dr. Tejeswini
- 3. Asst. Surgeon : Dr. Vasavi
- 4. OT Technician : Dr. Harsha
- 5. Circulating Nurse : Sr. Venkateshwar
- 6. Asst. Nurse : Sr. Anuradha

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 943073 / 943072 Order by : [Signature]

Birthright



Children's Hospital
of Philadelphia

ORDER OF TRANSFER

Case No. 100-100

Date

Patient Name

PHID No.

Date of Surgery

Name of the Surgeon

NOT TO BE USED

AMOUNT

NAME

1. Surgeon	1150.00
2. Anesthetist	100.00
3. Asst. Surgeon	100.00
4. Technician	100.00
5. Operating Nurse	100.00
6. Asst. Nurse	100.00

Check Fee Anesthetics X-ray Pathology Pharmacy Other

Signature of the Surgeon

Signature of the Operating Nurse

Order No. 100-100



EL. LSCS ↓ S-A

CONSUMABLES OF OT

Circulating staff : Technician : Haisha Date : 5/6/26 Time 5:30 AM to 6:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</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>01</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>01</u>	Surgical Gloves		
02 cc	<u>02</u>	<u>03</u>	<u>612 PPSL</u>		<u>05</u>	Gauze Pack		
01 cc			<u>SG 2-0</u>		<u>02</u>	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		<u>01</u>	Koochies (S)		
RL		<u>02</u>	Cautery pencil		<u>01</u>			
NS <u>(10ml)</u> / <u>100ml</u> / <u>500ml</u> / <u>1000ml</u>		<u>05</u> / <u>01</u>	Koochies		<u>01</u>			
<u>PCM</u>		<u>01</u>	Ointments		<u>01</u>			
Fentanyl		<u>01</u>	Suction Catheter					
Morphine			Cap, Mask		<u>01</u>			
Ketamine			Gauze Pack		<u>01</u>			
Propofol			Mop Pack		<u>01</u>			
Rocuronium			Steristrip		<u>01</u>			
Glycopyrolate			Underpad <u>(Allu)</u>		<u>03</u>			
Myopyrolate			Draw sheet		<u>01</u>			
Ondansetron			Abgel					
Pencan 25g/ Spinal Needle 22		<u>01</u>	Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Chest Drainage Catheter					
Antibiotics			Romodrain bag					
<u>gabapentin</u>		<u>01</u>	Bandage <u>6"</u>		<u>01</u>			
Suppositories			Tegaderm		<u>01</u>			
Anamol : 80mg / 250mg / 170 mg			loban					
Supridol : 100mg ✓		<u>01</u>	Double J Stent					
Justin : 12.5 mg / 25mg / 100mg ✓		<u>01</u>	Vaccum Suction set		<u>02</u>			
Tab. Misoprost : 200mg ✓		<u>01</u> + <u>02</u>	Plastic Bed Sheet		<u>03</u>			
<u>ephedrine</u>		<u>01</u>	Betadine Solution		<u>02</u>			
<u>22 g cannula</u>		<u>01</u>	Microshield					
<u>eskal cut</u>		<u>01</u>	Cotton Balls		<u>02</u>			
<u>O2 mask (A)</u>		<u>01</u>	Latex Gloves		<u>20</u>			
<u>box 2/</u>		<u>01</u>	Ramdione Scrub					
			Saral					

Dr. Kiran S
 Surgeon

Dr. Tejasvini
 Anaesthesiologist

Anuradha
 Nurse

OT

Order No. : Ordered by :

MAH-00331656 IP2-00056463

Mrs VASANTHI VATSAVAI

02-06-1991 35 Y O M 3 D

Dr. LAKSHMI KIRAN S

(F) Physiotherapy Consult

Ref No: F / 1174/0018/01991



CONSULTATION FORM

Rainbow Children's Hospital



BirthRight

BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name: VAIBHAVI HARNE

Date: 6/6/26 Hour: 1:15

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 EXE.

Signature:

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

VM
RM

Consultant:

Name: VAIBHAVI HARNE Signature: VM Date & Time:

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

ORIGINAL

CIN: 085110 TG1998 RTC029914

www.rainbowhospital

12-11-11

12-11-11 - 0/15

100

200



ACTIVITY RECORD FOR BILLING

Name: AH-00331656 IP2-00056463 5/6/26 (1)
 VASANTHI VATSAVAI
 06-1991 35 Y 0 M 3 D (F)
 UHID No: LAKSHMI KIRAN S
 Date of Adm: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	10:30am	610	410	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Hosne	6/6/26	943617	Chand
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/6/26	Replacement	①	943152	} @Mangal
5/6/26	Catheterization	①	943152	
5/6/26	PAC	①	943153	
5/6/26	Em-rscs done by SA	①	943072	
5/6/26	DR. Lakshmi Kiran	①	943073	
<p>Cross checked done by [Signature] Cross checked by [Signature] Central corner. 5/6/26</p>				
6/6/26	N.H.A		943541	Chand
<p>Cross checked by Chandman @ 4:50 pm 7/6/26</p>				

ANY OTHER INFORMATION

Op site given to one pt. Attender

V. Bha

Date: 5/6/26

Time: 10:30 AM.

Prepared By: @Mangal

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	Coed to ward Sandhya		

Vasanthi



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

PT clo pain abdomen and leaking plv since 3 AM.

Obstetric Formula:

G3P1L1A1

Obstetric History:

G1- 2020- USS / male / 3kgs / fibroid complicating pregnancy @ medicover

Present Pregnancy Record:

G2- 2025 - missed miscarriage M ERPC

G3- PP-sp. conception.

RISK FACTORS:

Booked at 5th weeks NPT, T1, T2, T3, T4, T5

- previous myomectomy @ 2020.

- mother - cystic fibrosis carrier.

wife HPLC husband HPLC] (N)

Height: cm

Weight: 97.5 kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness:

Pallor:

Icterus:

Edema:

Temp:

PR: 106/min.

BP: 120/80 mmHg

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: 21/5/25

EDD:

Corrected EDD: 14/6/26

GA: 38⁺ wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 27 1/4

3 cfioxel/min

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5th

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

50% effaced.

Os: Closed _____ Dilated 3-4cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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


Pelvis: Adequate Doubtful

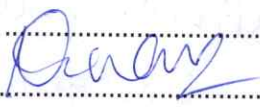
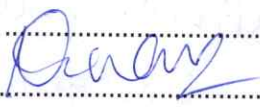
DIAGNOSIS

G3P1L1A1 previous USS 38⁺ wks GA in active labour for Emergency USS



<p>Family History:</p> <p>F - DM₂, HTN</p>	<p>Surgical History:</p> <p>UCS + myomectomy - 2020 SERPC - 2025</p>
<p>Medical History:</p> <p>-</p>	<p>Medication History:</p> <p>-</p>
<p>Plan of Care:</p> <p>Admit consent parts preparation Ij - TAXIM 1gm IV stat Ij - Pantop 40mg IV stat CBP PAC check blood availability shift to OT on call.</p>	<p>Investigations:</p> <p>B+ve HIV HbsAg / NR. VDRL tTCU</p> <p><u>1/6</u> 38th wks cephalic Es. wt - 3.4 Kgs, 65th centile AFI - 16.2 cm Pl - posterior, high. UAD - (N)</p>

Doctor Name: Dr. Vasanthi
Signature: 
Date & Time: 5/6/26
Date & Time: 5/6/26

Consultant Name: 
Signature: 
Date & Time:
Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 6:40 AM	POD-0 Ptele Cerydis ajebrane	Adv - NBM x g hrs - EBF
Baby ms BP ⊕	BP - 117/80 mmHg PR - 91/min SpO2 - 99.1 @ RA	- monitor vitals - wlf bleeding plv - drugs as
olo - 100ml (clear)	p/A - uterus well V/E - NAB	- charted - no charting - informed
noted by @m niji		
5/6/26 8:45 AM	POD-0	5/6/26 @ 6:40 AM
p/e ac - fair ajebrane PR = 75/min	p/A - uterus well	- allow sips - liquid diet - Adequate hydration
BP = 135/85 mmHg contracted, BS ⁺⁺ / ₋	V/E - bleeding wlf output - 100 ml	- follow drug chart orders - wlf bleeding p/v - monitor vitals - EBF
Dr. Jay	Foley's removal at 6 AM	soft diet at 1 pm 6/6/26 - shift to room

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8pm	0-POD UO - nil PR 78 BP 118/76 PIA - ut well contracted Plv - No active bleeding	Adv Soft diet Vitals Monitoring EBF
Baby E mother		Ambulation w/ft bleeding pr inform sra
UO = 450 ml FV		
Noted by Sandhya 5/6/26 @ 2pm.		
5/6/26 8pm	POD-0 PI clear all clear, afebrile BP - 118/75 PR - 88 bpm S/E - NAD PIA - ut nwr soft, BS (+) UE - NAD	R: → soft diet → follow diet chart → monitor vitals → w/ft bleeding pr → pad for observation → Plo charting → Ambulation → EBF
baby - M/A (+), BF (+)		→ Remove Foley's on 6/6 @ 6am
U.O - 900ml, clear		→ Inform sra
flatue - P		
Noted by Sushma 5/6/26 @ 8pm		



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
6/6/26 8 AM	pt clec cupper, cybexite BP- 105/76 mmHg PR- 88 bpm SLE-NAB PLA-ut wwr soft UE-NAB	Rx: + N diet → follow drug chart → monitor vitals → wif bleeding PV → pod for observation → Ambulation → EBF → Insulin 80S
	Urine-Yet to void T. Lactate 7.0 go back to milk	
<hr/>		
6/6/26 2 PM	noted by Anitha POD-0 pt clec cupper cybexite BP- 100/60 mmHg PR- 78/min PLA-ut wwr soft, Bx UE-NAB	6/6/26 @ 8 AM Adv - N diet - follow drug chart - EBF - monitor vitals - ambulation - adequate hydration - Insulin 80S
	Baby MS BF	
	uv pv	
<hr/>		
Noted by Chandamani @ 2 PM 6/6/26		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 8 PM	S: POD-1	
Baby MS BF (+)	O/E AC-fair afebrile PR = 82/w BP = 122/87 mmHg P/A - uterus well retracted, BS (+) UE - bleeding wNL U ✓ flatus ✓	Adm (D) diet Adequate hydration EBF w/f bleeding pV Monitor vitals follow drug chart orders Ambulate
Noted by Sandhya 6/6/26 8 PM.		
7/6/26 8 AM	S: POD-2	
Baby MS BF (+)	O/E AC-fair afebrile PR = 82/w BP = 115/89 mmHg P/A - uterus well contracted, BS (+) UE - bleeding wNL U ✓ F ✓	Adm - (D) diet Adequate hydration EBF w/f bleeding pV Monitor vitals follow drug chart orders Ambulate
Noted by Aniltha @ 8 AM 7/6/26		

MAH-00331656 IP2-00056463
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 02-06-1991 35 Y 0 M 3 D (F)
 Dr. LAKSHMI KIRAN S



①



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: CCU Shifted to: HIU

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. Vasani, Dr.

Date & Time : 5/6/26 @ 5 AM

Nurse Name & Signature: Mary

Date & Time : 5/6/26 @ 5 AM

Docu. No. : RCH / FRM / GENERAL / 090





DRUG CHART

Date of Admission: 5/6/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. Ward. 60

DRUG : <u>Tab. PARACETAMOL.</u>				Date						
				Time						
Dose	Route	Frequency	Start Date							
<u>1g</u>	<u>PO</u>	<u>6th hourly</u>	<u>5/6/26</u>	<u>8:30am</u>	<u>6/6</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Tejaswini</u>				<u>6am</u>	<u>12pm</u>	<u>6pm</u>				
Additional Instructions:				<u>8:30am</u>	<u>12pm</u>	<u>6pm</u>				
Daily Doctor's Endorsement by a Sign										
DRUG : <u>Tab. DICLOFENAC.</u>				Date						
				Time						
Dose	Route	Frequency	Start Date							
<u>50mg</u>	<u>PO</u>	<u>8th hourly</u>	<u>5/6/26</u>	<u>11am</u>	<u>6/6</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Tejaswini</u>				<u>11am</u>	<u>12pm</u>	<u>6pm</u>				
Additional Instructions:				<u>11am</u>	<u>12pm</u>	<u>6pm</u>				
Daily Doctor's Endorsement by a Sign										
DRUG : <u>Tab. TRAMADOL</u>				Date						
				Time						
Dose	Route	Frequency	Start Date							
<u>100mg</u>	<u>PO</u>	<u>8th hourly</u>	<u>5/6/26</u>	<u>8am</u>	<u>6/6</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Tejaswini</u>				<u>8am</u>	<u>12pm</u>	<u>6pm</u>				
Additional Instructions:				<u>8am</u>	<u>12pm</u>	<u>6pm</u>				
Daily Doctor's Endorsement by a Sign										
DRUG : <u>Inj CLEXANE</u>				Date						
				Time						
Dose	Route	Frequency	Start Date							
<u>40mg</u>	<u>SC</u>	<u>OD</u>	<u>5/6/26</u>		<u>6/6</u>	<u>7/6</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Tejaswini</u>				<u>2pm</u>						
Additional Instructions: <u>Start at 2pm.</u>										
Daily Doctor's Endorsement by a Sign										

Pa Dr. LAKSHMI KIRAN S	I.P. No.	Sheet No. ②	Wards 60	Weight (kg) -
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REGULAR PRESCRIPTIONS

DRUG : Inj-Taxim				Date	5/6														
				Time	5/6														
Dose	Route	Frequency	Start Dt.																
1gm IV		BD	5/6	5/6 AM	5/6														
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
Daily Doctor's Endorsement by a Sign.																			

DRUG : Tab. Taxim-O				Date	6/6	7/6													
				Time	6/6	7/6													
Dose	Route	Frequency	Start Dt.																
200mg PO		BD	6/6	9 AM	6/6	7/6													
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. Pantop				Date	6/6	7/6													
				Time	6/6	7/6													
Dose	Route	Frequency	Start Dt.																
400mg PO		OD	6/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
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.																			

MAH-00331858 IP2-00056463
 Mrs VASANTHI VATSAVAI
 02-06-1991 35 Y O M 3 D (F)
 Dr. LAKSHMI KIRAN S

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



	I.P. No.	Sheet No. <u>2</u>	Wards <u>600</u>	Weight (kg) <u>✓</u>
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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.																			

3

Weight. Ward. (6c)



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.
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
5/6/26	5:20 AM	Inj - TAXIM	1gm	IV	[Signature]	[Signature]
5/6/26	4:30 AM	Inj - Pantop	40mg	IV	[Signature]	[Signature]
5/6/26	5:41 AM	Inj CARBETOCIN	100mcg	IV	[Signature]	[Signature]
5/6/26	6:30 AM	Sap. DICLOFENAC	100mg	PR	[Signature]	[Signature]
5/6/26	6:30 AM	Sap. TRAMADOL	100mg	PR	[Signature]	[Signature]
5/6/26	6:35 AM	T. MISO	400mcg	P/R	[Signature]	[Signature]
		Sap. Taxim				
		DOLCOX SUP	②	P/R	[Signature]	

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

Weight Ward. 002



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
5/6/26	5AM	RINGER LACTATE	IV	500 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	5:30AM	RINGER LACTATE	IV	500ml FF.	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	5:50AM	RINGER LACTATE	IV	1000ml hr.	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	7AM	10RL	IV	100ml hr.	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26	<i>[Signature]</i>	<i>[Signature]</i>

Signature

VERIFIED BY : Name

410

Patient Sticker
Vasanthi

354



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 6/6/26 Time: 10am

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

Food Allergies: NO allergies

Diagnosis: UC

Medical History: NO

Surgical History: NO

Vegetarian Non-Vegetarian Vegan

Diet Advised: Normal diet

Patient's / Attendant's

Signature: V. Vasanthi

Name: Vasanthi Vatsavai

Date & Time:

Dietician's

Signature: J

Name: Jankshmi

Date & Time: 6/6/26, 10am

CAESAREAN SECTION OPERATIVE NOTES

Name: Ms. Vasanthi Consultant I/C: _____ Reg. No: _____

Surgeon's Name: <u>Dr. Lakshmi Kiran</u>	Date of delivery: <u>5/6/26</u>
Assistant surgeon: <u>Dr. Vasavi</u>	Time of delivery: <u>5:41 AM</u>
Anaesthetist: <u>Dr. Tejaswini</u>	Sex of baby: <u>male</u>
Type of Anaesthesia: <u>4 spinal</u>	Weight of baby: <u>3.8₃ kgs.</u>
Paediatrician: <u>Dr. Bhavani</u>	Apgar score: <u>8, 9</u>
Scrup Nurse: <u>Sr. Anuradha</u>	NICU Admission: <u>NO</u>

Elective Emergency Indication: previous USS in labour

- 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

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: N Cord around the neck Yes No

Appearance of placenta: N Cavity explored Yes No

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

Complications / Comments: _____

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

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

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 1 days Await instructions

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

Intraoperative antibiotics cover: Yes No Thromboprophylaxis: Yes No

Post operative Comments: WBM x 2 hrs

monitor vitals, w/ bleeding pt

Signature

SURGICAL SAFETY CHECKLIST

Surgeon: *Dr. Gresham Wilson*
 Asst. Surgeon: *Dr. Vasavi*
 Anaesthetist: *Dr. Tejashwini*
 Scrub Nurse: *Sr. Anuradha*

Patient Name: *Mr. Vasanth*
 UHID No.: *331058*
 Date: *5/6/26*

Age: *3.5y*
 Surgery Name: *FCM LES*
 In-time: *5:30 AM*
 Out-time: *6:30 AM*



Before Induction of Anaesthesia

SIGN IN Time:

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: *Dr. Gresham Wilson*

Name: *Dr. Gresham Wilson*

Before Skin Incision

TIME OUT Time:

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? *500ml* 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: *M. Anuradha*

Name: *M. Anuradha*

Before Patient Leaves Operating Room

SIGN OUT Time:

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: *Dr. Vasanth*

Name: *Dr. Vasanth*

PRE - OPERATIVE CHECK LIST



Date: 5/6/26
 Patient's Name: MRS. Vasanthi Age: 35Y Gender: M F
 Blood Group: B+ve UHID: 331656, 056463
 Planned Surgery: EL- LSCS Surgeon: DR. Lakshmi Kiran
 Anesthetist: DR. Swathi Date & Time of Operation: 5/6/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the patient fasting for over 6 hours Pre-Operatively ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enema given / Bowel Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sterile Gown Given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is Blood arranged as required ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If Blood has been ordered - is Blood bag ready ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	IV Cannula to be placed / IV fluids if Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Pre Anesthetic consultation with anesthesiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pre Medications Given ? (Sedatives / etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Skin Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Site is marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Implants are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Equipment is available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Antibiotic Prophylaxis is given within the last 60 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other (if any)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Tag: Yes No
 Billing Executive Name: [Signature] OT Nurse Name: [Signature] ER/Ward Nurse Name: [Signature]
 Billing Executive Signature: [Signature] Signature of OT Nurse: [Signature] Signature of ER/Ward Nurse: [Signature]
 Date & Time: 5/6/26 Date & Time: 5/6/26 Date & Time: 5/6/26
 Doc. No. : RCH / FRM / CLINICAL / 307-056126 8:30AM 5 AM 5 AM

LOVE CHICKEN - 1st

100% VEGAN
1.1 (11)
1.2 (12)
1.3 (13)

1.1 (11)
1.2 (12)
1.3 (13)
1.4 (14)
1.5 (15)
1.6 (16)
1.7 (17)
1.8 (18)
1.9 (19)
1.10 (20)

1	100% VEGAN
2	1.1 (11)
3	1.2 (12)
4	1.3 (13)
5	1.4 (14)
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90	1.89 (99)
91	1.90 (100)
92	1.91 (101)
93	1.92 (102)
94	1.93 (103)
95	1.94 (104)
96	1.95 (105)
97	1.96 (106)
98	1.97 (107)
99	1.98 (108)
100	1.99 (109)
101	1.100 (110)

100% VEGAN
1.1 (11)
1.2 (12)
1.3 (13)

Laboratory Report

Mrs VASANTHI VATSAVAI

9000238888

35 Y 0 M 3 D

KO26007735

Female

05-06-2026 05:26 AM

IP2-00056463

05-06-2026 05:26 AM

MAH-00331656

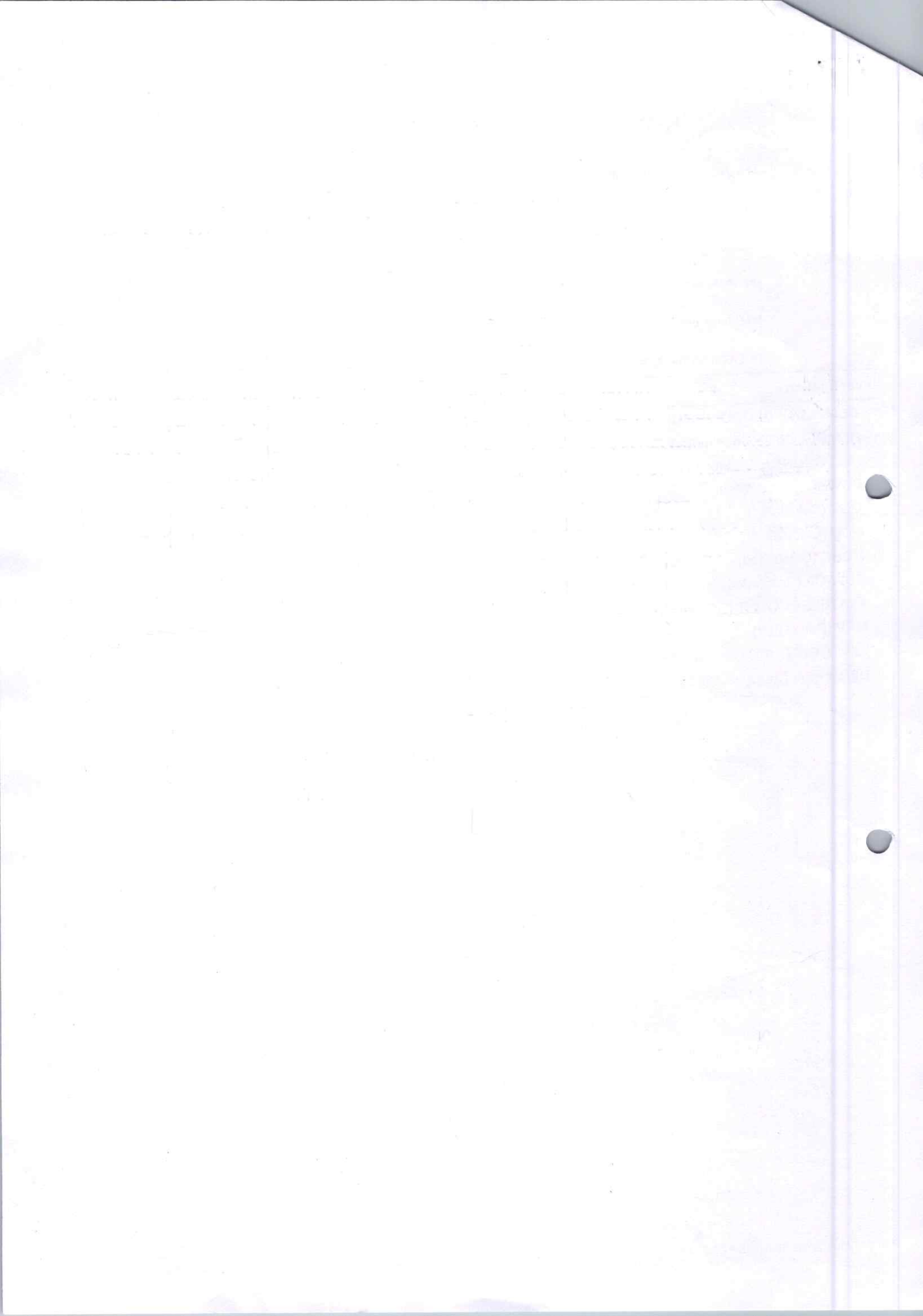
Dr. LAKSHMI KIRAN S

WF LABOUR WARD / SW101

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT ENTERED			
HEMOGLOBIN (Colorimetry)	12.0	g/dL	12 - 16
RBC COUNT (DC detection method)	4.32	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	35.8	VOL%	33 - 51
MCV (Calculated)	83.0	fL	80 - 100
MCH (Calculated)	27.8	pg/cells	26 - 34
MCHC (Calculated)	33.5	g/dL	32 - 36
RDW-CV (Calculated)	13.8	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	209	10 ⁹ /L	150 - 450
MPV (Calculated)	9.1	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.10	10 ⁹ /L	H 4.5 - 11
Differential Count			

Interim Report

This is an interim report. The final report will be released after 24 hours



AH-00331856 IP2-00056463
re VASANTHI VATSAVAI
7-08-1991 35 Y 0 M 3 D (F)
r. LAKSHMI KIRAN S



5/6/26 (1)

RESULT SHEET



Date	5/6/26				
Time	5:26 Am				
Hb	12.0				
PCV	35.8				
RBC	4.32				
WBC	11.10				
N/L					
Platelets	209				
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					

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
blood group	B+ve	availability	Ayush	blood bank		
HiV	} NR					
HBsAg						
HCV						

v

Culture and Sensitivities :

.....

.....

.....

Radiology: USG :

 X-Ray:.....

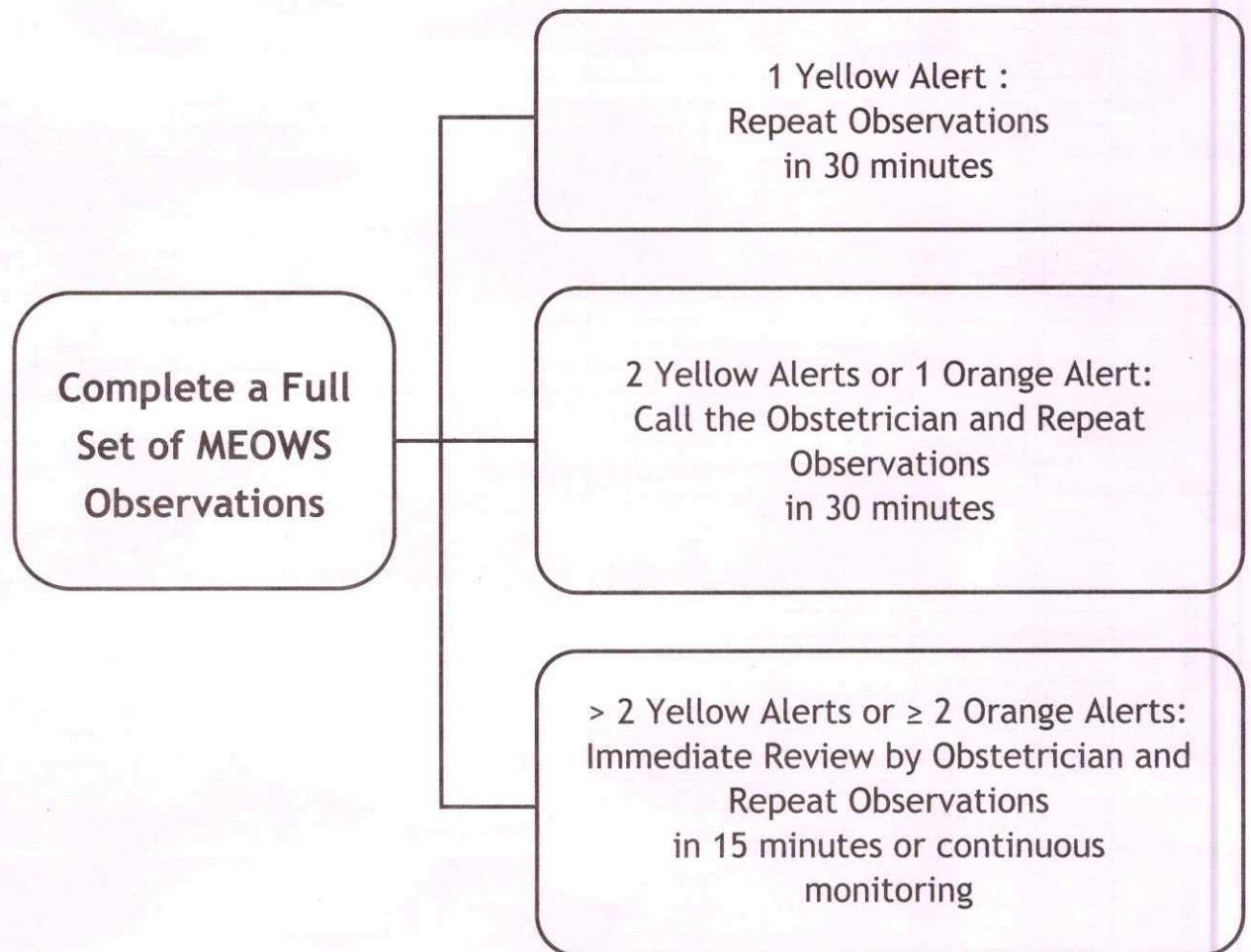
 ECHO:

 CT:

 MRI

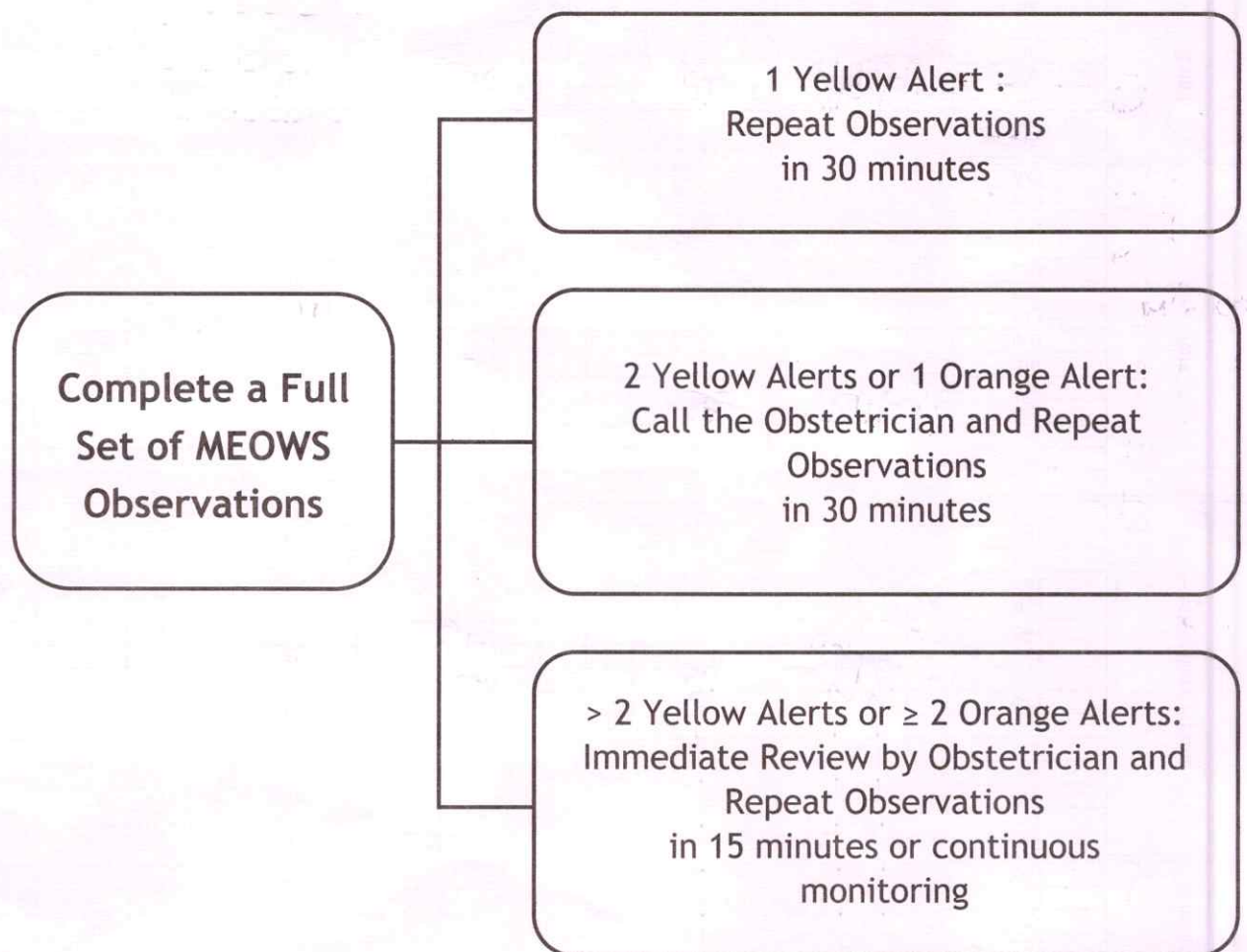
 Others (ECG, Contrast Studies etc.):

Obstetrics and Gynaecology Early Warning Signs



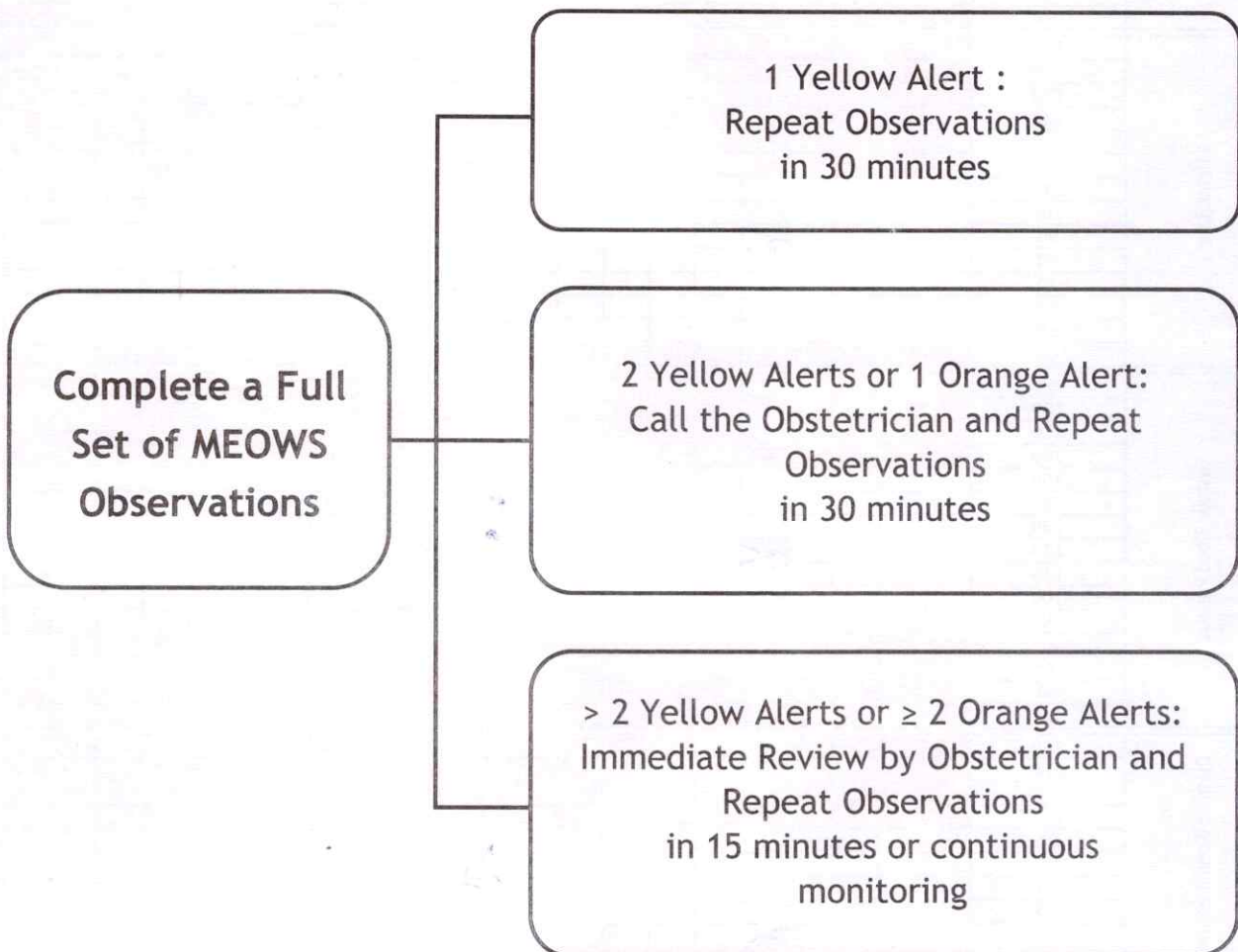
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00331656 IP2-00056463
 Mrs VASANTHI VATSAVAI
 02-06-1991 35 Y O M 5 D (F)
 Dr. LAKSHMI KIRAN S

21/6/26



Pregnancy Observation Score Chart - Obstetrics

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

		Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20																												
	0 - 10																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp ^o c	40																												
	39																												
	38																												
	37																												
	36																												
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
60																													
50																													
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																													
TOTAL ORANGE SCORES																													
Nurse Initial																													

0
0
21/6/26

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

IAH-00331858 IP2-00056463
 Mrs VASANTHI VATSAVAI
 12-05-1991 35 Y 0 M 3 D (F)
 Jr. LAKSHMI KIRAN S



FLUID CHART

Sheet No. : 0

5/6/20

- All measurements in ml.
- 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												
	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 Intake :			RL 1500ml			Total Output :			u- 150ml m.o				
Total 24 hrs. Intake			RL 1500ml			Total 24 hrs. Output			u- 150ml m.o				



5/6/26

9

FLUID CHART

Sheet No. : 9

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	H ₂ O 200ml							50ml			M
	09:00 am	Soup 200ml				I			50ml	0		
	10:00 am	H ₂ O 200ml							50ml	0		
	11:00 am								50ml	0		
	12:00 pm								50ml	0		
	01:00 pm								50ml	0		
Total Intake : Soup + H ₂ O					Total Output : U - 300ml M - 0							
	02:00 pm								150ml	0		M
	03:00 pm	Idly				I			100ml	0		
	04:00 pm	H ₂ O							200ml	0		
	05:00 pm	H ₂ O 300ml							200ml	0		
	06:00 pm	H ₂ O 200ml							200ml	0		
	07:00 pm	200ml							100ml	0		
Total Intake : Idly + H ₂ O 600ml					Total Output : U - 900ml M - 0							
	08:00 pm					I			150ml	0		M
	09:00 pm	Idly							150ml	0		
	10:00 pm	H ₂ O							150ml	0		
	11:00 pm	H ₂ O							150ml	0		
	12:00 am	Butter							150ml	0		
	01:00 am	milk							150ml	0		
Total Intake : Idly + Butter milk + H ₂ O					Total Output : U - 900ml M - 0							
	02:00 am					I			100ml	0		M
	03:00 am								100ml	0		
	04:00 am								100ml	0		
	05:00 am	H ₂ O							100ml	0		
	06:00 am								100ml	0		
	07:00 am								-	0		
Total Intake : H ₂ O					Total Output : U - 500ml M - 0							
Total 24 hrs. Intake		Idly + Butter milk + H ₂ O			Total 24 hrs. Output		U - 2600ml M - 0					



6/6/26

FLUID CHART

Sheet No. : 9

- All measurements in ml.
- 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	Idly											
	10:00 am	+											
	11:00 am												
	12:00 pm	H ₂ O											
	01:00 pm												
Total Intake : Idly + H ₂ O			Total Output : U-2 M-0										
	02:00 pm	Chappati											
	03:00 pm	Rice											
	04:00 pm	H ₂ O											
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake : Chappati, Rice, H ₂ O			Total Output : U-2 M-0										
	08:00 pm	Butter milk											
	09:00 pm	Chapati											
	10:00 pm	+											
	11:00 pm												
	12:00 am	H ₂ O											
	01:00 am												
Total Intake : Butter milk + chapati + H ₂ O			Total Output : U-2 M-0										
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am	H ₂ O											
	06:00 am												
	07:00 am												
Total Intake : H ₂ O			Total Output : U-0 M-0										
Total 24 hrs. Intake		Idly + chapati + Rice + Butter milk + H ₂ O				Total 24 hrs. Output		U-5 M-0					

MAH-00331656 IP2-00056463

Mrs VASANTHI VATSAVAI

02-06-1991 35 Y O M 5 D (F)

Dr. LAKSHMI KIRAN S



7/6/26



FLUID CHART

Sheet No. : (4)

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		Jelly				↓				0	} Acc	
	09:00 am										0		
	10:00 am		H ₂ O								0		
	11:00 am										0		
	12:00 pm		Soup								0		
	01:00 pm										0		
Total Intake :			Jelly, H ₂ O, soup			Total Output :						U-2 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							