

SURGERY DETAILS

Date : 9/6/26

Sl.No.

Patient Name : MAH-00363760 IP2-00056499 Age : Sex :

Mrs LAVANYA DEVASANI
24-07-1995 30 Y 10 M 16 D (F)
Dr. VARALAKSHMI NANDYALA

UHID No. : IP No. :



Date of Surgery : 9/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : SVD & CA done

Baby to Mother side

Time in : 11 PM Time Out : 12 AM

NAME	AMOUNT
1. Surgeon : <u>Dr. varalakshmi</u>
2. Anaesthetist : <u>-</u>
3. Asst. Surgeon : <u>Dr. Sonali</u>
4. OT Technician : <u>-</u>
5. Circulating Nurse : <u>Sis. Alimaba</u>
6. Asst. Nurse : <u>Sis. Tinky</u>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon : [Signature]

Signature of the Circulating Nurse : [Signature]

Order No. : 944363/944364 Order by : [Signature]



OPERATION SHEET

Case No. _____

Patient Name _____

Urgency _____

Date of Surgery _____

Ward of the Surgery _____

Operation performed on _____
at _____
by _____

ACTIVITY	NAME
1. Surgeon	_____
2. Anesthetist	_____
3. Asst. Surgeon	_____
4. OT Technician	_____
5. Circulating Nurse	_____
6. Asst. Nurse	_____

Special equipment: Endoscopy _____

Signature of the Surgeon _____

Order No. _____

9/6/26
①

ACTIVITY RECORD FOR BILLING

Name: MAH-00363760 IP2-00056499
 Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 16 D (F)
 UHID ↑ Dr. VARALAKSHMI NANDYALA
 Date o [Barcode] Time : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : 211 Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	2:30 AM	40	309	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/6/26	CBP - (1) ✓	26007943	
9/6/26	NST - (1) ✓	002697	} [Signature]
9/6/26	NST - (2) ✓	002698	
9/6/26	NSP - (3) ✓	002701	
9/6/26	NSP - (4) ✓	002702 ✓	
cross checked done by sis. Nirmala 9/6/26 @ 2:15 AM			
cross checked my [Signature]			
[Signature]			

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
9/6/26	IV Placement	①	944327	[Signature]
9/6/26	Srb done by focal	①	944363	[Signature]
9/6/26	DR: Vasa Lakshmi	①	944364	[Signature]
cross checked done by sis nirmala 10/6/26 @ 2:15 AM				
10/6/26	N.H.A.	①	944363 944789	Bandhya
cross checked by Raju 11/06/26 1:50 AM				

ANY OTHER INFORMATION

OP file given to pt. attender
↓
[Signature]

Date: 10/6/26

Time: 2:30 AM

Prepared By: Pina

Staff Nurse sis: Pina	Shift / Ward 21 up 70 309	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

cto pain abdomen on & off x mng

Obstetric Formula: G3 P14A1

ML- 5 Yrs, NCM

Obstetric History:

G1 - missed miscarriage / 08/11/2022, Feb

G2 - SVD / A / 2-9 kg / ci. hypothy / Jan, 2024

G3 - PP, sp. concept?

Present Pregnancy Record: booked to 12+2 wks

RCH @ 12+2 wks.

NT + FIS
 7 FA } (2)

RISK FACTORS:

Height:159... cm

Weight:46... kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: +

Pallor: -

Icterus: -

Edema: -

Temp: afebrile 98.3

PR: 98 bpm

BP: 130/80 mmHg

DTR: (+)

CVS: S1S2 (+)

RS BLUE (+)

Liver/Spleen: not

Urine Output: ade

DIAGNOSIS

palpable
 G3 P14A1 @ 39+3 wks in latent labour

LMP: 21/9/25

EDD:

Corrected EDD: 13/6/26

GA: 39+3 wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: TG

34/10-15 sec / 10 min

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4 15th

FHS: Normal Tachy Brady Absent

159 bpm

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

3/4th

Os: Closed _____ Dilated 8 cm

Membranes: Present Absent ARM done

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful



<p>Family History:</p> <p>mother → Rheumatoid arthritis</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care:</p> <p>soft diet follow deep chart monitor vitals w/ progression of labour NST 2th wly FHR monitoring send CBP consent for vaginal delivery Next v/c @ 9PM.</p>	<p>Investigations:</p> <p>BAT - '0' POSITIVE</p> <p>HIV HbsAg HCU VDRL } NR</p> <p>Growth scan (8/6/26)</p> <p>SLIUF, 39+2 WKS cephalic. AFI - 14.5 cms EFW - 3.2 kg (29%) AC - 12% Dopp (N)</p>

Doctor Name: Dr. Rajani
 Signature: [Signature]
 Date & Time: 9/6/26

Consultant Name: Dr. varalakshmi
 Signature: [Signature] (Dr. Varalakshmi)
 Date & Time: 9/6/26



①
 9/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 8PM	↓ IOL	<u>Adm</u>
	T = 98°3	
	PR = 92/min	Syntocin augmentin
	BP = 126/84	FHR Monitor
	PIV = ut 7G	NST - 2hdy
	cephalic	In Busipon 20mg iv stat
	FHR ⊕ 160/min	Next vlc @ 12 AM
	3/15/10'	Ball exercise
	PIV = 3cm dilated	
	1/2 long soft	
	lig clear, membr. abs	
	station 1-2	
Noted by: Sonia		
9/6/26 10PM	PR = 98 BP = 110/73 PIV = ut 7G cephalic	<u>Adm</u> IOL free fluid Stop syntocin FHR Monitor
deceleration till 70 with peak of contraction	FHR ⊕ 126/min	w/ progress of labour
Immediate pickup seen	PIV = 6cm dilated 50% effaced lig clear, membr. abs station 1-2	
Noted by sis: Anu		



② 9/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	↓ JOL	
11:10 AM		Adv
	PR = 98	
	BP = 128/76	w/ progress of
	PLA = ut & G	labour
	cephalic	Fm Monitor
	4/25'/10' FHR @ 130	inform sus
	Plv = fully dilated	
	fully effaced	
	lig. clear	
	station zero to +1	
	fz	
	Noted by sis: Pinu	
9/6/26	O PND	
12:15 AM	T = 95	Adv
	PR = 88	① diet
	BP = 118/78	Vital Monitor
Baby on O ₂ hood	PLA = ut well	EBF
	contracted	w/ bloody pr
	Plv. No active	impus.
	bleeding	
	epi-healthy	
	wound care explain fz	
	Noted by sis: Pinu	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 2:15 PM	0-PND PR = 89/mb BP = 110/78 PIA = ut well contracted	Adm N diet Vital Monitoring BF w/ bleeding pv inform sb.
Baby in NICU	P/V NO active bleeding	
	wire passed	
	SH, R1 TO ROOM	
10/6/26 7:30 AM	0-PND Dain abdomen C10- Ad 7-98.5 PR 80 BP = 102/64 PIA = ut well contracted	NO Adm N diet Vital Monitoring Express Breast milk w/ bleeding pv. inform sb
Baby in NICU	P/V NO active bleeding	7 megal spas. stool
UV MX	epi: (N)	
	Episiotomy core explained	(Dr. Varalakshmi)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		
2 PM	Pt stable	
	BP- 62/60	
	PR- 85/min	
	PA- wt well (C) (BP)	
balep- NICU	HE- min PV bleed	
UV ✓	Adv - monitor vitals	
MV ✓	- (R) diet	
	- EBM	
	- Drugs as charted	
	- W/F excess PV bleed	
	- Inj. as per	
		6 f
		(Dr- Vaseela)
	Noted by	
	S and Hys	@ 3:30 PM
	10/6/26	
10/6/26	S: PNO-1	
2 PM	O/E ac- fair	
	apetite	
	PR = 82/min	
	BP = 120/80 mm Hg	
	P/A - uterus well	
	contracted	

Baby in NICU

Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 17 D (F)
 Dr. VARALAKSHMI NANDYALA

Patient



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
	<p>UG - Bleeding wNL U✓ M✓</p>	<p><u>Ad</u> - (N) diet - Adequate hydration - Monitor vitals - follow drug chart orders - w/f bleeding p✓ - Inform SOS</p>
<p>Noted by . sandhya. 10/06/26 @ 2030</p>		
<p>11/6/26 8AM</p>	<p>g: PND-2</p>	
<p>suby in NICU</p>	<p>DE GC-fair ajentle PR = 100/min BP = 106/78 mmHg P/A - uterus well contracted UG - bleeding wNL U✓ M✓</p>	<p><u>Ad</u> - (N) diet - Adequate hydration - case - w/f bleeding pV Monitor vitals - follow drug chart orders. - Inform SOS</p>
<p>(Dr. Varalakshmi)</p>		
<p>noted by Raju 11/06/26 8AM</p>		

MAH-00363760 IP2-00056499
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 Dr. VARALAKSHMI NANDYALA



9/6/26



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: ICU Shifted to: ICU

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

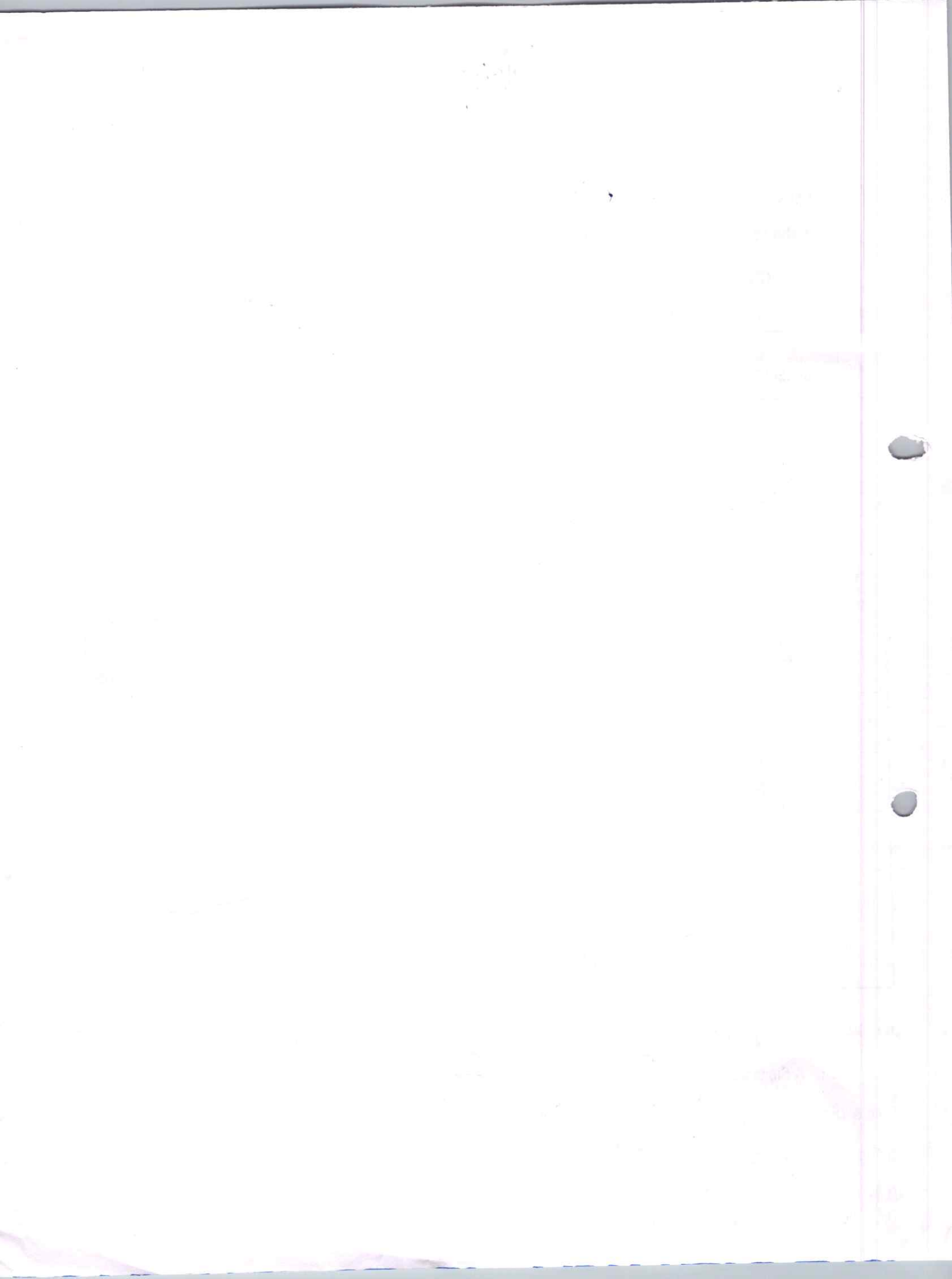
Doctor Name & Signature: D. S. S. S.

Date & Time: 9/6/26, 6 pm

Nurse Name & Signature: R. S. S.

Date & Time: 9/6/26, 6:30 pm

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



MAH-00363760 IP2-00056499
 Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 16 D (F)
 Dr. VARALAKSHMI NANDYALA



9/6/26



DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: Nic 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 Signature

REGULAR PRESCRIPTIONS

Weight. Ward. 4W



②

DRUG : <u>Hy-Toxim</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>9/6/26</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>fr</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. Pantop</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>100mg</u>	<u>PO</u>	<u>OD</u>	<u>10/6</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>fr</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. Toxim</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>10/6</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>fr</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. Calpol</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>PO</u>	<u>TID</u>	<u>10/6</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>fr</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						



I.P. No.	Sheet No. (3)	Wards (LW)	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : 7 Vomeron				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	TID	10/6	10/06 11/06 12/06 13/06 14/06 15/06 16/06 17/06 18/06 19/06 20/06 21/06 22/06 23/06 24/06 25/06 26/06 27/06 28/06 29/06 30/06 01/07 02/07 03/07 04/07 05/07 06/07 07/07 08/07 09/07 10/07 11/07 12/07 13/07 14/07 15/07 16/07 17/07 18/07 19/07 20/07 21/07 22/07 23/07 24/07 25/07 26/07 27/07 28/07 29/07 30/07 31/07 01/08 02/08 03/08 04/08 05/08 06/08 07/08 08/08 09/08 10/08 11/08 12/08 13/08 14/08 15/08 16/08 17/08 18/08 19/08 20/08 21/08 22/08 23/08 24/08 25/08 26/08 27/08 28/08 29/08 30/08 31/08 01/09 02/09 03/09 04/09 05/09 06/09 07/09 08/09 09/09 10/09 11/09 12/09 13/09 14/09 15/09 16/09 17/09 18/09 19/09 20/09 21/09 22/09 23/09 24/09 25/09 26/09 27/09 28/09 29/09 30/09 01/10 02/10 03/10 04/10 05/10 06/10 07/10 08/10 09/10 10/10 11/10 12/10 13/10 14/10 15/10 16/10 17/10 18/10 19/10 20/10 21/10 22/10 23/10 24/10 25/10 26/10 27/10 28/10 29/10 30/10 31/10 01/11 02/11 03/11 04/11 05/11 06/11 07/11 08/11 09/11 10/11 11/11 12/11 13/11 14/11 15/11 16/11 17/11 18/11 19/11 20/11 21/11 22/11 23/11 24/11 25/11 26/11 27/11 28/11 29/11 30/11 01/12 02/12 03/12 04/12 05/12 06/12 07/12 08/12 09/12 10/12 11/12 12/12 13/12 14/12 15/12 16/12 17/12 18/12 19/12 20/12 21/12 22/12 23/12 24/12 25/12 26/12 27/12 28/12 29/12 30/12 31/12															
Name & Signature of the Doctor starting the Drugs:				S															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : Syrup Duphalac				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
15ml	PO	HS	10/6	10/06 11/06 12/06 13/06 14/06 15/06 16/06 17/06 18/06 19/06 20/06 21/06 22/06 23/06 24/06 25/06 26/06 27/06 28/06 29/06 30/06 01/07 02/07 03/07 04/07 05/07 06/07 07/07 08/07 09/07 10/07 11/07 12/07 13/07 14/07 15/07 16/07 17/07 18/07 19/07 20/07 21/07 22/07 23/07 24/07 25/07 26/07 27/07 28/07 29/07 30/07 01/08 02/08 03/08 04/08 05/08 06/08 07/08 08/08 09/08 10/08 11/08 12/08 13/08 14/08 15/08 16/08 17/08 18/08 19/08 20/08 21/08 22/08 23/08 24/08 25/08 26/08 27/08 28/08 29/08 30/08 31/08 01/09 02/09 03/09 04/09 05/09 06/09 07/09 08/09 09/09 10/09 11/09 12/09 13/09 14/09 15/09 16/09 17/09 18/09 19/09 20/09 21/09 22/09 23/09 24/09 25/09 26/09 27/09 28/09 29/09 30/09 01/10 02/10 03/10 04/10 05/10 06/10 07/10 08/10 09/10 10/10 11/10 12/10 13/10 14/10 15/10 16/10 17/10 18/10 19/10 20/10 21/10 22/10 23/10 24/10 25/10 26/10 27/10 28/10 29/10 30/10 31/10 01/11 02/11 03/11 04/11 05/11 06/11 07/11 08/11 09/11 10/11 11/11 12/11 13/11 14/11 15/11 16/11 17/11 18/11 19/11 20/11 21/11 22/11 23/11 24/11 25/11 26/11 27/11 28/11 29/11 30/11 01/12 02/12 03/12 04/12 05/12 06/12 07/12 08/12 09/12 10/12 11/12 12/12 13/12 14/12 15/12 16/12 17/12 18/12 19/12 20/12 21/12 22/12 23/12 24/12 25/12 26/12 27/12 28/12 29/12 30/12 31/12															
Name & Signature of the Doctor starting the Drugs:				S															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : Betadine solution				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
LA	PO	TID	10/6	10/06 11/06 12/06 13/06 14/06 15/06 16/06 17/06 18/06 19/06 20/06 21/06 22/06 23/06 24/06 25/06 26/06 27/06 28/06 29/06 30/06 01/07 02/07 03/07 04/07 05/07 06/07 07/07 08/07 09/07 10/07 11/07 12/07 13/07 14/07 15/07 16/07 17/07 18/07 19/07 20/07 21/07 22/07 23/07 24/07 25/07 26/07 27/07 28/07 29/07 30/07 01/08 02/08 03/08 04/08 05/08 06/08 07/08 08/08 09/08 10/08 11/08 12/08 13/08 14/08 15/08 16/08 17/08 18/08 19/08 20/08 21/08 22/08 23/08 24/08 25/08 26/08 27/08 28/08 29/08 30/08 31/08 01/09 02/09 03/09 04/09 05/09 06/09 07/09 08/09 09/09 10/09 11/09 12/09 13/09 14/09 15/09 16/09 17/09 18/09 19/09 20/09 21/09 22/09 23/09 24/09 25/09 26/09 27/09 28/09 29/09 30/09 01/10 02/10 03/10 04/10 05/10 06/10 07/10 08/10 09/10 10/10 11/10 12/10 13/10 14/10 15/10 16/10 17/10 18/10 19/10 20/10 21/10 22/10 23/10 24/10 25/10 26/10 27/10 28/10 29/10 30/10 31/10 01/11 02/11 03/11 04/11 05/11 06/11 07/11 08/11 09/11 10/11 11/11 12/11 13/11 14/11 15/11 16/11 17/11 18/11 19/11 20/11 21/11 22/11 23/11 24/11 25/11 26/11 27/11 28/11 29/11 30/11 01/12 02/12 03/12 04/12 05/12 06/12 07/12 08/12 09/12 10/12 11/12 12/12 13/12 14/12 15/12 16/12 17/12 18/12 19/12 20/12 21/12 22/12 23/12 24/12 25/12 26/12 27/12 28/12 29/12 30/12 31/12															
Name & Signature of the Doctor starting the Drugs:				S															
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.																			

MAH-00363760 IP2-00056499
 Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 16 D (F)
 Dr. VARALAKSHMI NANDYALA

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



I.P. No.	Sheet No. (4)	Wards (4W)	Weight (kg)
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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. 46

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/6/26	6:45 pm	1 ^{ly} Torim	1gm	IV	[Signature]	Rozia
9/6/26	6:05 pm	1 ^{ly} PCM	1gm	IV	[Signature]	Rozia
9/6/26	7:15 pm	1 ^{ly} Metro	500mg	IV	[Signature]	Rozia
9/6/26	7:35 pm	1 ^{ly} Dextlin	40mg	IV	[Signature]	Rozia
9/6/26	7:45 pm	1 ^{ly} Epidasin	8mg	IV	[Signature]	Rozia
9/6/26	8:35 pm	1 ^{ly} Busipen	20mg	IV	[Signature]	Rozia
9/6/26	10 pm	1 ^{ly} Busipen	20mg	IV	[Signature]	Rozia
9/6/26	12:10 AM	1 ^{ly} Misoprostol	400ug	PR	[Signature]	Rozia
9/6/26	12:10 AM	1 ^{ly} Susten suppository	100mg	PR	[Signature]	Rozia
10/6/26	12 AM	1 ^{ly} PCM	1gm	IV	[Signature]	Rozia

Signature



I.V. FLUIDS CHART

Weight: Ward: 4r

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
9/6/26	6:30 pm	10 RL	IV	200/1hr	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	6:30 pm	10 Syntocin	IV	600/1hr	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	8:45 pm	RL	IV	100/1hr	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	9:30 pm	RL	IV	FF	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	10:20 pm	RL	IV	FF	[Signature]	[Signature]	10/6/26	[Signature]	[Signature]

VERIFIED BY : Name Signature

Laboratory Report

Mrs LAVANYA DEVASANI

9849457106

30 Y 10 M 16 D

KO26007943

Female

09-06-2026 07:00 PM

IP2-00056499

09-06-2026 07:00 PM

MAH-00363760

Dr. VARALAKSHMI NANDYALA

WF LABOUR WARD / SW101

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT ENTERED	
HEMOGLOBIN (Colorimetry)	<u>14.0</u>	g/dL	12 - 16
RBC COUNT (DC detection method)	4.37	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	40.8	VOL%	33 - 51
MCV (Calculated)	93.4	fL	80 - 100
MCH (Calculated)	32.0	pg/cells	26 - 34
MCHC (Calculated)	34.2	g/dL	32 - 36
RDW-CV (Calculated)	<u>13.6</u>	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	<u>169</u>	10 ⁹ /L	150 - 450
MPV (Calculated)	9.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	<u>13.59</u>	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



MAH-00363760 IP2-00056499
Mrs LAVANYA DEVASANI
24-07-1995 30 Y 10 M 16 D (F)
Dr. VARALAKSHMI NANDYALA



①
9/6/26

RESULT SHEET


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


BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	9-6-26				
Time	7 PM				
Hb	14.0				
PCV	40.8				
RBC	4.37				
WBC	13.59				
N/L					
Platelets	169				
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 grouping @ the Availability in Ayush. Blood bank						
HIV	} NR.					
HCV						
HBSAG						
VDRL						

Culture and Sensitivities :

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.....

Radiology: USG :

 X-Ray:.....

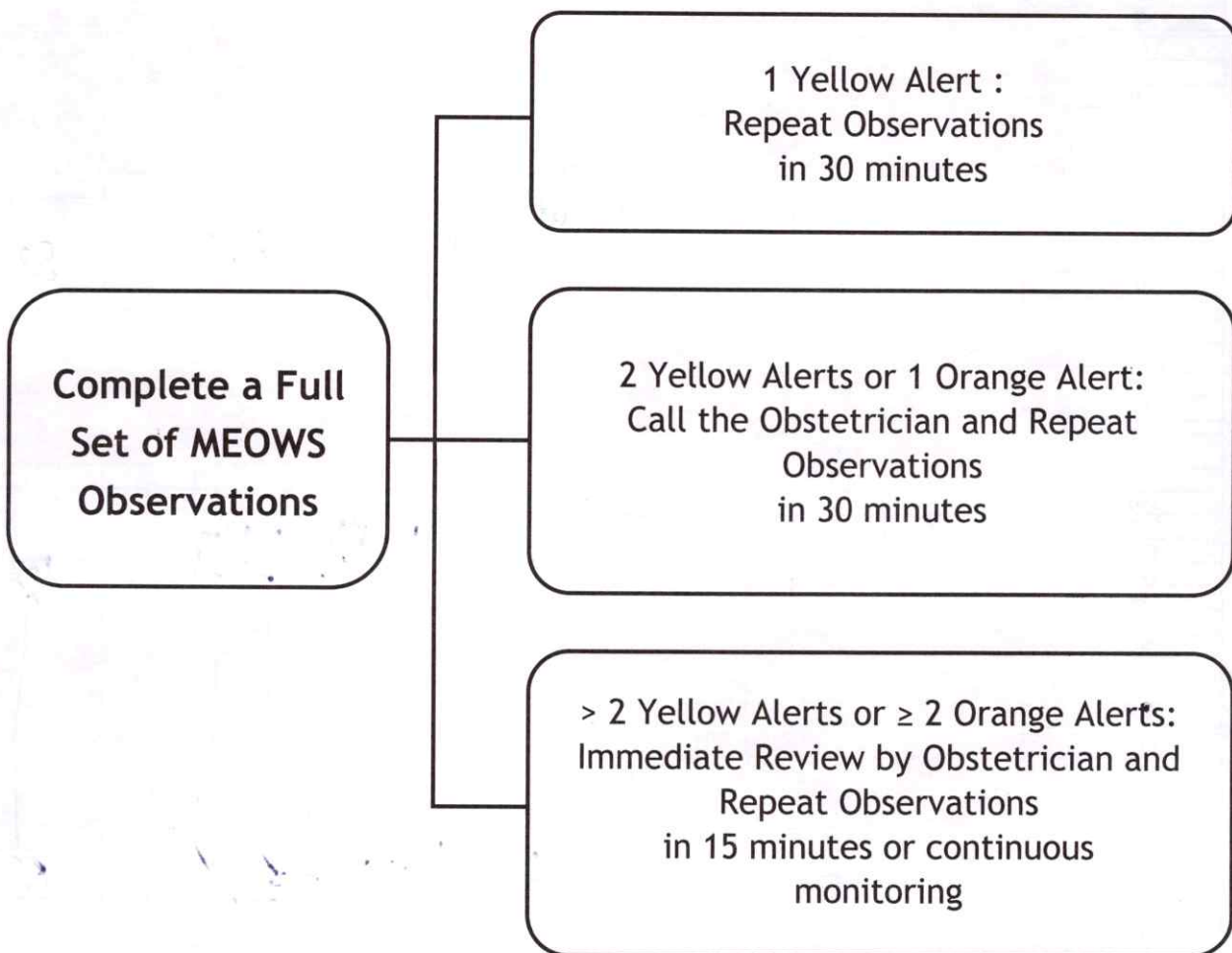
 ECHO:

 CT:

 MRI

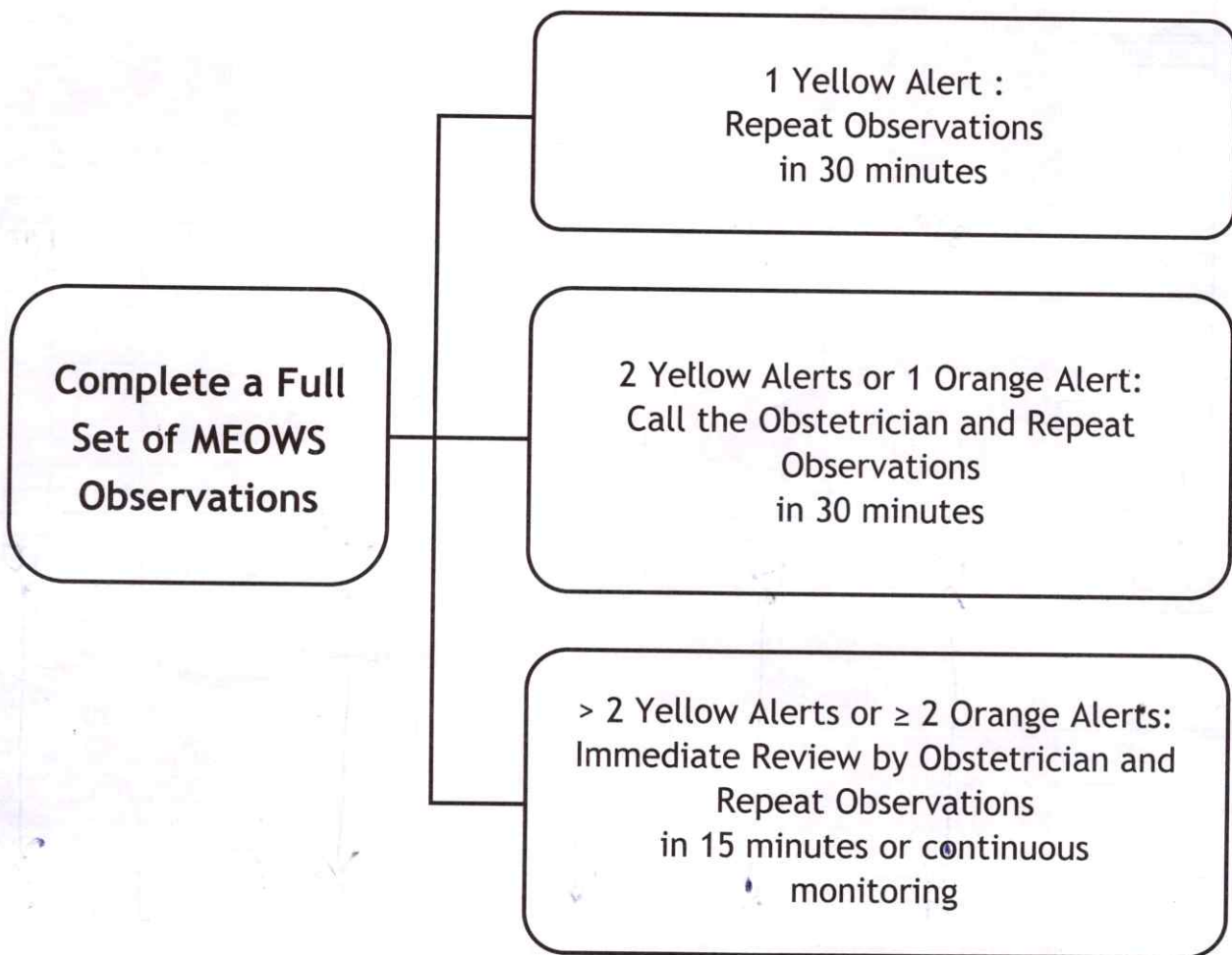
 Others (ECG, Contrast Studies etc.):

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00363760 IP2-00056499
 Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 16 D (F)
 Dr. VARALAKSHMI NANDYALA



9/6/26



FLUID CHART

Sheet No. : ①

- 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													
	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 : 1100ml						Total Output : U-1, M-1, V-0								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake : 2100ml						Total Output : U-2, M-1, V-0								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output : U-1, M-0								
Total 24 hrs. Intake		H ₂ O FORS Edly + RL - 1600ml				Total 24 hrs. Output		U-5, M-2						

MAH-00363780 IP2-00056499
 Mrs LAVANYA DEVASANI
 24-07-1995 30 Y 10 M 16 D (F)
 Dr. VARALAKSHMI NANDYALA



FLUID CHART

10/06/20

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													
	09:00 am	<i>Milk</i>												
	10:00 am	<i>H2O</i>												
	11:00 am	<i>Soup</i>												
	12:00 pm													
	01:00 pm													
Total Intake :			<i>Milk H2O Soup</i>			Total Output :							<i>0-2 no</i>	
	02:00 pm													
	03:00 pm	<i>Rice</i>												
	04:00 pm	<i>+ Dal.</i>												
	05:00 pm	<i>+ H2O.</i>												
	06:00 pm													
	07:00 pm													
Total Intake :			<i>Rice + dal + H2O.</i>			Total Output :							<i>0-01 H-02</i>	
	08:00 pm													
	09:00 pm	<i>Rice</i>												
	10:00 pm	<i>H2O</i>												
	11:00 pm	<i>Soup</i>												
	12:00 am													
	01:00 am													
Total Intake :			<i>Rice H2O, soup</i>			Total Output :							<i>0-01 0-01</i>	
	02:00 am													
	03:00 am													
	04:00 am	<i>H2O</i>												
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :			<i>H2O</i>			Total Output :							<i>0-01 0-01</i>	
Total 24 hrs. Intake		<i>Rice, H2O, soup</i>				Total 24 hrs. Output		<i>0-02 0-01</i>						