Ref. No. F/OT/05

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 12/6/26

Sl.No.

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 8 M 0 D (F)
Dr. VARALAKSHMI NANDYALA

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

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

Date of Surgery : 12/6/26 .....OT : ☒ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : EM LSCS VSA

Baby is mother side

Time in : 2:30PM Time Out : 3:30PM

NAME	AMOUNT
1. Surgeon : Dr varalakshmi	.....
2. Anaesthetist : Dr Mohan	.....
3. Asst. Surgeon : Dr shaanya	.....
4. OT Technician : Sr Shiva	.....
5. Circulating Nurse : Sr.venkatamma	.....
6. Asst. Nurse : Sr Madhu / Deepika	.....

Special Equipment : ☐ Laproscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 945389/945390 Order by : .....

Patient Sticker

mrs SuraBhi

Em. LSCS u/s SA

CONSUMABLES OF OT

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Circulating staff : Bhdya Technician : Shiva Date : 12/6/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N	03	
HME filter : A / P / N		
Syringes : 10 cc	02	
05 cc	02	
02 cc	02 +	2
01 cc		
Cautery plate : A / P / N	01	
IV set	01	01
RL	03	
NS : 10ml / 100ml / 500ml / 1000ml	01	01
Inj Carbetocin	1	
Inj Biox	2	
Fentanyl		1
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate	1	
Myopyrolate		
Ondansetron	1	
Pencan 25g/ Spinal Needle 22	01	
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)	01	
Antibiotics		
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg	1	
Justin : 12.5 mg / 25mg / 100mg	1	
Tab. Misoprost : 200mg	02	
Acqumentine 1.2gr		01

Surgical Disposables	Qty Issued	Qty Used
~~Major~~ Pack LSCS		01
Sutures		
2346	01 +	01
2364	1	
1326	1	
Gloves		
PF/SG 6.5	5	3
SG 7.0	2	
Surgical blade 22		2
NG tube		
Cautery pencil		1
Koochies		
Ointments		1
Suction Catheter		
Cap, Mask	10	10
Gauze Pack	3 +	2
Mop Pack	2 +	4
Steristrip		
Underpad	3	1
Draw sheet		
Abgel	1	
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage	1	
Tegaderm	1	
Ioban		
Double J Stent		
Vaccum Suction set	02	
Plastic Bed Sheet		03
Betadine Solution	02	
Microshield		050
Cotton Balls	02	
Latex Gloves		20
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		
Cord Clamp		
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves		
Gauze Pack		
Syringe 1ml / 2ml		
Surgical Blade # 20		
Koochies (S)		

Dr. Y. L — Surgeon
Dr. Mohan — Anaesthesiologist
[illegible] — Nurse
Shiva — OT Technician

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

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

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1 11/6/26

ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : -- MAH-00386477 (P2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA
-------- Consultant : ---------- Dept : ----------

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

Room / Bed ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6	10:30pm	CW	402	

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
11/6/26	NST — (1)	002758	
11/6/26	NST — (2)	002759	
11/6/26	NST — (3)	002760	
11/6/26	CBP, LFT, Creatinine, electrolytes	86008076	Anne
11/6/26	Uric Acid, Urea, LDH	"	
11/6/26	PT, APTT, CUE, Urine c/s	"	
12/6/26	NST — (4)	002762	[illegible]
12/6/26	NST — (5)	002763	
12/6/26	NST — (6)	002764	
		Cross checked	by Rathi 12/06/26 @7Am

cross Checked done by poonam at 12AM

Cross checked done BY Anitha 14/6/26 @ 3Pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Cardiac monitor	11/6/26 4:pm	10PM	945245	[illegible]
	[illegible]		Cross checked by		[illegible]
				12/06/26	@ 7:45 pm
	cross check done		by [illegible]		
	cross checked done		BY [illegible]	14/6/26 @	5pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	IV placement	1	945244	[signature]
12/6/26	PAC	1	945447	
12/6/26	Catheterization	1	945448	[signature]
12/6/26	Em-uses of spinal	1	945389	[signature]
12/6/26	Done by Dr ~~Varalakshmi~~ Nishitha	1	945390	
			Cross checked by Peetha	
			12/06/26	e 7540
	cross checked done			
			Pro. by	
			at 12	
	Cross checked done by Anitha			

ANY OTHER INFORMATION

Of file given to pt attendant

[illegible]

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	Clw to 402 Anitha		

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
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surabhi

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Pt has ↑ B.P recordings since morning
Pedal edema since 2 wks

Obstetric Formula:

Obstetric History:

Primi -

Present Pregnancy Record:

G1 - PP - sp. conception
prev. ANCs at Nandini
Booked at 13+3 wks.

RISK FACTORS: NT TIFFA ⓝ.

- Hypothyroidism on 137.5 mcg OD.

Height: ..... cm
Weight: ....83.9 kg
Allergies: ..... - ACECLOFENAC
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor:
Icterus: Edema:
Temp: PR: 98/min.
BP: 170/110 → 180/100 mmHg DTR:
CVS: RS
Liver/Spleen: Urine Output:

LMP: 25/9/25 EDD:
Corrected EDD: 2/7/26 GA: 37 wks.
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: NTG
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: 150/min ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

Cervix: 1 inch. ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed 1f 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

Primi / 37 wks / with gestational HTN / for observation
c hypothyroidism

(P.T.O)

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

Family History:	Surgical History:
F - Hypothyroid M - psoriasis.	—
Medical History:	**Medication History:**
Hypothyroid - 8 yrs.	Pre pregnancy - 100 mcg during pregnancy - 137.5 mcg
Plan of Care:	**Investigations:**
- Admission - B.P monitoring every 15 mins - IV cannula, P.E profile - W/F imminent SLS - T. Depin 20mg PR stat - NST 3nd hrly - plan for IOL after B.P control - Inform SOS	B+ve HIV HCV HBsAg / NR VDRL 11/6 Cephalic, 37 wks E.wt - 2637gms, 17%. AC - 6% AFI - 15.2 cms Placenta - A.H. UAD - (N)

Doctor Name: Dr. Varalakshmi
Signature:
Date & Time: 11/6/26

Consultant Name: Dr. Varalakshmi
Signature:
Date & Time: 11/06/26

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

11/6/26
①

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 6.45pm	primi 37wks c G. HTN c High BP monitoring.	
	No complaints.	c/I to Dr. Varalakshmi
	O/E pt on fair	Adv
	PR 90/m	
	BP - 160/100	① T. Labetalol 200mg TID
	P/A - UL = 75 uptake	7.00pm -
	PE profile ⓟ	Ⓡ
		RR - 140bpm ② T. Depin 10mg (SOS)
	CNT: urine Albumin 24H	
		③ FHS monit
		④ BP monitoring 2nd h
		⑤ W/F imminent signs
		⑥ Inform SOS
		[signature]
	Noted by [illegible]	11/6/26 6:45pm

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(2)
11/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/26 9pm	Primi / 37 wks / pre eclampsia / observation	
	pt c/c/c	No imminent signs of eclampsia
	GC fair, afebrile	
	BP - 150/100mmHg	Adv
	PR - 98bpm	→ follow diet chart
NST - reactive	S/E - NAD	→ monitor vitals
	SpO2 - 99% @ room air	→ I/O charting
	P/A - ut NTG	→ BP charting
	relaxed	every 30 minutes
	NST - reactive	→ w/f any
	FHR (+) 148 bpm	imminent signs of eclampsia
		→ FHR monitoring 2nd hrly
		→ post meal NST
		→ w/f any contractions (or) abruption signs
		→ Inform SOS
		→ once BP got settles then soft diet
	Noted by [signature]	

Docu. No. : RCH /FRM / CLINICAL / 088

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(3)
12/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		No prominent signs of Eclampsia
12/06/26 / 1AM	pt c/c/c GC fair, afebrile BP- 128/80mmHg PR- 92bpm Temp: 98°F S/E - NAB P/A - ut NTG relaxed FHR ⊕ 156 bpm U/E - NAD	Rx: → soft diet (protein rich) → follow drug chart → monitor vitals → w/f any contractions (or) abruption signs → w/f any prominent signs of eclampsia → post meal NST → FHR monitoring 2nd hrly → BP charting 30 minutes → adq. hydration → I/O charting → Inform SOS
	T. Depin 10mg given @ 10pm	

Noted by [signature] 12/6/26

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

12/6/26

(A)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		No imminent signs of eclampsia.
12/06/26 5 AM	pt c/c/c	Rx:
	c/c fair, afebrile	→ protein rich diet
	BP- 140/72 mmHg	→ follow diet chart
	PR- 80 bpm	→ monitor vitals
	S/E - NAD	→ w/f any contractions (or) abruption signs
T. Labet 200mg PO given @ 3 AM	P/A - ut NTG relaxed	→ w/f any imminent signs of eclampsia
	FHR (+) 146 bpm	→ POST meal NST
	Ut - NAB	→ FHR monitoring 4th hly
NST - reactive		→ BP charting 6thly 30 min
		→ adq. hydration
		→ I/O charting
		→ Inform SOS

Noted by 12/6/26

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(5) 12/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	S/B Dr Nishitha.	
10:25AM	Primi 37+1 wks with preeclampsia	C/D/W Dr. Varalakshmi
		Adv - T. MISO 50mcg
	PR - 90/min	PV @ 11am
	BP - 160/100	- NST 2nd hrly
	P/A = Ut 7G	- BP charting
	cephalic	- w/f imminent
	FHR (+) 148	S/S
	relaxed	- Reassess @ 3PM
	P/V 1 finger	- Inform SOS
	long cx	
	memb (+)	
	station |-3| to |-2|	
	Noted by Sis Deepika 12/6/26	
12/6/26 1:41pm	NST - Baseline = 125	
	Variability poor	
	2 decelerations (late) upto 90 b/min	
	No acceleration	

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

12/6/26 (6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/D/w Dr Varalakshmi
12/6/25 1:45PM	↓ ZOH	
		S/B Dr. Nishitha
	PR = 82/min	Adv.
	BP = 138/84	
	P/A - Ut 7G	Prepare for emergency
	cephalic	LSCS i/v/o
	FHR ⊕ 130 (non Reassuring NST)	fetal distress &
	3/15"/10'	~~severe~~ preeclampsia
	P/V Cx long	→ consent
	1F	→ Preop medication
	PPRS - 3c feet.	
		[signature]
	Noted by s/s Deepika	
12/6/26.	S-POD-0	
3:40PM	O/E GC - fair	Adv
	afebrile	- NBM x 2 hours
	PR = 72/min	- BP monitoring hourly
	BP = 120/68 mmHg	- w/f bleeding PV
	P/A - uterus well	- follow drug chart orders.
	contracted	- Monitor vitals -
	L/E - bleeding WNL.	- I/O charting
	output - 500 ml.	- w/f imminent signs or
		symptoms
		Nishitha

Docu. No. : RCH /FRM / CLINICAL / 088

Noted by s/s Deepika 12/6/26

MAH-00386477 IP2-00056534
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Dr. VARALAKSHMI NANDYALA

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(2) 12/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26, 6:20pm	POD-0 Ptele c/o pain afebrile BP= 140/82mmHg PR= 82/min SpO2 = 96% @RA baby nr BF ⊕ P/A - UT well c soft - BS ⊕ U/O, 300ml (clear)	Adv - allow oral sips - BP monitoring 2nd hrly - w/f bleeding pv - follow drug chart - monitor vitals - I/O charting - Remove foley's at 12pm (13/6/26) - w/f imminent sle - soft diet at 10pm.
	Notify by Deepika	
7pm	BP → 150/90mmHg	→ Adv T. labetalol 100mg stat
8:30pm	BP → 150/88mmHg	c/I/T Dr. Nishitha mam Adv - T. labetalol 200mg TID - 2nd hrly B.P - w/f imminent sle - T. Depin sos. - Inform sos

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Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 8 M 0 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 10:10pm	POD-0 ptele cvfair afebrile BP = 130/90 mmHg PR = 88/min SpO2 - 98%@RA	Adv - soft diet - EBF - monitor vitals - 2nd hrly BP monitoring - w/f bleeding p/v - follow drug chart
U/O - 700ml	P/A - UT NWC soft, BS ⊕ L/E - NAB	- Remove foley's at 12pm (13/6) - shift to room
	Noted by [signature] 12/6/26	[signature]
13/6/26 7AM	POD-0 ptele cvfair afebrile BP = 157/96 mmHg PR = 86/min SpO2 = 98%@RA	Adv - soft diet - EBF - monitor vitals - 2nd hrly B.P monitoring - w/f bleeding P/V
Baby ms BF ⊕.		
total U/O - 1400ml (clear)	P/A - UT NWC soft, BS ⊕ L/E - NAB	follow drug chart - Remove foley's at 12pm (13/6) [signature]

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 8 M 1 D (F)
Dr. VARALAKSHMI NANDYALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv	
	- T. Depin 10mg Postat	
	- Rpt B.P after 1hr and inform	
	[signature]	
		[signature] (Dr. Varalakshmi)
	POD - 0	No imminent signs of Eclampsia
13/06/26 2pm		Rx:
	pt c/c/c	→ protein diet
	GC fair, afebrile	→ EBF
	BP - 129/75 mmHg	→ follow diet chart
	PR - 89 bpm	→ monitor vitals
	S/E - NAD	→ w/f bleeding PV
baby - MS A/H, AF ⊕	P/A - ut N WR	→ BP charting
	soft,	2nd hrly till 11 pm
foleys removed	BS +/+ +/+	→ Ambulation
		→ adq. hydration
Urine - yet to void	mild. soft distension ⊕	→ w/f any imminent signs of Eclampsia
	L/E - NAD	→ pad for observation
		→ Inform SOS
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2026		POD-1
7PM		Pt stable
		no c/o imminent S/S
		BP- 128/76
		PR- 88/min
baby-M		PA - ut well Ⓒ ⒼⓇ
		4E - min PV bleed
V		
F ✓	Adv - Monitor vitals	
M	- Ⓝ diet	
	- EBF	
	- Ambulate	
	- BP charting 2nd hrly (till 11pm)	
	- Drugs as charted	
	- w/f imminent S/S	
	- w/f excess PV bleed	
	- Inform SOS	
	[signature]	
	noted by Raj 13/06/2[illegible] 7P.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/2026 8:15 am	POD-2	
	Pt Stable	
	no c/o imminent S/S	
	BP- 140/70	
baby - NS	PR- 86 b/m	
	PA - wt well Ⓒ UP	
U ✓	LE - min PV bleed	
F ✓	Adv - Monitor vitals	
M ✓	- Ⓝ diet	
	- EBF	
	- Drugs as charted	
	- BP charting	
	- w/f excess PV bleed, imminent S/S	
	- Infor SOS	
	[signature]	
	Noted by Rajini 14/06/26 8:15 AM	

MAH-00386477 IP2-00056534
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Dr. VARALAKSHMI NANDYALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 2pm	S: POD-2	
Baby MS BF (+)	O/E: a c-fair	Adv - PIH diet
	afebrile	- Adequate hydration
	PR = 88/m	- EBF
	BP = 126/78 mmHg	- w/f bleeding pv
	P/A - uterus well retracted	- BP charting 2nd hrly
	L/E - bleeding WNL	- follow drug chart orders
	U✓ M✓	- Sitz bath SOS
	Noted By Amita	14/6/26 @ 2pm

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ACECLOFINAC ☐ 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: CDU Shifted to: 402

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. THYRONORM	137.5 MCG	PO	OD	11/06	☑ C ☐ DC
2	T. THYRONORM	100MCG	PO	OD		☑ C ☐ DC
3					After delivery	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Rajani

Date & Time : 11/06/26

Nurse Name & Signature:

Date & Time : 11/6/26

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

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

1

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 11/6/26 Drug Allergies: ACECLOFINAC ☐ 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 / 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 .... Sign ....

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Dr. VARALAKSHMI NANDYALA

(2)

REGULAR PRESCRIPTIONS

Weight. — Ward. [illegible]

				Date / Time			
DRUG : Inj Taxim				13/6			
Dose	Route	Frequency	Start Date	2Am [signature]			
1gm	IV	BD	12/6	2Pm [signature]			
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

				Date / Time			
DRUG : T. LABETALOL				11/6/26	12/6/26		
Dose	Route	Frequency	Start Date	11Am X	10Am [signature]		
200MG	PO	TID	11/06	7Pm [signature]	2PM [signature] 100mg		
Name & Signature of the Doctor Starting the Drugs: [signature]				3Am [signature]			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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

				Date / Time			
DRUG : T. labetalol				12/6/26	13/6	14/6	
Dose	Route	Frequency	Start Date	6Am X	[signature]	5.30Am 200mg [signature]	
200mg	PO	TID	12/6	2Pm X	[signature]		
Name & Signature of the Doctor Starting the Drugs: [signature]				9Pm [signature]			
Additional Instructions:				10Pm	[signature]		
Daily Doctor's Endorsement by a Sign							

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Dr. VARALAKSHMI NANDYALA

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

(3)

I.P. No.	Sheet No.	Wards	Weight (kg)
–	–	OW	–

REGULAR PRESCRIPTIONS

DRUG : T Toxim				Date / Time	14/6
Dose	Route	Frequency	Start Dt.		
200 mg	P/O	BD	13/6	9AM	[illegible]
Name & Signature of the Doctor starting the Drugs: [signature]					
Additional Instructions:				9PM	
Daily Doctor's Endorsement by a Sign.					

DRUG : T Pantop				Date / Time	13/6	14/6
Dose	Route	Frequency	Start Dt.			
40 mg	P/O	OD	13/6	6AM	Anitha Sunita	Chand Poonam
Name & Signature of the Doctor starting the Drugs: [signature]						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

DRUG : T. PARACETAMOL				Date / Time	12/6	13/6	14/6
Dose	Route	Frequency	Start Dt.				
1g	P/O	QID	12/6	12AM	x	Anitha Sunita	Chand Poonam
Name & Signature of the Doctor starting the Drugs: [signature] Dr. S. Mohan				6AM	x	Anitha Sunita	Chand Poonam
Additional Instructions:				12PM	6:40 pm [illegible]	[illegible]	Refused
				6PM		Refused	
Daily Doctor's Endorsement by a Sign.							

DRUG : T. DICLOFENAC				Date / Time	
Dose	Route	Frequency	Start Dt.		
50 mg	P/O	TID	12/6		
Name & Signature of the Doctor starting the Drugs: [signature] Dr. S. Mohan					Stop.
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

CIN : U85110 TG1998 PTC029914

MAH-00386477 IP2-00056534
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12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(4)

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

	I.P. No.	Sheet No.	Wards	Weight (kg)
	—	—	GW	—

REGULAR PRESCRIPTIONS

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.
100MG	P/O	TID	12/6

Name & Signature of the Doctor starting the Drugs: Dr. S. Nedhan

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	13/6				14/6									
Time														
8AM	Sandhya Thanks				Deepthi Thanks									
4PM	Deepthi Thanks													
11PM	Thanks Pavan													

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date														
Time														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date														
Time														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

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(5)

Weight. .... Ward. ICU

	Date ► / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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.	

VARIABLE DOSE	Date ► / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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
11/6/26	3:40 pm	T. Depin	20mg	PO	[signature]	[signature]
11/06	7 PM	T. LABETALOL	200MG	PO	[signature]	[signature]
11/06	7:40 pm	T. CALPOL	1GM	PO	[signature]	[signature]
11/06	10 pm	T. DEPIN	10MG	PO	[signature]	[signature]
12/6/26.	11Am	T. miso	50mcg.	P/V	[signature]	[signature]
12/6	2:30 pm	Inj. Taxim	1gm	IV	[signature]	[signature]
12/6	1:50 pm	Inj. Pantop	40mg	IV	[signature]	[signature]
12/6	2:10 pm	Inj. Perinorm	10mg	IV	[signature]	[signature]
12/6	3:15 pm	T. Miso	400mg	PR	[signature]	[signature]
12/6	4:30 pm	INJ METROGYL	500mg	IV	[signature]	[signature]

12-10-1993 32 Y 7 M 30 D (F)
Dr. VARALAKSHMI NANDYALA

(6) **I.V. FLUIDS CHART** Weight. ..... Ward. .....

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
11/6/26	5 PM	1 ⊙ RL	IV	100ml/hr			11/6/26		
12/6/26	1:15 pm	RL	IV	75ml/hr			12/6/26		
12/6	2:30pm	RL	iv	FF			12/6		
12/6	3:00pm	RL	iv	20ml/hr			12/6		

VERIFIED BY : Name ..... Signature .....

MAH-00386477 IP2-00056534
Mrs SURABHI KAPARTIWAR
12-10-1993 32 Y 8 M 0 D (F)
Dr. VARALAKSHMI NANDYALA

(2)

Weight. ....—........ Ward. ..Llw..........

	Date► / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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.	

VARIABLE DOSE	Date► / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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
12/6	2:40pm	Inj - CARBETOCIN	100mcg	iv	[illegible]	[illegible]
12/6	2:50pm	Inj-TRANEXAMIC ACID	1g	iv	[illegible]	[illegible]
~~12/6~~	~~3:10pm~~	~~DICLOFENAC SUPPOSITORY~~	~~100MG~~	~~p/R~~	[illegible]	[illegible]
12/6	3:10pm	TRAMADOL SUPPOSITORY	100MG	p/R	[illegible]	[illegible]
13/6.	11:30AM	DICLOFENAC SUPPOSITORY	100MG	PR	[illegible]	Candle[illegible]

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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

VERIFIED BY : Name ..... Signature .....

Ref No:F/GYNIC/16

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CAESAREAN SECTION OPERATIVE NOTES

Name: Surabhi Consultant I/C: Dr. Varalakshmi Reg. No: _____

Surgeon's Name: Dr. Nishitha	Date of delivery: 12/6/26
Assistant surgeon: Dr. Shriya	Time of delivery: 2:32PM
Anaesthetist: Dr. Jayachandra/Dr. Mohan	Sex of baby: Male 2.275 kg
Type of Anaesthesia: Spinal	Weight of baby:
Paediatrician: Dr. Harsha	Apgar score: 8, 9
Scrup Nurse: Madhavi/Deepika	NICU Admission: NO

Elective ☐ Emergency ☑ Indication: foetal distress + Severe PE

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 ☐ InvertedT ☐ J incision ☐

Previous scar: Intact ☐ Thinnedout ☐ Ruptured ☐ No scar ✓

Incision through placenta: Yes ☐ No ✓

Delivey of head: Manual ✓ Forceps ☐

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

Delivery of placenta: Manual ☐ CCT done Complete ✓ Incomplete ☐ Piecemeal ☐

Cord appearance: N Cord arond the neck Yes ☐ No ✓

Appearanc of placenta: N Cavity explored Yes ✓ No ☐

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

Complications / Comments: retroplacental clots of approx 2x3cm noted

Uterine closure: One layer ☐ Two layers ✓ ____ Suture

Peritoneal closure: Pelvic ☐ Abdominal ☐ None ✓ ____ Suture

Sheath closure: ____ Suture } vicryl 1-0

Fat closure: Yes ✓ No ☐ ____ Suture

Skin closure: Subcuticular ✓ Mattress ☐ ____ Suture } monocryl 3-0

Vaginea evacuated: Yes ✓ No ☐ Estimated blood loss: 300 ml

Drain: Yes ☐ No ✓ Remove in ____ days Await instructiions ☐

Ctheter: Yes ✓ No ☐ Remove in 1 days Await instructiions ☐

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

Intraopeative antibiotics cover: Yes ✓ No ☐ Thromboprophylaxis : Yes ☐ No ✓

Post operative Comments: NBM, I/O charting, BP charting, drugs as charted

Signature

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vasalakshmi
Asst. Surgeon : Dr Shriya
Anaesthetist : Dr. Mohan
Scrub Nurse : Sis Madhavi a, Sis Deepika

Patient Name : Mrs. Surabhi Age : 32y Gender : F
UHID No. : MAH-0035647 Surgery Name : Emblse
Date : 12/6/26 In-time : 2:30pm Out-time : 3:30pm

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Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:20pm

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, & 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. S. Mohan
Name : Dr. S. Mohan

Before Skin Incision ➤➤

TIME OUT Time: 2:30pm

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, 1 hours 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. ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? NO ☑ Yes ☐ No ☐ NA

Signature : Deepika
Name : 12/6/26

Before Patient Leaves Operating Room

SIGN OUT Time: 3:30pm

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 :
Name :

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Dr. VARALAKSHMI NANDYALA

(c) 11/6/26

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	11/6/26					
Time	5:10pm					
Hb	12.3					
PCV	38.4					
RBC	4.22					
WBC	14.23					
N/L						
Platelets	188					
CRP						
ESR						
PCT						
RBS						
Na	134					
K	4.2					
Cl	106					
Ca/Mg						
Phosphate						
Urea	24.8					
Creatinine	0.6					
ALP	171					
SGPT	35					
SGOT	40					
T.Bill/Conj 0.4	0.1 / <0.3					
T.Protein	6.4					
S.Albumin	3.2					
S.Globulin	3.2					
A/G Ratio	1					
Uric Acid	9.7					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	13/0.9					
APTT	30					
CSF Protein/Sugar						
~~Cells~~ LDH	356					
~~N/L~~						

Date	11/6/26					
Time	5:10 PM					
CUE-Alb	present ++					
CUE-Sugar	Nil					
CUE - Ketones	negative					
CUE-PUS Cells	3-4					
CUE - RBC Cells	Nil					
CUE						
Epithelial	cells —	4-5				
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood grouping	B +ve					
+HIV						
+HCV	ND					
+HBSAg						
VDRL						

Culture and Sensitivities : ..... urine cls (11/6/26) .....

.....

.....

.....

Radiology: USG : .....

X-Ray: .....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....