



SURGERY DETAILS

Date : 10/6/26

Sl.No.

MAH-00357718 IP2-00056513
Mrs ANKITA BHATIA
10-08-1987 38 Y 10 M 0 D (F)
Dr. VARALAKSHMI NANDYALA

Patient Name :

Age : Sex :



UHID No. : IP No. :

Date of Surgery : 10/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : EM-LSCS & SA

Baby Mother Safe.

Time in : 7:30PM

Time Out : 8:30PM

NAME	AMOUNT
1. Surgeon : <u>Dr. V.L. / Dr. Haritha</u>
2. Anaesthetist : <u>Dr. Himabindu</u>
3. Asst. Surgeon : <u>Dr. Samra</u>
4. OT Technician : <u>Sr. Harsha</u>
5. Circulating Nurse : <u>Sr. Abhirami</u>
6. Asst. Nurse : <u>Sr. Anuradha</u>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon [Signature]

Signature of the Circulating Nurse [Signature]

Order No. : 944625/944626 Order by : [Signature]

OPERATION REPORT

Patient Name: _____

U/R No: _____

Date of Surgery: _____

Name of the Surgery: _____

17/11/2014

NAME

- 1. Surgeon: _____
- 2. Anesthetist: _____
- 3. Asst. Surgeon: _____
- 4. OT Technician: _____
- 5. Circulating Nurse: _____
- 6. Asst. Nurse: _____

Special Equipment: Laparoscopy Bronchoscopy

Signature of the Surgeon: _____

Special Equipment: Cystoscopy Endoscopy

Signature of the Surgeon: _____



Dr. VARALAKSHMI NANDYALA

CONSUMABLES OF OT

Circulating staff: Technician: Haisha Date: 10/6/26 Time: 7:30 PM to 8:30 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>CSCC</u>	01		Inj Vit.K		
LMA			Sutures	01		Cord Clamp		
ECG leads : A / P / N		03	2346	01		Suction Catheter		
HME filter : A / P / N		03	2364	01		Feeding Tube		
Syringes : 10 cc	02	03	1326	01		Vaccum Suction Set		
05 cc	02	03	Gloves	01		Surgical Gloves		
02 cc	02	03	<u>FFSG 6/1/2</u>	01		Gauze Pack		
01 cc			<u>547</u>			Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade <u>NO.22</u>	01		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		03	Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml	01	03	Koochies	01				
<u>Cauboprost</u>		01	Ointments	01				
<u>Tranexa</u>		02	Suction Catheter					
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack	02				
Ketamine			Mop Pack	02				
Propofol			Steristrip					
<u>Recuronium pcm</u>		01	Underpad <u>Alles</u>	05	01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01				
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage <u>Gihch</u>	01				
<u>Ephedrine</u>		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	02				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet	02				
Tab. Misoprost : 200mg		02	Betadine Solution	02				
<u>phenpro</u>		01	Microshield	02				
<u>caubetocin</u>		01	Cotton Balls					
<u>Lox 25</u>		01	Latex Gloves	20				
<u>Lox jelly jelly</u>		01	Ramdione Scrub					
<u>O2 mask</u>		01	Saral					

Surgeon: Dr. Haisha Anaesthesiologist: Hindrich Nurse: [Signature] OT Technician: [Signature]

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ACTIVI MAH-00357718 IP2-00056513
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Dr. VARALAKSHMI NANDYALA

JG 10/6/26

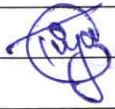
Name: ---  -----

UHID No. ----- Consultant : ----- Dept : -----

Date of Admission : 10/6/26 Time : 6:30 pm Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : YW Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	11:45pm	YW	907	 Anitha 12/6/26

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Vaibhavi	11/6/26	944978	Sandhya
2.	DR. Kavita (TC)	12/6/26	945525	Sushma
3.				
4.	Cross checked done by Anitha 13/6/26 @ 6 AM			
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	IV placement	1	944701	} Div
10/6/26	PAC	1	944700	
10/6/26	Catheterization	1	944701	
10/6/26	EM UCCS ↓ SA	1	944626	
	Done by Dr. vimal - akshmit / Dr. Haritha	1	944625	
cross checked daily by sis. Nirmala 10/6/26 @ 11PM				
11/6/26	N. H. A	(1)	944977	Sordhya
noted By Anita 13/6/26 @ 6AM				

ANY OTHER INFORMATION

op files given to patient Header

Rekha Shakti

Date: 10/6/26

Time: 9pm

Prepared By: Tiyasa

Staff Nurse <i>Tiyasa</i>	Shift / Ward 403 ↓ 407 <i>Anita.</i>	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

NO abdominal pain - 3:30 pm
 NO clt leaking or bleeding pv

Obstetric Formula:

G2P1L1

Obstetric History:

G1-P1L1 - 2023 (Aug) - LSCS 100 NPOC
 in Delhi | ♀ 13kg - Baby-B⁺
 Anti-D taken

Present Pregnancy Record:

G2-PP | Spont. conception
 Booked at 5th weeks
 NT scan at 12th weeks - (N)

RISK FACTORS:

TIFPA at 21st weeks - (N)
 Down's syndrome risk is
 1:794 (intermediate risk)

22/12/25 NIPT - low risk
 → Advanced Maternal age
 → Previous LSCS
 → GDM on Insulin
 → Rh negative pregnancy
 (taken Anti-D)

Height: cm

Weight: kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: YES

Pallor: (N)

Icterus: (N)

Edema: (N)

Temp: axillary

PR: = 80/w

BP: 113/74 mmHg

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: 23/9/25 EDD:

Corrected EDD: 26/6/26 GA: 37⁺5

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 36

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1 cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G2P1L1 | 37⁺5 weeks | previous LSCS | Rh negative pregnancy | GDM on Insulin in latent labour for emergency LSCS.



<p>Family History: Father - CAD</p>	<p>Surgical History: Appendicectomy in childhood. 2023 (Aug) - LS CS</p>
<p>Medical History: (Insulin) - GDM on insulin - 10-8 U (BL) (BD) - Stopped T. albycomet 500mg BD on 30/5/26</p>	<p>Medication History:</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - NBM - NST. - Consent for Emergency LS CS - Inf Taxim 1gram IV stat - Inf pantop 40mg IV stat - Inf penicillin 10mg IV stat - Send CBC - Reserve 10 PRBC - Parts prepare - Check CRBS - 76 mg/dl 	<p>Investigations: Negative. Husband's BA - B +ve</p> <p>HIV } UBSAG } NA VDRL } HCV }</p> <p>20/4/26 hb-13 WBC-12560 plt-1.5</p> <p>30/5/26 - USC obs at 36⁺ weeks - cephalic, 2834g, 49%, AC-30%, AFI-17.7cm Placenta - ant high, dopplers (N)</p>

Doctor Name: Sameer
 Signature: *[Signature]*
 Date & Time: 10/6/26

Consultant Name: Dr. Varalakshmi
 Signature: *[Signature]*
 Date & Time: 10/6/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 8:45 pm	S: POD-0	
Baby MS BF (+)	U/E ac-fair afebrile PR = 92/m BP = 138/72 mmHg P/A - uterus well contacted. Ue - bleeding wNL Output - 250 ml.	Adm - NBM x 2 hours - w/f bleeding p v - Monitor vitals - Adequate hydration - ABF - follow drug chart orders. - Trace Baby blood group.
Noted by Piyase @ 8:45 pm		
10/6/26 11 pm	S: POD-0	
Baby MS BF (+)	U/E - fair afebrile PR - 70 BP - 104/71 P/A - uterus well contacted. BS $\frac{++}{+}$ Ue - bleeding wNL Output - 250 ml Trace baby BG.	Adm - start sips f/b liquid diet - Adequate hydration - ABF follow drug chart orders - w/f bleeding p v - monitor vitals - S/O monitoring - soft diet at 6 AM on 11/6. - Foley's removal at 2 pm on 11/6.
Noted by Piyase 11 pm 10/6/26		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 12:30pm	POD-1 pt clear afebrile	Adv - diabetic diet - EBF
Baby Ms BF ⊕	BP = 110/80 mmHg PR = 88/min	- monitor vitals - drugs as charted - w/ bleeding P/V
U/O - adequate, clear 100ml/hr.	PTA - UT NWK soft BS ⊕ VLF - NAB	- I/O charting remove Foley's at 2pm. - Zuprem 800
noted by Sandhya 11/6/26 @ 12:30pm		
11/06/26 11pm	POD-01 pt clear G.C. fair, afebrile	Rx's → Diet → follow drug chart
Baby N/A, BS ⊕	BP - 110/80 mmHg PR - 88 bpm SLE - NAD	→ monitor vitals → w/ bleeding P/V → Ambulation
O-P, flatulent - P, M - doubtful	PTA - ut NWK soft BS ⊕	→ adp. hydration → EBF
Check FBS, PPBS, PLBS & Inj Zuprem	UT - NAB	→ Inj Zuprem 800



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD - 02</u>	
12/06/26		<u>Pre</u>
8 AM	pt clec	
	Ue fair, afebrile	→ (D) diet
	BP - 92/65 mmHg	→ follow drug chart
	PR - 65 bpm	→ monitor vitals
baby - M/A, BF (+)	STE - NAD	→ w/ bleeding pv
	P/A - ut nwr	→ Ambulation
U - P, M - P	Soft, BS (+)	→ adq. hydration
flatus - P	Ue - NAD	→ cef
FBS - 88		→ Infomol bid
	check PPBS, PLBS & Infomol	if stability
	<u>Dulcotez suppository done PR after breakfast</u>	
12/6/26	<u>9: POD - 2</u>	
1:30 PM		
O/E	Ue - fair	Ad - Diabetic diet
	afebrile	- Adequate hydration
	PR = 102 / 70 mmHg	- cef
	BP = 78 / 50	- w/ bleeding pv
Baby MS	P/A - uterus well	- Monitor vitals
BF (+)	retracted, BS (+)	- follow drug chart order
	Ue - bleeding wnl	- Trace PLBS & infusion
	U ✓ M X	- Ambulate
	FBS - 88, PPBS - 122	- Dulcotez supp @ P/R stat

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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 8pm	POD-2 Ptele cephalic asphale BP = 110/70mmHg PR = 78/min SLE - NAD	Adv - diabetic diet - Adequate hydration - EBF - monitor vitals - drench as charted - Ambulation
Baby ms BF ⊕	PA - UP NWR Koft, PK ⊕ U/E - NAB.	- Informing 
U ✓ F ✓	c/I to Dr. Kowithayamm Adv - FBS, PPS, MAS after 2 wks and review with endocrinologist	
13/6/26 7 AM	POD-2 Ptele cephalic asphale BP = 100/60mmHg PR = 82/min SLE - NAD	Adv - diabetic diet - EBF - monitor vitals - ambulation - adequate hydration - drench as charted
Baby ms BF ⊕	PA - UP NWR Koft, PK ⊕ U/E - NAB.	- Informing 
U ✓ F ✓ M ✓	Noted by Saran 12/6/26 @ 2	



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MEDICATION RECONCILIATION FORM

Drug Allergies: ALL 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: _____

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	INS WIPROCOLIN	100-8U	c/c	BD	10/6	<input type="checkbox"/> C <input checked="" 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
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

ED BY [Signature]

6 June
16/26 Jm



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 Dr. VARALAKSHMI NANDYALA

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DRUG CHART

Date of Admission: 10/6/20 Drug Allergies: NIL 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. *dw*

DRUG : TAB - PARACETAMOL				Date Time	10/6	11/6	12/6	13/6				
Dose	Route	Frequency	Start Date									
1gm	P/O	6th HOURLY	10/6/26	12PM	11/6	12/6	13/6					
Name & Signature of the Doctor Starting the Drugs: <i>Dr. HIMABINDU</i>					11/6	12/6	13/6					
Additional Instructions:					12PM	6PM	12PM	6PM				
Daily Doctor's Endorsement by a Sign												

DRUG : TAB - DICLOFENAC				Date Time	11/6	12/6	13/6				
Dose	Route	Frequency	Start Date								
50mg	P/O	8th HOURLY	10/6/26	7AM	11/6	12/6	13/6				
Name & Signature of the Doctor Starting the Drugs: <i>Dr. HIMABINDU</i>					11/6	12/6	13/6				
Additional Instructions:					3PM	10PM	11PM				
Daily Doctor's Endorsement by a Sign											

DRUG : TAB - TRAMADOL				Date Time	11/6	12/6	13/6			
Dose	Route	Frequency	Start Date							
100mg	P/O	8th HOURLY	10/6/26	8AM	11/6	12/6	13/6			
Name & Signature of the Doctor Starting the Drugs: <i>Dr. HIMABINDU</i>					11/6	12/6	13/6			
Additional Instructions:					4PM	11PM	12PM			
Daily Doctor's Endorsement by a Sign										

DRUG : INJ TAXIM				Date Time	11/6					
Dose	Route	Frequency	Start Date							
1gm	IV	BD	10/6	7AM	11/6					
Name & Signature of the Doctor Starting the Drugs: <i>Sameer</i>					11/6					
Additional Instructions:					7PM					
Daily Doctor's Endorsement by a Sign										

Patient Name :		I.P. No.	Sheet No. 2	Wards 4w	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : TAB TAXIM-O				Date															
				Time	12/6					13/6									
Dose	Route	Frequency	Start Dt.																
200mg	P/O	BD	11/6																
Name & Signature of the Doctor starting the Drugs:																			
Sauer																			
Additional Instructions:																			
9pm 12/6																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB PANTOP				Date															
				Time	11/6	12/6	13/6												
Dose	Route	Frequency	Start Dt.																
40mg	P/O	OD	11/6																
Name & Signature of the Doctor starting the Drugs:																			
Sauer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
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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. 400



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

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
VARIABLE DOSE		Dose		Dose		Dose	
DRUG :		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route		Dose		Dose		Dose	
Start Date		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
10/6/26	7:05pm	INS TAXIM	1 gram	IV	[Signature]	Abhi
10/6/26	8:50pm	INS PANTOP	40 mg	IV	[Signature]	Abhi
10/6/26	6:50pm	INS PERINORM	10 mg	IV	[Signature]	Abhi
10/6/26	7:42pm	INS CARBETOCON	100mg	ZV	[Signature]	Abhi
10/6/26	7:45pm	INS TRANEXEMICACED	1gm	ZV	[Signature]	Abhi
10/6/26	8:20pm	DICLOFENAC Supp.	100mg	PR	[Signature]	Abhi
10/6/26	8:20pm	TRAMADOL Supp.	100mg	PR	[Signature]	Abhi
10/6/26	7:58pm	INS CARBOPROST	250mg	ZIV	[Signature]	Abhi
10/6/26	11:30 PM	INS ANTI-D	300 mcg	IM	[Signature]	[Signature]

12/6/26 DOLUOL EX SUPP. (2) P/R Page: 3/4 (P.T.O)

VERIFIED BY: [Signature]



I.V. FLUIDS CHART

Weight Ward. yw

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
10/6/20	1pm	RINGER LACTATE	Iv	FF		Abh	10/6	Abh	Abh
10/6	7:35 pm	RINGER LACTATE	Iv	700ml/hr		Abh	10/6	Abh	Abh
10/6	8:05 pm	RINGER LACTATE	Iv	700ml/hr		Abh	10/6	Abh	Abh
10/6/20	9:30 pm	RINGER LACTATE	Iv	FF		Abh	10/6	Abh	Abh

Signature

VERIFIED BY : Name

CAESAREAN SECTION OPERATIVE NOTES

Name: Ankita Bhatia Consultant I/C: Dr. Vaseeshan Reg. No: _____

Surgeon's Name: <u>Dr. Vaseetha</u>	Date of delivery: <u>10/6/26</u>
Assistant surgeon: <u>Dr. Sameer</u>	Time of delivery: <u>7:41 pm</u>
Anaesthetist: <u>Dr. Venakander</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>Spinal Anaesthesia</u>	Weight of baby: <u>3.054 kg</u>
Paediatrician: <u>Dr. Narshe</u>	Apgar score: <u>8/9</u>
Scrup Nurse: <u>Anuradha Sstee</u>	NICU Admission: <u>No</u>

Elective Emergency Indication: Previous LSCS 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 Reactive

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: cephalic breech other _____

5th palpable: 3/5

Station: -3 -2 -1 0 +1 2

Caput: + ++ +++

Bladder catheterized Yes No

Cervical dilatation: 1 cm cm

Fetal position: _____

Moulding: None + ++ +++

Meconium: None + ++ +++

Urine: Clear Blood stained

Skin incision: Pfannenstiel Transverse midline other

Uterine incision: Lower segment Classical Inverted T J incision

Previous scar: Intact Thinned out Ruptured No scar

Incision through placenta: Yes No

Delivey of head: Manual Forceps

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

Delivery of placenta: Manual CCT _____ Complete Incomplete Piecemeal

Cord appearance: (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: left fimbrial cyst of 2x2 cm seen

Uterine closure: One layer Two layers vicryl - 0 Suture

Peritoneal closure: Pelvic Abdominal None vicryl - 0 Suture

Sheath closure: vicryl - 1 Suture

Fat closure: Yes No vicryl - 1 Suture

Skin closure Subcuticular Mattress Rapid vicryl 3-0 Suture

Vaginea evacuated Yes No Estimated blood loss: 500 ml

Drain: Yes No Remove in _____ days Await instructions

Ctheter: Yes No Remove in 1 days Await instructions

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

Intraoperative antibiotics cover: Yes No Thromboprophylaxis: Yes No

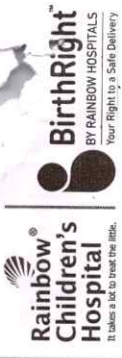
Post operative Comments: NBM x 2 hours, w/f bleeding po, Monitor vitals, follow drug chart orders, EBF

Signature

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Haqib
 Asst. Surgeon: Dr. Sameena
 Anaesthetist: Dr. Hemalinda
 Scrub Nurse: Se. Anuradha

Patient Name: Mu. Ankele Age: 38u Gender: F
 UHID No.: MAT 35718 Surgery Name: EM. CS. CS
 Date: 10/12/20 In-time: 7:20 pm Out-time: 8:20 pm



Before Induction of Anaesthesia >

SIGN IN Time: 7:20 pm

Patient Has Confirmed
 Identity Yes No
 Site Yes No
 Procedure Yes No
 Consent Yes No

Site Marked Yes No NA

Anaesthesia Safety Check Completed Yes No

Pulse Oximeter on Patient & Functioning Yes No

Does Patient have a:
 Known Allergy? Yes No

Difficult Airway / Aspiration Risk?
 Yes, & 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. Haqib
 Name: Dr. Haqib

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? 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: Abhivani
 Name: Abhivani

Before Patient Leaves Operating Room

SIGN OUT Time: 8:20 pm

Nurse Verbally Confirms with the Team:
 The Name of the Procedure Recorded Yes No
 That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA
 The Specimen is Labelled (including patient name) Yes No NA
 Whether there are any Equipment Problems to be addressed Yes No NA

To Surgeon, Anaesthetist and Nurse:
 What are the key concerns for recovery and management of this patient? Yes No

Signature: [Signature]
 Name:

Handwritten notes in the upper left quadrant, possibly including a name or title.

Handwritten text in the middle left area, possibly a date or a specific reference.

Handwritten notes in the lower left quadrant, appearing as a list or series of points.

Vertical handwritten text on the right side of the page, possibly a date or a page number.

Small handwritten text located near the top edge of the page.

Handwritten text in the lower right quadrant, possibly a signature or a note.

Vertical handwritten text at the bottom right of the page, possibly a page number or a reference.

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Dr. VARALAKSHMI NANDYALA



①

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	10/6/26				
Time					
Hb	13.9				
PCV	42.6				
RBC	4.60				
WBC	11.72				
N/L					
Platelets	104				
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	See				

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood group	O	←ve	Blood Available	Asper		
HIV	} Non Reactive					
HbsAg						
VDRL						
HCV						
	du					

Culture and Sensitivities :

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.....

.....

Radiology: USG :

 X-Ray:.....

 ECHO:

 CT:

 MRI

 Others (ECG, Contrast Studies etc..) :

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1

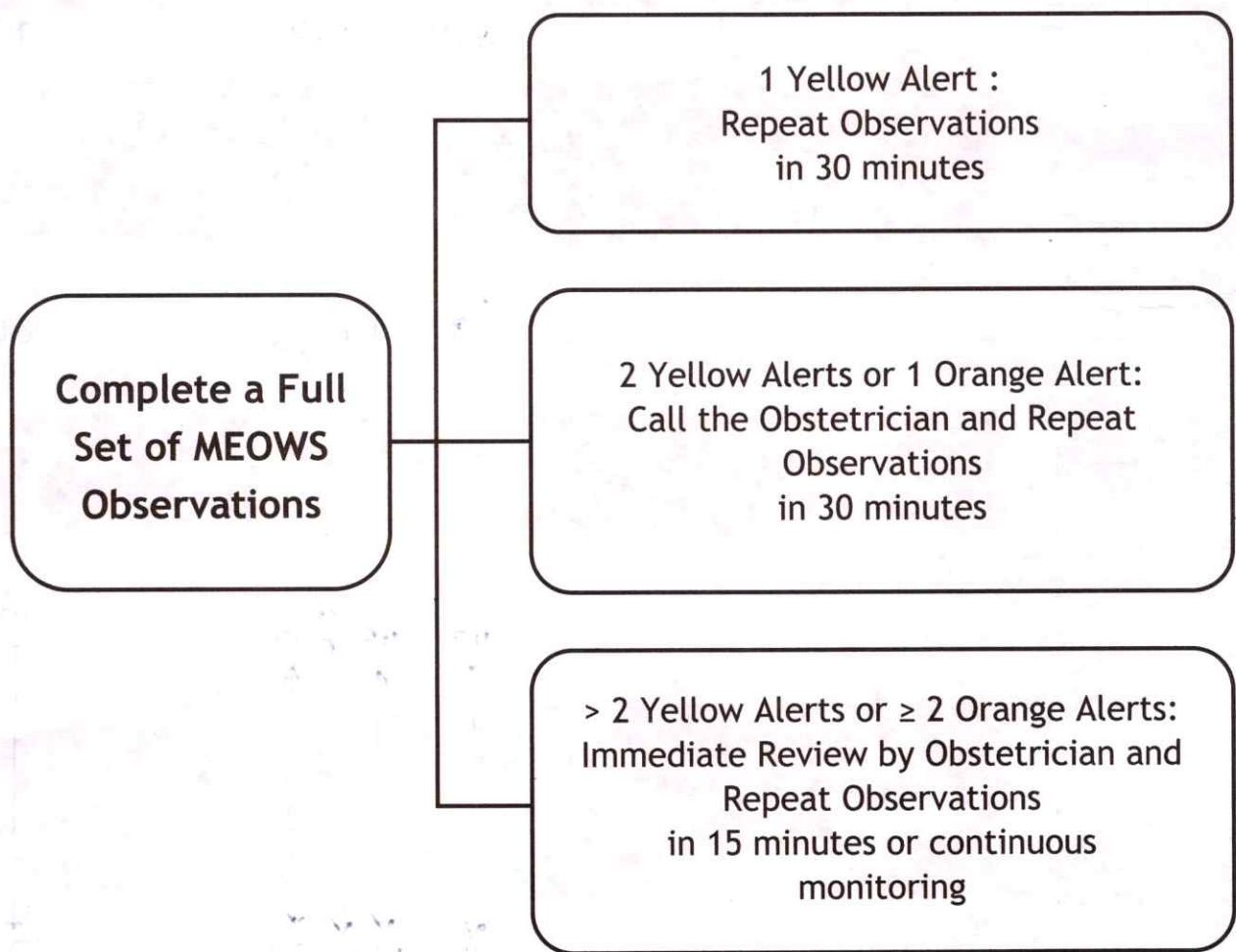
Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
40/6/22		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 °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
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																									

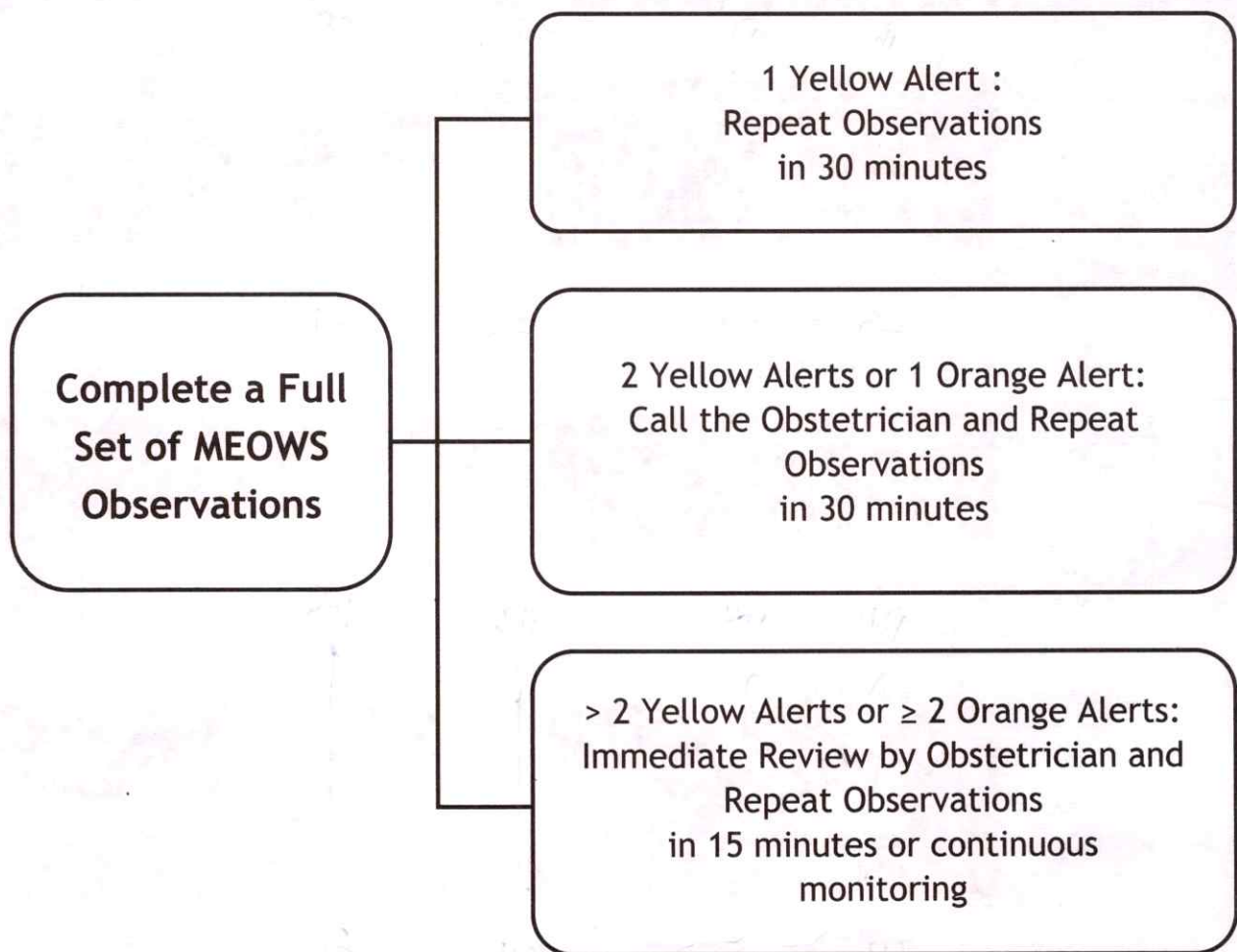
Handwritten initials and scores at the bottom of the chart, including 'TW' and '100%'.

Obstetrics and Gynaecology Early Warning Signs



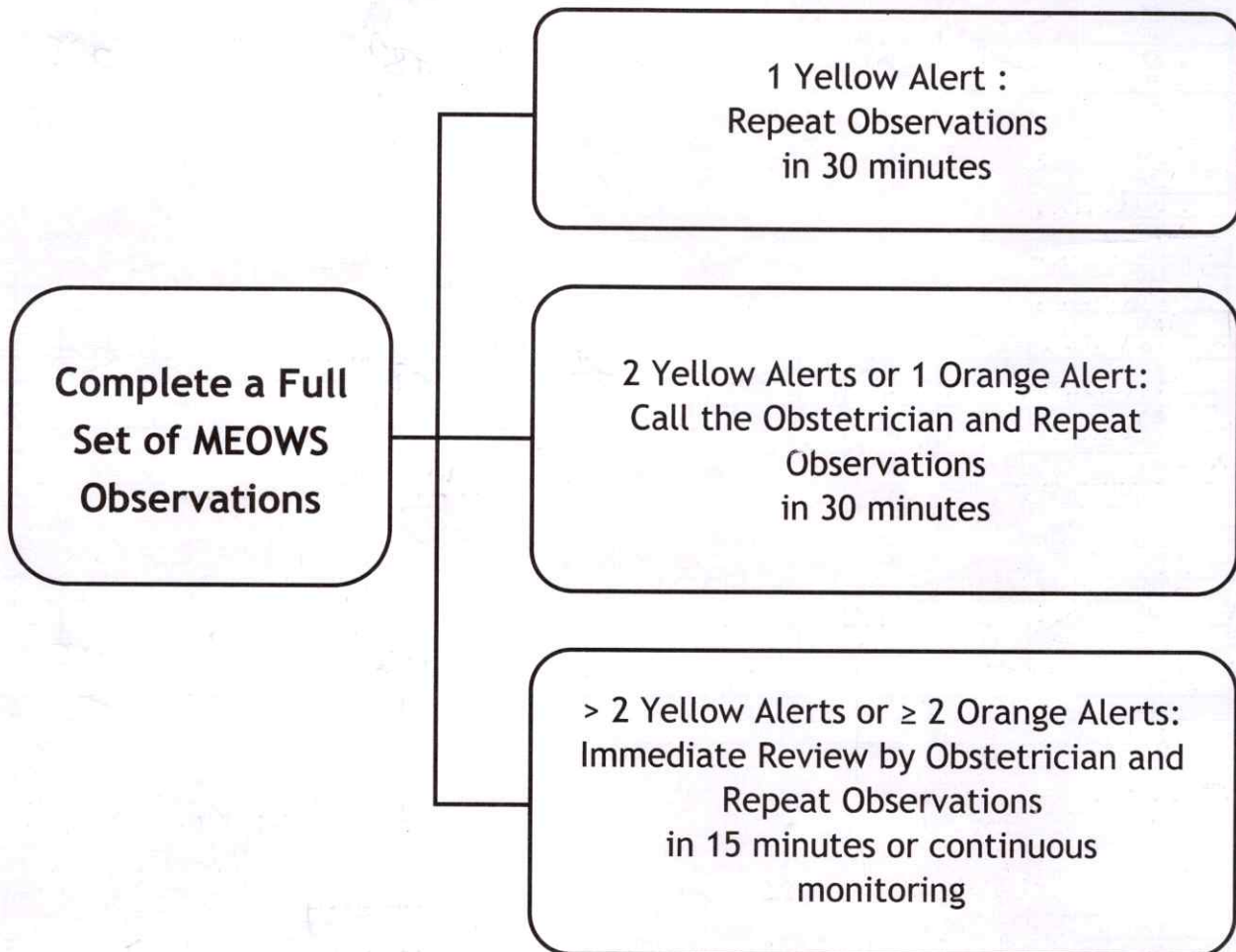
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



10/6/26

FLUID CHART

Sheet No. : 1

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	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	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	RL 500ml											
Total Intake : 500ml						Total Output : 0-1 M-0							
	08:00 pm	RL 1000ml											
	09:00 pm	RL 500ml											
	10:00 pm	H ₂ O 250ml											
	11:00 pm												
	12:00 am	soup											
	01:00 am												
Total Intake : soup, RL 1950ml						Total Output : 700ml M-0							
	02:00 am	soup											
	03:00 am	soup + 200ml											
	04:00 am	H ₂ O 200ml											
	05:00 am												
	06:00 am	Idly											
	07:00 am	Idly + H ₂ O 200ml											
Total Intake : Idly, H ₂ O + 600ml.						Total Output : 0-500ml M-0							
Total 24 hrs. Intake		Idly, RL, 3050ml				Total 24 hrs. Output		0-1600ml M-0					

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Dr. VARALAKSHMI NANDYALA



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FLUID CHART

Sheet No. : 2

- 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									100ml	0		
	09:00 am	Jelly								100ml	0		
	10:00 am						I			100ml	0		
	11:00 am						I			100ml	0		
	12:00 pm									100ml	0		
	01:00 pm									100ml	0		
Total Intake : Jelly + M (50ml)			Total Output : U - 600ml - 0										
	02:00 pm										0		
	03:00 pm	Jelly									0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm										0		
Total Intake : Jelly + M			Total Output : U - 1 M - 0										
	08:00 pm										0		
	09:00 pm	Chapati									0		
	10:00 pm	daliya									0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake : Chapati + daliya + M ^o			Total Output : U - 1 M - 0										
	02:00 am										0		
	03:00 am	M ^o									0		
	04:00 am										0		
	05:00 am										0		
	06:00 am	M ^o									0		
	07:00 am										0		
Total Intake : M ^o			Total Output : U - 0 M - 0										
Total 24 hrs. Intake		Jelly + Chapati + daliya + M ^o				Total 24 hrs. Output		U - 2 M - 0					

12/6/26

FLUID CHART

Sheet No. : 3

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am		Idly						✓			
	09:00 am		+ soup			↓			✓			
	10:00 am								✓			
	11:00 am								✓			
	12:00 pm		H ₂ O						✓			
	01:00 pm								✓			
Total Intake :		Idly + soup + H ₂ O.			Total Output : U-0 M-00.							
	02:00 pm											
	03:00 pm		Chapati						✓			
	04:00 pm					↓			✓			
	05:00 pm								✓			
	06:00 pm								✓			
	07:00 pm								✓			
Total Intake :		Chapati + curry			Total Output : U-02 M-00							
	08:00 pm											
	09:00 pm		Chapati									
	10:00 pm											
	11:00 pm		H ₂ O			✓			✓			
	12:00 am								✓			
	01:00 am								✓			
Total Intake :		Chapati + H ₂ O			Total Output : U-1 M-1							
	02:00 am											
	03:00 am		H ₂ O			↓			✓			
	04:00 am								✓			
	05:00 am								✓			
	06:00 am								✓			
	07:00 am								✓			
Total Intake :		H ₂ O			Total Output : U-1 M-0							
Total 24 hrs. Intake		Idly + soup + H ₂ O Chapati			Total 24 hrs. Output		U-6 M-1					

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FLUID CHART

Sheet No. :

- 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 24 hrs. Intake

Total 24 hrs. Output