



SURGERY DETAILS

Date : 6/6/26

Sl.No.

BAH-00466275 IP2-00056481
 Mrs A SAI PRIYANKA
 21-03-1994 32 Y 2 M 16 D (F)
 Dr. CHINTHAPARTHY HARITHA



Patient Name :

Age : Sex :

UHID No. : IP No. :

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

Name of the Surgery : LSCS ↓ SA

Baby is modera size

Time in : 1:10 PM

Time Out : 2:10 PM

<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon : <u>Dr. Haritha</u>
2. Anaesthetist : <u>Dr. Popu</u>
3. Asst. Surgeon : <u>Dr. Soudeh</u>
4. OT Technician : <u>Dr. Harsha</u>
5. Circulating Nurse : <u>Aritha</u>
6. Asst. Nurse : <u>Bidhya</u>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

[Signature]
Signature of the Surgeon

[Signature]
Signature of the Circulating Nurse

Order No. : 0943665/0943646 Order by : [Signature]



LABOR BILLS

Patient Name: _____
 Room No: _____
 Date of Surgery: _____
 Name of the Surgeon: _____

Date of Bill: _____
 Amount: _____

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

Total Amount: _____
 Signature of the Surgeon: _____
 Order No: _____



LSCS ↓ SA

CONSUMABLES OF OT

Circulating staff : Anitha Technician : Shiva Date : 06/06/26 Time : 6:10 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS	01		Inj Vit.K		
LMA			Sutures	01		Cord Clamp		
ECG leads A/P/N	03		2346	02		Suction Catheter		
HME filter : A/P/N	02		2364	01		Feeding Tube		
Syringes : 10 cc	01		1326	02		Vaccum Suction Set		
05 cc	01		Gloves 612 pps	01		Surgical Gloves		
02 cc	01					Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate A/P/N	01		Surgical blade 22	01		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL	02		Cautery pencil	01				
NS : 10ml / 100ml / 500ml / 1000ml	01		Koochies	01				
Carbetoin	01		Ointments	01				
Theridrine	01		Suction Catheter	01				
Fentanyl	01		Cap, Mask	10/10				
Morphine			Gauze Pack	3/2				
Ketamine			Mop Pack	2				
Propofol			Steristrip					
Rocuronium			Underpad 1x2x1	3/1				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01				
Ondansetron	01		Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage 6"	01				
Venflon 22g	01		Tegaderm	01				
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	03				
Tab. Misoprost : 200mg	02		Betadine Solution	02				
Tranexa	02		Microshield					
O ₂ mask (A)	01		Cotton Balls	02				
			Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Dr. Haritha Surgeon
 Dr. Souali

Dr. Anupur Anaesthesiologist

Bidhyer Nurse

Shiva OT Technician

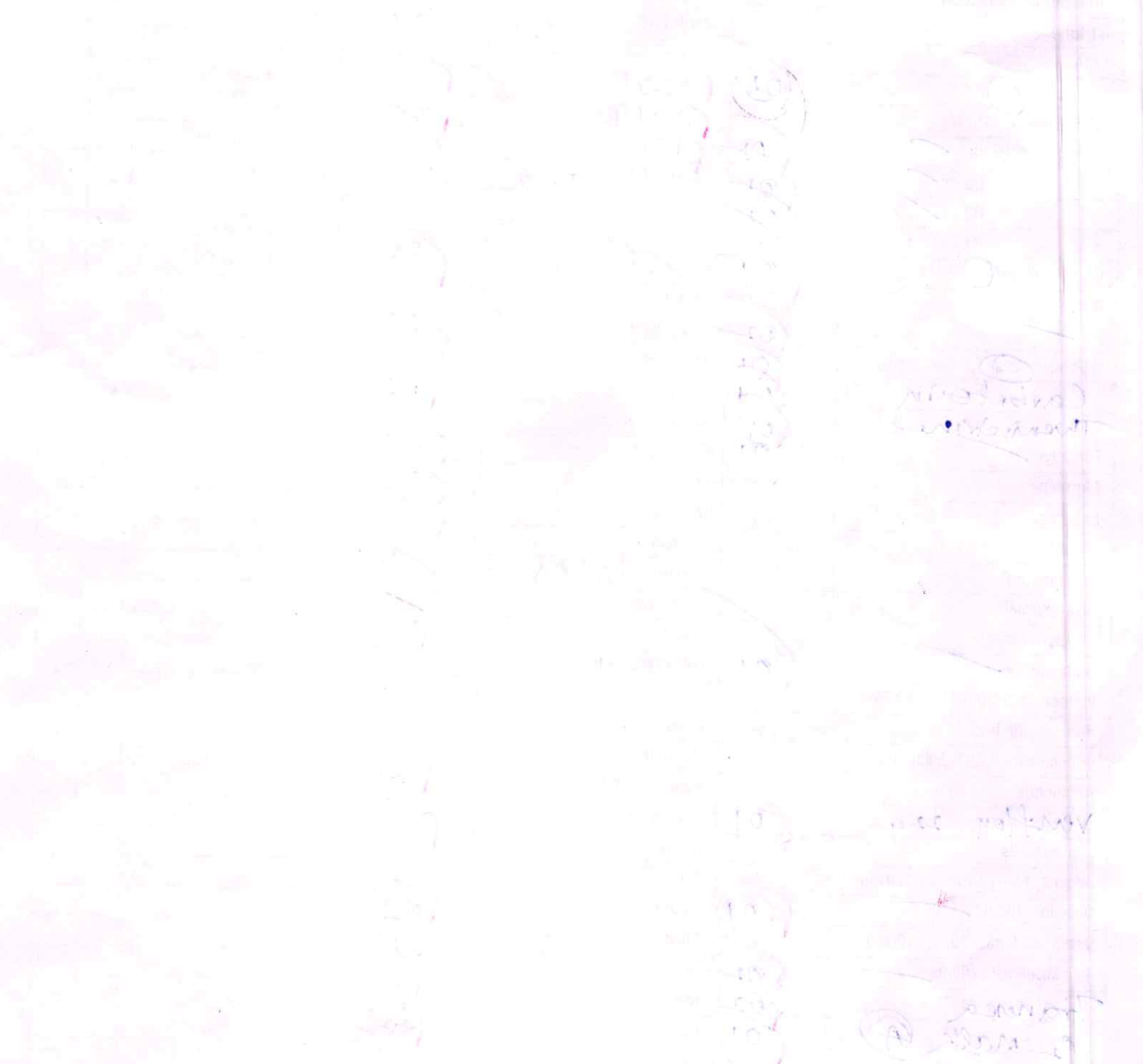
12/1

12/2

12/3

12/4

12/5



Spine

Spine

Spine

Spine

Spine

6/6/26
①

ACTIVITY RECORD FOR BILLING

Name: ----- **BAH-00466275** **IP2-00056481**
Mrs A SAI PRIYANKA
UHID No: ----- **21-03-1994** **32 Y 2 M 16 D** (F)
Dr. CHINTHAPARTHY HARITHA
Date of Admission: ----- Date of Discharge: ----- Time: -----
Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

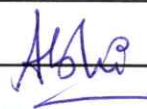
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
06/06/26	7:20pm	4W	307	<i>[Signature]</i> 06/06/26 7:20pm

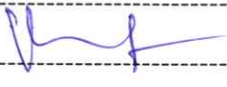
Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	IV Placement	①	943582	
6/6/26	PAC (OP Basis)	①	0CS2-0021 3050	
6/6/26	Catheterisation	①	943582	
6/6/26	EL-UCS & SA			
6/6/26	done by		943645	
6/6/26	Dr. Hewitka		943646	
9/6/26	Cross checked done by N.H.A.		944202	

ANY OTHER INFORMATION

OP file given to pt-attender
 ↓


Date: ~~11/6/26~~ 06/06/26 Time: 7:30 pm Prepared By: Reine

Staff Nurse Abhinami	Shift / Ward H/W to pooney 20x 6/6/26 at 7:30	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 14/9/25 EDD:
 Corrected EDD: 21/6/26 GA: 38+3
 Menstrual History: Regular: Yes No

Obstetric Formula: G4 P1 L1 A2
 G1 - missed misc
 2021 MERPC

Obstetric Examination

Obstetric History: G2 - 39+1 LSCS/mole
 2023 ABH

Fundal Height: low
 Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: G2 - missed
 2025 misc
 MERPC & SERPC

Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____

RISK FACTORS: G4 - PP sport. care.

Head Fifths Palpable: _____
 FHS: Normal Tachy Brady Absent

Rh - ve
 B thal. trait
 Prev. LSCS

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced
 Os: Closed _____ Dilated _____

Height: cm
 Weight: kg
 Allergies:

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained

Breast: Normal Abnormal

Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2

General Examination:
 Consciousness: Pallor:
 Icterus: Edema:

Pelvis: Adequate Doubtful

Temp: PR: 86.6
 BP: 112/70 DTR:

CVS: RS
 Liver/Spleen: Urine Output:

DIAGNOSIS

G4 P1 L1 A2 / 38+3 / prev. LSCS / Rh - ve / B thal. trait / anemi
 prev. LSCS for 1st LSCS



<p>Family History: F-DM, HTN Husband - non Hodgkins</p>	<p>Surgical History: LSCS</p>
<p>Medical History: Rh - ve B-thal trait H/O FCM infusion</p>	<p>Medication History: -</p>
<p>Plan of Care: Admit Prepare ports PAC review Reserve 20 PPR WGI consents wj TAXIM 1g IV ATD wj PANTOP 40mg IV Catheterizing Shift to OT on call</p>	<p>Investigations: Blood group - O-ve Husband - O-ve HIV WBS Ag ucv VDRL } NR 14/4/26 SLUG 30+6 Cephalic EFW 689g AC 55% Placenta AH API - 21.9</p>


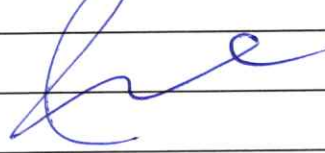
Doctor Name: Dr. Shreya
 Signature: *[Signature]*
 Date & Time: 6/6/26

Consultant Name: Dr. Haritha
 Signature: *[Signature]*
 Date & Time: _____



06/06/26
 (1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 2:30pm	O-POD	Adv
	PR - 77	NBM for 2hr
	BP - 112/74	Vital Monitory
Baby in mtn	PIA ut well Contracted dressing dry	E3F Ambulate w/f bleed; pv Drugs charted
	PIV min PV bleed	Inj. 505
UO = 100ml		
		
<p>Noted by So. Abhivanni 6/06/26 @ 2:30pm -</p>		
6/6/2026 4:30PM	POD-0 PT Stable	Adv - Monitor vitals - Sips of water
	BP - 128/70	- Slight diet from
	PR - 70hr	9:30 PM
Wokly - M3	PA - ut well @ 6P	Drugs charted
	BS (+)	charted
	UE - min PV bleed	- w/f excess PV bleed
UO = 100ml		- Followed Wokly
		
<p>- Report CBP @ 6am on 7/6 - Remove Foley's at 6am on 7/6 - Shift to Room (P.T.O)</p>		

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 6 pm	S: P00-0	
Baby MS BF (F)	o/e GI- fair afebrile PR = 94/u BP = 108/78 mmHg P/A - uterus well retracted BS +/±	Abh - liquid diet - soft diet at 9:30 pm - follow drug chart orders - w/ bleeding pU - GBF - Repeat CBC @ 6 AM on 7/6
	UE - bleeding w/CL Output - 250 ml	- Send LFT, RFT, at 8 pm on 6/6
Baby BA - 0 +uo		- ECG at 9 pm
Inf Anti-D 300 mcg im stat qm		- Foley's removed at 6 AM on 7/6 - Shift to room
Noted by Abhmanu 6/6/26 6 pm		
7/6/26 7:30 AM	S: P00-1	
Baby MS BF (F)	o/e - GI- fair afebrile temp - 99.4°f. PR = 79/u BP = 112/72 mmHg P/A - uterus well retracted	ECG - (N) LFT, RFT - (N) -



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>4c- bleeding wNL urine x flatus ✓</p>	
	<p>Adv - soft diet - Adequate hydration - ABF - follow drug chart orders - w/f bleeding p ✓ - Trace CBC report - Monitor vitals - Tab calpol 15mg/150 stat</p>	
	<p>noted by Rajan 7/08/20</p>	
7/6/20	<p>Pod-1 PT - cl afebrile BP = 110/70 mmHg PR = 89/min S/E - NAD</p>	<p>Adv 7:30A - (N) diet - ABF - Ambulation - adequate hydration - follow drug chart</p>
12pm	<p>Babym's BFE</p>	<p>- drug per charted - Inform car</p>
UV FL	<p>PTA - UT NWR soft, BS @</p>	
	<p>Rpt CBP tomorrow</p>	
	<p>VCE - NAD</p>	
	<p>Noted by Sandhya</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 8:30pm	POD-1 Ptele cepha a/obvile BP = 120/70mmHg PR = 78/min	Adv - (N) diet - FBF - monitor vitals - drugs as charted
Baby mx BFB	SLE - NAD	- ambulation - adequate hydration
VV PV	PLA - VT new soft VLE - NAB	- Zupform sos - Rpt CBP tomorrow.
	noted by	- T. Dulceta tabs after dinner
8/6/26 7:30AM	POD-1 by Ptele cepha a/obvile BP = 100/60mmHg PR = 78/min	Adv 100hr 8-2 - (N) diet - FBF - monitor vitals - drugs as charted
Baby mx BFB	SLE - NAD	- ambulation - adequate hydration
VV PV	PLA - VT new soft VLE - NAB	- Zupform sos - Tissue CBP report

noted by Dept 8/6/26 7:30

BAH-00466275

IP2-00056481

Mrs A SAI PRIYANKA

21-03-1994

32 Y 2 M 16 D

(F)

Dr. CHINTHAPARTHY HARITHA



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
8.6.26	II - POD	
12:10 PM	d/B Case seen by Dr. Haritha Pt c/c PIA: Soft	
-	NO Pallor Uterus well retracted	
-	NO Pedal Edema L/E: Bleeding WNL	
<u>Hbt.</u> <u>PCU</u>	Discussed about blood transfusion in v/o Hbt: 8.1 gms c thalassemia minor Pt. + husband refused blood transfusion. Wants to repeat CBP again	
		<p>Ry</p> <ul style="list-style-type: none"> - Regular diet - Plenty of fluids - Ambulation - Follow drug chart - Inform and
		<p><u>Dr. Haritha</u></p>
	<p>Noted by Sanelky a</p>	



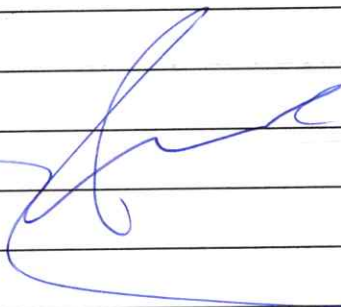
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 1:30 PM	8: POD-2	
Baby MS BPF	<p>afe ac-fau afebrile PR = 94/m BP = 110/70 mmHg P/A - uterus well retracted, BS (+) UE - bleeding non U ✓ M ✓</p>	<p>Adv - (D) diet - Adequate hydration - EBF - Monitor vitals - w/f bleeding pv - follow drug chart orders - Insom 800</p>
	→ Repeat Hb, PCW on 9/6/26	Ben
Noted by paenam 8/6/26 at 1:30 PM		
8/6/26 8:30 PM	POD-2 Pt stable vitals (D) PA - wt well (D) (D) UE - min PV bleed	<p>Adv - Monitor vitals - (D) diet - Ambulate - EBF - Drugs as charted - Repeat Hb, PCW on 9/6 - w/f excess PV bleed - Insom 800</p>
leaky - MS		
U ✓ F ✓ M ✓		

noted by Raj hst on 8/30 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 8:30am		POD-3 Pt stable vitals (P)
hcty - mg		PA - wt well (P) (P) UE - min PV bleed
Wg F mg	Adv - monitor vitals - (P) diet - EBF	
Hb - 8.2	- Drugs as charted	
PCV - 27	- w/f excess PV bleed - Inj gentos	
Noted by sandhys 9/6/26 8:30 AM		

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 Mrs A SAI PRIYANKA
 21-03-1994 32 Y 2 M 16 D (F)
 Dr. CHINTHAPARTHY HARITHA



6/6/26
 (1)



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: UW Shifted to: 307

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 : [Signature]

Date & Time : 6/6/26, 11:30am

Nurse Name & Signature : [Signature]

Date & Time : 6/6/26, 12pm

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





REGULAR PRESCRIPTIONS

Weight. Ward. 47

DRUG : <u>1g Toxin</u>				Date Time	<u>9/06</u>	<u>(2)</u>			
Dose	Route	Frequency	Start Date						
<u>1gm</u>	<u>iv</u>	<u>TD</u>	<u>6/6</u>	<u>12:30 PM</u>	<u>9/06</u>	<u>9/06</u>			
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
<u>24 hrs</u>									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>76 Pontop</u>				Date Time	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>		
Dose	Route	Frequency	Start Date						
<u>40mg</u>	<u>P/O</u>	<u>OD</u>	<u>7/16</u>	<u>9 AM</u>	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>		
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>76 Toxin</u>				Date Time	<u>9/06</u>	<u>9/06</u>			
Dose	Route	Frequency	Start Date						
<u>200mg</u>	<u>PO</u>	<u>TD</u>	<u>7/16</u>	<u>9 AM</u>	<u>9/06</u>	<u>9/06</u>			
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>TAB. PARACETAMOL</u>				Date Time	<u>6/6/26</u>	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>
Dose	Route	Frequency	Start Date						
<u>500mg</u>	<u>ORAL</u>	<u>Q4HLY</u>	<u>6/6/2026</u>	<u>12 AM</u>	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>	<u>9/06</u>	
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
<u>6 PM 10 PM</u>									
Daily Doctor's Endorsement by a Sign									

Rainbow
 BAH-00466275 IP2-00056481
 Mrs A SAI PRIYANKA 32 Y 2 M 16 D (F)
 21-03-1994
 Dr. CHINTHAPARTHY HARITHA

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

I.P. No. Sheet No. Wards Weight (kg)
 (9) 4w

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.																			

5

Weight: Ward. 4w

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
6/6/26	12:30 pm	1mg TAXIM	10 1g	IV	ke	ke
6/6/26	11:50 AM	1mg PANTOP	40mg	IV	ke	ke
6/6/26	2:25 pm	76 Misoprostol	400y	PR	S	ke
6/6/26	1:23 pm	INJ. CARBETOAN	100mg	IV	PB	ke
6/6/26	1:25 pm	INJ. ONDANSETRON	4mg	IV	PB	ke
6/6/26	1:25 pm	INJ. TRANEXECHIC ACID	1g	IV	PB	ke
6/6/26	2:20 pm	TRAMADOL SUPP.	100mg	see record	PB	ke
6/6/26	2:20 pm	DICLOFENAC SUPP	100mg	see record	PB	ke
6/6/26	4:40 PM	1mg ANTI-D	300mcg	o. im	ke	ke

VERIFIED BY: Signature

I.V. FLUIDS CHART 6

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
6/6/26	11:40 AM	RL	IV	100 ml/hr	[Signature]	[Signature]	6/6	[Signature]	[Signature]
6/6/2026	1:25 PM	1 ORL (INOT)	IV	FF	[Signature]	[Signature]	6/6	[Signature]	[Signature]
6/6/2026	1:50 PM	1 ORL (INOT)	IV	FF	[Signature]	[Signature]	6/6	[Signature]	[Signature]
6/6/2026	2:08 PM	1 ORL	IV	FF	[Signature]	[Signature]	6/6	[Signature]	[Signature]
6/6/26	3 PM	1 ORL	IV	FF	[Signature]	[Signature]	6/6	[Signature]	[Signature]

VERIFIED BY: Name:

BAH-00466275 IP2-00056481
Mrs A SAI PRIYANKA
21-03-1994 32 Y 2 M 17 D (F)
Dr. CHINTHAPARTHY HARITHA



307

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 8/6/26 Time: 10:30am

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

Food Allergies: NO allergies

Diagnosis: ULS

Medical History: NO

Surgical History: NO

Vegetarian Non-Vegetarian Vegan

Diet Advised: Normal diet

Patient's / Attendant's

Signature: [Signature]

Name: _____

Date & Time: _____

Dietician's

Signature: [Signature]

Name: Lakshmi

Date & Time: 8/6/26, 10am

CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs Sai Priyanka Consultant I/C: Dr Haritha Reg. No: _____

Surgeon's Name: <u>Dr Haritha</u>	Date of delivery: <u>6/6/26</u>
Assistant surgeon: <u>Dr Sonali</u>	Time of delivery: <u>1:23 PM</u>
Anaesthetist: <u>Dr Nupoor</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>3.104 kg</u>
Paediatrician: <u>Dr Chandana</u>	Apgar score: <u>9, 9</u>
Scrup Nurse: <u>Bidya</u>	NICU Admission: <u>no</u>

Elective Emergency Indication: Previous LSCS

- Urgency Immediate threat to life of woman or fetus
 Maternal or fetal compromise not immediately life threatening
 No maternal or fetal compromise but needs early delivery
 Delivery timed to suit woman and staff

Decision time : _____ Knife to rectus: _____

CTG description _____

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: cephalic breech other _____

Cervical dilatation: _____ cm

5th palpable: _____

Fetal position: _____

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

Moulding: None + ++ +++

Caput: + ++ +++

Meconium: None + ++ +++

Bladder catheterized Yes No

Urine: Clear Blood stained

Skin incision: Pfannensteil Transverse midline other

Uterine incision: Lower segment Classical Inverted T J incision

Previous scar: Intact Thinned out Ruptured No scar

Incision through placenta: Yes No

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: 2 Cord around the neck Yes No

Appearanc of placenta: 2 Cavity explored Yes No

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

Complications / Comments: ant. abdominal wall plastered to uterine wall bladder down up
Ⓟ tube bony visualization, Ⓛ tube bony not seen

Uterine closure: One layer Two layers vicryl 000 Suture

Peritoneal closure: Pelvic Abdominal None Suture

Sheath closure: vicryl 001 Suture

Fat closure: Yes No vicryl 001 Suture

Skin closure Subcuticular Mattress Monocryl 3-0 Suture

Vagina evacuated Yes No Estimated blood loss: 600 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, 1/2 churning, drugs as charted


Signature

SURGICAL SAFETY CHECKLIST

Surgeon : D. Hantke
 Asst. Surgeon : Dr. Sonali
 Anaesthetist : Dr. N. A. Popu
 Scrub Nurse : S. C. Bidya

Patient Name : Mrs. Sai Poigark Age : 34 Gender : Female
 UHID No. : 0046278 Surgery Name : ELSCS
 Date : 6/6/26 In-time : 1:07 PM Out-time : 2:00 PM



Before Induction of Anaesthesia

SIGN IN Time: 1:10 PM

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

Signature : Dr. N. A. Popu
 Name : Dr. Nooper

Before Skin Incision

TIME OUT Time: 1:15 PM

- Confirm all team members have introduced themselves by Name and Role** Yes No
- Surgeon, Anaesthesia Professional and Nurse Verbally Confirm**
 - Correct Patient (Check ID Band) Yes No
 - Correct Site Yes No
 - Correct Procedure Yes No
- Anticipated Critical Events**
- Surgeon Reviews:**
 - What are the Critical or Unexpected Steps, Operative Duration, 1 hr 15 min Anticipated Blood Loss? 500ml Yes No NA
- Anaesthesia Team Reviews:** OK
 - Are There Any Patient-specific Concerns? Yes No NA
- Nursing Team Reviews:** 1 hr
 - 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 : Anu
 Name : Anu

Before Patient Leaves Operating Room

SIGN OUT Time: 2:00 PM

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

Signature : [Signature]
 Name : [Signature]

1947

1948

1949

1950

1951

1952

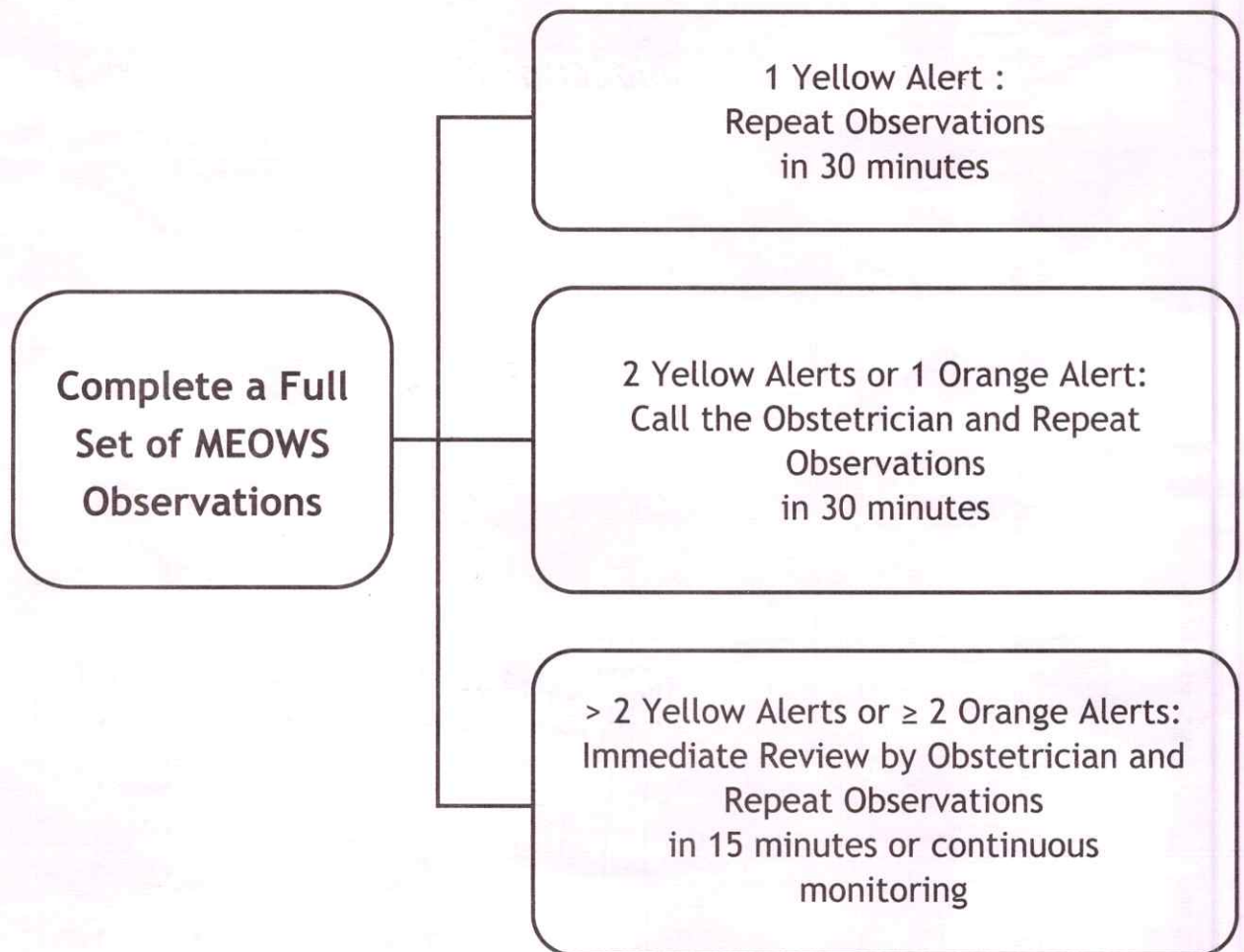
1953

1954

1955

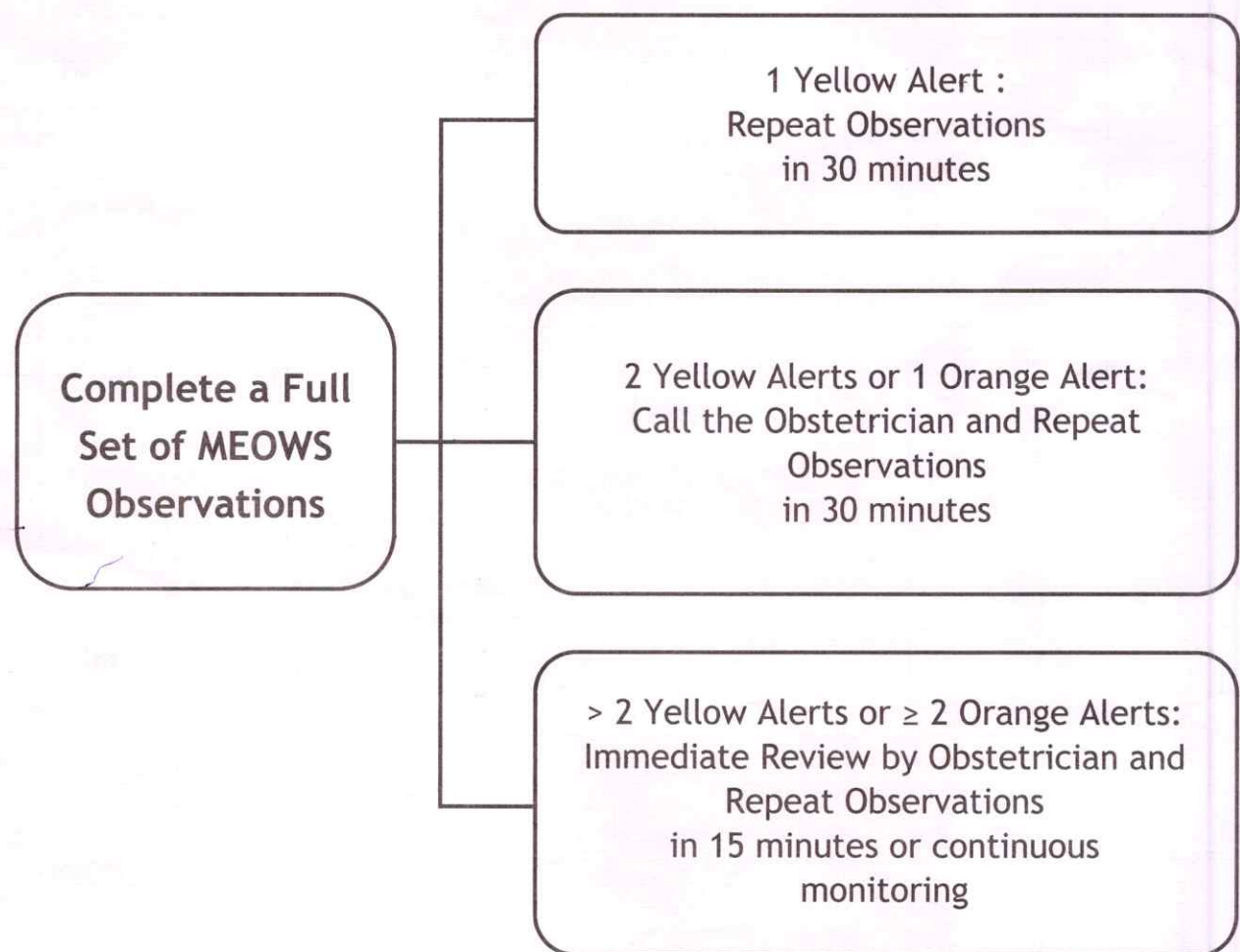
11:30 am 6/6/28
FAR = 1406/m

Obstetrics and Gynaecology Early Warning Signs



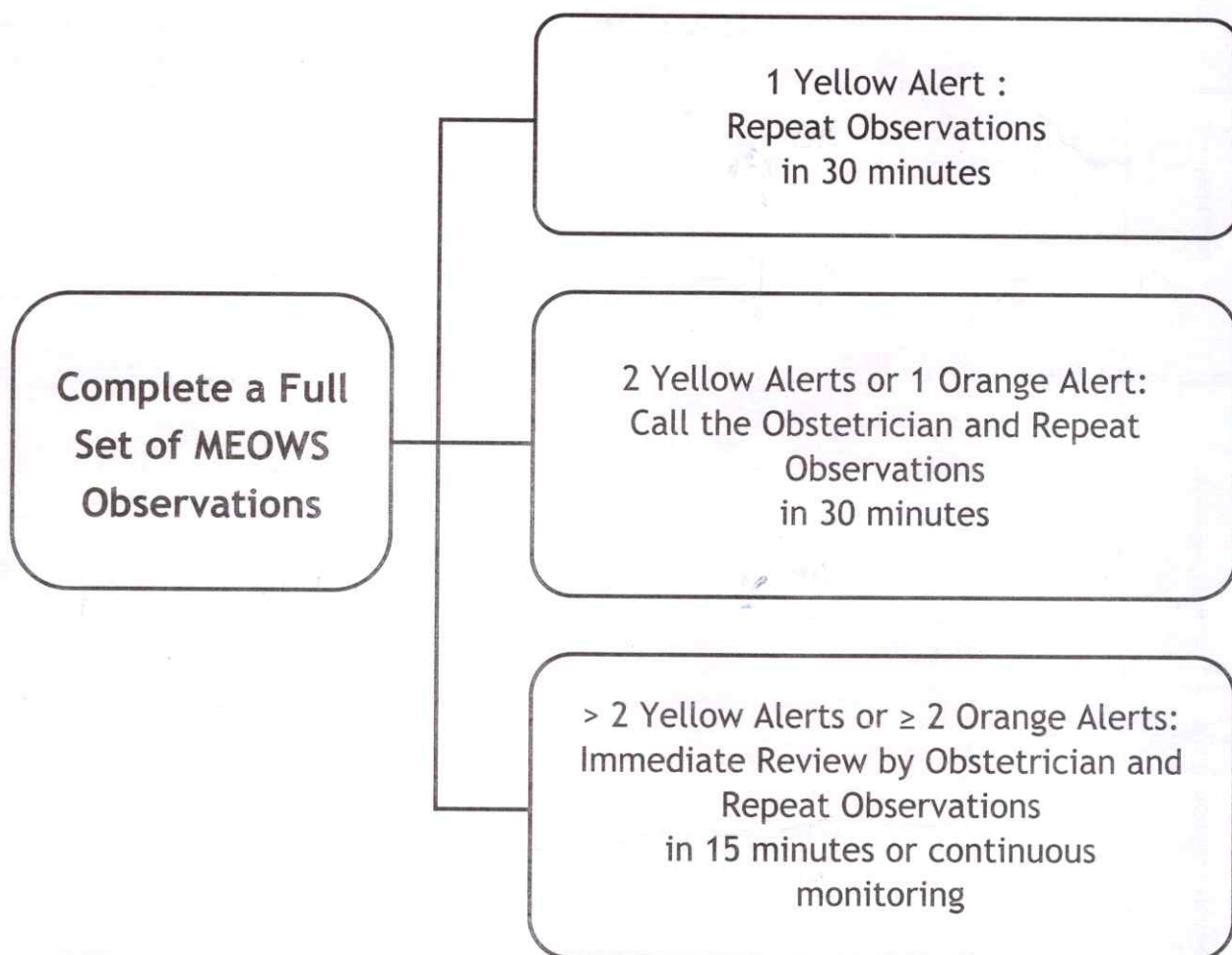
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

9

FLUID CHART

6/06/20

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			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			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 :			500 ml									
Total Output :												
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :			H ₂ O + Soup - 1000 ml									
Total Output :												
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :			H ₂ O - 600 ml									
Total Output :												
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :			H ₂ O									
Total Output :												

Total 24 hrs. Intake Idly + Soup
H₂O 2500ml

Total 24 hrs. Output U - m - 0
1150ml

BAH-00466275 IP2-00056481

Mrs A SAI PRIYANKA
21-03-1994 32 Y 2 M 16 D (F)
Dr. CHINTHAPARTHY HARITHA



FLUID CHART

Sheet No. : 2

7/6/26

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 Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am	Idly + sarp H ₂ O					I							
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :			Idly + Sarp + H ₂ O			Total Output :						0 - 2 M - 0		
	02:00 pm	Rice dal H ₂ O					I							
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :			Rice + dal + H ₂ O			Total Output :						0 - 2 M - 0		
	08:00 pm	Rice H ₂ O sarp					I							
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :			Rice dal, H ₂ O, sarp			Total Output :						0 = 1 0 = 0		
	02:00 am	H ₂ O					I							
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :			H ₂ O			Total Output :						0 = 0 0 = 0		
Total 24 hrs. Intake		Idly, sarp Rice, dal, H ₂ O			Total 24 hrs. Output		U = 5 0 = 0							

BAH-00466275

IP2-00056481

Mrs A SAI PRIYANKA

21-03-1994

32 Y 2 M 17 D

(F)

Dr. CHINTHAPARTHY HARITHA



FLUID CHART

8/06/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am									✓	0		
	09:00 am	Daly					✓			✓	0		
	10:00 am	Pongal								✓	0		
	11:00 am										0		
	12:00 pm	H ₂ O									0		
	01:00 pm												
Total Intake : Daly + Pongal + H ₂ O			Total Output : U-3 M-1										
	02:00 pm	Rice									0		
	03:00 pm	Dal								✓	0		
	04:00 pm										0		
	05:00 pm	H ₂ O								✓	0		
	06:00 pm	Chapati									0		
	07:00 pm												
Total Intake : Rice + Dal + Chapati + H ₂ O			Total Output : U-9 M-0										
	08:00 pm	Chapati									0		
	09:00 pm	Rice									0		
	10:00 pm										0		
	11:00 pm	Dal								✓	0		
	12:00 am	H ₂ O									0		
	01:00 am												
Total Intake : Rice dal, chapati + H ₂ O			Total Output : U-1 M-0										
	02:00 am										0		
	03:00 am										0		
	04:00 am										0		
	05:00 am	H ₂ O									0		
	06:00 am										0		
	07:00 am												
Total Intake : H ₂ O			Total Output : U-0 M-0										

Total 24 hrs. Intake Daly + Pongal + Rice dal + Chapati + H₂O

Total 24 hrs. Output U-9 M-0

BAH-00466275 IP2-00056481
 Mrs A SAI PRIYANKA
 21-03-1994 32 Y 2 M 17 D (F)
 Dr. CHINTHAPARTHY HARITHA



FLUID CHART

Sheet

01/06/26

- 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 :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								

Total Intake :

Total 24 hrs. Intake

RCH / FRM / CLINICAL / 092

Total 24 hrs. Output