



# SURGERY DETAILS

Sl.No.

Date : 5/6/26

Patient Name : Mrs ALEKHYA PARVATHA  
19-07-1996 29 Y 10 M 17 D (F) Age : Sex :

KOH-00308751 IP2-00056466  
Dr. SRI DEVI A



UHID No. : IP No. :

Date of Surgery : 5/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Ek WSCS VSA  
baby mother side

Time in : 10:00 AM

Time Out : 10:45 AM

NAME	AMOUNT
1. Surgeon : Dr. Sri Devi	
2. Anaesthetist : Dr. Noppys	
3. Asst. Surgeon : Dr. Shriya	
4. OT Technician : Aravind	
5. Circulating Nurse : Bidya	
6. Asst. Nurse : Anshu	

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 943215 / 943216 Order by : Anshu



General Hospital  
Mumbai

Date: 2/1/18

Age: 45

IP No: 1234

State of Surgery: 1234

Name of the Surgeon: Dr. 1234

Signature of the Surgeon: [Signature]

Date: 2/1/18

Name of the Surgeon: Dr. 1234

AMOUNT

NAME

1	Surgeon's Fee	10000
2	Anaesthetist's Fee	5000
3	Asst. Surgeon's Fee	2000
4	OT Technician's Fee	1000
5	Circulating Nurse's Fee	500
6	Asst. Nurse's Fee	500

Cystoscopy  Prostatectomy  Cystectomy  Hemorrhoid  C-ARM

Signature of the Circulating Nurse: [Signature]

Signature of the Surgeon: [Signature]

Order No: 1234/18



LSCS & SA

CONSUMABLES OF OT

Circulating staff : Bidhya Technician : Aravind Date : 05/06/26 Time : 10 AM to 10 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		<u>01</u>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>A/P/N</u>		<u>03</u>	<u>2347</u>		<u>03</u>	Suction Catheter		
HME filter : A/P/N			<u>1326</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc		<u>02</u>				Vaccum Suction Set		
05 cc		<u>02</u>	Gloves <u>012 P/L/S</u>		<u>5/3</u>	Surgical Gloves		
02 cc		<u>02</u>				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : <u>A/P/N</u>		<u>01</u>	Surgical blade <u>22</u>		<u>01</u>	Surgical Blade # 20		
IV set		<u>01</u>	NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil		<u>01</u>			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>Carbetocin</u>		<u>01</u>	Ointments		<u>01</u>			
<u>Laxix (frusemide)</u>		<u>01</u>	Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask		<u>10/10</u>			
Morphine			Gauze Pack		<u>3/2</u>			
Ketamine			Mop Pack		<u>2</u>			
Propofol			Steristrip					
Rocuronium			Underpad <u>Alles</u>		<u>3/1</u>			
Glycopyrolate		<u>01</u>	Draw sheet					
Myopyrolate			Abgel		<u>01</u>			
Ondansetron		<u>01</u>	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Romodrain bag					
Antibiotics			Bandage <u>6"</u>		<u>01</u>			
<u>Ephedrine (Theridone)</u>		<u>01</u>	Tegaderm		<u>01</u>			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>02</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet		<u>03</u>			
Tab. Misoprost : 200mg		<u>02</u>	Betadine Solution		<u>02</u>			
<u>Tranexa</u>		<u>02</u>	Microshield					
<u>Gelobuion</u>		<u>01</u>	Cotton Balls		<u>2</u>			
			Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Dr. Sridevi  
Surgeon

Dr. Nagesh  
Anaesthesiologist

Anurita  
Nurse

Shiva  
OT Technician

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

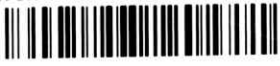
Handwritten notes on lined paper, including a large '1' in the top right corner and various illegible scribbles and lines.



**ACTIVITY RECORD FOR BILLING**

5/6/26 (1)

Name: --- **KOH-00308751 IP2-00056466** -----  
**Mrs ALEKHYA PARVATHA**  
**19-07-1996 29 Y 10 M 17 D (F)**

UHID No **Dr. SRI DEVI A** ----- Consultant : ----- Dept : -----  


Date of / ----- ne : ----- Date of Discharge : ----- Time: -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
5/6/26	4:35 pm	4w	313	Raja / Sandhya @ 5 pm

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi	6/6/26	943669	poor
2.	cross checked done by sandhya 7/6/26			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/6/26	CBP, Urea, Uric Acid	26007746	[Signature]
5/6/26	Creatinine, Electrolyte		
5/6/26	LDH, LFT, PT/INR, APTT		
5	CVE, I		
5/6/26	GRBS 103mg/dl @ 8:30am	26007749	[Signature]
cross checked done by sis nismala @ 3:45pm			
own checked by venkatamma 5/6/26 @ 9pm			
6/6/26	CBP	26007810	Creatinine
7/6/26	FBS 88mg/dl	26007856	[Signature]
7/6/26	PPBS 114mg/dl @ 10:50am	26007865	POC
7/6/26	PLBS @ 3:50pm 122mg/dl	26007876	Sandhya
cross checked done by Sandhya			



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
5/6/26	uplacement	①	943236	Suj
5/6/26	Catheterization	①		
5/6/26	Par (Op Basis)	① 0052	00212971	Suj
5/6/26	EL-CSCS & spinal done	①	943215	Suj
5/6/26	by 008 srideni	①	943216	Suj
cross checked done by sis. Nirmala 5/6/26 e 3:30pm				
5/6/26	N.H.A.	①	943326	Sandhya
cross checked done by Sandhya				

**ANY OTHER INFORMATION**

of file given to me pt. Attender  
 ↓  
 AI. Day

Date: 5/6/26      Time: 4:35pm      Prepared By: Manjeri

Staff Nurse  Reva	Shift / Ward  CCU to Sandhya 2/3	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

PT came EL. US.

Obstetric Formula:

~~42A1~~ 42A1

Obstetric History:

Biochemical pregnancy

Present Pregnancy Record:

PP - sp. conception unbooked case.

RISK FACTORS: NT Tiffa scan

- Gestational HCN on T. labetalol BD since 2 days.  
 - ADM since 37 wks.  
 gest. T. glycomet 42-0-14 B/D  
 - Hypothyroid on 50mg

Height: ..... cm

Weight: 68.5 kg

Allergies: .....

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 96/min

BP: 160/90 mmHg DTR:

CVS: T. labetalol 100mg postnat given.

Liver/Spleen: Urine Output:  $\rightarrow$  RPT B-P 140/90 mmHg

DIAGNOSIS

42A1 | 38<sup>+</sup>3 wks GA | gest. HCN | gest. hypothyroid | ADM on OHA for EL. US.

LMP: 4/9/26 EDD:  
 Corrected EDD: 11/6/26 GA: 38<sup>+</sup>3 wks  
 Menstrual History: Regular  Yes  No

Obstetric Examination

Fundal Height: 24  
 Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifths Palpable: 4/5ths  
 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 \_\_\_\_\_  
 Membranes:  Present  Absent  
 Liquor:  Clear  Meconium  Blood Stained  
 Presenting Part:  Vertex  Breech  Others  
 Sutton:  -3  -2  -1  0  +1  +2  
 Pelvis:  Adequate  Doubtful



<p>family History:</p> <p>M - DM, HTN        F - HTN</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p>	<p>Medication History:</p> <ul style="list-style-type: none"> <li>- T. Thyronorm 50mcg qd</li> <li>- T. glycomet 800mg bid</li> <li>- T. labetalol 100mg bid</li> </ul>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admit</li> <li>- consent</li> <li>- parts preparation</li> <li>- CBP</li> <li>- PAE</li> <li>- 2<sup>nd</sup> TAPIM (3m W/Steel)</li> <li>- 2<sup>nd</sup> Pentap longu</li> <li>check stat</li> <li>- Blood availability</li> <li>- shift to OT on call</li> <li>- CRBS - 103mg/dl</li> </ul>	<p>Investigations:</p> <p>B +ve</p> <p>HB - 11.9, Plts - 2.03</p> <p>HIV</p> <p>MSAAG / NR</p> <p>HCV / NR</p> <p>VDRL / NR</p> <p>5/5/26</p> <p>SI IUG, 34wks</p> <p>cephalic</p> <p>F. wt - 2351gms</p> <p>PI - A. midsegment</p> <p>AFI - 17.5cms</p> <p>UAD - (N)</p>

Doctor Name: Dr. Vasanth  
 Signature: [Signature]  
 Date & Time: 5/6/26

Consultant Name: Dr. Sridewi  
 Signature: [Signature]  
 Date & Time: [Blank]



① 5/6/26

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 11 AM		POD-0 Pt stable
Baby - MS		BP - 125/72 mmHg PR - 100 /m'
V/O - 100ml		PA - ut well @ @ dry dressing UE - Intra PU bleed
	Adv - Monitor vitals - NBM	
	- 1/0 chesting	
	- BP chesting	
	- w/f excess A bleed, imminent S/S	
	- Inj on SOS	
		Noted by Sg Deepika . 5/6/26
5/6/26 1:15 pm		S: POD-0
Baby	O/E - a-c face eye ble	Adv -
MS	PR = 93 /m'	
BF ⊕	BP = 140/91 mmHg PA - uterus well retracted, BS sluggish dressing completely soaked → changed UE - bleeding wnl output -	



5/6/26

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p><u>Adv</u> → Recheck BS &gt; 1 hour</p> <ul style="list-style-type: none"> <li>- Monitor vitals</li> <li>- w/f bleeding PV</li> <li>- follow drug chart orders</li> <li>- QBF</li> <li>- sup on SDS</li> </ul>	
		<u>Jan</u>
	Noted by Sis Deepika	
<u>5/6/26</u>	<u>POD-0</u>	
2:30 PM	<p>PT Stable</p> <p>BP - 140/90</p> <p>PR - 98/hr</p>	
U/O - 300ml	<p>PA - wt well @ 6 PM</p> <p>BS @ dressing minimally soaked.</p> <p>45-min PV bleed</p>	
	<p><u>Adv</u> - Monitor vitals</p> <ul style="list-style-type: none"> <li>- Sigs of diet</li> <li>- soft diet from 2:30 PM</li> <li>- U/O charting</li> <li>- w/f excess PV bleed</li> <li>- Remove Foley's at 6 am on 6/6/26</li> <li>- w/f soakage for hrs</li> <li>- w/analogs</li> <li>- BP @ 2hrly till 11 PM</li> </ul> <p>Shift to Room</p>	
	Noted by: Rezia	



③ 5/6/26

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6/26 8:38 PM	<p>POD-0</p> <p>pt c/c</p> <p>ac fair, afebrile</p> <p>T. labet 100mg stat given @ 6 pm</p> <p>U.O - normal, clear</p>	<p>Rx:</p> <p>→ soft diet</p>
	<p>BP- 122/78 mmHg</p> <p>PR- 90 bpm</p> <p>S/E - NAD</p> <p>PIA - ut nwr</p>	<p>→ follow dry chart</p> <p>→ monitor vitals</p> <p>→ w/t bleeding ev</p> <p>→ I/O changes</p> <p>→ BP charting</p>
	<p>status - P</p> <p>soft, RS ⊕</p> <p>dressing minimal soaked</p>	<p>2nd hly till 11 pm</p> <p>→ w/t any imminent signs of eclampsia</p>
	<p>foley's till 6/6 @ 6 AM</p> <p>UT - NAD</p> <p>baby - NS / ⊕, BF ⊕</p>	<p>→ BP charting</p> <p>→ Infam 100</p>
	<p>POD-01</p> <p>pt c/c</p> <p>ac fair, afebrile</p> <p>BP- 130/90 mmHg</p> <p>PR- 84 bpm</p> <p>S/E - NAD</p> <p>PIA - ut nwr</p> <p>soft, RS ⊕</p> <p>dressing done, suture site induration ⊕, tenderness ⊕⊕</p> <p>UT - NAD</p>	<p>Rx:</p> <p>→ (N) diet</p> <p>→ follow dry chart</p> <p>→ monitor vitals</p> <p>→ w/t bleeding ev</p> <p>→ Ambulation</p> <p>→ adp. hydration</p> <p>→ BP charting</p> <p>2nd hly</p> <p>→ pad for observation</p> <p>→ EBF</p> <p>→ Infam 100</p> <p>→ Redess after (P.T.O)</p>
	<p>U - 74 to void</p> <p>status - P</p>	<p>→ Infam 100</p> <p>→ Redess after (P.T.O)</p>

Defect by *[Signature]*

→ Infam 100  
 → Redess after (P.T.O)  
 2nd Induration 100

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>sl B DR <u>Sreedevi</u>            mam</p>	<p>Adv</p>
<p>6/6/26</p>	<p>POD-1</p>	
<p>2 pm</p>	<p>Pfele</p>	
	<p>ayabir</p>	<p>- (N) diet</p>
	<p>afeburle</p>	<p>- EBF</p>
	<p>BP = 130/90 mmHg</p>	<p>- monitor vitals</p>
	<p>PR = 84/min</p>	<p>- dress as</p>
<p>Baby ms</p>	<p>SL E - NAD</p>	<p>charted</p>
<p>BFE</p>		<p>- Tab. Augmentin</p>
	<p>PA - VTRWR</p>	<p>6x mg BD</p>
	<p>soft, BFE</p>	<p>- T. lysen <del>BD</del></p>
<p>U ✓ F ✓</p>	<p>dressing minimally</p>	<p>BD</p>
	<p>soaked</p>	<p>(Before food)</p>
	<p>U LE - NAB</p>	<p>- T. Limee OD</p>
		<p>1-0-0</p>
		<p>(chewable)</p>
	<p>Abdominal belt</p>	<p>- T. Thropic 500mg BD</p>
		<p>1-0-1 x 3 days</p>
		<p>- Zuprems</p>
		<p>Dr.</p>
	<p>5:30 pm → BP - 147/97 mmHg</p>	
	<p>recheck at 6:15 pm - BP - 140/100 mmHg</p>	<p>- Tab labetalol</p>
<p>6/6/26</p>	<p>POD-1</p>	<p>100mg stat qd</p>
<p>2 pm</p>	<p>↳ no eminent signs or symptoms</p>	
	<p>O/E ac-fair</p>	<p>Baby PALS</p>
	<p>ayebille</p>	<p>BFE (F)</p>
	<p>PR = 82/min</p>	
	<p>BP = 140/100 mmHg</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- P/A - uterus well retracted, BS (+) Ue - bleeding w/out urine ✓ platus ✓	
	<u>Adv</u> - P1H diet - - Adequate hydration - BP charting 2 <sup>nd</sup> hourly. - follow drug chart orders - - w/off bleeding p.v. - EBF - Just Recheck BP > 1 hour & inform - FBS, PPBS, PUBS on 7/6.	
Noted by nurses 6/6/26 at 8pm		
7/6/26 7:30 AM	S: P00-2	
<u>FBS-88</u>	<u>p/e ac-fair</u> afebrile PR = 88/w BP = 138/88 mmHg	<u>Adv</u> - P1H diet - Adequate hydration - EBF - monitor vitals - w/off bleeding p.v. - BP charting 2 <sup>nd</sup> hourly - Trace PPBS & inform - w/off infant S/S
Baby MS BF (+)	P/A - uterus well contracted Ue - bleeding w/out ✓ ✓ platus ✓	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
7/6/26 12:30pm	<p>POD-2</p>	<p>Adv</p>
	<p>PT cle</p>	<p>- PTH diet</p>
	<p>ujais, ajebite</p>	<p>- ambulation</p>
<p>Baby m BF ⊕</p>	<p>BP = 112/60 mmHg PR = 86/min</p>	<p>- adequate hydration</p>
	<p>PPBS = 114 mg/dl</p>	<p>- drugs as charted</p>
	<p>PTA - VTRWR</p>	<p>- good wely B.P</p>
	<p>soft, BS ⊕</p>	<p>monitoring</p>
<p>U - ✓ F - ✓</p>	<p>ULE - NAB</p>	<p>- Fuform PLAS</p>
<p>M -</p>		<p>- FBF</p>
		<p>⊕</p>
<p>Noted by poornu 7/6/26</p>		
	<p>PT cle</p>	<p>Adv</p>
	<p>ujais</p>	<p>- PTH diet</p>
	<p>ajebite</p>	<p>- ambulation</p>
	<p>BP =</p>	<p>- EBF</p>
	<p>PR =</p>	<p>- adequate hydration</p>
		<p>- drugs as charted</p>
	<p>PTA - VTRWR</p>	<p>- good wely B.P</p>
	<p>soft, BS ⊕</p>	
	<p>ULE - NAB</p>	





KOH-00308751 IP2-00056466  
 Mrs ALEKHYA PARVATHA  
 19-07-1996 29 Y 10 M 17 D (F)  
 Dr. SRI DEVI A



① 5/6/26



## 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: ICU Shifted to: B13

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	50mg	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. labetalol	100mg	PO	BD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. glycomet	250mg	PO	BD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vasani, Dr.

Date & Time : 5/6/26 9:AM

Nurse Name & Signature: Deepika Jay

Date & Time : 5/6/26 9am

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



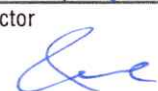


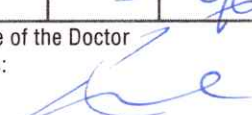


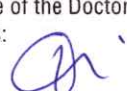
(2)

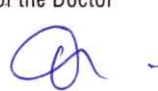
Patient Name	Dr. SRI DEVI A	I.P. No.	Sheet No.	Wards	Weight (kg)
				110	

REGULAR PRESCRIPTIONS

DRUG : <u>TETAXIM</u>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	P/O	BD	6/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				<p style="text-align: center;"><del>STOP</del></p>															
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>T-PANTOP</u>				Date	6/6														
				Time		7/08													
Dose	Route	Frequency	Start Dt.																
40mg	P/O	OD	6/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				<p style="text-align: center;"><del>6am</del> <del>Day</del> <del>7/08</del> <del>7/08</del></p>															
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>T-AUGMENTIN</u>				Date	6/6														
				Time															
Dose	Route	Frequency	Start Dt.																
625mg	PO	BD	6/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				<p style="text-align: center;"><del>9am</del> <del>7/08</del> <del>7/08</del> <del>7/08</del></p>															
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>T. Loxer-D</u>				Date	6/6														
				Time															
Dose	Route	Frequency	Start Dt.																
	PO	BD	6/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				<p style="text-align: center;"><del>9am</del> <del>7/08</del> <del>7/08</del> <del>7/08</del></p>															
Daily Doctor's Endorsement by a Sign.																			

(4)

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

REGULAR PRESCRIPTIONS

DRUG : T. LIMCEE				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
Tab	PO	OD	6/6																			
Name & Signature of the Doctor starting the Drugs:				Dr. <i>[Signature]</i> 9 AM 3 PM 9 PM 100 mg Laxmi 9 AM 3 PM 9 PM 100 mg Laxmi																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

DRUG : T. TRAMEXA				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
Tab	PO	BD	6/6																			
Name & Signature of the Doctor starting the Drugs:				Dr. <i>[Signature]</i> 9 AM 3 PM 9 PM 100 mg Laxmi 9 AM 3 PM 9 PM 100 mg Laxmi																		
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. 6w



Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
<b>DRUG :</b>		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.	

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
<b>VARIABLE DOSE</b>		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
5/16/26	9 AM	Zy-TAN M	1gm	IV	K	veer nu
5/16/26	8:20 AM	Zy-Pantop	40mg	IV	K	veer nu
5/6/2026	10:09 AM	INJ. CARBETOCIN	100µg	IV	PB	Sey a
5/6/2026	10:45 AM	TRAMADOL SUPP.	100mg	per rectal	PB	Sey a
5/6/2026	10:45 AM	DICLOFENAC SUPP.	100mg	per rectal	PB	Sey a
5/6/2026	10:30 AM	INJ. ONDANSETRON	4mg	IV	PB	Sey a
5/6/2026	10:30 AM	INJ. TRANEXEMIC ACID	1gm	IV	PB	Sey a
5/6/26	10:15 AM	T.MUSO	400mcg	PR	6c	Sey a
5/6/26	7 AM	T.Labet	100mg	P/O	6c	Sey a

5/6/26 8:40 AM T.Labet 100mg P/O  
 7/6/26 10:30 AM DULCOLEX SUPP. (2) PIR

VERIFIED BY : Name .....

⑥  
**I.V. FLUIDS CHART**

Weight ..... Ward. 111

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/6/26	7:40 AM	10 RL	IV	FF	PB	CV	5/6/26	PB	CV
5/6/2026	10:05 AM	10 RL	IV	FF	PB	CV	5/6/26	PB	CV
5/6/26	11 AM	RL	IV	100ml	CV	CV	5/6/26	CV	CV
5/6/26	12:30 PM	RL	IV	100ml	CV	CV	5/6/26	CV	CV

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

313

Patient Sticker  
Alekhyia Parvatha  
29y10m



## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 5/6/26 Time: 5pm

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

Food Allergies: NO allergies

Diagnosis: US

Medical History: HTN, GDM, Thyroidism

Surgical History: NO

Vegetarian  Non-Vegetarian  Vegan

Diet Advised: Diabetic Low salt diet

Patient's / Attendant's

Signature: N. Deep

Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Dietician's

Signature: [Signature]

Name: Lakshmi

Date & Time: 5/6/26, 5pm



313- Alekya

# Physiotherapy Consult

Ref No.: F/111/0015/ENR/1

## CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE  
Date: 6/6/26 Hour: 11:45

Hospital: .....	Type of Referral: <input type="checkbox"/> Emergency (within one hr.)
Referred for: <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management	<input type="checkbox"/> Urgent (within 6 hrs.) <input type="checkbox"/> Non Urgent (within 24 hrs)
<input type="checkbox"/> Transfer of care	Date: ..... Time: ..... By: .....

Reason for Consultant: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:  
POST PARTUM EX.  
Signature: \_\_\_\_\_

### Report of Findings and Recommendations:

Adv / Seen for

- Neck stretches
- Upper back strengthening
- Shoulder, Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

VM RAR

Consultant:  
Name: VAIBHAVI HARNE Signature: VM Date & Time: .....

NOTE: If more space is required use another consultation sheet as continuation

CIN: 185110 TG1998 RTC029914  
**ORIGINAL**

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**CAESAREAN SECTION OPERATIVE NOTES**

Name: Alekha Consultant I/C: Dr. Sridani Reg. No: \_\_\_\_\_

Surgeon's Name: <u>Dr. Sridani</u>	Date of delivery: <u>5/6/2026</u>
Assistant surgeon: <u>Dr. Shriya</u>	Time of delivery: <u>10:09am</u>
Anaesthetist: <u>Dr. Noofus</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>3.284kg</u>
Paediatrician: <u>Dr. Sri Srideya</u>	Apgar score: <u>9, 9</u>
Scrup Nurse: <u>Amitha</u>	NICU Admission: <u>no</u>

Elective  Emergency  Indication: maternal request.

- 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

5<sup>th</sup> 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: 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 done Complete  Incomplete  Piecemeal

Cord appearance: \_\_\_\_\_ Cord around the neck Yes  No

Appearanc of placenta: \_\_\_\_\_ Cavity explored Yes  No

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

Complications / Comments: \_\_\_\_\_

Uterine closure: One layer  Two layers  \_\_\_\_\_ Suture

Peritoneal closure: Pelvic  Abdominal  None  \_\_\_\_\_ Suture

Sheath closure: \_\_\_\_\_ Suture

Fat closure: Yes  No  \_\_\_\_\_ Suture

Skin closure: Subcuticular  Mattress  \_\_\_\_\_ Suture

Vagina evacuated: Yes  No  Estimated blood loss: 300 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, Ho charting, drugs as charted.

Signature

# SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Sridhar  
 Asst. Surgeon: Dr. Shashya  
 Anaesthetist: Dr. N. N. Pratik  
 Scrub Nurse: G. Anitha

Patient Name: Mrs. Alesha Age: 24y Gender: F  
 UHID No.: 30871 Surgery Name: CLLSES  
 Date: 5.6.16 In-time: 10:00am Out-time: 1:00pm



## Before Induction of Anaesthesia

**SIGN IN** Time: 10:00am

**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. N. N. Pratik  
 Name: DR. N. N. PRAK

## Before Skin Incision

**TIME OUT** Time: 10:10:00am

**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? Strong  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? High BP (after) hypotensive  Yes  No  NA  
**Is Essential Imaging Displayed?**  
 Yes  No  NA

Signature: [Signature]  
 Name: Bidya

## Before Patient Leaves Operating Room

**SIGN OUT** Time: 11:00am

**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]



KOH-00308751 IP2-00056466  
 Mrs ALEKHYA PARVATHA  
 19-07-1996 29 Y 10 M 17 D (F)  
 Dr. SRI DEVI A

5/6/26 (2)



# RESULT SHEET



Date	5/6/26	6/6/26			
Time	7:52Am	10Am			
Hb	12.4	12.0			
PCV	35.8	34.4			
RBC	387	3.71			
WBC	10.15	13.06			
N/L	-				
Platelets	220	216			
CRP					
ESR					
PCT					
RBS					
Na	106				
K	3.1				
Cl	139				
Ca/Mg					
Phosphate					
Urea	8.8				
Creatinine	0.5				
ALP	11				
SGPT	14				
SGOT	18				
T.Bill/Conj	0.6 < 0.5				
T.Protein	6.1				
S.Albumin	3.4				
S.Globulin	2.7				
A/G Ratio	1.2				
Uric Acid	3.0				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	13/0.9				
APTT	33				
CSF Protein/Sugar					
Cells - LDH	175				
N/L					

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood gs deep	BTue	Availability in	fresh	Blood	bank	
HIY	}	NR-				
HCV						
HBSAg						

Culture and Sensitivities : .....

.....

.....

.....

Radiology:      USG : .....

                    X-Ray:.....

                    ECHO: .....

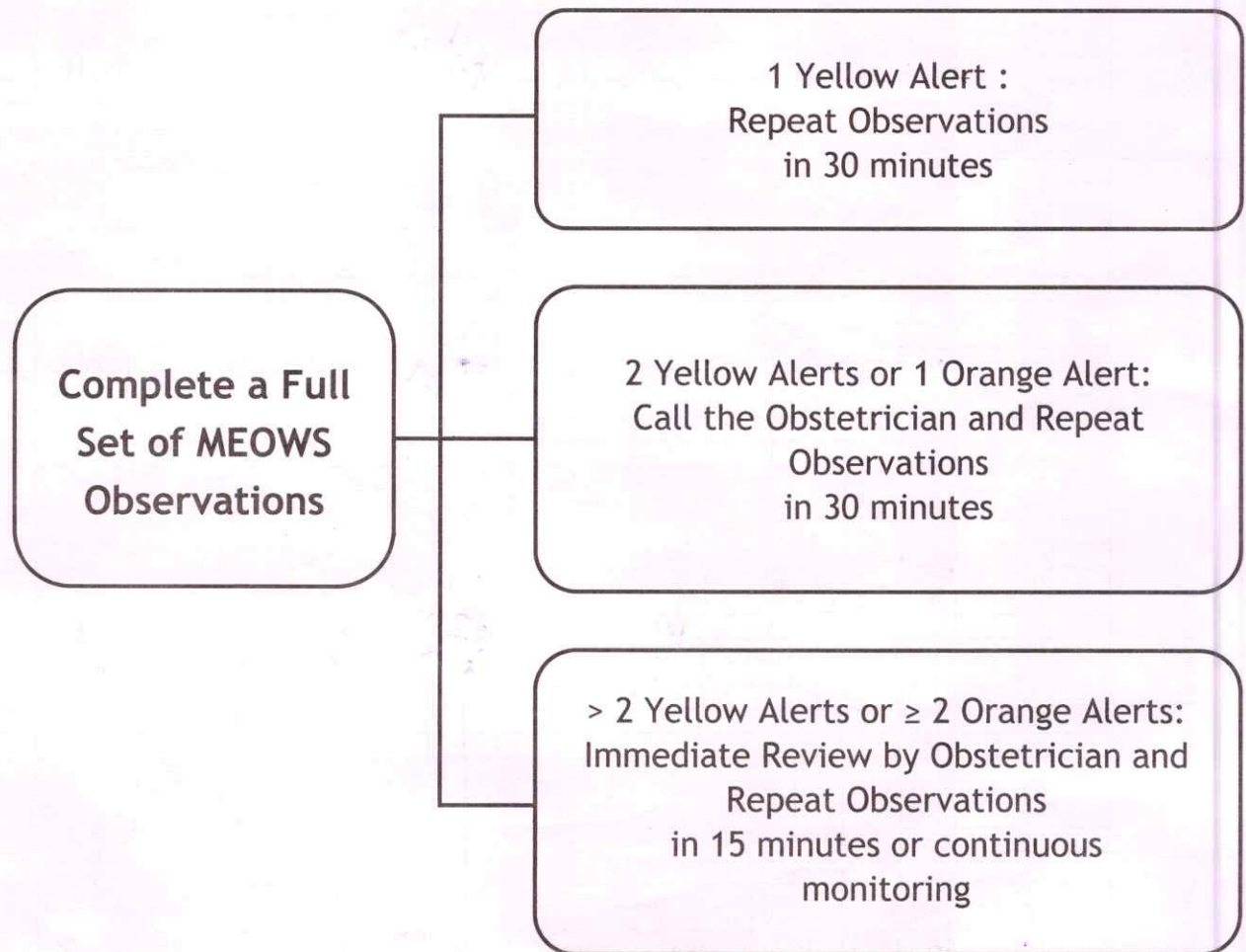
                    CT: .....

                    MRI .....

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



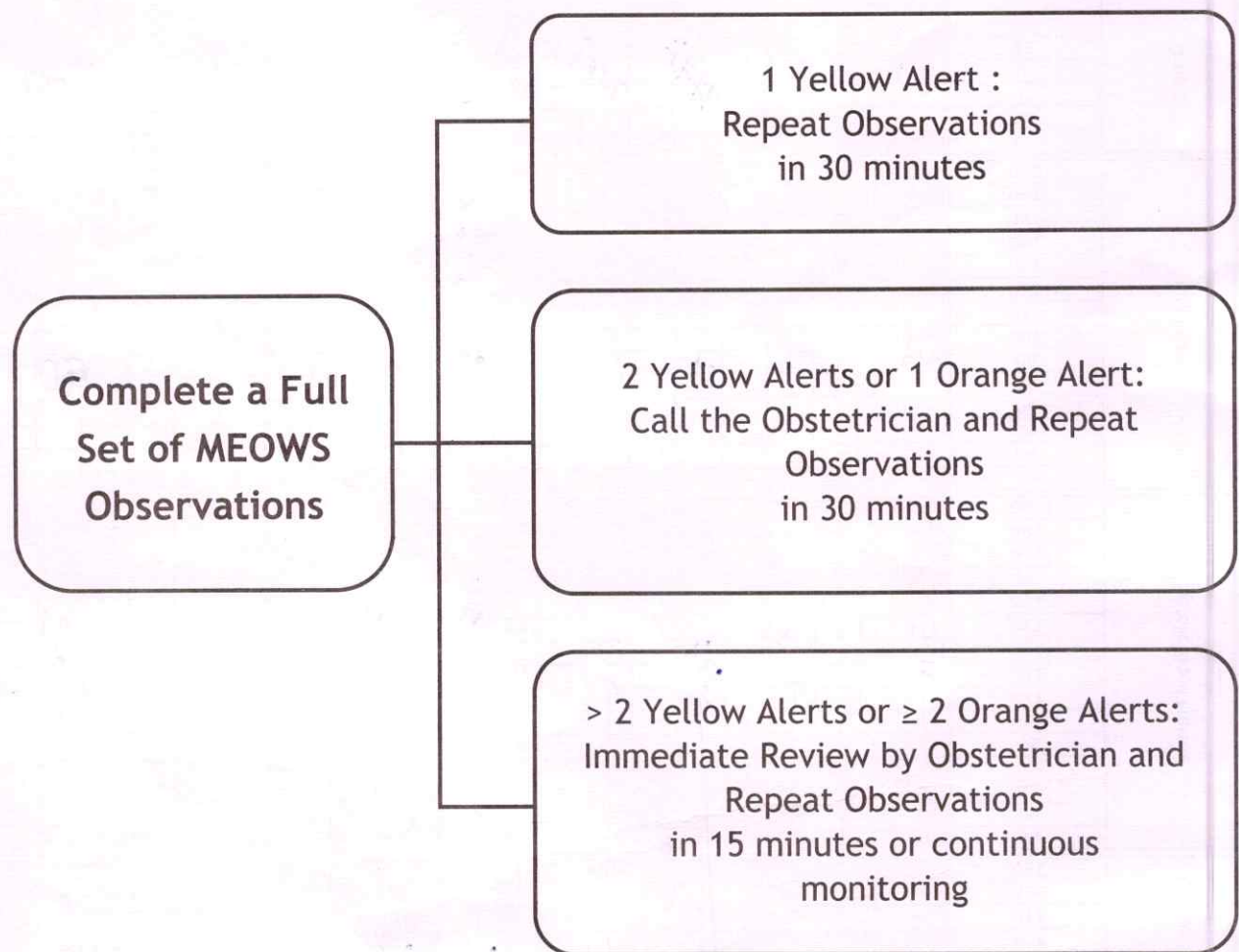
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



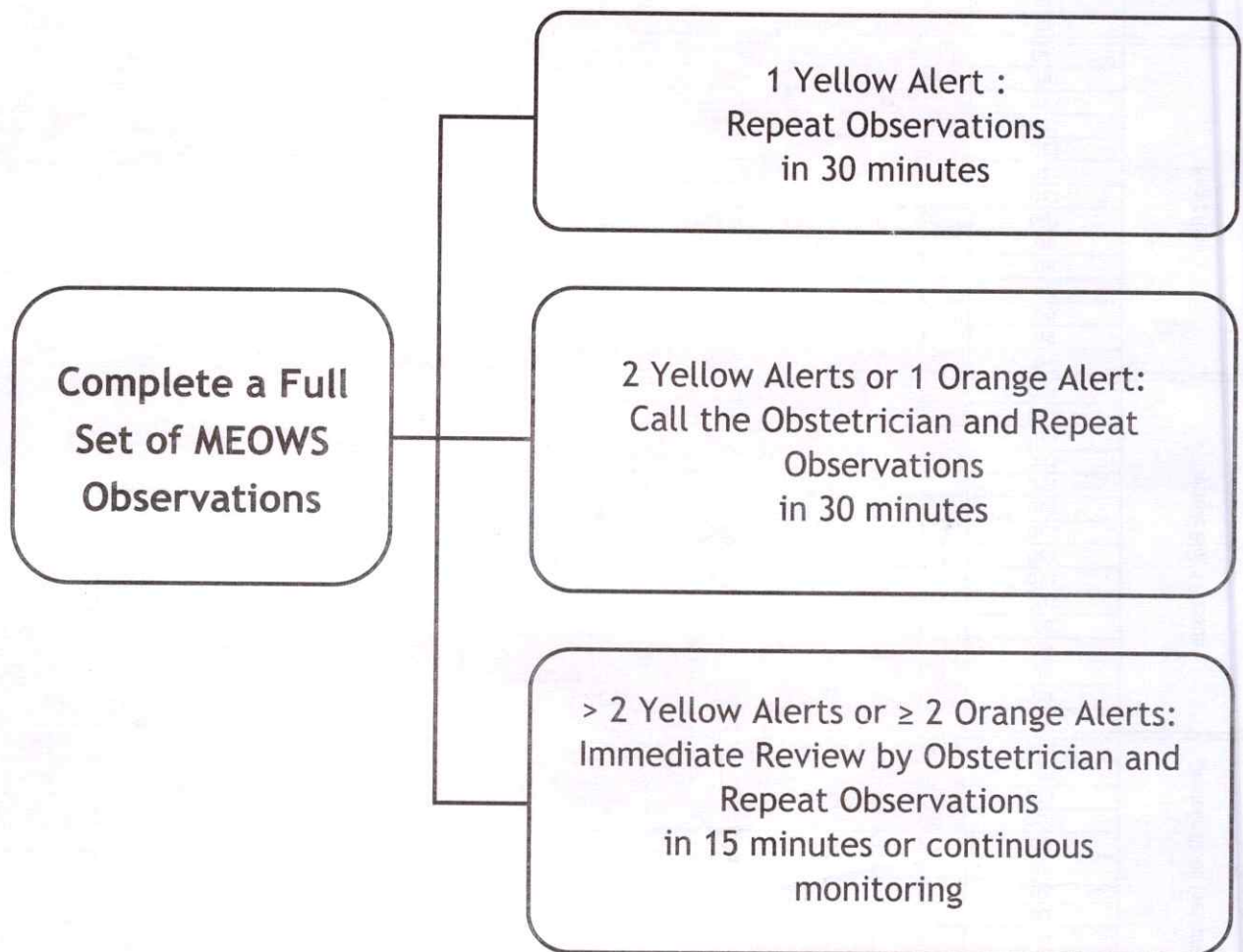
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



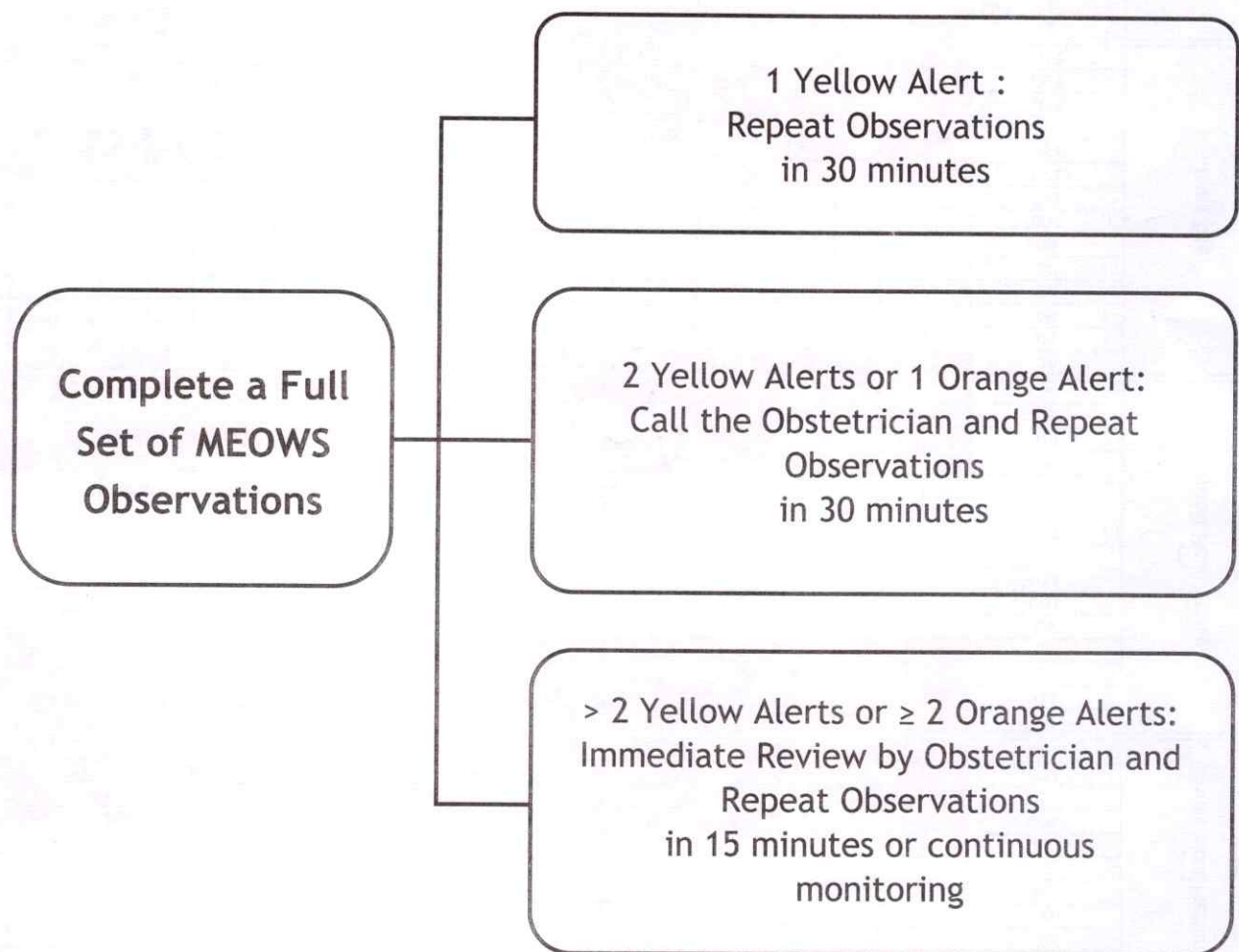
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... ①

g/p lab

- 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			RC 500ml									
	09:00 am			RC 500ml					Empty 100	0			
	10:00 am			RC 500ml					(OT) 100	0			
	11:00 am			RC 500ml					100	0			
	12:00 pm			RC 500ml					100	0			
	01:00 pm								100	0			
<b>Total Intake :</b> 2000ml						<b>Total Output :</b> 400ml							
	02:00 pm								100ml	0			
	03:00 pm	H <sub>2</sub> O 200ml							100ml	0			
	04:00 pm	Soup 200ml							100ml	0			500ml empty
	05:00 pm								50ml	0			
	06:00 pm	H <sub>2</sub> O 200ml							50ml	0			50ml empty
	07:00 pm								50ml	0			
<b>Total Intake :</b> Soup + H <sub>2</sub> O - 600ml						<b>Total Output :</b> U - 450ml M - 0							
	08:00 pm								100ml				
	09:00 pm								100ml	0			
	10:00 pm								100ml	0			
	11:00 pm								100ml	0			
	12:00 am								100ml	0			
	01:00 am								100ml	0			
<b>Total Intake :</b> Idly + H <sub>2</sub> O						<b>Total Output :</b> U - 600ml M - 0							
	02:00 am								100ml				
	03:00 am								100ml	0			
	04:00 am	H <sub>2</sub> O 200ml							100ml	0			
	05:00 am								100ml	0			
	06:00 am								100ml	0			
	07:00 am								-	0			
<b>Total Intake :</b> H <sub>2</sub> O H <sub>2</sub> O - 400ml						<b>Total Output :</b> U - 500ml M - 0							

**Total 24 hrs. Intake** RC 2000ml, Idly H<sub>2</sub>O soup

**Total 24 hrs. Output** U - 1950ml M - 0

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 Mrs ALEKHYA PARVATHA  
 19-07-1996 29 Y 10 M 17 D (F)  
 Dr. SRI DEVA

**FLUID CHART**

6/06/26

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	Jolly					I				0	} Power	
	09:00 am	Jolly								0			
	10:00 am	Soup								0			
	11:00 am	H <sub>2</sub> O							✓	0			
	12:00 pm									0			
	01:00 pm									0			
<b>Total Intake :</b>			Jolly + soup + H <sub>2</sub> O			<b>Total Output :</b>						0 - 1 m - 0	
	02:00 pm	Khichdi					I				0	} Power	
	03:00 pm	Dal								0			
	04:00 pm	Dal								0			
	05:00 pm	Soup							✓	0			
	06:00 pm	H <sub>2</sub> O								0			
	07:00 pm									0			
<b>Total Intake :</b>			Khichdi + Dal + H <sub>2</sub> O + soup			<b>Total Output :</b>						0 - 1 m - 0	
	08:00 pm						I				0	} Power	
	09:00 pm	Rice								0			
	10:00 pm	Dal							✓	0			
	11:00 pm	dal								0			
	12:00 am	Chapati								0			
	01:00 am	H <sub>2</sub> O								0			
<b>Total Intake :</b>			Rice dal + Chapati, H <sub>2</sub> O			<b>Total Output :</b>						0 - 1 m - 0	
	02:00 am						I				0	} Power	
	03:00 am									0			
	04:00 am	H <sub>2</sub> O							✓	0			
	05:00 am									0			
	06:00 am									0			
	07:00 am									0			
<b>Total Intake :</b>			H <sub>2</sub> O			<b>Total Output :</b>						0 - 1 m - 0	
<b>Total 24 hrs. Intake</b>		Jolly, soup, Rice, Chapati, Khichidi, Dal, H <sub>2</sub> O				<b>Total 24 hrs. Output</b>		0 - 9 m - 0					

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 Mrs ALEKHYA PARVATHA  
 19-07-1996 29 Y 10 M 17 D (F)  
 Dr. SRI DEVI A



**FLUID CHART**

7/6/26

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	Jelly								0		Ane
	09:00 am									0		
	10:00 am	+ Saup								0		
	11:00 am									0		
	12:00 pm	+ H <sub>2</sub> O								0		
	01:00 pm									0		
<b>Total Intake :</b>		Jelly + Saup + H <sub>2</sub> O				<b>Total Output :</b>					0 - 2 - 0	
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker



# FLUID CHART

Sheet No. : .....

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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--