



SURGERY DETAILS

Sl.No.

Date : 17/6/26

Patient Name

BAH-00452071 IP2-00056587
Mrs K TEJASWINI
14-04-1989 37 Y 2 M 3 D (F)
Dr. CHINTHAPARTHY HARITHA

Age : Sex :

UHID No. :



IP No. :

Date of Surgery : 17/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : EMLSCS + B/L Tubectomy ↓ SA
Baby is with mother side

Time in : 9 am

Time Out : 10 pm

NAME

AMOUNT

- 1. Surgeon : Dr. Haritha
- 2. Anaesthetist : Dr. Shabanan
- 3. Asst. Surgeon : -
- 4. OT Technician : Mr. Anand
- 5. Circulating Nurse : Sr. Resha
- 6. Asst. Nurse : Sr. Bidya

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 946943/946944 Order by : [Signature]

APR 1974

THE PATIENT'S

10/1/74

SI No.

Patient Name

UHD No.

Date of Surgery

Name of the Surgeon

EMERGENCY + BLT T. ...
8-11-74

Time

NAME

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

Special Equipment: Endoscope Bronchoscopy

Signature of the Surgeon

Signature of the Anesthetist

Order No.

BY



Sm-LSCS

CONSUMABLES OF OT

Circulating staff : RG/ky Technician : Aravind Date : 17/6/26 Time : 9 AM to 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		02	Cord Clamp		
ECG leads : A / P / N		3	2346		02	Suction Catheter		
HME filter : A / P / N			2364		01	Feeding Tube		
Syringes : 10 cc		3	1326		01	Vaccum Suction Set		
05 cc		2	Gloves P.F/S6L		05	Surgical Gloves		
02 cc		2	SC170		02	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		1	Surgical blade NO: 22		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		3	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies		01			
			Ointments		01			
			Suction Catheter					
Fentanyl		1	Cap, Mask		01			
Morphine			Gauze Pack		03			
Ketamine			Mop Pack		02			
Propofol			Steristrip		01			
Rocuronium			Underpad ALLEY		01			
Glycopyrolate			Draw sheet		01			
Myopyrolate			Abgel		01			
Ondansetron		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22		1	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		1	Romodrain bag		01			
Antibiotics			Bandage 6'		01			
Loxapine		01	Tegaderm		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent		01			
Supridol : 100mg		1	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet		03			
Tab. Misoprost : 200mg		2	Betadine Solution		02			
Cu betadine		2	Microshield					
Tronex		2	Cotton Balls		02			
			Latex Gloves		02			
			Ramdione Scrub					
			Saral					

Dr. Haritha
 Surgeon

Dr. Shabana
 Anaesthesiologist

Bidyaa
 Nurse

Aravind
 OT Technician

1. $\frac{1}{x^2} = x^{-2}$
 $\frac{d}{dx} x^{-2} = -2x^{-3} = -\frac{2}{x^3}$

2. $\frac{1}{x^3} = x^{-3}$
 $\frac{d}{dx} x^{-3} = -3x^{-4} = -\frac{3}{x^4}$

3. $\frac{1}{x^4} = x^{-4}$
 $\frac{d}{dx} x^{-4} = -4x^{-5} = -\frac{4}{x^5}$

4. $\frac{1}{x^5} = x^{-5}$
 $\frac{d}{dx} x^{-5} = -5x^{-6} = -\frac{5}{x^6}$

5. $\frac{1}{x^6} = x^{-6}$
 $\frac{d}{dx} x^{-6} = -6x^{-7} = -\frac{6}{x^7}$

6. $\frac{1}{x^7} = x^{-7}$
 $\frac{d}{dx} x^{-7} = -7x^{-8} = -\frac{7}{x^8}$

7. $\frac{1}{x^8} = x^{-8}$
 $\frac{d}{dx} x^{-8} = -8x^{-9} = -\frac{8}{x^9}$

8. $\frac{1}{x^9} = x^{-9}$
 $\frac{d}{dx} x^{-9} = -9x^{-10} = -\frac{9}{x^{10}}$

9. $\frac{1}{x^{10}} = x^{-10}$
 $\frac{d}{dx} x^{-10} = -10x^{-11} = -\frac{10}{x^{11}}$

10. $\frac{1}{x^{11}} = x^{-11}$
 $\frac{d}{dx} x^{-11} = -11x^{-12} = -\frac{11}{x^{12}}$



CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs Tejaswini Consultant I/C: D. Haritha Reg. No: _____

Surgeon's Name: <u>D. Haritha</u>	Date of delivery: <u>17/6/26</u>
Assistant surgeon:	Time of delivery: <u>9:09 PM</u>
Anaesthetist: <u>Dr Sabana</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>Spiral</u>	Weight of baby: <u>3.596</u>
Paediatrician: <u>Dr Bhavani</u>	Apgar score: <u>8/10 9/10</u>
Scrup Nurse: <u>Sister Bidhya</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 _____

5th palpable: _____

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

Caput: + ++ +++

Bladder catheterized Yes No

Cervical dilatation: _____ 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: _____ 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: Blk tubectomy done by Modified Pomeroy's method

Uterine closure: One layer Two layers vicryl no Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: vicryl no 1 Suture

Fat closure: Yes No vicryl no 1 Suture

Skin closure Subcuticular Mattress Monocryl 2-0 Suture

Vaginea evacuated Yes No Estimated blood loss: 500 ml

Drain: Yes No Remove in _____ days Await instructions

Ctheter: Yes No Remove in _____ 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 for 2hrs

vitals & Monitor

wf bleeding pr

inform ses

[Signature]
Signature

17/6/26
①

ACTIVITY RECORD FOR BILLING

Name: ----- BAH-00452071 IP2-00056587
Mrs K TEJASWNI
14-04-1989 37 Y 2 M 3 D (F)
UHID No: --- Dr. CHINTHAPARTHY HARITHA
Date of Admi. -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----
----- Consultant : ----- Dept : -----
----- Date of Discharge : ----- Time: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	2am	4W	402	Rezia [Signature]

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV Placement	①	946992	}
17/6/26	PAC	①	946991	
17/6/26	Catheterisation	①	946992	
17/6/26	EM-LPCS + B/L Tubectomy	1	946943	
	done ↓ SA by	1	946944	} @uj
	Dr. Haritha	1		
Cross checked done by sis. Nirmala 18/6/26 @ 2AM				
18/06/26	N. HA		947113	Dr
Cross checked by Sandhya 20/6/26 @ 4A.				

ANY OTHER INFORMATION

OP file given to pt. attendant.

↓
Lalji

Date: 18/6/26

Time: 2am

Prepared By: Rene

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

Rene

How to
use
Sandhya



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

10 pain abdomen
 GSP2L2A2

Obstetric Formula:

missed miscarriage

Obstetric History:

G22015 - SVD ♀ 2.8kg Adm
 Missed miscarriage

G3
 G4=2023 SVD ♀ 3.6kg Adm

Present Pregnancy Record:

G5 - PP spont - concept
 booked @ 10+4 wks.
 FTS Negative

RISK FACTORS:

TIFFA @ 21+3. RT + Ventricle
 9.3mm
 hypothyroid on Rx 150ug
 LGA AC=99%.

Height: cm

Weight: 85 kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:
 Icterus: Edema:
 Temp: PR:
 BP: DTR:
 CVS: RS
 Liver/Spleen: Urine Output:

LMP: 26/9/25

EDD:

Corrected EDD: 7/7/26

GA: 37+1

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 2/15/10'

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

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

DIAGNOSIS

GSP2L2A2 37+1wks GA / Hypothyroid (with LGA for emergency USG + B/L tubectomy for Maternal Request)



<p>Family History: Mom - HTN / DM / Hypothyroid Breast Cancer</p>	<p>Surgical History: —</p>
<p>Medical History: Hypothyroid : 2015 on 150ug → in Preg Pre Preg - 88ug</p>	<p>Medication History: —</p>
<p>Plan of Care: <u>Adv</u> Admission NBM Prepare parts Consent Inj Taxim 1g min stat Inj Pantop 40mg Check Blood availability PAC</p>	<p>Investigations: B + ve <u>9/6/26</u> Hb = 10.1 WBC = 11.03 PLT = 258 H1V } HbsA } HLV } ME WDRW } <u>9/6/26</u> SLUG - 36 cephalic EFW = 3047g (9/6/1) AC = 99% AFI = 15.4 P - Post High Doppler @</p>

Doctor Name: D. Sankar
 Signature: [Signature]
 Date & Time: 17/6/26

Consultant Name: D. Haritha
 Signature: [Signature]
 Date & Time: 17/6/26

BAH-00452071 IP2-00056587
 Mrs K TEJASWINI 37 Y 2 M 3 D (F)
 14-04-1989
 Dr. CHINTHAPARTHY HARITHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	0-POD	
10:45pm	PR = 62	Adm
Baby not in	BP = 101/60	NBM for 2hrs
	PIA = ut well	Vitals Monitoring
	Contracted	CBP
	PIV = No active	w/ft bleeding pr
	bleeding	inform see
U/O - 300ml	Noted by :- Reva	
18/6/26	0-POD	
1PM	PR = 71	Adm
Baby not in	BP = 100/63	Liq diet
	PIA ut well	Vitals Monitoring
	Contracted	EBF
	BS (+)	Start soft diet at 5AM
	PIV	Remove Foley's catheter
	PIV = No active	on 18/6/26 @ 2PM
	bleeding	w/ft bleeding pr
U/O - 150ml	SHIFT TO ROOM	fs
	Noted by :- Reva	

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 14-04-1989 37 Y 2 M 3 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
18/6/26 7AM	①-POD	Adm
Baby & mother	clo nil PR = 82 BP = 112/64 P/A ut well contracted	Soft diet Vitals Monitoring CSF w/ bleeding pv Remove jellys @ 2PM
U/O = 700ml F ✓	P/v No adw bleeding	f
Noted by Sridhya 18/6/26 @ 7AM		
18/6/26 2PM	POD-01	POD
baby - NS (D) / RT, PF (D)	pt c/c/c ac fair, afebrile BP - 95/50 mmHg PR - 95 bpm SK - NAD	→ (N) diet → follow drug chart → monitor vitals → w/ bleeding pv → Ambulation
follies removed	P/A - ut NWR Bgt	→ adq. hydration → Inj once she voids urine
Urine - yet to void	UE - NAB	→ Inj once voids

Noted by Rajitha/ax

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026		POD - 2
7:15 AM		Pt Stable
		vitals (N)
		PA - ut well (C) (P)
hooky MS		W/E - min PV bleed
	Adv - Monitor vitals	
U ✓	- (N) diet	
F ✓	- EBF	
M ✓	- Drugs as charted	
	- Plan dulcora post lunch if not moved bowels	
	- W/ excess PV bleed	
	- Infusions	
		
19.6.26	Noted by Sridhya II-POD	19/6/26 @ 7:15 AM
11:00 AM	clo giddies ↓ Breast milk supply	Regular diet
	Mild Pallor +	- Ambulation
	PLA: Uterus well retracted	- Inj. Perineal Im
	W/E: Bleeding w/m	stat
	CBP today	- NIP CARE Ointment
		L/A
	Noted by Srisitha on 19/6/26	At - 11:15 AM

BAH-00452071

IP2-00056567

Mrs K TEJASWINI

37 Y 2 M 5 D (F)

14-04-1989

Dr. CHINTHAPARTHY HARITHA



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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
19/6/26 1:30 PM	<p style="text-align: center;"><u>POD-02</u></p> <p>pt alert ac poor, afebrile BP = 80/66 mmHg PR = 110 bpm SIE = NAD PIA = ut NWR WtH, RS (+) UE = NAB</p>	<p style="text-align: center;"><u>POD</u></p> <p>→ N diet + follow drug chart + monitor vitals - w/ft bleeding pv - Ambulation → adq. hydration → eBF → Inform GOS</p>
	<p>U-P, M-P Status - P CBP - HB - 9.6 WBC - 11,860 Plt - 2.52L</p>	<p style="text-align: center;"></p>
	<p><u>AND</u> Gon BD @ discharge</p>	
noted by Anita 19/6/26 @ 1:30 PM		
19/6/26 7:30 PM	<p style="text-align: center;"><u>S: POD - 2</u></p> <p>pt ec - fair afebrile PR = 80/u BP = 107/60 mmHg PIA - uterus well retracted UE - bleeding wNL.</p>	<p style="text-align: center;"><u>ADR</u></p> <p>- N diet - eBF - w/ft bleeding pv - monitor vitals - follow drug chart orders - No Ambulate - Inform GOS</p>
<p>U ✓ M ✓ S ✓</p>		<p style="text-align: right;">(P.T.O)</p>

Noted by Sunita 19/6/26 @ 5

BAH-00452071 IP2-00056587
 Mrs K TEJASWINI
 14-04-1989 37 Y 2 M 3 D (F)
 Dr. CHINTHAPARTHY HARITHA



17/6/26

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: 402

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	7. Myronorm	100 88y 150	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	7. Myronorm	88y	PO	OD		<input checked="" 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 : Disonali S

Date & Time : 17/6/26, 8pm

Nurse Name & Signature: Reine, S

Date & Time : 17/6/26, 8:30pm

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



BAH-00452071 IP2-00056587
 Mrs K TEJASWINI
 14-04-1989 37 Y 2 M 3 D (F)
 Dr. CHINTHAPARTHY HARITHA



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DRUG CHART

Date of Admission: 17/6/26 Drug Allergies: None 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

BAH-00452071 IP2-00056587
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 14-04-1989 37 Y 2 M 3 D (F)
 Dr. CHINTHAPARTHY HARITHA

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



	I.P. No.	Sheet No. 2	Wards 42	Weight (kg)
--	----------	---	--	-------------

REGULAR PRESCRIPTIONS

DRUG : T. PEPINORM-CD				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
10mg	P/O	BD	19/6																
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.																			

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



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

4 4w

REGULAR PRESCRIPTIONS

DRUG : T - DICLOFENAC				Date Time						
Dose	Route	Frequency	Start Dt.							
50mg	oral	slwy	17/6/26							
Name & Signature of the Doctor starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign.										

DRUG : T - TRAMADOL				Date Time						
Dose	Route	Frequency	Start Dt.							
100mg	oral	slwy	17/6/26							
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.										



Weight. Ward. 9w

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	9 pm	inj Taxim	1gm	IV	[Signature]	[Signature]
17/6/26	8:30 pm	inj Pantop	40mg	IV	[Signature]	[Signature]
17/6/26	10:30 pm	76 Miso	400ug	P/O	[Signature]	[Signature]
17/6/26	9:09 pm	CARBETOCIN	100mcg	IV	[Signature]	[Signature]
17/6/26	9:09 pm	TRANEXAMIC ACID	1g	IV	[Signature]	[Signature]
17/6/26	10 pm	DICLOFENAC Suppuly	100ug	PR	[Signature]	[Signature]
17/6/26	10 pm	TRAMADOL Suppuly	100ug	PR	[Signature]	[Signature]
19/6/26	12 pm	INT. PERINORM	10MG	IV	[Signature]	[Signature]

Signature
VERIFIED BY: Name



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
1	8pm	10RL	IV		[Signature]	[Signature]	17/6	[Signature]	[Signature]
17/6/20	9.10 pm	RINGER LACTATE	IV	200ml/hr	[Signature]	[Signature]	17/6	[Signature]	[Signature]
17/6/20	9.30 pm	RINGER LACTATE	IV	200ml/hr	[Signature]	[Signature]	17/6	[Signature]	[Signature]
18/6	12am	RL	IV	200ml/hr	[Signature]	[Signature]	18/6	[Signature]	[Signature]
18/6	1am	RL	IV	200ml/hr	[Signature]	[Signature]	18/6	[Signature]	[Signature]

Signature
VERIFIED BY : Name

402

Patient Name
Tejaswini
37y 2m 3D



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 18/6/26 Time: 10AM

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

Food Allergies: NO allergies

Diagnosis: Ces

Medical History: ON Thyroid

Surgical History: NO

Vegetarian Non-Vegetarian Vegan

Diet Advised: soft diet

Patient's / Attendant's

Signature: K. Tejaswini

Name:

Date & Time:

Dietician's

Signature: [Signature]

Name: Archana

Date & Time: 18/6/26

