



SURGERY DETAILS

Sl.No. MAH-00388659 IP2-00056464
Mrs PIRIDI MOUNIKA
01-10-1994 31 Y 8 M 4 D (F)
Dr. PEDDININTI NISHITHA

Date : 5/6/26

Patient Name : ..Age :Sex :

UHID No. :IP No. :

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

Name of the Surgery : EL USCS USA

Baby is MODRN side

Time in : 7:00 AM

Time Out : 8:00 AM

NAME	AMOUNT
1. Surgeon : Dr. Nishitha
2. Anaesthetist : Dr. Tejeswini
3. Asst. Surgeon : Dr.
4. OT Technician : Sr. Anzsha
5. Circulating Nurse : Sr. Manjiv
6. Asst. Nurse : Sr. Anaya

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 943074/943075 Order by :



OPERATION CARD

Sl. No.

Patient Name

Age

Unit No.

IP No.

Date of Surgery

Time of Surgery OT OT

Name of the Surgery

Dr. K. S. S. S. S.

Time in

Direct

2/12

AMOUNT

NAME

1. Surgeon	Dr. K. S. S. S. S.
2. Anaesthetist	Dr. K. S. S. S. S.
3. Asst. Surgeon	Dr. K. S. S. S. S.
4. OT Technician	Dr. K. S. S. S. S.
5. In-charge Nurse	Dr. K. S. S. S. S.
6. Asst. Nurse	Dr. K. S. S. S. S.

Microsurgical A.M. Gynaecology

Special Equipment Laboratory Other

Signature of the Surgeon

Signature of the Surgeon

Sl. No.

Sl. No.

MAH-00388659 IP2-00056464
 Mrs PIRIDI MOUNIKA
 01-10-1994 31 Y 8 M 4 D (F)
 Dr. PEDDININTI NISHITHA



CONSUMABLES OF OT

Technician : Haisha Date : 5/6/26 Time : 7 AM to 8 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>23CS</u>		<u>01</u>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>A/P/N</u>		<u>05</u>	<u>2346</u>		<u>01</u>	Suction Catheter		
HME filter : A/P/N			<u>2364</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc		<u>02+03</u>	<u>1326</u>		<u>01</u>	Vaccum Suction Set		
05 cc		<u>02+03</u>	Gloves <u>612 PPLSL</u>		<u>01</u>	Surgical Gloves		
02 cc		<u>02+03</u>	<u>5470</u>		<u>01</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			NG tube			Koochies (S)		
RL		<u>03</u>	Cautery pencil		<u>01</u>			
NS : 10ml / 100ml / 500ml / 1000ml		<u>05</u> <u>01</u>	Koochies					
<u>Tranexa</u>		<u>02</u>	Ointments		<u>01</u>			
<u>107</u>			Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask		<u>01</u>			
Morphine			Gauze Pack		<u>02</u>			
Ketamine			Mop Pack		<u>02</u>			
Propofol			Steristrip		<u>01</u>			
Rocuronium			Underpad <u>1 Adun</u>		<u>03</u> <u>01</u>			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		<u>01</u>			
Ondansetron		<u>01</u>	Foleys catheter					
Pencan 25g / Spinal Needle 22		<u>01</u>	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>calbetocin</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>05</u>			
Tab. Misoprost : 200mg		<u>01+02</u>	Betadine Solution		<u>02</u>			
<u>22 g venflon</u>		<u>01</u>	Microshield					
<u>O2 mask (A)</u>		<u>01</u>	Cotton Balls		<u>02</u>			
			Latex Gloves		<u>02</u>			
			Ramdione Scrub					
			Saral					

Surgeon [Signature]

Anaesthesiologist [Signature]

Nurse [Signature]

OT Technician [Signature]

Order No. : Ordered by :

10/10/17

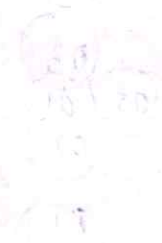
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Physiotherapy Consult

MAH-00388659 IP2-00056464
Mrs PIRIDI MOUNIKA
01-10-1994 31 Y 8 M 5 D (F)
Dr. PEDDININTI NISHITHA

Ref No: F/WH/CONS/P/201

411



ht
Hospital
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSULTATION FORM

Doctor Name: VAIBHAVI HARNE
Date: 6/6/26 Hour: 1:30

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

VH
ROR

Consultant:
Name: VAIBHAVI HARNE Signature: VH Date & Time:

NOTE: If more spaces required use another consultation sheet as continuation

CIN: 085110 TG1998 BPC029914
ORIGINAL

www.rainbowhospital



5/6/26
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ACTIVITY RECORD FOR BILLING

Name: ----- MAH-00388659 IP2-00056464
 Mrs PIRIDI MOUNIKA (F)
 01-10-1994 31 Y 8 M 4 D
 UHID No : ----- IP No: ----- Dr. PEDDININTI NISHITHA
 Date of Admission : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : 2161 Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	11:40am	411	411	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Horne	6/6/26	948614	Chandy
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
5/6/26	Dr Pacemast	①	943168	
5/6/26	PAC (op Basic)	① ^{bill No}	00213001	Pinku
5/6/26	Catheterisation.	①	943168	
5/6/26	EL-LSCS & Spinal	①	943074	Day
5/6/26	done by Dr Nishitha	①	943075	
Cross checked by sis Deepika				
Cross checked by venkateshwar 5/6/26				
5/6/26	N.H.A	①	943218	Sardha
Cross checked by Chandan @ 9:50am				
7/6/26				

ANY OTHER INFORMATION

OP file given by Pt attendant

Drawn

Date: 5/6/26

Time: 11:10 AM

Prepared By:

Pinku

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis: Deepika	Low to 411 Sardha		



P.S. Mounika



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

She came for EL. USS

LMP: 4/9/25

EDD:

Corrected EDD: 17/6/26

GA: 38⁺2 wks

Obstetric Formula:

G2P1L1

Menstrual History: Regular: Yes No

Obstetric History:

G1-2018 - USS / 7 / 3kgs / 11w6 fetal distress @ vizag, gestational hypothyroid

Obstetric Examination

Fundal Height: ~ 29

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

G2-PP - sp. conception, Booked at 24⁺ wks. previous ANC & at fernandez

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: slight

RISK FACTORS:

NT TIFFAJ - (N)

FHS: 140/min Normal Tachy Brady Absent

- hypothyroidism on 100 mcg OD.
 - previous USS.

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

Height: cm

Weight: 86.4 kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 92/min

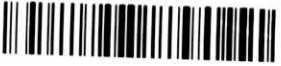
BP: 100/80 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L1 / previous USS / 38⁺2 wks GA / for EL. USS.
 hypothyroid



<p>Family History: -</p>	<p>Surgical History: 2018 - USS 2022 - ^(H) shoulder # Sx, 2023 - Implant removal</p>
<p>Medical History: hypothyroid since 3yrs</p>	<p>Medication History: T- Thyronorm 100mg OD (upleg) preleg - some OD</p>
<p>Plan of Care: Admission consent part preparation Drj- Taxim 1gm IV stat Lj- Pantop 40mg IV stat CBP P/AE check blood availability shift to OT on call.</p>	<p>Investigations: A+ve HIV HBsAg / NR HCV VDRL 29/5 37⁺ wks cephalic E-wt- 3236gms, 64%. AFI- 13.3cm AC- 82%. PL- A-H UAD- (N)</p>

Doctor Name: Dr. Vasani
 Signature:
 Date & Time: 5/6/26

Consultant Name: Dr. Nishitha
 Signature:
 Date & Time: 5/6/26

MAH-00388659

IP2-00056464

Mrs PIRIDI MOUNIKA

01-10-1994 31 Y 8 M 4 D (F)

Dr. PEDDININTI NISHITHA



5/6/26
①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8:20 AM	POD-0 Ptele	Adm
	cephals	- Norm x2 hrs
	afabrele	- EBF
	BP = 107/81 mmHg	- monitor vitals
	PR = 102/m	- w/ bleeding
	SpO2 = 98.1	pvl
		- denga as charted
	P/A - VT wave	- I/O charting
	VLE - NAB	- Inform nos
	VLO - 200ml (clear)	
Noted By S/S: Pink		
5/6/26	3: POD-0	
10:30 AM		Adm
	O/E GC - fair	- start sips flb
	afabrele	- liquid diet
	PR = 80/m	- soft diet at 2:30 pm
	BP = 103/79 mmHg	- Foley's removal at 6 AM
Baby	P/A - uterus well contracted	on 6/6/26
ms	BS - +	- monitor vitals
BF (F)	+/-	- w/ bleeding pvl
	Ue - bleeding wml	- follow drug chart orders
	Output - 400 ml	- EBF
		- shift to room

5/6/26 (2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 2 PM	O-POD	
	clo - nil	Adh
	PR = 80	Soft diet
Baby E mfn	BP = 102/68	Vitals Monitor
	PIA = well	CBF
	contracted	w/ bleeding
	Plu - No extra	ingestion
	bleeding	
UO = 800ml FV		plasty
noted by Sandhya 5/6/26 @ 2 PM		
5/6/26 7:00 PM	O-POD no complete	4 Ambulation
	OIB pt a fair	(1) Soft diet
BP (+)	vital signs	(2) monitor vitals
Rash - nil	tl - NAD	(3) follow drug chart
	PIA - soft	(4) CBF
	OK	(5) On form 505
FV mf.	Plu - NAD	
	UO - 900ml 5:2 PM	plasty
	clear	
	Remove Foley Tm 6 am	

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 Mrs PIRIDI MOUNIKA 31 Y 8 M 4 D (F)
 01-10-1994
 Dr. PEDDININTI NISHITHA

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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
	<u>POD-0</u>	
5/6/26 8:30pm	pt c/c/c ac fair, afebrile BR- 10A/30 mntly PR- SS 6pm baby - NS/A, SF (+) U/O - 1000ml, clear flatus - P	<u>Rx:</u> → soft diet → follow dry chart → monitor vitals → w/it bleeding PV → Ambulation → adq. hydration → I/O charting → Ambulation → Remove Foley's @ 6/6 @ 6 AM → Infirm bed
Noted By: susha 5/6/26 @ 8:30pm		
	<u>POD-01</u>	
6/6/26 8 AM	pt c/c/c ac fair, afebrile BR- 10A/30 mntly PR- SS 6pm baby - NS/A, SF (+) Urine - 1 jet to void flatus - P	<u>Rx:</u> → (N) diet → follow dry chart → monitor vitals → w/it bleeding PV → Ambulation → adq. hydration → + BF → Infirm bed



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 2pm.	POD-1 Ptele ceyaris ajebnile	Adv - (D) diet - EBF
Babym BF ⊕	BP = 100 / 60 mmHg PR = 80 / min S/E - NAB	- monitor vitals - drug as charted - Ambulation - adequate hydration
UV FV	PIA - uterus well soft IBS ⊕ VLE - NAB.	- Inform her
<p>Dulcolox suppository patient present motion by her</p> <p>Noted by Chandramani @ 2pm 6/6/26</p>		
6/6/26 2:45pm	S: POD-1	
Babu MS BF ⊕	GC - fair ajebnile PR = 83 / min BP = 100 / 66 mmHg PIA - uterus well retracted UE - bleeding wnl. UV FV - motion	Adv - (D) diet - Adequate hydration - EBF - dulcolox supp ⊕ P/R stat on 7/6 at 6 AM - w/f bleeding p - monitor vitals - follow drug chart orders
<p>Noted by Sandhya 6/6/26 2:45pm</p>		

MAH-0038859

IP2-00056464

Mrs PIRDI MOUNIKA
01-10-1994 31 Y 8 M 4 D (F)
Dr. PEDDININTI NISHITHA



(5)

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

BirthRight™
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 8AM	s- POC 2	
	cc-fair afebrile PR = 83/min	AOX - (N) diet - Adequate hydration - EBF
Baby	BP = 100/65 mmHg	- w/ bleeding pv
MS	P/A - uterus well contracted	- monitor vitals -
BF (+)	MC - bleeding w/NC ✓	- follow drug chart orders.
	platelets - normal ✓	
<hr/> noted by Anita 7/6/26 @ 3AM		

① 5/6/26
 ①



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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: A11

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	100mcg	PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. Thyronorm	75mcg	PO	OD		<input checked="" type="checkbox"/> C <input checked="" 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 : Dr. Vasani, Dr.

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

Nurse Name & Signature: Pooja Nayak

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

2015/11

11/11/15

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 Dr. PEDDININTI NISHITHA



5/6/26
 (1)



DRUG CHART

Date of Admission: 5/6/26 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

(2)

REGULAR PRESCRIPTIONS

Weight Ward L/W



DRUG :				Date					
Tab. PARACETAMOL				Time	5/6	6/6	7/6		
Dose	Route	Frequency	Start Date						
1g	PO	6 th hourly	5/6/26	12PM		6/6	7/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				6AM		6/6	7/6		
				10:30 AM		6/6	7/6		
Additional Instructions:				12PM		6/6	7/6		
				6PM		6/6	7/6		
Daily Doctor's Endorsement by a Sign									
DRUG :				Date					
Tab. DICLOFENAC				Time	5/6	6/6	7/6		
Dose	Route	Frequency	Start Date						
50mg	PO	8 th hourly	5/6/26	11AM		6/6	7/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				3PM		6/6	7/6		
				10PM		6/6	7/6		
Additional Instructions:				3PM		6/6	7/6		
				10PM		6/6	7/6		
Daily Doctor's Endorsement by a Sign									
DRUG :				Date					
Tab. TRAMADOL				Time	5/6	6/6	7/6		
Dose	Route	Frequency	Start Date						
100mg	PO	8 th hourly	5/6/26	8AM		6/6	7/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Tejaswini				4PM		6/6	7/6		
				11PM		6/6	7/6		
Additional Instructions:				4PM		6/6	7/6		
				11PM		6/6	7/6		
Daily Doctor's Endorsement by a Sign									
DRUG :				Date					
Inj. TAXIM				Time	5/6	6/6			
Dose	Route	Frequency	Start Date						
1gm	IV	BD	5/6/26	6AM		6/6			
Name & Signature of the Doctor Starting the Drugs: Dr.				6AM		6/6			
				6PM		6/6			
Additional Instructions:				6AM		6/6			
				6PM		6/6			
Daily Doctor's Endorsement by a Sign									

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 Dr. PEDDININTI NISHITHA

(2)

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

I.P. No.	Sheet No.	Wards <i>2nd</i>	Weight (kg) <u> </u>
----------	-----------	---------------------	----------------------------------

REGULAR PRESCRIPTIONS

DRUG : T. TAXIM-O				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
200mg	PO	BD	6/6	9AM																		
Name & Signature of the Doctor starting the Drugs: <i>[Signature]</i>				<i>9PM</i>		<i>Chandrashekhara</i>																
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

DRUG : T. Pantop				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
40mg	PO	OD	6/6																			
Name & Signature of the Doctor starting the Drugs: <i>[Signature]</i>				<i>9PM</i>		<i>9PM</i>																
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

DRUG : T. Thyronorm				Date Time	6/6	7/6																
Dose	Route	Frequency	Start Dt.																			
50mg	PO	OD	6/6																			
Name & Signature of the Doctor starting the Drugs: <i>[Signature]</i>				<i>9PM</i>		<i>9PM</i>																
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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 Dr. PEDDININTI NISHITHA

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



I.P. No.

Sheet No.

Wards
2/2

Weight (kg)

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. L/W



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6/26	5:50AM	Lij. Taxim	1gm	IV	[Signature]	[Nurses]
5/6/26	5:20AM	Lij. Pentop	400mg	IV	[Signature]	[Nurses]
5/6/26	7:09AM	Suj CARBETOCIN	100meg	IV	[Signature]	[Nurses]
5/6/26	7:30AM	Suj TRANEXAMIC ACID	1g	IV	[Signature]	[Nurses]
5/6/26	7:50AM	Sup. DICLOFENAC	100mg	PR	[Signature]	[Nurses]
5/6/26	7:50AM	sup. TRAMADOL	100mg	PR	[Signature]	[Nurses]
5/6/26	8AM	T. Miso	400meg	PR	[Signature]	[Nurses]

Signature

VERIFIED BY: Name

Patient Stamp

410 Paridi mounika
3148m

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 5/6/26 Time: 11am

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

Food Allergies: NO allergies

Diagnosis: LILA

Medical History: NO

Surgical History: NO

- Vegetarian
 Non-Vegetarian
 Vegan

Diet Advised: soft diet by 2:30pm

Parent
Patient's / Attendant's

Signature: _____

Name: _____

Date & Time: _____

Dietician's

Signature: [Signature]

Name: Jakshini

Date & Time: 5/6/26, 11am

CAESAREAN SECTION OPERATIVE NOTES

Name: S. Mounika Consultant I/C: _____ Reg. No: _____

Surgeon's Name: <u>Dr. Nishitha</u>	Date of delivery: <u>5/6/20</u>
Assistant surgeon: <u>-</u>	Time of delivery: <u>7:08 AM</u>
Anaesthetist: <u>Dr. Tejaswini</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>+ spinal</u>	Weight of baby: <u>3.288gms</u>
Paediatrician: <u>Dr. Bhavani</u>	Apgar score: <u>8 9</u>
Scrup Nurse: <u>S. Aaya</u>	NICU Admission: <u>NO.</u>

Elective Emergency Indication: previous lcs

- 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 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

} 2-ovarys

3-0 monovyl

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: norm x2 hrs, w lt bleeding plw
monitor vitals,

Signature

SURGICAL SAFETY CHECKLIST

Surgeon: DR. NISHIKITA
 Asst. Surgeon: DR. RAJASUNI
 Anaesthetist: SIS. HOYA
 Scrub Nurse: SIS. HOYA

Patient Name: Mrs. Hourika Age: 31Y Gender: Female
 UHID No.: NAH-0038859 Surgery Name: EL-LSCS
 Date: 5/12/26 In-time: 6:40 AM Out-time: 8:20 AM



Before Induction of Anaesthesia

SIGN IN	Time: <u>6:45 AM</u>
Patient Has Confirmed Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Procedure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does Patient have a: required implants available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
required equipments available and functional	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Difficult Airway/aspiration Risk?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Risk of >500ml Blood Loss (7ml/kg In Children)? units available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>Dr. Rajasuni</u>	
Name: <u>Dr. Rajasuni</u>	

Before Skin Incision

TIME OUT	Time: <u>6:50 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Correct Patient	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anticipated Critical Events	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Nothing for LSCS</u> <u>Approx 1 hour 15-20 min</u> <u>250-300ml</u>
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature of the Nurse: <u>Renu Nayak</u>	
Name: <u>Renu Nayak</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>8:20 AM</u>
Nurse Verbally Confirms with the Team:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
How the Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. Rajasuni</u>	

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

MEMORANDUM FOR THE RECORD OF THE BOARD OF DIRECTORS

DATE	TIME	LOCATION	ATTENDEES	AGENDA	DISCUSSION	RESOLUTIONS
1954	10:00 AM	CONFERENCE ROOM	Mr. [Name], Mr. [Name], Mr. [Name]	1. Review of 1953 financial statements	Mr. [Name] presented the 1953 financial statements. The Board reviewed the statements and found them to be correct.	None
1954	10:00 AM	CONFERENCE ROOM	Mr. [Name], Mr. [Name], Mr. [Name]	2. Approval of 1954 budget	Mr. [Name] presented the 1954 budget. The Board discussed the budget and approved it.	None
1954	10:00 AM	CONFERENCE ROOM	Mr. [Name], Mr. [Name], Mr. [Name]	3. Election of officers	Mr. [Name] proposed the election of officers for 1954. The Board voted to elect Mr. [Name] as President, Mr. [Name] as Vice President, and Mr. [Name] as Secretary.	None
1954	10:00 AM	CONFERENCE ROOM	Mr. [Name], Mr. [Name], Mr. [Name]	4. Other business	Mr. [Name] presented a report on the progress of the company. The Board discussed the report and approved the plan of action.	None

MEMORANDUM FOR THE RECORD OF THE BOARD OF DIRECTORS

DATE: 1954

TIME: 10:00 AM

LOCATION: CONFERENCE ROOM

ATTENDEES: Mr. [Name], Mr. [Name], Mr. [Name]

AGENDA:

- Review of 1953 financial statements
- Approval of 1954 budget
- Election of officers
- Other business

DISCUSSION:

Mr. [Name] presented the 1953 financial statements. The Board reviewed the statements and found them to be correct.

Mr. [Name] presented the 1954 budget. The Board discussed the budget and approved it.

Mr. [Name] proposed the election of officers for 1954. The Board voted to elect Mr. [Name] as President, Mr. [Name] as Vice President, and Mr. [Name] as Secretary.

Mr. [Name] presented a report on the progress of the company. The Board discussed the report and approved the plan of action.

RESOLUTIONS:

None

1954 CHECKLIST

MEMORANDUM

MAH-00388859 IP2-00056464
Mrs PIRIDI MOUNIKA
01-10-1994 31 Y 8 M 4 D (F)
Dr. PEDDININTI NISHITHA



5/6/26
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	5/6/26				
Time	5:26Am				
Hb	13.4				
PCV	39.9				
RBC	4.26				
WBC	10.60				
N/L					
Platelets	216				
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					

MAH-00388659 IP2-00056464
 Mrs PIRIDI MOUNIKA
 01-10-1994 31 Y 8 M 4 D (F)
 Dr. PEDDININTI NISHITHA

5/6/26
 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	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 ^o C	40																											
	39																											
	38																											
	37																											
	36																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
50																												
40																												
↑ Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
70																												
60																												
50																												
↓ 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																												

20

100%

37.0

85

107

82

✓

✓

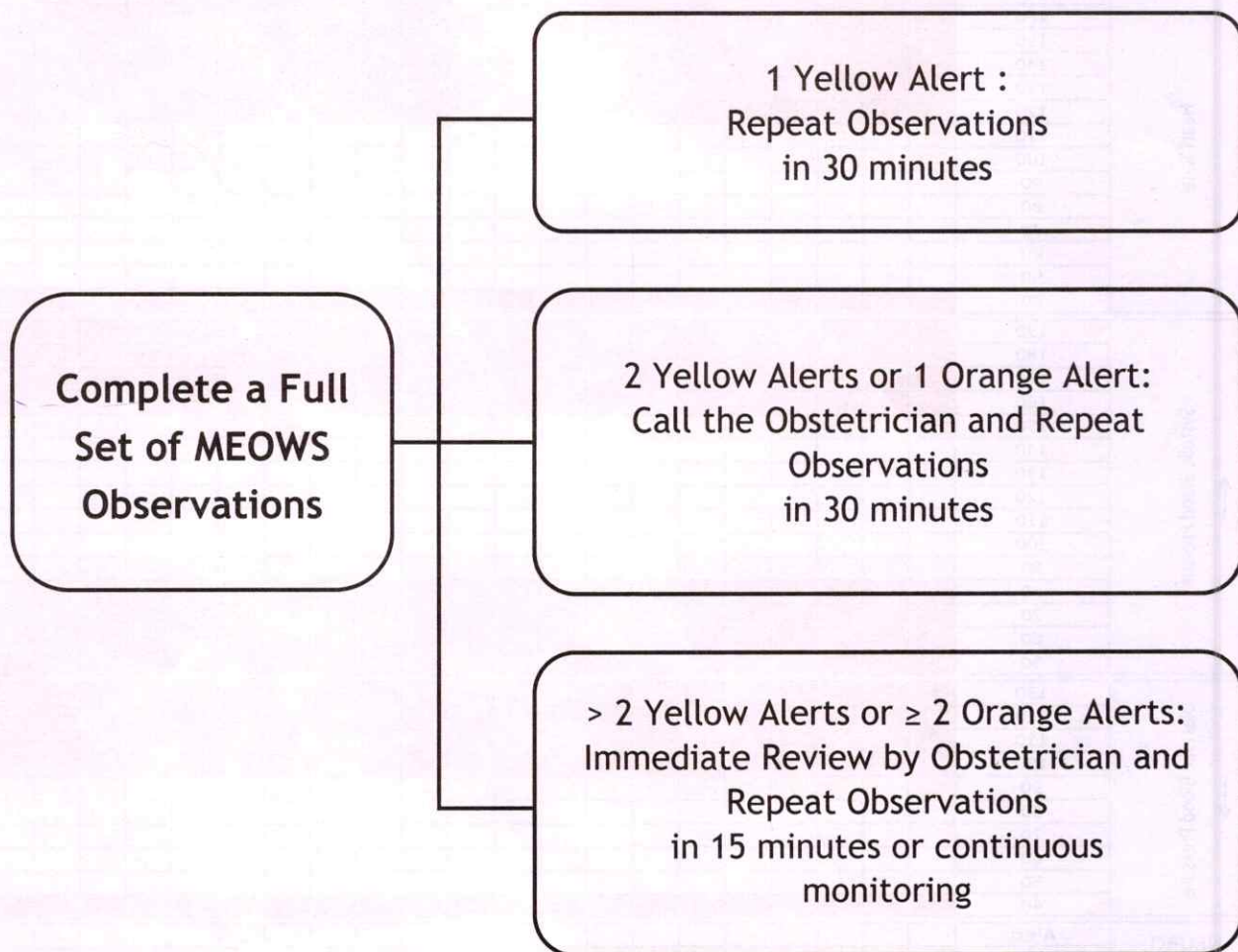
✓

✓

00

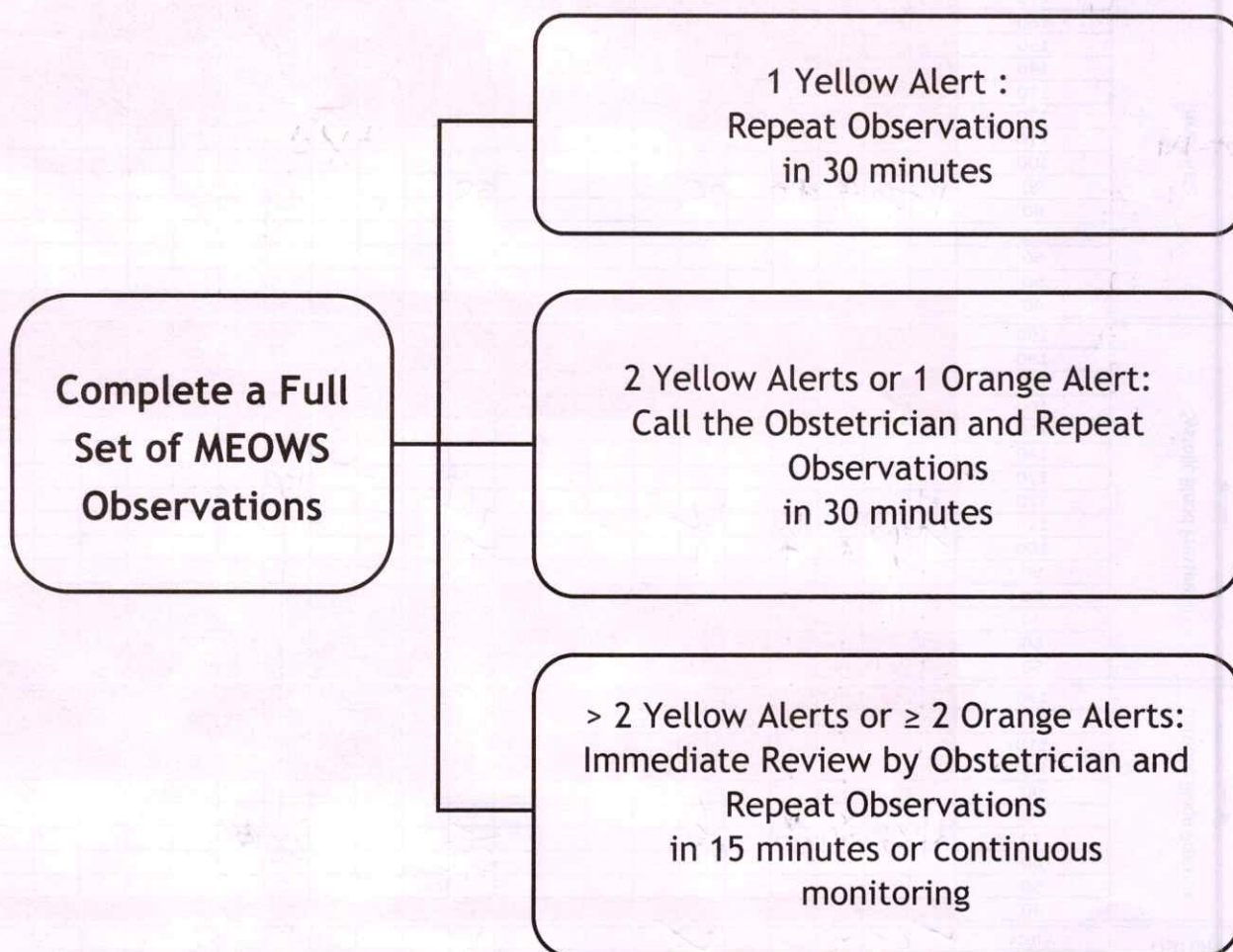
200

Obstetrics and Gynaecology Early Warning Signs



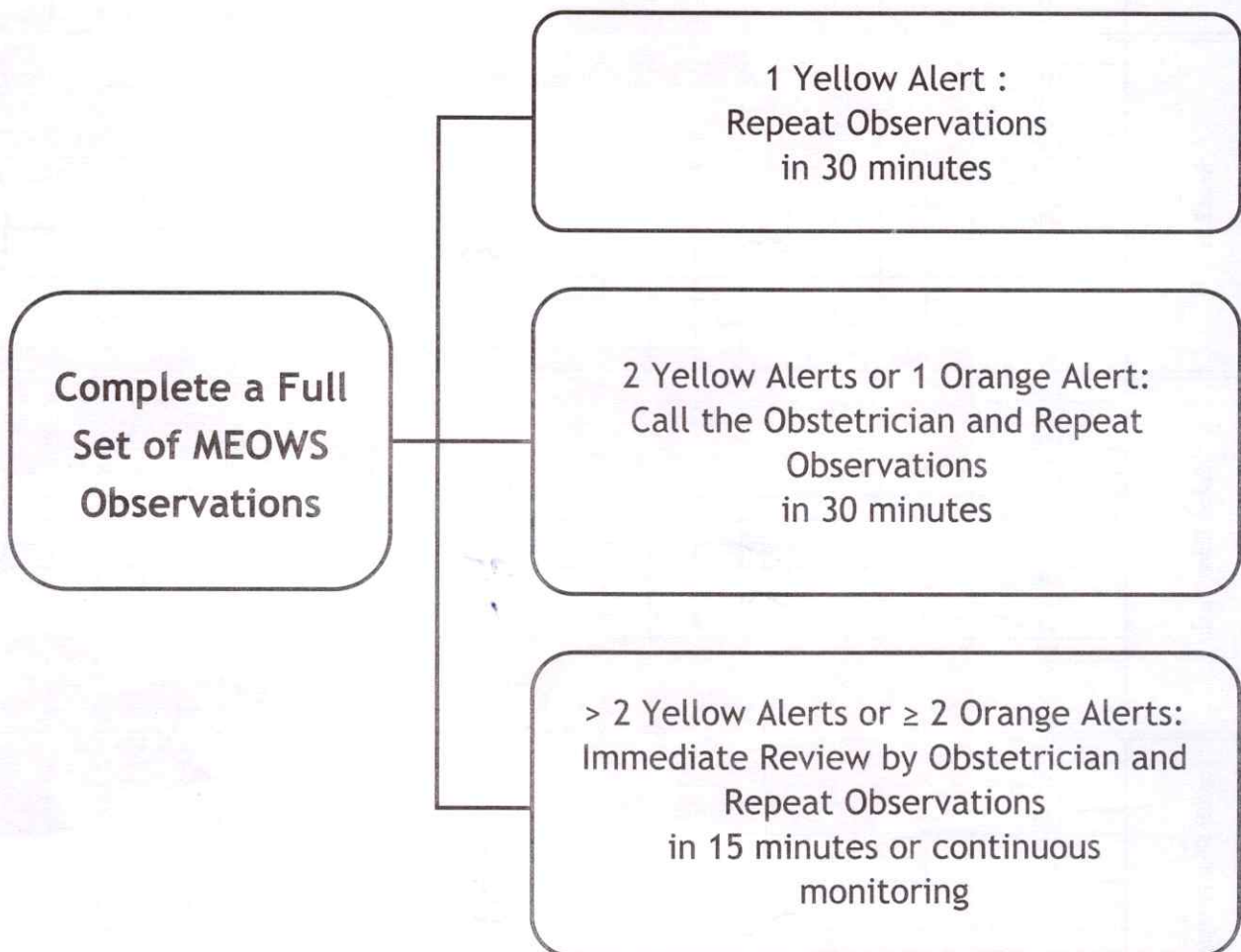
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00388659 IP2-00056464
 Mrs PIRIDI MOUNIKA 31 Y 8 M 4 D (F)
 01-10-1994
 Dr. PEDDININTI NISHITHA

5/8/26
 ①



FLUID CHART

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			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 24 hrs. Intake			500 ml			Total 24 hrs. Output					U - 4 time			



2

5/6/26

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am								Enty 200ml @ 200ml			
	09:00 am									150	0	
	10:00 am	+H ₂ O 200ml 80 UP 200ml		RL 500ml						150	0	
	11:00 am									100	0	
	12:00 pm									100		
	01:00 pm									100		
Total Intake :		H ₂ O + RL 650ml			Total Output : U-800ml M-0							
	02:00 pm									200ml	0	
	03:00 pm		Idly							200ml	0	
	04:00 pm		+							200ml	0	
	05:00 pm	+H ₂ O 100ml								100ml	0	
	06:00 pm	+H ₂ O 200ml								100ml	0	
	07:00 pm									100ml	0	
Total Intake :		Idly + H ₂ O 600ml			Total Output : U-900ml M-0							
	08:00 pm		idly							100ml	0	
	09:00 pm									100ml	0	
	10:00 pm		+H ₂ O							100ml	0	
	11:00 pm		+butter							100ml	0	
	12:00 am		milk							100ml	0	
	01:00 am									100ml	0	
Total Intake :		idly + H ₂ O + butter + milk			Total Output : 600ml M-0							
	02:00 am									100ml	0	
	03:00 am									100ml	0	
	04:00 am									100ml	0	
	05:00 am		H ₂ O							100ml	0	
	06:00 am									100ml	0	
	07:00 am									100ml	0	
Total Intake :		idly + butter + milk + H ₂ O			Total Output : 500ml M-0							
Total 24 hrs. Intake		idly + butter + milk + H ₂ O			Total 24 hrs. Output		U-2800ml M-0					

MAH-00388659 IP2-00056464
 Mrs PIRIDI MOUNIKA 31 Y 8 M 4 D (F)
 01-10-1994
 Dr. PEDDININTI NISHITHA



FLUID CHART

Sheet No. : 2

6/6/26

- 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										0	S
	09:00 am	Lolly									0	
	10:00 am	DOSA									0	
	11:00 am										0	
	12:00 pm	+ H ₂ O									0	
	01:00 pm										0	
Total Intake : Lolly + DOSA + H ₂ O			Total Output : U - 1 M - 0									
	02:00 pm	Rice									0	S
	03:00 pm	Dal									0	
	04:00 pm	chay									0	
	05:00 pm	HP									0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake : Rice, Dal, chay, H ₂ O			Total Output : U - 2 M - 0									
	08:00 pm										0	S
	09:00 pm	Rice									0	
	10:00 pm										0	
	11:00 pm	chapati									0	
	12:00 am	+ H ₂ O									0	
	01:00 am										0	
Total Intake : Rice + chapati + H ₂ O			Total Output : U - 1 M - 0									
	02:00 am										0	S
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H ₂ O									0	
	07:00 am										0	
Total Intake : H ₂ O			Total Output : U - 1 M - 0									
Total 24 hrs. Intake		Rice + lolly + dosa + chapati + H ₂ O				Total 24 hrs. Output					U - 5 M - 0	



4



FLUID CHART

Sheet No. : 4

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 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