

Handwritten: LSC Fall

ACTIV VIH-00060052 IP-00060234
Mrs SONALI BANERJEE
11-01-1994 32 Y 4 M 25 D (F)
Dr. BHAVANA K

ING


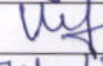
Name: 

UHID No. : _____ Consultant : _____ Dept : _____

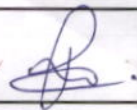
Date of Admission : 5/6/26 Time 5:16 AM Date of Discharge : _____ Time: _____

Room / Bed No : 219 Ward : MICU Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	7:52 AM	MICU	OT	
5/6/26	09:08 AM	OT	MICU	
5/6/26	3 PM	OT	Room (102)	Jyoti

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Himaja	6/6/26	3087508	
2.	(video consultation)			
3.	Case checked by Dr. Himaja @ 10:40 AM			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/6/26	iv placement	(1)	3087069 3087068 3087069	
5/6/26	PAC	(1)		
5/6/26	catheterization	(1)		
	Chrom checked	by	A Shanna	5/6/26 at 11 am

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward 7/6@ 10:40AM	Billing Assistant	Billing Supervisor
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VIH-00060052 IP-00060234
Mrs SONALI BANERJEE
11-01-1994 32 Y 4 M 25 D (F)
Dr. BHAVANA K



SURGERY DETAILS

Date : 5/6/26

Patient Name: Mrs. Sonali Banerjee Date of Birth: 15/01/1994 Age: 32 Yrs

Gender: Female Ward: OT UHID No.: 60052

Date of Surgery: 5/6/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective lower segment caesarean section done under spinal anaesthesia

Time in : 08:05 AM

Time Out : 09:05 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Hema Bindu	
3. Assistant Surgeon	Dr. Ashwini	
4. OT Technician	Tech. Vaishnavi	
5. Circulating Nurse	Sr. Vanitha	
6. Assistant Nurse	Sr. Manimala	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3087091/3087092

Order by: Reby

package. - 100000. ①
Non medicals - 18700 ②
~~Investigations~~ →
NHA - 1000 ④
Diet (1000x3) - 3000. ⑤
Lactation - 2000 ③
Massage - 850. ⑦
Insurance - 1260 ②
Medical Record - 2100. ⑥
Dr. Himan. - 2150. ⑩
(3x400) GST - 1200. ⑨

Total — 1,32,260/-

3087091/92

CONSUMABLES
OF OT ⁽²⁾ Uses



Circulating Staff : Dr. Vanitha Technician : Vaselmari

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>13es</u>	1		Inj. Vit. K		1
LMA			Sutures <u>2346</u>	2		Cord Clamp		1
ECG leads : A/P/N		3	<u>2364</u>	1		Suction Catheter		
HME filter : A/P/N		1	<u>1326</u>	1		Feeding Tube		
Syringe 10 cc		3		1		Vaccum Suction Set		
05 cc		3	Gloves <u>6 pf / 6 pf</u>	2		Surgical Gloves <u>6 / 6</u>		1
02 cc		2	<u>7 pf / 7 pf</u>	2		Gauze Pack		
01 cc		2	<u>6 pf / 6 pf</u>	2		Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade <u>22</u>	1		Surgical Blade # 20		1
IV set		1	NG tube			Koochies (S)		
RL		2	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<u>procto gram</u>		2
<u>rilizol</u>		1	Ointments					
<u>Bioxamic</u>		2	Suction Catheter					
<u>Pentanyl</u>		1	Op. Mask	1	1			
<u>Morphine</u>		1	Gauze Pack		2	<u>Op. Mask</u>		1
<u>Ketamine</u>		1	Mop Pack		3			
Propofol			Steristrip			<u>Oxygen Reservoir</u>		1
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <u>Allisorb</u>		2			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag			<u>Order no</u>		
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag			<u>3087109</u>		
Antibiotics			Bandage					
			Tegaderm <u>Sterizone</u>		2			
Suppositories			<u>leban</u> <u>D/Aprons</u>		1			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg		5	Betadine Solution		1			
			Microshield		1			
			Cotton Balls					
			Latex Gloves		1			
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. Bhavanesh Anaesthesiologist Dr. Himansu Nurse Manjula OT Technician Vaselmari
 Order No. : 3087096 / 3087097 Ordered by : Keby f
3087109



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060234	Ward	N 2F-MICU
Patient Name	Mrs SONALI BANERJEE	Bed Name	MICU 226
Age/Sex	32 Y 4 M 25 D / Female	Order No	0003087097
Date	05/06/2026 08:57	Prescription No	PRIP-1289948
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 08:59
UHID	VIH-00060052		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			260511	03/29	2	775.00	1,550.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
4	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BBUI25018	11/27	1	30.66	30.66
5	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	3	28.13	84.39
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
12	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
14	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
15	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI07052026	12/30	1	2,000.00	2,000.00
16	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
17	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5106	08/30	1	997.00	997.00
18	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
19	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
20	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	1	566.05	566.05
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	2	69.39	138.78
22	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
23	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
24	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
25	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	2	805.00	1,610.00
26	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
27	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
28	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
29	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5008	09/30	1	988.00	988.00
30	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J	C1	T5013	05/30	2	951.00	1,902.00



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DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060234	Ward	N 2F-MICU
Patient Name	Mrs SONALI BANERJEE	Bed Name	MICU 226
Age/Sex	32 Y 4 M 25 D / Female	Order No	0003087097
Date	05/06/2026 08:57	Prescription No	PRIP-1289948
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 08:59
UHID	VIH-00060052		

Total :	10,606.55	16,570.84
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060234	Ward	N 2F-MICU
Patient Name	Mrs SONALI BANERJEE	Bed Name	MICU 226
Age/Sex	32 Y 4 M 25 D / Female	Order No	0003087105
Date	05/06/2026 09:35	Prescription No	PRIP-1289955
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 09:37
UHID	VIH-00060052		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	97129	04/27	1	318.50	318.50
2	CUROPINE (ATROPINE) INJ 1 ML	PHARMA CURE LABORATRIES	H	AS1466	08/27	1	7.33	7.33
3	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
4	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
Total :							703.85	703.85

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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Tel No : 040-42462200, Ext 2000,2001,2002

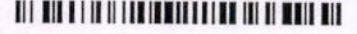
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060237	Ward	N 2F-MICU
Patient Name	Baby B/O SONALI BANERJEE	Bed Name	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 1 H / Male	Order No	0003087104
Date	05/06/2026 09:33	Prescription No	PRIP-1289954
Payor	SELPAY	Dispensed Date	05/06/2026 09:34
UHID	VIH-00205637		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	4	10.00	40.00
5	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	K25K04027B	10/30	1	255.00	255.00
6	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
8	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
9	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							1,001.42	1,481.42

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

ADMISSION SHEET

Registration Details :



Admission No : IP-00060234

Admit Date : 05-Jun-2026

Admit Time : 05:16 AM UHID : VIH-00060052

Patient Details :

Patient Name : Mrs SONALI BANERJEE

Age : 32 Y 4 M 25 D

Guardian : Mr VANSHUJ

DOB : 11-01-1994

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 302,GAYATHRI RESIDENCY 55 JASHAK
COLONY PICKET Secunderabad Hyderabad
Telangana INDIA 500003

Phone No : 9673291796/ 9673292538

E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr VANSHUJ

Relationship : W/O

Contact Address : 302,GAYATHRI RESIDENCY 55 JASHAK
COLONY PICKET Secunderabad Hyderabad
Telangana INDIA 500003

Phone No : 9673291796


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MDINDIA HEALTH INSURANCE TPA
PVT LTD

PATIENT TRANSFER FORM

VIH-00060052 IP-00060234
Mrs SONALI BANERJEE
11-01-1994 32 Y 4 M 25 D (F)
Dr. BHAVANA K



Date & Time of Admission 5/6/26 @ 5:16 AM		Date & Time of Transfer Order 5/6/26 @ 3 PM
Treating Consultant Name	Transfer Ordered by DR. Yogeshwari	Reason for Transfer observation
From Unit OT (MICU)	To Unit Room (102)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 39	Number of Imaging Films - will -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Soral - (1), Paccinub - (1) under pad - (1)	
2.	TAB :- Diclofenac - (10)	
3.	TAB :- PARACETAMOL - (15)	
4.	TAB :- PANTOPRAZOLE - (10)	
5.	TAB :- TRAMODOL - (10)	

Shifting Summary / Notes Written by Doctor : Yes No
Dr. Yogeshwari

Name & Signature of Person who is Transferring SR Prathyusha	Name of Person Ordered Transfer DR. Yogeshwari
---	---

Patient & Clinical Records Received by :
Akanisha

Date & Time of Patient Received :
5/6/26 @ 3:45 PM

If the transfer order time & Completion time is more than 30 minutes
 Unavailable Bed
 Nurse not Available
 Please tick the reason mentioned

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Handwritten text in the middle section, possibly a date or a specific entry.

Handwritten text in the lower middle section, continuing the list or notes.

Handwritten text in the lower section, possibly a signature or a concluding note.

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 6/9/2005 EDD:
 Corrected EDD: 13/06/2006 GA: 38+5 weeks.

Obstetric Formula: *psimigrauida*
 ML- 2 1/2 yrs. NCM.
 Obstetric History:

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ~ T4.
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable: _____
 FHS: Normal Tachy Brady Absent
 94 bpm.

Present Pregnancy Record: Booked to
 at 16+5 weeks: previous ANC at
 Bangalore. Diagnosed with GDM at 28+1 weeks,
 managed on diet & Tab. Metformin 500mg BD.

RISK FACTORS: Diagnosed \bar{c} PUPPP
 at 37 wks, dermatologist review done,
 managed conservatively.

PUPPP
 of Conception.
 Echogenic bowel.
 GDM (M)

Per Speculum Examination

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

Vaginal Examination

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

Height: 167 cm
 Weight: 85 kg
 Allergies: Nil
 Breast: Normal Abnormal
 General Examination: pt is c/c/c
 Consciousness: (+) Pallor: (-)
 Icterus: (-) Edema: (+)
 Temp: Afebrile PR: 113 bpm
 BP: 120/78 mmHg DTR: (+)
 CVS: S1S2 (+) RS BAE (+)
 Liver/Spleen: NAD Urine Output: Adeq.

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS

psimigrauida with 38+5 weeks with of Conception with
 gestational diabetes mellitus with fibroid uterus with echogenic
 bowel (on anomaly scan) with floating head. \bar{c} oblique lie.
 \bar{c} LGA \bar{c} PUPPP for elective lower segment cesarean section.

<p>papule</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Plan of Care:</p> <p>c/I to</p>	<p>Medication History:</p> <ul style="list-style-type: none"> - Physiogel lotion. - Tab. metformin 500mg BP.
<p>Admission</p> <p>NBM</p> <p>PAC</p> <p>past preparation</p> <p>Consent</p> <p>FHR monitoring</p> <p>monitor vitals</p> <p>Follow drug chart</p> <p>Infom sos</p> <p>send CBP.</p> <p>Foleys catheterisation.</p>	<p>Investigations:</p> <p>BS - 83 mg/dl.</p> <p>havana man</p> <p>Investigations: BG: 'B' POSITIVE</p> <p>HIV } NR CBP - 5/6/26</p> <p>HBSAg } 11.4/10580/1.17L</p> <p>HCV } NR</p> <p>VDRL } NR</p> <p>o AFF Doppler scan</p> <p>27/05/2026.</p> <p>SLIUF</p> <p>37+4 wks.</p> <p>Cephalic.</p> <p>PL - Aut. high.</p> <p>AFF - 11.1 cm.</p> <p>Dopplers - (N)</p> <p>o TIFFA Scan -</p> <p>30/01/2026.</p> <p>SLIUF</p> <p>20+6 wks.</p> <p>- PL - Aut. left lat. low lying lower end 1.4 cm from int. os.</p> <p>CL - 31 mm.</p> <p>- Echogenic bowel.</p> <p>- No anomalies.</p> <p>- Intramural fibroid on ant. wall - 28x24 mm</p>
<p>Noted by Sebastian 5/6/26</p> <p>5:30am</p> <p><i>(Signature)</i></p>	<p>o Growth scan -</p> <p>20/05/2026.</p> <p>SLIUF</p> <p>36+4 wks.</p> <p>Cephalic</p> <p>PL - Aut. high.</p> <p>AFF - 11.3 cm.</p> <p>AC - 83.1.</p> <p>EFW - 3252 gm.</p> <p>Dopplers - (N)</p> <p>o NT Scan - outside.</p> <p>9/12/2025</p> <p>SLIUF</p> <p>13+2 wks.</p> <p>NT - 1.6 mm.</p> <p>NB (F)</p> <p>FIS - low risk</p> <p>NIPS - low risk</p>

Doctor Name: Dr. Nikhita

Signature: *(Signature)*

Date & Time: 5/6/2026 5:30am

Consultant Name: Dr. Bhavana K.

Signature: *(Signature)*

Date & Time: 5/6/2026 5:30am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>5/6/26</u> 9am	<u>POD-0</u>	<u>(Post LSCS)</u>
	o/e pt is c/c/c	<u>Adv</u>
	eye fair	- NBM
	Afebr	- Rest
	BP - 127/75 mmHg	- I/O charting
	PR - 97 bpm	- w/f bleeding PV
	S/E NAD	- Monitor vitals
	PIA ut ~ w/R	- Follow drug chart
	BS ⊖	- Inform SOS.
	L/E NAB	
	Baby HS BFP ⊕	
		<u>Dr Nausheen</u>
	noted by prathyusha @ 9am	
<u>5/6/26</u> 1pm	<u>POD-0 (LSCS)</u>	
	o/e	<u>Adv</u>
	Pt is c/c/c	- clear liquids
	eye fair	- I/O charting
	Afebrile	- w/f bleeding PV
	BP - 128/76 mmHg	- Monitor vitals
	PR - 102 bpm	- Follow drug chart
	S/E - NAD	- Soft diet at 7 PM
	PIA - ut ~ w/R	- Inform SOS
	soft BS +/+	
	per vaginal examination done	
	L/E - NAB No active bleeding	
	Baby ← H BFP ⊕	
		<u>Dr Yogeshwar</u>

noted by prathyusha @ 1pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/06/26 08:00 pm	POD-0 (LSCS)	Adv
PILI GDM(M)	o/e Pt is c/c/c	- Soft diet
	GC: fair	- w/lf bleedg Plv
	Apxsride	- I/O chartg
	BP: 114/76 mmHg	- Rest
U/O: 550 ml	PR: 82 bpm	- Monitor vitals
Adeq, clear	S/E: NAD	- follow dry chart
	P/A: ut n wr	- Inform SAs
	Soft BS (+)	
	LE: NAB.	
	Baby $\left\{ \begin{array}{l} A \\ H \end{array} \right. BT (+)$	Adv Dr Athar
	Noted by 05/06/26 Padma @ 8 pm	
06/06/26 7 am	POD-1	(Post LSCS)
PILI GDM(M)	o/e Pt is c/c/c	Adv
	GC: fair	- Soft diet
	Apxsride	- w/lf bleedg Plv
	BP - 106/76 mmHg.	- Ambulation
UO - 3200 ml	PR - 80 bpm	- Adequate hydration
clear, adq	S/E: NAD	- Monitor vitals
	P/A: ut n wr	- follow dry chart
	Soft, BS (+)	- Inform SAs
Remove foley	LE: NAB	
Dermatology review today	Baby $\left\{ \begin{array}{l} A \\ H \end{array} \right. BT (+)$	
	(Bhavana)	Dr Naushan



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 1:00pm	<p>POD-1</p> <p>cf lesion over index finger</p> <p>O/E pt is c/c</p> <p>G-C fair</p> <p>Apebule</p> <p>BP- 112/75 mmHg</p> <p>PR- 85 bpm</p> <p>S/E- NAD</p> <p>P/A- ut - w/k</p> <p>soft, BS (+)</p> <p>LE- HMB</p> <p>Baby - A BF (+)</p> <p>- M</p>	<p>Adv -</p> <ul style="list-style-type: none"> - Normal diet - w/f Bleeding p/v - Ambulation - Adeq. hydration - Monitor vitals - follow deng chart - Infuse SOB
<p>U-P</p> <p>M-IP</p>		<p>Dr. Kash</p>
6/6/26 1:55pm	<p>Video consultation done by Dr. Himaja</p> <p>cf lesion on index finger (right) with Bleeding.</p> <p>D:- ? Pyogenic granuloma</p> <p>? cubal warts</p>	<p>Adv -</p> <ul style="list-style-type: none"> - Fusidic ointment BD X 1 week. - RF caution.

Dr. Kash



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 10 PM	POD-1 (LSCs) O/E Pt is c/d/c	Adv - Normal diet
PIH (40mm)	Gc fair Afebrile	- W/F bleeding PV - Monitor vitals
Urine passed	BP-112/65 mmHg PR- 85 bpm, S/E - NAD	- Follow drug chart - Adequate hydration - Ambulation
Motion passed	PIA - Ut ~ WR SOFT BS ⊕	- Inform SOC
	LE - NAB Baby - BF ⊕	
		Dr. Keshi Dr. Yogeshwar
7/6/26 8:30 AM	POD-2 (LSCs) O/E Pt is c/d/c	Adv
LE done No active bleeding	Gc fair Afebrile	- Normal diet - W/F bleeding PV
Urine passed	BP-108/69 mmHg PR- 83 bpm, S/E - NAD	- Adequate hydration - Ambulation - Monitor vital
Motion passed	PIA - Ut ~ WR SOFT BS ⊕	- Follow drug chart - Inform SOC
Aseptic dressing done	LE - NAB Baby - BF ⊕	
		Dr. Keshi Dr. Yogeshwar

VIH-00060052 IP-00060234

Mrs SONALI BANERJEE

11-01-1994 32 Y 4 M 25 D (F)

Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhavana K	Date of Delivery: 5/6/26
Assistant Surgeon: Dr. Ashwini	Time of Delivery: 08:17:03 (Sec) AM
Anaesthetist's Name: Dr. Nimabindu	Gender of Baby: MALE
Type of Anaesthesia: - spinal	Weight of Baby: - 3.618 kg
Neonatologist: Dr. Bassha	AGPAR Score: 8/10, 9/10
Scrub Nurse: S/s Manimala	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective Emergency

Indication: ...Pain in R of conception
 2cm cm & floating head
 2 oblique UR.

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: Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: - Elective LSCS & SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: - 400ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

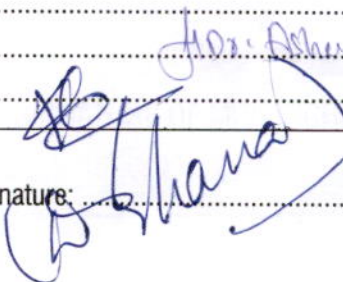
Presentation: Cephalic Breech Other Cervical Dilatation: cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: 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
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Normal Cord around the neck Yes No
Appearance of placenta: Normal Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: Vicryl Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress Monocryl 3-0 Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in 12-24 hrs days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
.....
N.B.MX 4ms
Stoaching
wif bleeding pv
monitor vitals
yellow discharge
inform cos

Doctor Name: Dr. Bhavana K
Date & Time: 16/12

Doctor Signature: 

VH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 25 D (F)
 Dr. BHAVANA K



①

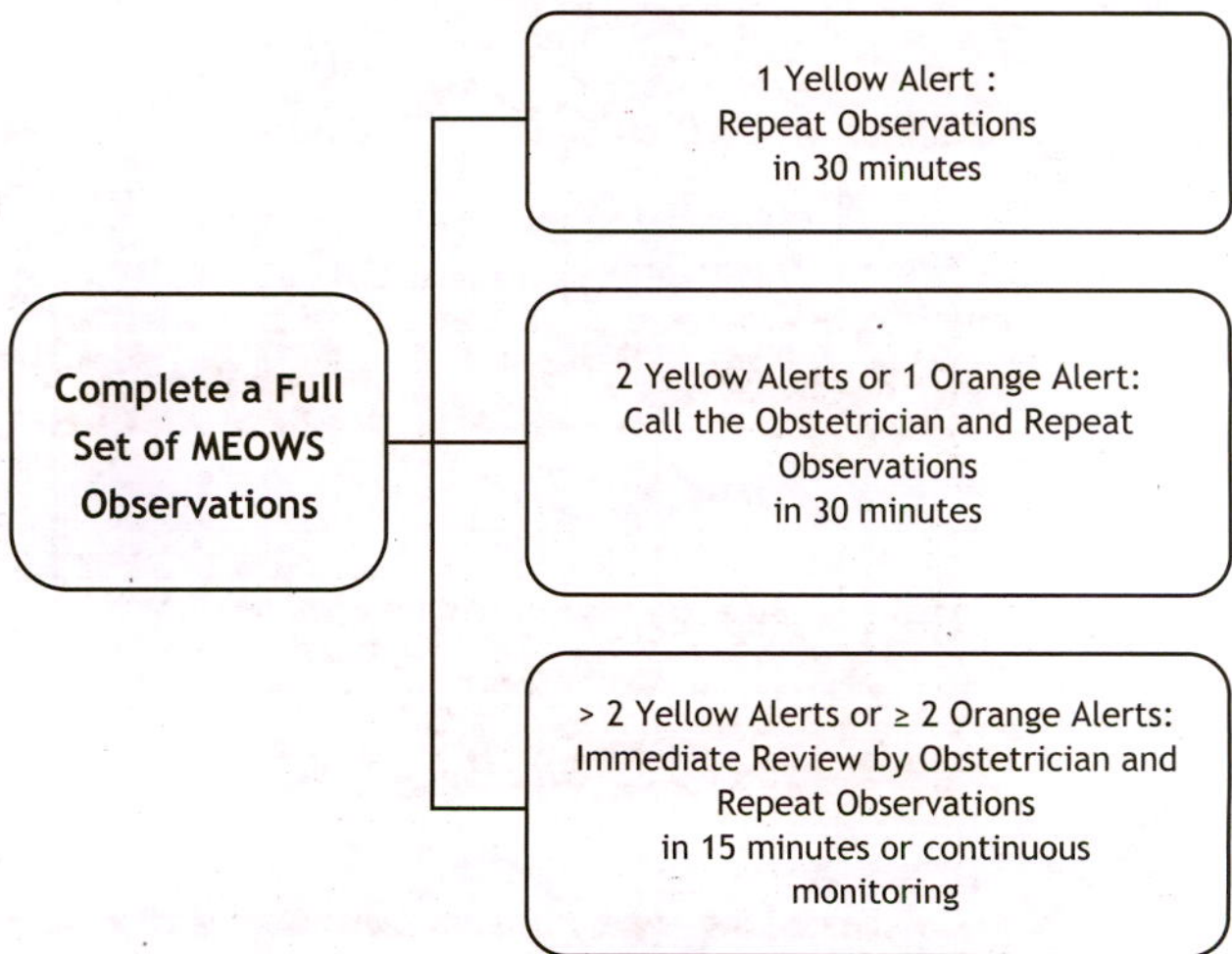


Morning Observation Score Chart - Obstetrics

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																									20	
Saturations	94 - 100 %																									99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																									37	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										99
	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																									NA	
	Heavy / Foul																										
Liquor	Clear / Pink																									NA	
	Green																										
TOTAL YELLOW SCORES																										:	
TOTAL ORANGE SCORES																										:	
Nurse Initial																										an	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 25 D (F)
 Dr. BHAVANA K

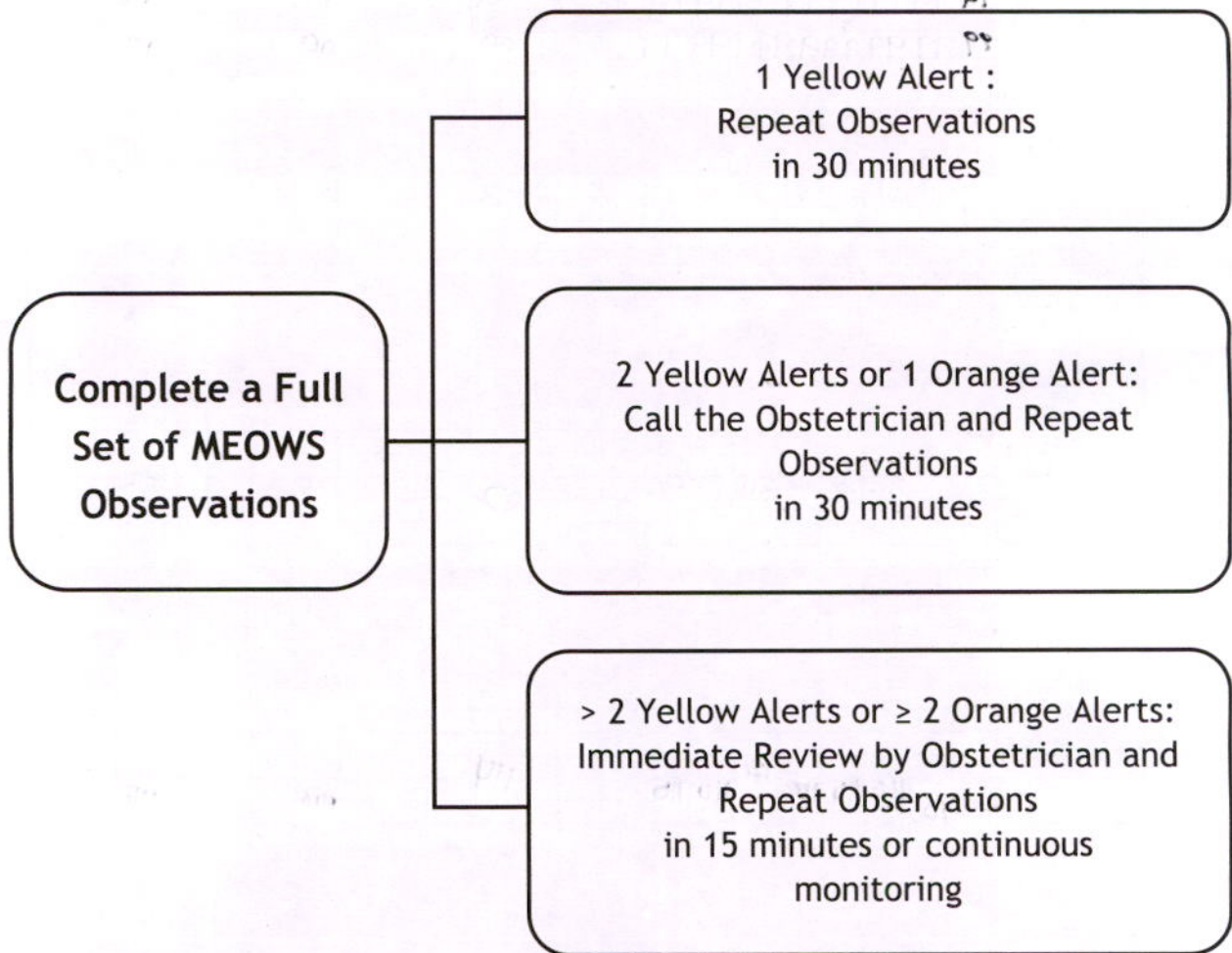


Early warning Observation Score Chart - Obstetrics

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	19	19	19	19	19	19	19	19					19				19				18				19	
	0 - 10																										
	94 - 100 %	99	99	99	99	99	99	99	99	99					99				99				99				99
Saturations	< 94 %																										
Administered O ₂ (L/min.)																											
Temp ^c	40																										
	39																										
	38																										
	37	37	37	36	37	37	37	37	37					36				37				36				37	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	108																									
	90		99																								
	80			86	88		84		86						82				80				83			80	
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	102	100		116	114	118		120		110	110			114				108				110			106	
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50	51		60	64	64	65	60	64	65					76				70				73			78		
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓					✓				✓				✓			✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓					✓				✓				✓			✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA					NA				NA				NA			NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA					NA				NA				NA			NA		
	Green																										
TOTAL YELLOW SCORES		1	0	1	0	0	0	0	0					0				0				0			0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0					0				0				0			0		
Nurse Initial		NA												NA				P				P			P		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

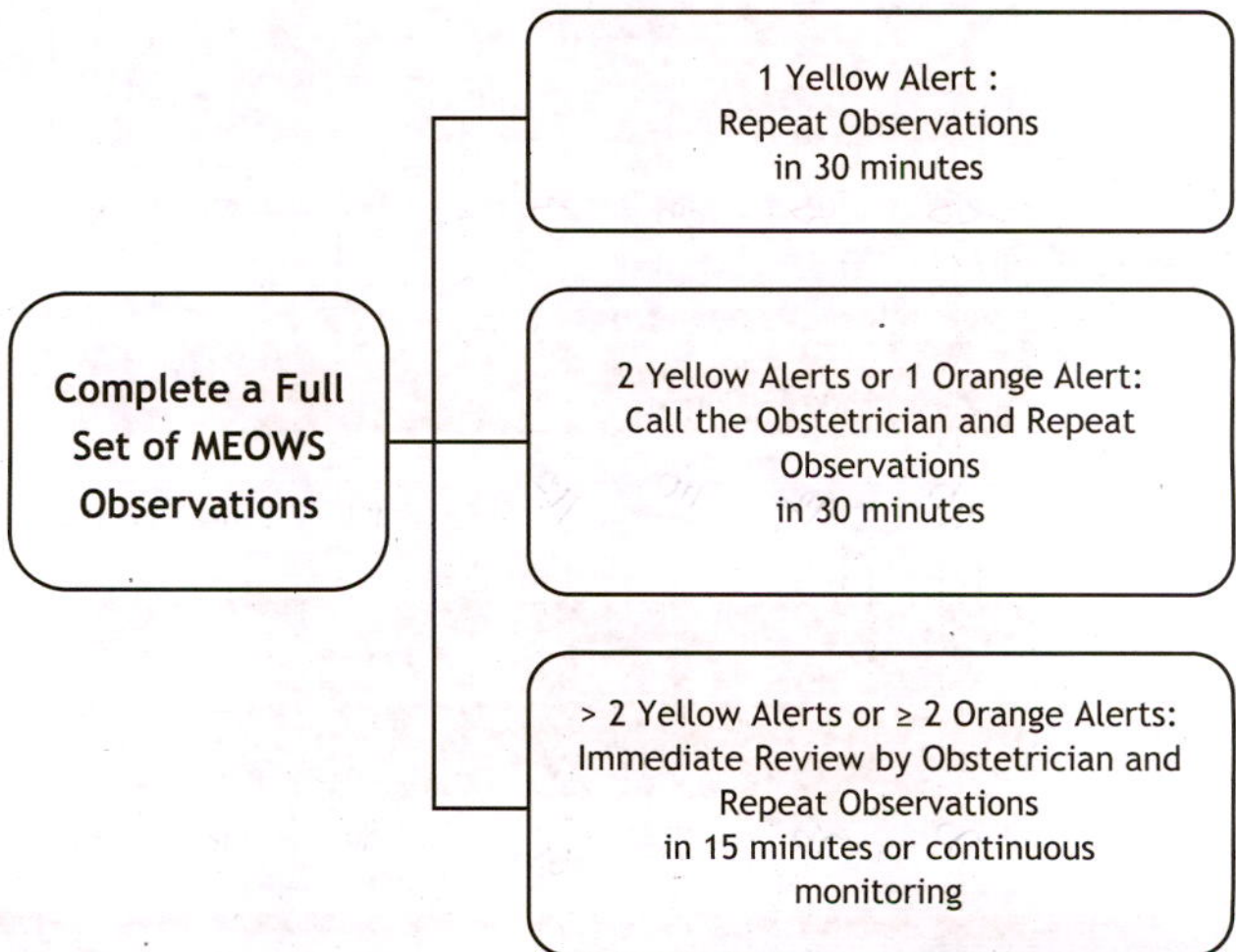


Early Warning Observation Score Chart - Obstetrics

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		19			19				19					19				19			20			19
	0 - 10																								
Saturations	94 - 100 %		98			98				98					97				98			98			99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp ^o C	40																								
	39																								
	38																								
	37		36 ^c			36 ^c					36 ^c					36 ^c				36 ^c					36 ^c
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		88			85				83					85				80			85			83
	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		80			75				68					80				75			72			69
	70																								
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert		✓			✓				✓					✓				✓			✓			✓
	Voice																								
URINE mls / hour	> 30		✓			✓				✓					✓				✓			✓			✓
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal		NA			NA				NA					NA				NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink		0			0				0					NA				NA			NA			NA
	Green																								
TOTAL YELLOW SCORES			1			0				0					0				0			0			0
TOTAL ORANGE SCORES			0			0				0					0				0			0			0
Nurse Initial			B			B				B					B				B			B			B

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 26 D (F)
 Dr. BHAVANA K



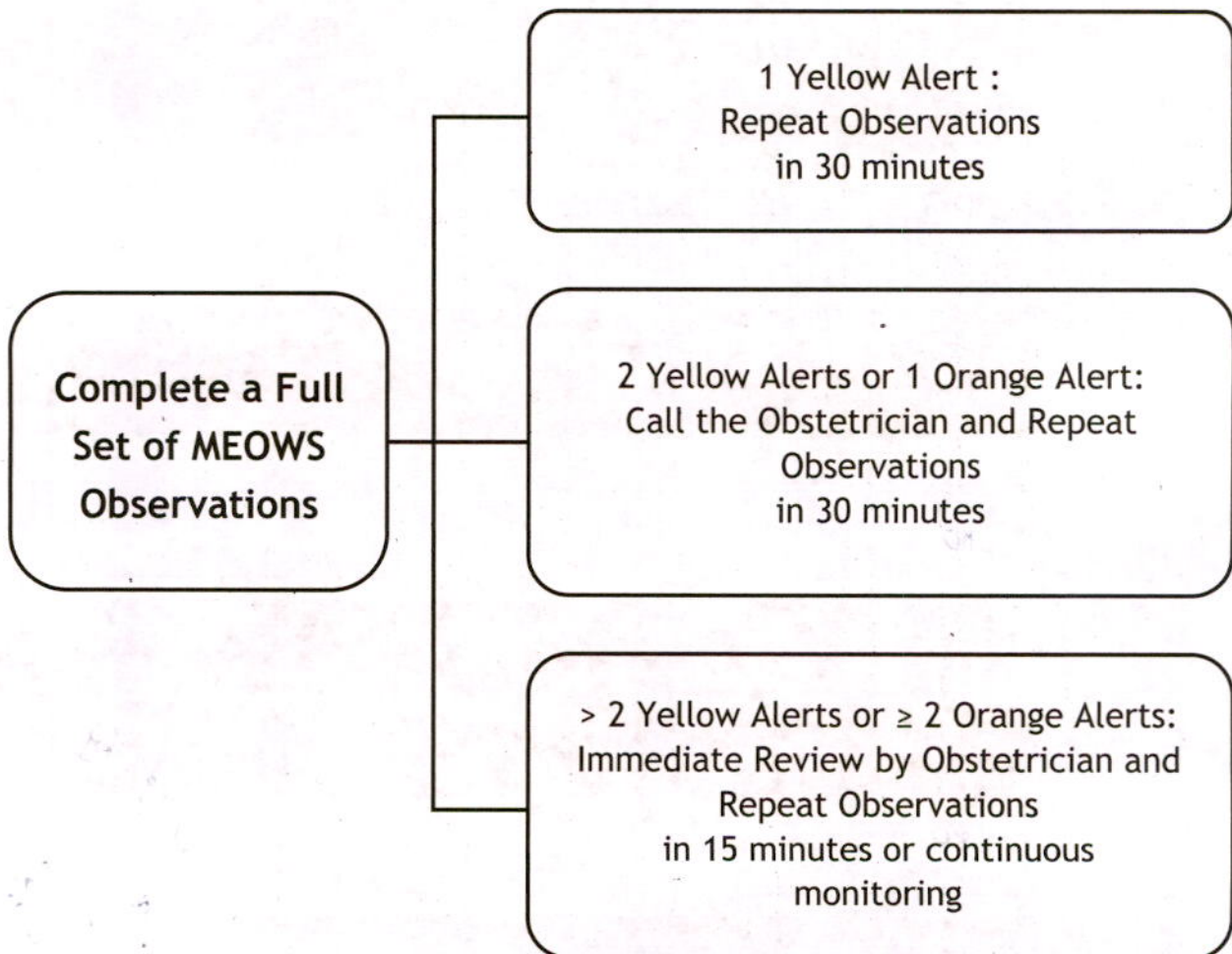
Varning Observation Score Chart - Obstetrics

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

716		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		20																								
	0 - 10																										
Saturations	94 - 100 %		98																								
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37		37C																								
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90		92																								
	80																										
	70																										
	60																										
	50																										
40																											
↑ Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110		110																								
	100																										
	90																										
80																											
70																											
60																											
50																											
↓ Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80		80																								
	70																										
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		✓																								
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓																								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		n/a																								
	Heavy / Foul																										
Liquor	Clear / Pink		n/a																								
	Green																										
TOTAL YELLOW SCORES			0																								
TOTAL ORANGE SCORES			0																								
Nurse Initial			pat																								

Noted by Manasa #16 @ 11 AM

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		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								
5/6/26	08:00 am	NBM + RL	800ml/hr							100	0	Inf.	
	09:00 am	NBM + RL	500ml/hr							200ml	0		
	10:00 am	NBM + RL	100ml/hr							50ml	0		
	11:00 am	NBM + RL	100ml/hr							100ml	0		
	12:00 pm	NBM + RL	100ml/hr							50ml	0		
	01:00 pm	NBM + RL	100ml/hr							50ml	0		
Total Intake : 1700 ml						Total Output : 450 ml							
	02:00 pm	RL	100 ml/hr							100ml	0	} Panchal 5/6/26 @ 3pm	
	03:00 pm	RL	100 ml/hr							100ml	0		
	04:00 pm		Water							100ml	0		
	05:00 pm		H2O							50ml	0		
	06:00 pm									100ml	0		
	07:00 pm		H2O							100ml	0		
Total Intake :						Total Output : 550 ml							
6/6/26	08:00 pm									100ml	0	} Panchal 6/6/26 @ 8pm	
	09:00 pm		Dilly H2O							120ml	0		
	10:00 pm									130ml	0		
	11:00 pm		Supp.							150ml	0		
	12:00 am									200ml	0		
	01:00 am		H2O							100ml	0		
Total Intake :						Total Output : 800 ml							
6/6	02:00 am									300ml	0	} Panchal 6/6/26 @ 8 am	
	03:00 am									200ml	0		
	04:00 am		H2O							150ml	0		
	05:00 am									200ml	0		
	06:00 am									300ml	0		
	07:00 am		H2O							250ml	0		
Total Intake :						Total Output : 1,400 ml							

Total 24 hrs. Intake

Total 24 hrs. Output 3,200 ml



FLUID CHART

Sheet No. : 3

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			
6/6	08:00 am	Daly water									200ml	1 0 1 1 1 1	Endu 32pm 6/6/26
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
6/6/26	02:00 pm	Rice H2O										1 1 1 1 1 1	Endu 6/6/26 @8pm
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	Rice water										1 1 1 1 1 1	Benuika 6/6/26 @1am
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am	water										1 1 1 1 1 1	Benuika 7/5 @7am
	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							

VIH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 26 D (F)
 Dr. BHAVANA K



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.

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
7/16	08:00 am	Fatty + water									1 0 1.5	Nurses #16
	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												

Noted by
 Nurses
 7/16/21
 210.00 AM



FLUID CHART

Sheet No. :

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site 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	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--



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: MICU Shifted to: OT

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	TAB. IRON	1 TAB	PO	ONCE DAILY	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. CALCIUM.	1 TAB	PO	ONCE DAILY	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. METFORMIN	500 MG	PO	TWICE DAILY	4/6/26 10:30 AM	<input type="checkbox"/> C <input checked="" 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. NIKHITA [Signature]

Date & Time : 5/6/2026 6 AM

Nurse Name & Signature : K. Subhasini [Signature]

Date & Time : 5/6/26 6 AM

VIH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 25 D (F)
 Dr. BHAVANA K



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: MICU Shifted to: Room (102)

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	INSJ CEFOTAXIME	1gm	IV	12TH HOURLY	5/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1gm	PO	6TH HOURLY	5/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50mg	PO	8TH HOURLY	5/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. TRAMADOL	100mg	PO	8TH HOURLY	5/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	5/6/26	<input checked="" 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. YOGESHWARI

Date & Time : 5/6/2026 1 PM

Nurse Name & Signature : Prathvesha S

Date & Time : 5/6/2026 1 pm



DRUG CHART

Date of Admission: 5/6/2026 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 85.85kg Ward. 5/100

Dr. Jethka

DRUG : TAB PARACETAMOL				Date Time					
Dose	Route	Frequency	Start Date						
6gm	PO	Q6H	5/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

ERROR
 STOP
 Cut
 mrocenice
 5/6/26
 3 PM

Dr. Jethka

DRUG : TAB DICLOFENAC				Date Time					
Dose	Route	Frequency	Start Date						
50mg	PO	Q6H	5/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

ERROR
 STOP
 Cut
 mrocenice
 5/6/26
 3 PM

Dr. Jethka

DRUG : TAB TRAMADOL				Date Time					
Dose	Route	Frequency	Start Date						
100mg	PO	Q6H	5/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

ERROR
 STOP
 Cut
 or mrocenice
 5/6/26
 3 PM

Dr. Jethka

DRUG : TAB PANTOPRAZOLE				Date Time	5/6	6/6	7/6		
Dose	Route	Frequency	Start Date						
40mg	PO	ONCE DAILY	5/6						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

6 ESW ESW ESW
 AM @ 98 @

Patient Name : *Sonali*



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : <i>T.M.L</i>				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 : <i>INJ CEFOTAXIME</i>				Date	Time
Dose	Route	Frequency	Start Dt.	<i>5/6</i>	<i>6/6</i>
<i>1Gm</i>	<i>IV</i>	<i>12TH HOURS</i>	<i>5/6</i>		
Name & Signature of the Doctor starting the Drugs:					
<i>Dr. Ashwini</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

STOP 6/6/26 10PM DR. YOGESHWARI

DRUG : <i>TAB PARACETAMOL</i>				Date	Time
Dose	Route	Frequency	Start Dt.	<i>5/6</i>	<i>6/6</i>
<i>1Gm</i>	<i>PO</i>	<i>8TH HOURLY</i>	<i>5/6/26</i>		
Name & Signature of the Doctor starting the Drugs:					
<i>Dr. Anamika</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : <i>TAB DICLOFENAC</i>				Date	Time
Dose	Route	Frequency	Start Dt.	<i>5/6</i>	<i>6/6</i>
<i>50MG</i>	<i>PO</i>	<i>8TH HOURLY</i>	<i>5/6/26</i>		
Name & Signature of the Doctor starting the Drugs:					
<i>Dr. Anamika</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

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

DRUG : TAB TRAMADOL				Date	5/6	6/6	7/6														
				Time																	
Dose	Route	Frequency	Start Dt.																		
100mg	PO	8TH HOURLY	5/6/26	12 AM		ESW	ESW														
Name & Signature of the Doctor starting the Drugs:																					
Dr. Bhavana K.				8 AM		ESW	ESW														
Additional Instructions:				4 PM																	
Daily Doctor's Endorsement by a Sign.																					

DRUG : T. CEFIXIME				Date	7/6																	
				Time																		
Dose	Route	Frequency	Start Dt.																			
200mg	PO	12TH HOURLY	6/6/26	10 AM		ESW	ESW															
Name & Signature of the Doctor starting the Drugs:																						
Dr. Yogeshwar				10 PM																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

DRUG : FUSIDIC ACID OINTMENT				Date	6/6	7/6																
				Time																		
Dose	Route	Frequency	Start Dt.																			
	LOCAL APPLICATION	12TH HOURLY	6/6/26	10 AM		ESW	ESW															
Name & Signature of the Doctor starting the Drugs:																						
Dr. Yogeshwar				10 PM																		
Additional Instructions:																						
FUSI WAL OINTMENT																						
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.																						

Dr. Bhavana K 5/6/26
Dr. Yogeshwar 6/6/26
Dr. Yogeshwar 6/6/26

Weight: 85.85 kg Ward: MICU



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6	7:20 Am.	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	Iv	PR	Teja
5/6	6:20 Am	INJ. PANTOPRAZOLE	40 MG	Iv	PR	Teja
5/6	6:20 Am	INJ. METOCLOPRAMIDE	10 MG	Iv	PR	Teja
5/6	8:18 AM	INJ. CARBETOAM	100mg	Iv	PR	Vaishnavi
5/6	9:05 am	DICLOFENAC Sopp.	100mg	PR	PR	Vaishnavi
5/6	9:05 am	RAMADOL Sopp.	100mg	PR	PR	Vaishnavi
5/6	9:05 AM	TMISOPROSTOL	800mcu	PR	PR	Vaishnavi

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

Weight. 85.85 kg Ward. MICU

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	6 AM	RINGER LACTATE	I.V.	F/F	[Signature]	[Signature]	5/6/20	[Signature]	[Signature]
5/6	7 AM	RINGER LACTATE	I.V.	100 ml HR	[Signature]	[Signature]	7/6	[Signature]	[Signature]
5/6	8.24 am	RINGER LACTATE I.V.	I.V.	100ml hr	[Signature]	[Signature]	5/6	[Signature]	[Signature]
5/6	9.20 AM	RINGER LACTATE	I.V.	100ml HR	[Signature]	[Signature]	5/6	[Signature]	[Signature]
5/6	12 PM	RINGER LACTATE	I.V.	100ml HR.	[Signature]	[Signature]	5/6	[Signature]	[Signature]

VERIFIED BY : Name Signature



102

Patient Name : _____
 Registration No.: _____

VH-00060052 IP-00060234
 Mrs SONALI BANERJEE
 11-01-1994 32 Y 4 M 26 D (F)
 Dr. BHAVANA K



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/6/26	00.00	6am		
	1.00	TAB PANTOPRAZOLE 40mg (OD)	[Signature]	Subena
	2.00	TAB DICLOFENAC 50mg (TID)		
	3.00	7am		
	4.00	TAB PARACETAMOL 1gm (TID)	[Signature]	Subena
	5.00	8am		
	6.00	TAB PRANADOL 100mg (TID)	[Signature]	Subena
	7.00	10am		
	8.00	INJ CEFOTAXIME 1gm (BD)		
	9.00	2pm		
	10.00	TAB DICLOFENAC 50mg (TID)		
	11.00	3pm		
	12.00	TAB PARACETAMOL 1gm (TID)		
	13.00	4pm		
	14.00	TAB PRANADOL 100mg (TID)	[Signature]	
	15.00	10pm		
	16.00	TAB DICLOFENAC 50mg (TID)		
	17.00	11pm		
	18.00	TAB PARACETAMOL 1gm (TID)		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

