

**ACTIVITY RECORD FOR BILLING**

VIH-00201962 IP-00060289

Mrs NABIHA NAZEER

Name: - 08-02-2001 25 Y 4 M 2 D (F)  
Dr. RAYAPUDI DIVYA HANUMA

UHID No



Consultant: Dr. Divya Dept: labour ward

Date of Admission: 10/09/26 Time: 1:22 AM Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: 219 Ward: labour ward Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
10/6/26	12pm	2/10	Room (103)	TES




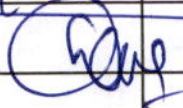
**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
10/6/26	iv placement	(1)	3088604	
10/6/26	PAC	(1)	3088606	
10/6/26	Catheterization	(1)	3088604	
cross checked by manga 10/6/26 @ 6AM				
10/6/26	iv placement	1	3088603	Tara
cross checked by  10/6/26 11:45am				

**ANY OTHER INFORMATION**

.....

.....

.....

.....

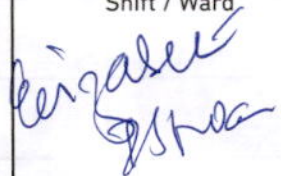
.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward 	Billing Assistant	Billing Supervisor
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MEDICAL RECORD COPY

Name	Mrs NABIHA NAZEER	UHID	VIH-00201962
Father/Guardian	Mr MOHAMMED ASHFAQ	Age/Gender	25 Y 4 M 2 D/Female
Address	HNO 25/40/48/2A ANANTHA SARASWATHI NAGAR EAST ANANDBAGH MALKAJGIRI, East Anand Bagh, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060289	Admission Date	10-06-2026
Ref Doctor	Self	Discharge Date	11-06-2026

### DISCHARGE SUMMARY

**Consultant:** Dr. RAYAPUDI DIVYA HANUMA CHARANI, CONSULTANT  
GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** Primigravida with 37+4 weeks with Hypothyroidism with  
Oligohydramnios in Latent Labour for Delivery.

### ASSISTED VAGINAL DELIVERY DONE ON 10/06/2026

#### History:

LMP: 20/09/2025

Obstetric formula: Primigravida

EDD: 24/06/2026

Gestation at admission: 37+4 weeks

#### Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Father: DM, HTN

Mother: DM, HTN

Surgical History: Cervical Cerclage done in Feb 2026

Allergies: Nil

Name

Mrs NABIHA NAZEER UHID

VIH-00201962

**Antenatal Details:** Mrs. NABIHA NAZEER was unbooked to Rainbow Hospital. Previous ANC's at Dr. Divya Rayapudi Clinic. She had history of Vaginal infection- Candidiasis at 20 weeks and was managed conservatively. Cervical Cerclage done at 20+2 weeks in view of Short Cervix and was removed at 35 weeks. History of spotting PV at 16 weeks and was managed conservatively. She was diagnosed with Hypothyroidism at 28 weeks & is on Tab. Thyroxine 25 mcg. Two doses of Inj. Betamethasone 12 mg covered at 33 weeks. She was admitted at 37+4 weeks with Hypothyroidism with Oligohydramnios in Latent Labour for Delivery.

**Investigations:** Enclosed.

**Blood group: " B" POSITIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus with moderate contractions, cervix was 80 % effaced & 2 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for normal vaginal delivery. Artificial rupture of membrane done at 3-4 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 7 am. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by assisted (outlet forceps) vaginal delivery in view of poor maternal efforts, Forceps applied and locked, traction was applied outwards and upwards at the time of contraction. Baby delivered with one loop of cord around neck, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and

Name

Mrs NABIHA NAZEER UHID

VIH-00201962

membranes delivered completely with controlled cord traction. Prophylactic syntocin given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

### **Delivery Details:**

Date: 10.06.2026

Time of Delivery: 7 :16 AM

Type of Labour: Spontaneous

Type of Delivery: Assisted (Outlet forceps)

Analgesia: Local

### **Baby Details:**

Date: 10.06.2026

Time: 7 :16 AM

Sex: Male

Weight: 3.310 kg

Apgar: 7/10 , 8/10.

Gestational Age: 37+4 weeks

NICU Admission: No.

### **Post-Operative Notes:**

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name

Mrs NABIHA NAZEER UHID

VIH-00201962

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 16.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 16.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 16.06.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 16.06.2026 (7am) before food.
7. Tab. Thyroxine 25 mcg once daily on empty stomach till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Betadine ointment and lotion for local application.
10. Symp. Duphalac 15 ml at bedtime for one week.
11. HPV vaccine after 6 weeks of delivery.

Review after one week on 16.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

**To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to [www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name


Mrs NABIHA NAZEER

UHID

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Name: **MOHAMMED ASHFAQ**


Signature: 

Relationship: **HUSBAND**

This summary was explained by:

Summary prepared by: Dr.

**Registrar/Resident/C.M.O**



**Dr. RAYAPUDI DIVYA HANUMA CHARANI**  
MBBS MS  
CONSULTANT GYNECOLOGIST & OBSTETRICIAN  
93939

PatientName : Mrs NABIHA NAZEER  
 Age/Gender : 25 Y 4 M 2 D/ Female  
 Ward/Bed : N 2F-LABOUR WARD/ LW 219

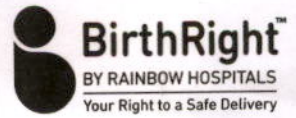
Inpatient No. : IP-00060289  
 Admit Date : 10-06-2026  
 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :10-06-2026 02:17	
HEMOGLOBIN (Colorimetry)	11.6	g/dL	L 12 - 16
RBC COUNT (DC detection method)	4.12	10 <sup>12</sup> /L	4 - 5.2
PCV/HCT (Calculated)	32.7	VOL%	L 33 - 51
MCV (Calculated)	79.5	fL	L 80 - 100
MCH (Calculated)	28.2	pg/cells	26 - 34
MCHC (Calculated)	35.5	g/dL	32 - 36
RDW-CV (Calculated)	12.8	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	211	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	10.7	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	11.27	10 <sup>9</sup> /L	H 4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	79	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	15	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



# SURGERY DETAILS

VIH-00201962 IP-00060289  
 Mrs NABIHA NAZEER  
 08-02-2001 25 Y 4 M 2 D (F)  
 Dr. RAYAPUDI DIVYA HANUMA

Date : 10/6/26

Sl.No. ....

Patient Name ..... Age : 25y Sex : F

UHID No. : 201962 IP No: 60289

Date of Surgery : 10/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : ASSISTED vaginal delivery + Epidural

Time in : 7AM Time Out : 8AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	DR. Divya Rayapudi	.....
2. Anaesthetist	.....	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	.....	.....
5. Circulating Nurse	Marek	.....
6. Asst. Nurse	.....	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C - ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3088624 Ordered by : .....

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00201962 IP-00060289

Mrs NABIHA NAZEER

08-02-2001 25 Y 4 M 2 D (F)

Dr. RAYAPUDI DIVYA HANUMA



Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	02	-	-	
4	Patient Trasfer Forms	01	-	-	
5	In-patient Medical Record	01	-	-	
6	Doctors Progress Sheets	03	-	-	
7	Nurses Progress notes	03	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
10	Conset for Surgery				
	Consent for Blood Transfusion				
	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	02	-	-	
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	-	-	
26	Intake and Output chart (fluid Chart)	03	-	-	
	Drug Chart (Regular prescription)	04	-	-	
	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	20			
	Total No. of Pages	119			

noted by  
Beonika  
11/6  
@10am

Signature and Date : Beonika @ 11/6 @ 10am

# **ERROR LOG**

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP-00060289      **Admit Date** : 10-Jun-2026      **Admit Time** : 01:22 AM      **UHID** : VIH-00201962

**Patient Details :**

<b>Patient Name</b> : Mrs NABIHA NAZEER	<b>Age</b> : 25 Y 4 M 2 D
<b>Guardian</b> : Mr MOHAMMED ASHFAQ	<b>DOB</b> : 08-02-2001
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Marital Status</b> :
<b>Address (H)</b> : HNO 25/40/48/2A ANANTHA SARASWATHI NAGAR EAST ANANDBAGH MALKAJGIRI East Anand Bagh Hyderabad Telangana INDIA 500047	<b>Phone No</b> : 9966554248/ 6301898157 <b>E-mail</b> : NA@GMAIL.COM

**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 MOHAMMED ASHFAQ      **Relationship** : Husband  
**Contact Address** : HNO 25/40/48/2A ANANTHA SARASWATHI  
NAGAR EAST ANANDBAGH MALKAJGIRI East  
Anand Bagh Hyderabad Telangana INDIA  
500047      **Phone No** : 6301898157

  
Signature

**Doctor Details :**


**Doctor Name** : Dr. RAYAPUDI DIVYA HANUMA CHARANI      **Specialisation** : OBSTETRICS AND GYNECOLOGY  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD



# PATIENT TRANSFER FORM

VIH-00201962 IP-00060289  
Mrs NABIHA NAZEER  
08-02-2001 25 Y 4 M 2 D (F)  
Dr. RAYAPUDI DIVYA HANUMA  
  
Treating Consultant

Date & Time of Admission 10/6/26 @ 1.22 Am		Date & Time of Transfer Order 10/6/26 @ 12pm
Transfer Ordered by Dr. Nausheen		Reason for Transfer Room (103)
From Unit L/W	To Unit Room (103)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File NST - (3) (28)	Number of Imaging Films NST - (3)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what? OPHY

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. pan - 15	Baccoub - 1
2.	Tab. calpot - 15	
3.	Tab. Diclofenac - 10	
4.	Sanal - 1	
5.	undypad - 2	

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Nausheen

Name & Signature of Person who is Transferring S/o Kanaka	Name of Person Ordered Transfer Dr. Nausheen
--	---

Patient & Clinical Records Received by : Epidural Catheter Removal  
YES/NO

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

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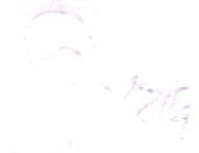


Handwritten text at the top right, possibly a title or header.

Handwritten text in the upper middle section, possibly a list or notes.

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Handwritten text in the middle section, possibly a list or notes.



Handwritten text in the middle left section, possibly a list or notes.

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# IP ADMISSION SHEET FOR OBSTETRICS

### Presenting Complaints

Came to H/O. Pain Abdomen since 8 PM

LMP: 20/1/25

EDD:

Corrected EDD: 24/6/26

GA: 37+4 weeks

Obstetric Formula: Primigravida  
ML - 11 months, NCM

Menstrual History: Regular:  Yes  No

Obstetric History:

G1 - PP, Spontaneous conception

### Obstetric Examination

Fundal Height: ~ TG

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record: Unbooked to RCH

Liquor:  Adequate  Oligo  Poly

Previous ANCE at Dr. DIVYA RAYAPUDI. She had H/O vaginal infection - CANDIDIASIS at 20 weeks & was managed conservatively. Cervical cerclage done at 20+2 weeks H/O short cervix

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Firms Palpable: \_\_\_\_\_

RISK FACTORS: M was removed at 35 weeks

FHS:  Normal  Tachy  Brady  Absent

⊕ 142 bpm

H/O spotting PV at 16 weeks & was managed conservatively. She was diagnosed with hypothyroidism at 28 weeks and is on T. THYROXINE 25mcg. Two doses of Inj. BETAMETHASONE given. 2 ITT two doses given.

### Per Speculum Examination

Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Hypothyroidism (25)  
Latent labour  
Oligohydramnios

### Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Height: ..... cm

Weight: 78 kg

Os: Closed \_\_\_\_\_ Dilated 2cm

Allergies: NIL

Membranes:  Present  Absent

Breast:  Normal  Abnormal

Liquor:  Clear  Meconium  Blood Stained

General Examination:

Presenting Part:  Vertex  Breech  Others

Consciousness: c/d c Pallor: ⊖

Sutton:  -3  -2  -1  0  +1  +2

Icterus: ⊖ Edema: ⊖

Pelvis:  Adequate  Doubtful

Temp: Afebrile PR: 89 bpm

BP: 116/78 mmHg DTR: ⊕

CVS: S1 S2 ⊕ RS BAE ⊕

Liver/Spleen: ⊕ Urine Output: Adequate

### DIAGNOSIS

Primigravida with 37+4 weeks with hypothyroidism with oligohydramnios  
In latent labour for Delivery



<p>Family History:</p> <p>Father - DM, HTN              Mother - DM, HTN</p>	<p>Surgical History:</p> <p>NIL              - Cervical cerclage done in Feb 2026</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>- T-THYROXINE 25 mcg - OD</p>
<p>Plan of Care: <u>C/I to Dr Divya Rayapudi Mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- Normal diet</li> <li>- Pains Preparation</li> <li>- PR monitoring</li> <li>- NST @nd only</li> <li>- Monitor vitals</li> <li>- Following chart</li> <li>- Inform SOS</li> <li>- Send CBP</li> </ul>	<p>Investigations: <u>BLOOD GROUP - B POSITIVE</u></p> <p>25/10/26              HIV }              HBsAg } NR              HCV }              VDRL }</p> <p>CBP - 11.7 / 2600 / 2L              TSH - 4.696</p> <p><u>GROWTH SCAN (7/6/26)</u>              SLIUF              37 weeks              Pl - Fundoposterior lateral wall.              AFI - 9 to 10 cm              AC - 36.49 cm              CFW - 3609 gms              Cephalic.</p> <p><u>TIERA Scan (11/2/26)</u>              SLIUF              20+4 weeks              CL - 29 mm              No Anomalies</p>
<p>Noted by manga 10/6/26 @ 2AM</p>	<p><u>NT Scan (20/2/26)</u>              SLIUF              12+4 wks.              NT - 1.1 mm, CL - 4.10 mm              Navel bones (+)              • Well defined crescent shaped anechoic perigastric collection              - Chronic subchorionic hemorrhage (3.1 mm)</p> <p><u>FCS - low risk</u></p>

Doctor Name: Dr. Geetha  
 Signature: [Signature]  
 Date & Time: 10/6/26, 2 AM

Consultant Name: Dr. DIVYA RAYAPUDI  
 Signature: [Signature]  
 Date & Time: 10/6/26, 2 AM

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	11:30 AM	<p>O/E Pt is c/c</p> <p>GC - fair Adv</p> <p>Afebrile - Soft diet</p> <p>BP - 116/78 mmHg - WIF POL</p> <p>PR - 89 bpm - FHR monitoring</p> <p>S/E - NAD - NST 2nd hly</p> <p>P/A - Ut &amp; TG - Monitor vitals</p> <p>Cephalic - Follow day chart</p> <p>3C/25 sec/10 min - Ambulation</p> <p>FHR ⊕ 142 bpm - Ricking Ball Exercise</p> <p>V/E - CX - 80% effaced - Inform SOS</p> <p>Os - 2 cm</p> <p>PPV 1-2</p>
<p>Noted by pooja @ 11:30 AM 10/6/26 Dr. Geetha</p>		
10/6/26	5:10 AM	<p>O/E Pt is c/c Adv</p> <p>GC - fair, Afebrile - Clear liquids</p> <p>BP - 114/75 mmHg - WIF POL</p> <p>PR - 85 bpm - Continuous FHR monitoring</p> <p>S/E - NAD - NST 2nd hly</p> <p>P/A - Ut &amp; TG - Monitor vitals</p> <p>Cephalic - Follow day chart</p> <p>3C/25 - 30 sec/10 min - Inform SOS</p> <p>FHR ⊕ 151 bpm</p> <p>V/E: CX - 80% effaced, Os 3 to 4 cm,</p>

ARM done @ 5:10 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr. Geetha

10/6/26  
5:45 AM

Q11B Dr. Divya Mam

Q11B Pt is clear  
Vitals stable

PIA - Ut w TG  
Cephalic  
34/30-35 sec/10 min  
FHR ⊕ 148 bpm

VLE - CX: 80% effaced  
OS: 6-7 cm  
PRVX: 1-2

ADV

- Clear liquids
- WIF POL
- Monitor vitals
- Follow drug charts
- Adequate hydration
- Continuous FHR monitoring
- Inform SOS

dictated by Prathub 10/6/26 S. USA

Dr. Divya

10/6/26

7:30 AM

Delivery Notes

Outlet forceps Delivery

Dr Divya Kayapudi mam  
Dr Nausheen  
Sis Manga, Sis Prathyusha

procedure: under aseptic conditions, after meeting all pre requisites, patient moved to the edge of table. MLE given. Forceps applied & locked. Traction was applied outwards & upwards at the time of contraction due to poor maternal efforts.

A Male baby of weight 3.310 kg of age 7/10, 8/10 delivered at 7:16 AM on 10/6/2026. with one loop of cord around neck.

Baby cried immediately, cord clamped & cut. Baby handed over to paediatrician. placenta & membranes expelled. Episiotomy sutured in layers. No perineal tears or extensions noted. PR done. NAD.

Dr. Divya  
Prathub  
23/08  
10/6/26

Male	10/6/26
3.310	7:16 AM

Dr. Nikhita

②

# PROGRESS NOTES

(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26		PND - 0	
7:30 AM		O/E - pt is c/c/c	Adv:
P/L		Gc - Fair	- Soft diet
Hypothyroid		Afebrile	- Adeq. Hydration
		BP - 116/80 mmHg	- w/ F bleeding PV
		PR - 84 bpm	- monitor vitals
		S/E - NAD	- Foley's till
		P/A - w - w/R	evening
		Soft, NT	- Follow drug chart
		L/E - NAB	- Inform SOS
		Baby $\left\langle \begin{matrix} A \\ M \end{matrix} \right. BF \oplus$	Dr. Nikhita
Noted by Prathvika @ 7:30 AM			
10/06/26		PND - 0	
10:00 AM		O/E Pt is c/c/c	Adv
P/L		Gc: fair	- Soft diet
Hypothyroid		Afebrile	- Adequate hydration
		BP: 114/74 mmHg	- w/ F bleeding PV
		PR: 84 bpm	- Monitor vitals
		S/E: NAD	- foley's till evening
		P/A: w - w/R	- follow drug chart
		Soft, NT	- Inform SOS
		L/E: NAB	
		Baby $\left\langle \begin{matrix} A \\ H \end{matrix} \right. BF \oplus$	Dr. Atlas

Noted by

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10/6/26  
12:30pm

P/L1  
Hypothyroidism

Uo - adequate clear

Remove Foley's

PND-0

O/E pt is c/c/c  
Gc fair  
Afebrile  
BP - 113/73 mmHg  
PR - 88 bpm  
S/E - NAD  
P/A - Ut ~ WR  
Soft  
L/E - NAB  
Baby -  $\begin{matrix} \text{A} \\ \text{H} \end{matrix}$  BF ⊕

Adv

- Normal diet
- W/F bleeding PV
- Monitor vitals
- Adequate hydration
- Follow drug chart
- Inform sos

Noted by Ashwin 10/6/26 @ 12:30pm

Dr Yogeshwari

10/6/26  
9pm

P/L1  
Hypothyroidism

Urine passed

Motion not passed

PND-0

O/E pt is c/c/c  
Gc fair  
Afebrile  
BP - 108/77 mmHg  
PR - 88 bpm  
S/E - NAD  
P/A - Ut ~ WR  
Soft  
L/E - NAB  
Baby -  $\begin{matrix} \text{A} \\ \text{H} \end{matrix}$  BF ⊕

Adv

- Normal diet
- W/F bleeding PV
- Monitor vitals
- Adequate hydration
- Ambulation
- Follow drug chart
- Inform sos

Dr Ashwin

Dr Yogeshwari



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	O/E	<u>Adv</u>
7 AM	pt is c/c/c	- Normal diet
	uc-fair	- w/f bleeding PV
	Afebrile	- Adequate hydration
UP	BP- 110/70 mmg	- Ambulation
MP	PR 89.6 bpm	- Monitor Vitals
	S/E - NAD	- Follow drug chart
	PIA - ut ~ WR	- Inform SOS
Pt can be	Soft	
discharged	L/E - NAB	
	Baby ← A BFD	Dr Ashwini
	PV - done	
		Noted by
		11/6/26
		Subha
		8 AM



# Breastfeeding Handover & Assessment Form

Patient's Name:

IP No.:

Date: 10/6/2026

VIH-00201962 IP-00060289  
Mrs NABIHA NAZEER  
08-02-2001 25 Y 4 M 2 D (F)  
Dr. RAYAPUDI DIVYA HANUMA



1. Breastfeeding initiated?

- a. Yes       b. No

2. If No, Reason \_\_\_\_\_

3. Nipple condition:

- a. Nipple well formed  
 b. Flat Nipple  
 c. Inverted nipple  
 d. Short nipple

4. Milk flow:

- a. Good  
 b. Drops of colostrums  
 c. Dry

5. Steps for Positioning and attachment:

- a. Baby goes to the breast  
 b. Mother always sit with a back support  
 c. Ear-shoulder-hip should be in a straight line  
 d. The baby takes a latch on the areola and not on the nipple



Feeding Position:  
Cross-Cradle



Feeding Position:  
Football / Clutch



6. Was the position explained:

- a. Yes
- b. No

7. For Caesarian mothers:

- a. Mother is required sit and feed from the 4th feed
- b. Please explain football hold

8. NICU admission: **NO**

- a. Mother needs to simulate her breast for 2 min every 2 hours

Handover given by *Debra* Handover taken by \_\_\_\_\_

9. Additional notes: *10/6/12 at 7:40 am.*

**Continuity of Care:**

Care Plan:	Date:	Care Plan:	Date:
Care Plan:	Date:	Care Plan:	Date:

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Mrs Nabha Nazeer Age: 29y Sex: F UHID.No: VIH-00201962

Date: 10/6/26 Time: 2:15 am Proposed Operation: Epidural for labor analgesia

Diagnosis: Primigravida 37+4 wks hypo thyroidism

B.P / CRT: 117/71 mmHg HR: 79 bpm Weight: 78 kgs ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 11.7 g/dl Glucose: Protein: HIV: X-Ray:  
 PCV: Urea: Alb: HBS Ag: } NR.  
 WBC: 7600 cells Creat: Total Bill: HCV: 2D Echo:  
 Plate: 2 lakhs Na: Dir. Bill: Blood group: B+ve Stress/Anglo:  
 PT: K: LDH: T3 Other:  
 PTT: Ca++: Alk phos: T4  
 INR: Mg++: Amylase: TSH  
 Cl-: SGOT/SGPT:

Allergies: NKDA.

Medical History: CVS:

RESP: Diabetes:

CNS: Gest hypothyroidism on T-Thyroxine 20mcg OD.

Renal:

Hepatic / GE: Physical Activity:

Others:

Past Anaesthetic History: Cervical cerclage done at 20<sup>th</sup> wks LSPB

Physical Exam: Removed at 35 wks

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: N Neck: N Teeth: Intact.

Lungs: R/L AE (+) clear

Heart: R/S (+)

CNS: NAD

Pregnant:  Yes  No  NA

Venous Access Site: (+)

Spine Exam for regional: Midline.

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL   
 Water / ORS 2 Hours  
 Others 6 Hours
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

Signature: Dr. Brunda Name: Dr. Brunda



Patient Sticker

# POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....

<p style="text-align: center;"><b>BLOOD PRESSURE</b></p> <p style="text-align: center;">• PULSE &gt; &lt;</p> <p style="text-align: center;">• RESP &lt;</p> <p style="text-align: center;">• SPO<sub>2</sub></p>	<p>IV Cannula Site : .....</p> <p><input type="checkbox"/> O<sub>2</sub> Mask                      <input type="checkbox"/> Nasal Prongs</p> <p><input type="checkbox"/> Tracheostomy                  <input type="checkbox"/> T-Piece</p> <p><input type="checkbox"/> Oral Airway                      <input type="checkbox"/> Nasal Airway</p> <p>Vomiting :    <input type="checkbox"/> Yes   <input type="checkbox"/> No      Drug: .....</p> <p>NG Tube :    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Drain:        <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Urinary Catheter: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Chest Tube:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Nil Oral       <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>IV Fluids: .....</p> <p>Oral Feeds: .....</p>
---	--

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						<p>A Minimum Total Score of 8 is Required for Discharge</p> <p>Exceptions to this, are to be explained in the space below by the Discharging Physician:</p>
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 = 0						
TOTAL						

## PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used:    N PASS    FLACC    Wong Baker    NPS

**Reassessment Frequency:**

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
  - a. Every 2 hours for first 24 hours
  - b. After 24 hours every 4 hours
  - c. Prior to pain relieving intervention
  - d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

Date: 10/6/26 Time: 2:15am Procedure done by: Dr. Brunda

CSE / Spinal: (Epidural) Position: Sitting Space: 4-5 Technique (LOR/LOS): (LOS)

Depth: 4.5cm Catheter at Skin: 10cm Attempts: 01

Parasthesia: Yes (0) / No / yes details: \_\_\_\_\_

Solution Composition: 0.1% Bupivacaine + 2µg/cc Fentanyl.

- Any other issues:
- a) \_\_\_\_\_
  - b) \_\_\_\_\_

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
2:15AM	-	1.5% LOX 2ADR 10cc	-	-	117/71	92	-	-
2:35AM	6ml/hr of prepared solution	-	T8	T8	103/72	89	146	pt comfortable.

Delivery Details: Time: 7-10 Am APGAR: 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Good

Patient Satisfaction: Good

Discharge / Shifting ordered by  
 Doctor Signature: [Signature]

Doctor Name: Dr. Brunda

Date and Time: 10/6/26 12:30 pm

[Signature]  
**Epidural Catheter Removed**  
 YES / NO YES

# CONSENT FOR SPECIAL PROCEDURES



Patient Name : Mrs. Nabihah Nazeeer Gender:  Male  Female

UHID No : VH-00201962 Department : Anesthesiology Date : 10/6/26

I Mrs. Nabihah Nazeeer S/D/W/O

Here by give consent for procedure of : Epidural for labor analgesia

For my patient, Named : Mrs. Nabihah Nazeeer

The doctors have clearly explained to me that the procedure has following possible complications:

Hemodynamic Instability, unilateral or patchy block, need for Resitation, accidental dural puncture or nerve damage, Post dural puncture headache, Itching, Shivering

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV Opioids, Entonox

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Brunda

**Patient Attendant :**

Signature : [Signature]

Name : NABIHA NAZEER .

Relationship with Patient: SELF

Date & Time : 10/6/26, 2AM

**Witness :**

Signature : [Signature]

Name : MUHAMMAD ASHRAF .

Date & Time : 10/6/26, 2AM

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr Brunda

Date & Time : 10/6/26, 2am

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

**సహాయకుడు (అటెండెంట్)**

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

**స్వాక్షి**

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00201962 IP-00060289  
 Mrs NABIHA NAZEER  
 08-02-2001 25 Y 4 M 2 D (F)  
 Dr. RAYAPUDI DIVYA HANUMA



# PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Patient Name: Mrs. Nabihha Nazeeer Gender:  Male  Female UHID. No: VIH-00201962 Age: 25y

Date: 10/6/26 In-Time: ..... Out-Time: .....

Doctor Performing Procedure: Dr. Brunda Doctor Giving Sedation: ..... Assisting Nurse: prathyusha

SIGN IN		Time: <u>2:15am</u>		TIME OUT		Time: .....		SIGN OUT		Time: .....	
	Yes	No	NA		Yes	No	NA		Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of the Surgical / Invasive Procedure is recorded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required documents, images, studies are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instrument, Sponge and Needle Count Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPO Status Checked from Patient / Patient Attendant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correct Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specimens are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent is Signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All the team members introduced	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any equipment problems are addressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any need for blood products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
If Yes Comment: .....											
Any Risk of Hemodynamic Compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
If Yes Comment: .....											
Any drug or food allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
If Yes Comment: .....											
Correct Site of Procedure Marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
All resources required are correct, available and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Signature of the Doctor: <u>B. d.</u>				Signature of the Nurse: <u>A</u>				Signature of the Nurse: <u>A</u>			
Name of the Doctor: <u>Dr. Brunda</u>				Name of the Nurse: <u>prathyusha</u>				Name of the Nurse: <u>prathyusha</u>			

**Any Adverse / Unexpected Events**

.....

.....

.....



# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MU. NABIHA NAZEER ..... Age : 25yrs Gender :  M  F  
UHID / IP No. : VHM-0020/962/IP-60289 Date : 10/6/20 Time : 2AM

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : Dr. DIVYA RAYAPUDI

**Consentee :**

Signature : [Signature]

Name : NABIHA NAZEER

Date & Time : 10/6/20, 2AM

**Witness:**

Signature : [Signature]

Name : [Name]

Date & Time : 10/6/20, 2AM

**Patient Attendant :**

Signature : [Signature]

Name : MUHAMMED ASHRAF

Relationship with Patient : HUSBAND

Date & Time : 10/6/20, 2AM

**Doctor :**

Signature : [Signature]

Name : Dr. Geetha

Date & Time : 10/6/20, 2AM

# INFORMED CONSENT FOR VAGINAL BIRTH

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery



**Rainbow Children's Hospital**  
It takes a lot to love the kids

UHID No. : 11111111111111111111 Date : 11/11/2011 Time : 11:11 AM  
Patient Name : Ms. Anjali K. S. Age : 28 Gender :  M  F

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : Dr. Anand S. S.

Witness: \_\_\_\_\_ Consentee: \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

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

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

Doctor : \_\_\_\_\_ Patient Attendant : \_\_\_\_\_

Signature : \_\_\_\_\_ Signature : \_\_\_\_\_

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

Date & Time : \_\_\_\_\_ Relationship with Patient: \_\_\_\_\_

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

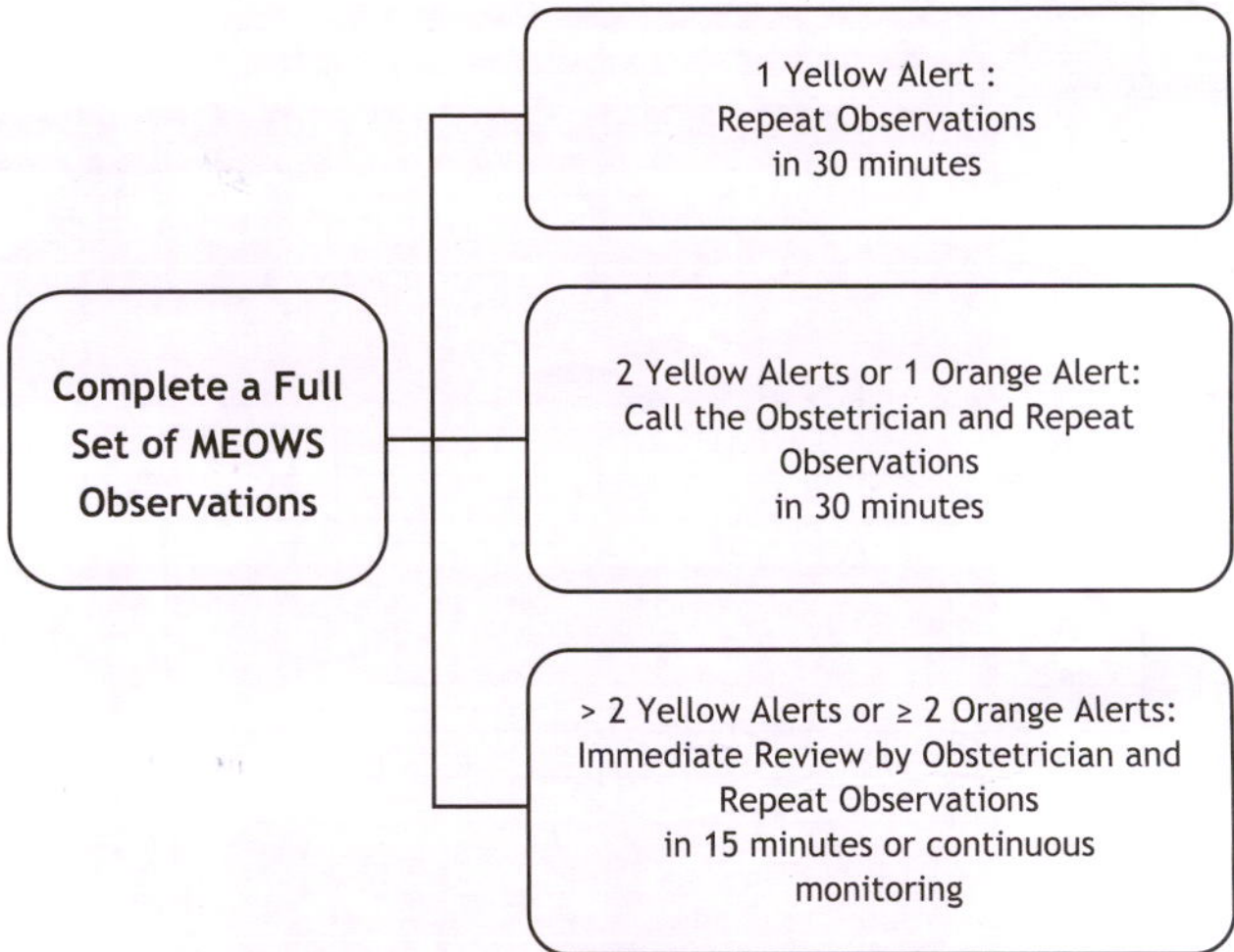
1

## 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 <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 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																									

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



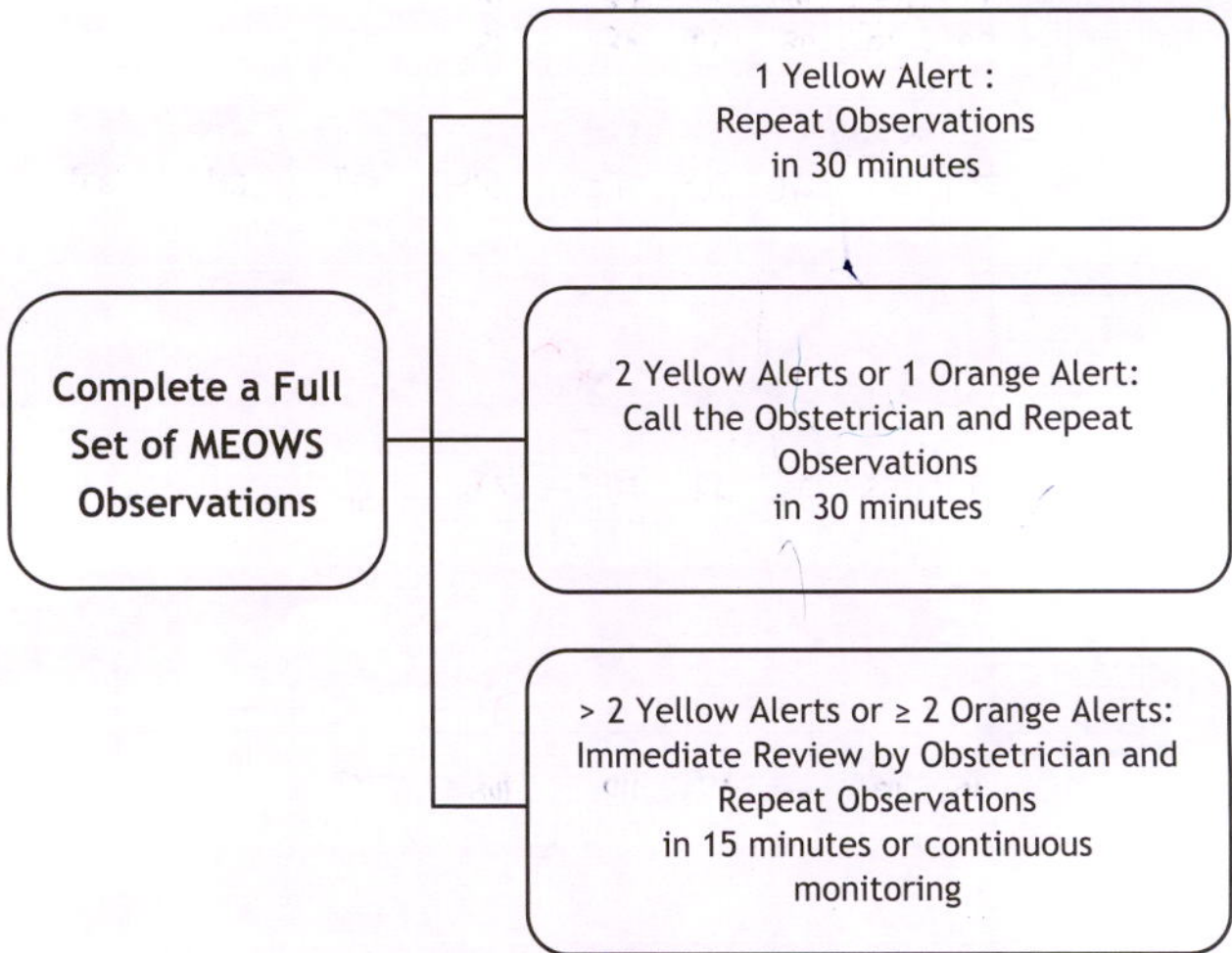
2

## 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		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
Time																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	18	19	18	18	18	18	18	19	20	18													
	0 - 10																									
Saturations	94 - 100 %	99	99	98	99	98	98	98	95	97	96	100														
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37C	37C	36	36C	37C	37C	37C	37C	37C	37C	37C														
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	80	88	75	77	86	88	70	69	50	69															
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110	113	110	115	110	108	101	112	116	105															
	100																									
	90																									
80																										
70																										
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80	70	73	70	75	70	77	59	65	70	85																
70																										
60																										
50																										
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	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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# Early Warning Observation Score Chart - Obstetrics

**CONTACT TRIGGER:** VIH-00201962 IP-00060289  
 Mrs NABIHA NAZEER  
 08-02-2001 25 Y 4 M 2 D (F)  
 Dr. RAYAPUDI DIVYA HANUMA

**INTERVENTION IF PATIENT SHOWS LOW SCORES AT ANY ONE TIME**

Name : ..... Date of Birth : .....

UHID No. : ..... IP No. : .....

		Date	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			19																							
	11 - 20																										
	0 - 10																										
Saturations	94 - 100%			98																							
	< 94%																										
Administered O <sub>2</sub> (L/min)																											
Temp °C	40																										
	39																										
	38																										
	37			37																							
	36																										
	<35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			110																							
	100																										
	90			92																							
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70			70																							
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
70			70																								
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
URINE mis / hour	>30																										
	<30			✓																							
Proteinuria	Protein ++																										
	Protein>++																										
Lochia	Normal			NA																							
	Heavy / Foul																										
Liquor	Clear / Pink			++																							
	Green																										
TOTAL YELLOW SCORE				0																							
TOTAL ORANGE SCORE				0																							

Noted by  
 Beena  
 11/6  
 @ 10:00 AM

# FLUID CHART

Sheet No. :     9    

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b> 50ml					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b> 450ml					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>		<b>1600 ml</b>										
<b>Total 24 hrs. Output</b>		<b>Paused</b>										

Date      Time  
~~Rate~~      FHR      Contractions

3/6/26

2am

155b/min

3am

160b/min

irritable.

4am

148b/min

5am

152b/min

6am

100b/min

---

7am

delivered

8am



# FLUID CHART

Sheet No. : ..... 2 .....

10/6

- 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 Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine	
			Mouth	I.V	N.G								
10/6/20	08:00 am	H <sub>2</sub> O + 50ml								50ml	0	[Signature] 10/6/20	
	09:00 am	H <sub>2</sub> O + 50ml								50ml	0		
	10:00 am	H <sub>2</sub> O + 50ml								50ml	0		
	11:00 am	H <sub>2</sub> O + 100ml								50ml	0		
	12:00 pm		200ml	200ml									[Signature] 10/6
	01:00 pm			200ml									
	Total Intake : 400ml					Total Output :							@ 2pm
10/6	02:00 pm			100ml								[Signature] 10/6 @ 4pm	
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake : 100ml					Total Output :								
10/6	08:00 pm											[Signature]	
	09:00 pm		Rice										
	10:00 pm												
	11:00 pm		water										
	12:00 am												
	01:00 am												
Total Intake :					Total Output :								
11/6/20	02:00 am											[Signature] 11/6/20 @ 7am	
	03:00 am		water										
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :					Total Output :								
Total 24 hrs. Intake		500ml			Total 24 hrs. Output		4 times						

**FLUID CHART**


Sheet No. : 2

11/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/6	08:00 am	Poly water										11/6 Beeonika
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						

Noted by  
 Beeonika  
 11/6  
 @10:00 AM

VIH-00201962  
 Mrs NABIHA NAZEER  
 08-02-2001 25 Y 4 M 2 D (F)  
 Dr. RAYAPUDI DIVYA HANUMA  


# FLUID CHART

Sheet No. : .....

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

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



2

## 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: LW Shifted to: Room 103

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. THYROXINE	25 MCG	PO	ONCE DAILY	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. CEFIXIME	200 MG	PO	12TH HOURLY	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PARACETAMOL	1 GM	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DICLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SYN. LACTULOSE	15 ML	PO	ONCE DAILY		<input checked="" 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

Date & Time: 10/6/2026 9 AM

Nurse Name & Signature: Prathiba

Date & Time: 10/6/26 9am

Sumedha  
 Epidural Catheter Removed  
 YES / NO



## 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: Room C

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. IRON	1 TABS	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TRIPOLIC ACID	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. THYROXINE	25 MCG	PO	ONCE DAILY	9/6/26	<input checked="" 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. Geeshma

Date & Time: 10/6/26, 11:30 AM

Nurse Name & Signature: Pradyosha

Date & Time: 10/6/26 @ 11:30 AM



# DRUG CHART

Date of Admission: 10/6/20 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)

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

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

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

Signature  
VERIFIED BY : Name



**REGULAR PRESCRIPTIONS**


Weight. 78kg Ward. 7/10


Dr. Jayabala


Dr. Jayabala


Dr. Jayabala

Dr. Jayabala

<b>DRUG : TAB. PANTOPRAZOLE</b>				Date Time	10/6 11/6
Dose	Route	Frequency	Start Date		
40MG	PO	ONCE DAILY	10/6		
Name & Signature of the Doctor Starting the Drugs:				6 AM	
 DR. NIKHITA.					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG : TAB. CEFIXIME</b>				Date Time	10/6
Dose	Route	Frequency	Start Date		
200MG	PO	12TH HOURLY	10/6	10 AM	
Name & Signature of the Doctor Starting the Drugs:				10 PM	
 DR. NIKHITA.					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG : TAB. PARACETAMOL</b>				Date Time	10/6 11/6
Dose	Route	Frequency	Start Date		
1GM	PO	8TH HOURLY	10/6	6 PM	
Name & Signature of the Doctor Starting the Drugs:				2 PM	
 DR. NIKHITA.				10 PM	
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG : TAB. DICLOFENAC</b>				Date Time	10/6 11/6
Dose	Route	Frequency	Start Date		
50MG	PO	8TH HOURLY	10/6	7 AM	
Name & Signature of the Doctor Starting the Drugs:				3 PM	
 DR. NIKHITA.				11 PM	
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					



Weight. 78kg Ward. 11C

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE LOTION		Dose				
		Dr. Sign.				
Route	Start Date	Dose				
LOCAL	10/6	Dr. Sign.				
Name & Signature of the Doctor		Dose				
<u>DR. NIKHITA</u>		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE OINTMENT		Dose				
		Dr. Sign.				
Route	Start Date	Dose				
LOCAL	10/6	Dr. Sign.				
Name & Signature of the Doctor		Dose				
<u>DR. NIKHITA</u>		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	1:45 AM	ENEMA PROCTOCYLID	100 ML	PR	<u>[Signature]</u>	<u>Mang</u> <u>Poo</u>
10/6/26	4:10 AM	INI OXIDANT STROM	4 MG	IV	<u>[Signature]</u>	<u>Mang</u> <u>Poo</u>
10/6/26	7:20 AM	INI CEFOTAXIME (AFTER TEST POS)	1 GM	IV	<u>[Signature]</u>	<u>Poo</u> <u>Mang</u>
10/6/26	6:00 AM	INI PANTOPRAZOLE	40 MG	IV	<u>[Signature]</u>	<u>Mang</u> <u>Poo</u>
10/6/26	6:10 AM	INI METOCLOPRAMIDE	10 MG	IV	<u>[Signature]</u>	<u>Mang</u> <u>Poo</u>
10/6/26	6:30 AM	INI TRANEXAMIC ACID	1 GM	IV	<u>[Signature]</u>	<u>Poo</u> <u>Mang</u>
10/6/26	6:45 AM	INI DROTAVERINE	40 MG	IV	<u>[Signature]</u>	<u>Poo</u> <u>Mang</u>
10/6/26	6:47 AM	INI VALETHAMATE BROMIDE	8 MG	IV	<u>[Signature]</u>	<u>Poo</u> <u>Mang</u>
10/6/26	7:30 AM	INI VALETHAMATE BROMIDE	8 MG	IV	<u>[Signature]</u>	<u>Mang</u> <u>Poo</u>

VERIFIED BY: [Signature] Time: 10:30 AM Signature: [Signature]



I.V. FLUIDS CHART

Weight: 78kg Ward: 11

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

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
10/6/26	2:00 AM	RINGER LACTATE	IV	100ml/hr	g	B G	10/6/26	G	B G
10/6/26	2:50 AM	RINGER LACTATE	IV	100ml/hr	g	A M	10/6/26	G	A M
10/6/26	5:30 AM	RINGER LACTATE	IV	100ml/hr	g	A P	10/6	G	A P
10/6/26	6 AM	RINGER LACTATE	IV	FF	g	A P	b/c	G	A P
10/6/26	6 AM	INJ OXYTOCIN 5U IN 500 ML RINGER LACTATE	IV	100ml/hr	g	A P	10/6	A	A P
10/6/26	7:25 AM	INJ. OXYTOCIN 20 IU IN 500 ML RINGER LACTATE	IV	F/F	A	A M	10/6	A	A M
10/6/26	1 PM	INJ. OXYTOCIN 10 UNITS IN 500ML RINGER LACTATE	IV	FF	g	A P			

Patient	I.P. No.	Sheet No. <u>1</u>	Wards <u>hw</u>	Weight (kg) <u>18.5</u>
---------	----------	--------------------	-----------------	-------------------------

**REGULAR PRESCRIPTIONS**

<b>DRUG : Symp · LACTULOSE</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	10/6																
Name & Signature of the Doctor starting the Drugs: <u>DR · NIKHITA</u>																			
Additional Instructions: <u>AT BED TIME</u>																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : TAB · THYROXINE</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
25 MCG	PO	ONCE DAILY	10/6																
Name & Signature of the Doctor starting the Drugs: <u>DR · NIKHITA</u>																			
Additional Instructions: <u>ON EMPTY STOMACH .</u>																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



VIP-00001902 IP-00000209  
Mrs NABIHA NAZEER  
08-02-2001 25 Y 4 M 2 D (F)  
Dr. RAYAPUDI DIVYA HANUMA



I.P. No.	Sheet No.	Wards	Weight (kg)
	①	Juw	70kg

REGULAR PRESCRIPTIONS

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.																						

<b>DRUG :</b>				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign.																							



**ESTIMATION SLIP**



Date: 30/05/26 UHID/IP No.: NFN Sl. No.: 12599  
 Name of Patient: Ms. Nabina Nazkar Age: 325 Gender: F  
 Band's Name: Mr. Mohammed Ashraf Corporate/Occupation: put  
 Address: \_\_\_\_\_ Phone: 9966554248 Email: \_\_\_\_\_  
 Procedure/Plan: NVD LSCS EDD/DOS: 24/06/26

MODE OF PAYMENT:  SELF  TPA: BAJAJ  GIPSA: \_\_\_\_\_  OTHER

**TARIFF INFORMATION :**

Dr. Divya Rayapudi

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>92,000/-</u>	<u>1,02,000/-</u>
Deluxe Room	<u>1,07,000/-</u>	<u>1,17,000/-</u>
Super Deluxe Room		
Package Includes	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
	Length of Stay for : <u>2 Day (48 hrs)</u>	Length of Stay for : <u>3 Day (72 hrs)</u>
	Pharmacy up to : <u>9,000/-</u>	Pharmacy up to : <u>12,000/-</u>
	Investigations up to : <u>2,500/-</u>	Investigations up to : <u>3,000/-</u>

Others IPM-10,000/-, NHA-1,000/-, IPF-1,500/-, MRD-2,500/-, LAC-2,000/-, Oct-1,000/day, Massage-850/-, S-I-DA, S-I-Inst  
 Neonatologist Charges:  Covered  Not Covered Epidural/Entonox:  Covered  Not Covered

Initial Minimum Deposit: 20,000

**REMARKS :**

- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.**
- In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- For Non-medicals, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**

I Abha have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: Abha Signatory Relationship: \_\_\_\_\_ Signature of the Financial Counselor: TS.A