

LSG  
Cm complete



### ACTIVITY RECORD FOR BILLING

VIH-00182886 IP-00060473  
Mrs SAI RAVALI

Name: -----  
06-10-1994 31 Yrs M 19 D (F)  
Dr. KAPPAGANTULA APARNA

UHID No : -----  


----- Consultant : ----- Dept : -----

Date of Admission : 25/6/26 Time : 7:31 AM Date of Discharge : ----- Time : -----

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

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>25/6/26</u>	<u>9:30 AM</u>	<u>MICU</u>	<u>OT</u>	<u>[Signature]</u>
<u>25/6/26</u>	<u>11 AM</u>	<u>OT</u>	<u>MICU</u>	<u>[Signature]</u>
<u>25/6/26</u>	<u>5 PM</u>	<u>MICU</u>	<u>(206)</u>	<u>[Signature]</u>

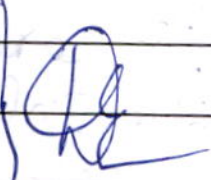
### Cross Consultation Visit

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





**PROCEEDURE**

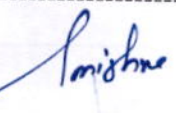
Date	Proceedure	Quantity	Order No.	Signature
25/6/26	Iv placement -1	①	3094277	} 
25/6/26	PAC	①	3094276	
25/6/26	Catheterization	①	3094277	
cross chnd by		J	Chitra v. 25/6/26	


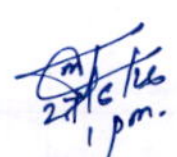
**ANY OTHER INFORMATION**

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 -----  
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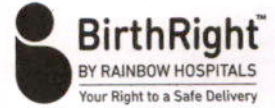
Date: 27/6/26

Time: 1 pm

Prepared By: 

Staff Nurse  	Shift / Ward   27/6/26 1 pm.	Billing Assistant	Billing Supervisor
--	---	-------------------	--------------------

VIH-00182886 IP-00060473  
 Patient: Mrs SAI RAVALI  
 08-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



## SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. Sai Raval Date of Birth: 06-10-1994 Age: 31Y

Gender: Female Ward : OT UHID No.: 182886

Date of Surgery: 25/6/26  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2

Name of the Surgery : ELECTIVE LOWER SEGMENT CESAREAN SECTION

Time in : 9:47 AM

Time Out : 10:45 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. K. Aparna</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Madhav</u>	
3. Assistant Surgeon	<u>Dr. Ashwini / Dr. Greshma</u>	
4. OT Technician	<u>Tech. Vaishnavi / Ritush</u>	
5. Circulating Nurse	<u>Sr. Praveena / Sneha</u>	
6. Assistant Nurse	<u>Sr. Mani</u>	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3094294 / 3094295

Order by: Reby.f

INSURANCE COPY

Name	Mrs SAI RAVALI	UHID	VIH-00182886
Father/Guardian	Mr K ANJAN KRISHNA KUMAR	Age/Gender	31 Y 8 M 19 D/Female
Address	ALWAL, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060473	Admission Date	25-06-2026
Ref Doctor	Self	Discharge Date	27-06-2026

## DISCHARGE SUMMARY

**Consultant:** Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

**Diagnosis:** G2P1L1 with 37+6 weeks with previous LSCS with hypothyroidism for Elective lower segment cesarean section.

**ELECTIVE LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 25.06.2026.**

### **History:**

LMP: 19.10.2025

Obstetric formula: G2P1L1

EDD: 10.07.2026

Gestation at admission: 37+6 weeks

### **Obstetric History:**

G1 - Female/ 7 years/ FTLSCS/ PROM/ 3.4kg/ A&H/ Tarapulivalla hospital/ BF x 2 years.

G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Both parents- DM

Surgical History: Previous LSCS

Name

Mrs SAI RAVALI

UHID

VIH-00182886

Allergies: Nil

**Antenatal Details:** Mrs SAI RAVALI was booked to Rainbow hospital since conception. H/o UTI at 13+4 weeks, Urine c/s E.coli positive & was managed conservatively. H/o Productive cough at 22+5 weeks & was managed conservatively, Physician review done, Pulmonologist review done. She was diagnosed with Hypothyroidism since conception & was on Tab Thyroxine 25mcg OD. She had regular antenatal checkups and investigations as advised. She was admitted at 37+6 weeks with previous LSCS with hypothyroidism for Elective lower segment cesarean section.

**Investigations:** Enclosed

Blood group: 'O' **POSITIVE**

**Management: Course in hospital:**

She was prepared for elective C-section with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

**Surgery Notes: Operative Details:**

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count

Name

Mrs SAI RAVALI

UHID

checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg sublingual and 200 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 25.06.2026

Time of Delivery: 10:00:47AM

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

**Baby Details:**

Date: 25.06.2026

Time: 10:00:47AM

Sex: Female

Weight: 3.508kg

Apgar: 7/10, 9/10

Gestational Age: 37+6weeks

NICU Admission: No

**Post-Operative Notes:** Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. 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 SAI RAVALI

UHID

VIH-00182886

**Advice:**

1. Tab. Cefuroxime 500mg (Ceftum-500mg) twice daily till 01.07.2026 (9am-9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 650mg) twice daily till 01.07.2026 (12pm-5pm) after food.
3. Tab. Hifenac-P twice daily till 01.07.2026 (8am-9pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 01.07.2026 (7am) before food.
5. Tab. FUR-XT once daily (11am) for three months after breakfast.
6. Tab. C-Dense 1 tablet once daily (2pm) till breast feeding after food.
7. Continue Tab Thyroxine 25mcg once daily on empty somach (7Am) till further orders
8. Repeat TSH after 6weeks, review with reports
9. Neomycin ointment for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 5 days on 29.06.2026 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).

For Women Who Have Had a Cesarean Section.

**Care of the wound:**

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield

Name

Mrs SAI RAVALI

UHID



- solution and allow them to air dry or use disposable paper napkins.  
5. Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.  
6. Do not touch the wound with unwashed hands.

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:

Signature:

Relationship:

This summary was explained by:

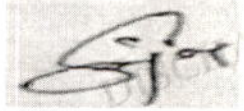
Summary prepared by: Dr.

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

**Dr. KAPPAGANTULA APARNA**  
MBBS, MD  
OBSTETRICIAN & GYNAECOLOGIST  
43142

**PatientName** : Mrs SAI RAVALI **Inpatient No.** : IP-00060473  
**Age/Gender** : 31 Y 8 M 19 D/ Female **Admit Date** : 25-06-2026  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219 **Discharge Date** :

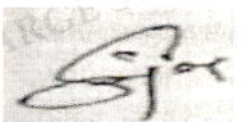
Investigation	Result	Unit	Biological Reference Interval
<b>BLOOD GROUPING (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 08:01
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 00:29
HEMOGLOBIN (Colorimetry)	9.5	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.17	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	26.7	VOL%	L 33 - 51
MCV (Calculated)	84.3	fL	80 - 100
MCH (Calculated)	29.8	pg/cells	26 - 34
MCHC (Calculated)	35.3	g/dL	32 - 36
RDW-CV (Calculated)	14.4	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	202	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	6.6	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.84	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	84	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	12	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL WITH RELATIVE NEUTROPHILIA PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VH-00182886  
 Mrs SAI RAVALI  
 06-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

Patient Name :

IP.No: 60473

Ward:

DOA: 25/6/26



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Transfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Medical Reconciliation	2	✓	✓	
	Pain Assessment	2	✓	✓	
	Braden Q	3	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Others	12	✓	✓	
	Total No. of Pages	54 pages			

Signature and Date : *Mushy*  
 27/6/26  
 @Ran

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET



## Registration Details :

Admission No : IP-00060473

Admit Date : 25-Jun-2026

Admit Time : 07:31 AM UHID : VIH-00182886

## Patient Details :

Patient Name : Mrs SAI RAVALI

Age : 31 Y 8 M 19 D

Guardian : Mr K ANJAN KRISHNA KUMAR

DOB : 06-10-1994

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : ALWAL Alwal Hyderabad Telangana INDIA  
500010

Phone No : 8121436555/ 9581571109

E-mail : ravalisharma96@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 K ANJAN KRISHNA KUMAR

Relationship : W/O

Contact Address : ALWAL Alwal Hyderabad Telangana INDIA  
500010

Phone No : 8121436555 / 9581571109

K. Anjan  
Signature

## Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

## Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD



# IP ADMISSION SHEET FOR OBSTETRICS

### Presenting Complaints

LMP: 19/10/25 EDD:  
Corrected EDD: 10/7/26 GA: 37+6 weeks

Obstetric Formula: G2P1L1  
ML- 8yrs NCM.

Menstrual History: Regular:  Yes  No

### Obstetric History:

G1 - Female / 7yrs / FTLSCS / PROM / 3.4 kgs / ANW / Taraputivilla Hospital  
G2 - PP, sp conception

### Obstetric Examination

Fundal Height: Taraputivilla Hospital BF x 24s

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others

### Head Fifts Palpable:

FHS:  Normal  Tachy  Brady  Absent

### Present Pregnancy Record:

Booked to RCH since conception. H/O UTI at 13+4 weeks c/s E coli +ve managed conservatively. H/O cough and managed conservatively. Physicist reviews done, pulmonologist reviews done.

### RISK FACTORS:

PP with hypothyroidism - conception on 7. thyroxine 25mcg O.D. 140bpm.

### Per Speculum Examination Not done.

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination Not done

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 159cm

Weight: 94 kg

Allergies: Nil

Breast:  Normal  Abnormal

### General Examination:

Consciousness: clec Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afeb PR: 84bpm

BP: 105/82 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adq

### DIAGNOSIS

G2P1L1 with 37+6 weeks with previous LSCS with Hypothyroidism for elective LSCS.




<p>Family History: Both parents - AM.</p>	<p>Surgical History: LSCS.</p>
<p>Medical History: Nil</p>	<p>Medication History: Allergies Nil</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>Admission</li> <li>NBM</li> <li>PAC</li> <li>Consents</li> <li>Part preparation</li> <li>Monitor Vitals</li> <li>Follow drug chart</li> <li>FHR monitoring</li> <li>Foleys Catheterization</li> <li>Reserve 10PRBC at Tanaka blood bank.</li> <li>Inform SAs.</li> <li>Send Blood grouping &amp; RH typing.</li> </ul> <p><i>Noted by Neelha 25/6/26 7am</i></p>	<p>Investigations: <u>BG. 'O' POSITIVE</u></p> <p>HIV } NR. 22/6        HBsAg } CBP → 10-7 / 11-11 / 2-54        VDRL } 22/6/26</p> <p>Sr. Creat → 0.6, LFT (N)        PT/APTT/INR → 17 / 33 / 1.2</p> <p><u>NT scan</u>        29/12/25        SLIVF        12+3 weeks        NT → 1.4 mm.</p> <p><u>TIFFA</u>        25/2/26        20+5 weeks        SLIVF        CL - 39 mm        No anomalies</p> <p><u>Frowth scan</u>        15/6/26        36+3 weeks        Cephalic        PL-P, H.        AFI → 17.6 cm.        AC → 53%        EFW → 65% 3,052 gms.        Doppler (N)</p> <p>22/6/26        Maternal.        2 Echo        ↓        EF 70%        NOLU RWMA</p>

Doctor Name: Dr Nausheen  
 Signature: [Signature]  
 Date & Time: 25/6/26 ; 7am

Consultant Name: Dr. K Aparna  
 Signature: [Signature]  
 Date & Time: 25/6/26 , 7am

# PATIENT TRANSFER FORM

3

Patient Name & UHID No. VIH-00182886 IP-00060473 Mrs SAI RAVALI 08-10-1994 31 Y 8 M 19 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 25/6/2026 at 7:31 AM	Date & Time of Transfer Order 25/6/2026 at 5 PM
		Transfer Ordered by Dr. Sowmyesini	Reason for Transfer Room
From Unit MICU LR	To Unit Room (203)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? optical	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1) Panto prazole	1	
2.	2) under pad sarus	1	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring P. pooja		Name of Person Ordered Transfer Dr. Sowmyesini	
Patient & Clinical Records Received by : sushila			
Date & Time of Patient Received : sushila 25/6/26 at 5 PM			

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



# PATIENT TRANSFER FORM


Patient Name & UHID No. VIH-00182886 IP-00060473 Mrs SAI RAVAL 08-10-1994 31 Y 8 M 19 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 25/6/26 @ 7:31 AM	Date & Time of Transfer Order 25/6/26 @ 11 AM
		Transfer Ordered by Dr. Madhav	Reason for Transfer post op care
From Unit OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 42	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sec. Praveen		Name of Person Ordered Transfer Dr. Madhav	
Patient & Clinical Records Received by : Ravi 25/6/26 @ 12 PM			
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



# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00182886 IP-00060473 Mrs SAI RAVALI 08-10-1994 31 Y 8 M 19 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission <i>25/6/26 @ 7.31 Am</i>	Date & Time of Transfer Order <i>25/6/26 @ 9.30 Am</i>
Transfer Ordered by <i>Dr. Ashwini</i>		Reason for Transfer <i>EL-LSG</i>	
From Unit <i>MICU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>39</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>yes, what?</i>	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>Nil</i>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sis [Signature]</i>		Name of Person Ordered Transfer <i>Dr. Ashwini</i>	
Patient & Clinical Records Received by : <i>[Signature]</i>			
Date & Time of Patient Received : <i>[Signature]</i>			

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

VIH-00182886  
 Mrs SAI RAVALI IP-00060473  
 06-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**GRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/6/26 11 AM	Pod-0 (Post Ucs) O/E Rt is c/c Acc-fair Afebrile BP- 118/78 mmHg PR- 98 bpm SpO2- NAD P/A- U n W R Soft BS =/+=	Adv - NBM x 6h - Rest - No churning - Monitor vitals - Follow drug chart - Inform doc
P/Ls <u>Etupolysoid</u> Uo- 200 ml Adequate, clear	Ue- NAB Baby mother side $\left[ \begin{matrix} A \\ H \end{matrix} \right]$ BF (+)	[Signature]
<hr/> Noted by <u>Dhanabalan</u> 25/6/2026 11 AM.		
25/6/26 3 PM	Pod-0 (Post Ucs) O/E Rt is c/c Acc-fair Afebrile BP- 116/80 mmHg PR- 82 bpm SpO2- NAD P/A- U n W R Soft BS =/+=	Adv - NBM till 5 pm - Rest - No churning - Monitor vitals - Follow drug chart - Inform doc
P/Ls <u>Etupolysoid</u> Uo- 300 ml Adequate, clear	Ue- NAB Baby mother side $\left[ \begin{matrix} A \\ H \end{matrix} \right]$ BF (+)	[Signature]

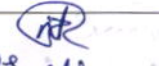

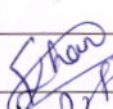
**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	POD-0 (Post Ucs)	
25/6/26	O/E Rt is clec	Adv
5 PM	GC fair	- lips of oral fluids feb
	Afebrile	- clear liquids
	BP- 112/80mmHg	- soft diet after passing flatus
	PR- 82 bpm	- W/O Bleeding per
	S/E-NAD	- Monitor vitals
U/O- 1000 ml.	PIA- U/W W/R	- Follow drug chart
Adequate, clear	Soft, BS (+)	- Inform SOS.
	L/E- NAB	
Shift to Room	Baby GA, RF (+)	Jus for Guedes
<p>Noted by pooja 25/6/26 at 5pm</p>		
	POD-0 (Post Ucs)	
25/6/26	O/E Rt is clec	Adv
7:30 PM	GC fair	- Soft diet after passing flatus.
	Afebrile	- W/O Bleeding per
	BP- 120/80mmHg	- Monitor vitals
	PR- 82 bpm	- No charting
	S/E- NAD	- Adequate hydration
U/O- 1280 ml	PIA- U/W W/R	- Follow drug chart
Adequate, clear	Soft BS (+)	- Inform SOS
	L/E- NAB	
	Baby GA, RF (+)	Jus for Guedes
<p>Noted by pooja 25/6/26 at 7:30 PM</p>		





**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>26/6/26</u>	<u>POD-1 (LSCS)</u>	
9 pm.	O/E - pt is c/c/c	<u>Adv:</u>
	Gc - Fair	- soft diet
<del>P2L2 Hypothyroid</del>	Afebrile	- Adeq. Hydration
	BP - 104/62 mmHg	- Ambulation
<del>urine passed</del>	PR - 64 bpm	- monitor vitals
<del>motion passed</del>	S/E - NAD	- w/F bleeding PU
<del>CBP tomorrow</del>	P/A - W - W/R	- Follow drug chart
	Soft, BS (+)	- Infom sas
	L/E - NAB	
	Baby < A M BF (+)	 Dr. Nikhita
		Note by Refa @ 26/6/26 8pm
<u>27/6/26</u>	<u>POD-2 (LSCS)</u>	
8 Am.	O/E - pt is c/c/c	<u>Adv:</u>
<del>P2L2 Hypothyroid</del>	Gc - Fair	- (N) diet
	Afebrile	- Adeq. Hydration
<del>urine passed</del>	BP - 105/60 mmHg	- Ambulation
<del>motion passed</del>	PR - 68 bpm	- monitor vitals
<del>CBP - 9.5/10840/202L</del>	S/E - NAD	- w/F bleeding PU
	P/A - W - W/R	- Follow drug chart
	Soft, BS (+)	- Infom sas
	L/E - NAB	
	Baby < A M BF (+)	 Dr. Nikhita
		 Dr. Nikhita
		Note by Refa @ 27/6/26 @ SAN

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI  
 05-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAQANTULA APARNA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 2pm	POD-2 (Post CSC)	
<p>urine passed          motion passed          pt can be discharged</p>	o/e pt w/d/c	- Adv
	eye fair	- (N) diet
	afeb	- w/f bleeding PV
	BP- 112/70 mmHg	- Monitor vitals
	PR 76 bpm.	- Follow duty chart
	S/ENAD	- Ambulation
	P/A uterine w/r	- Hydration
	soft BS ⊕	- Insulin 80
	U/E NAB	
	Baby HS BF ⊕	
		Dr Nausheen
		note by
		Raja ⊕
		27/6/26
		@ 2:15pm





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2P1L1 with 32+6 wks E prev LSCS &amp; hypothyroidism for EL-LSCS</i>						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>nil</i>		
	Surgery / Procedure: <i>EL-LSCS</i>						Post OP Day:		
BACKGROUND	Date	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>26/6/26</i>	
	Shift	<i>N</i>	<i>M</i>	<i>M</i>	<i>E</i>	<i>M</i>	<i>N</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>Hypothyroid</i>	<i>Hypertension</i>	<i>-</i>	<i>-</i>	<i>HTN</i>	<i>Hypothyroid</i>	<i>-</i>	
Diet:	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>clear</i>	<i>clear</i>	<i>clear</i>	<i>clear</i>	<i>clear</i>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>		<i>RA</i>		<i>RA</i>		<i>RA</i>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.4 F</i>	<i>98.4 F</i>
		Res:	<i>19 b/min</i>	<i>19 b/min</i>	<i>20 b/min</i>	<i>19 b/min</i>	<i>20 b/min</i>	<i>19 b/min</i>	<i>19 b/min</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>86 b/min</i>	<i>86</i>	<i>90 b/min</i>	<i>87 b/min</i>	<i>82 b/min</i>	<i>80 b/min</i>	<i>80 b/min</i>
		BP:	<i>119/70 mmHg</i>	<i>110/70</i>	<i>117/65 mmHg</i>	<i>118/20</i>	<i>119/77</i>	<i>114/70 mmHg</i>	<i>114/70 mmHg</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>15</i>		<i>15</i>		<i>15</i>		<i>15</i>	
Pain Score:	<i>0</i>		<i>0</i>		<i>0</i>		<i>0</i>		
Skin Integrity	<i>Intact</i>		<i>Intact</i>		<i>Intact</i>		<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>		<i>-</i>		<i>nil</i>		<i>nil</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>NBM</i>		<i>NBM</i>		<i>clear</i>		<i>clear</i>	
	Critical Lab Test / Values:	<i>-</i>		<i>-</i>		<i>nil</i>		<i>nil</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>Dependent</i>		<i>Dependent</i>		<i>Dependent</i>		<i>Dependent</i>		
Post Operative Procedure Special Orders:									
<i>with bedding catheter care</i>									
Handed Over By Name :									
<i>Neelima</i>									
Signature / ID :									
<i>Mozese</i>									
Date:									
<i>25/6/26</i>									
Time:									
<i>@ 8 AM</i>									
Taken Over By Name :									
<i>Ravi</i>									
Signature / ID :									
<i>Ravi</i>									
Date:									
<i>25/6/26</i>									
Time:									
<i>@ 8 PM</i>									



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <i>G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> with 34+6 wks prev LSCS Hypothyroidism for Em-LSCS</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure:		Post OP Day:				
<b>BACKGROUND</b>	Date	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>		
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>m</i>		
	Medical Condition (Any special condition to be noted):	<i>hypothyroidism</i>	<i>hypothyroidism</i>	<i>hypothyroidism</i>	<i>hypothyroidism</i>		
Diet:	<i>⑤ diet</i>	<i>⑤ diet</i>	<i>⑤ diet</i>	<i>⑤ diet</i>			
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>97.6°F</i>	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.7°F</i>	
		Res:	<i>20blm</i>	<i>21blm</i>	<i>28blm</i>	<i>20blm</i>	
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	
		Pulse:	<i>82blm</i>	<i>80blm</i>	<i>96blm</i>	<i>79blm</i>	
		BP:	<i>111/58(71)</i>	<i>110/56(71)</i>	<i>112/63(81)</i>	<i>103/76(mmHg)</i>	
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
		Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>			
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>			
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>Nil</i>		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>⑤ diet</i>	<i>⑤ diet</i>	<i>⑤ diet</i>	<i>⑤ diet</i>		
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>Nil</i>		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non-Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>			
Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>			
Handed Over By Name :	<i>Deepika</i>	<i>Deepika</i>	<i>Akanksha</i>	<i>Roja</i>			
Signature / ID :	<i>607469</i>	<i>607469</i>	<i>606607</i>	<i>01024</i>			
Date:	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>	<i>27/6/26</i>			
Time:	<i>@2pm</i>	<i>@3pm</i>	<i>@3pm</i>	<i>@2pm</i>			
Taken Over By Name :	<i>Deepika</i>	<i>Akanksha</i>	<i>Roja</i>				
Signature / ID :	<i>607469</i>	<i>606607</i>	<i>01024</i>				
Date:	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>				
Time:	<i>@2pm</i>	<i>@3pm</i>	<i>@3pm</i>				

*Discharge Meds  
 send filling  
 progress*

*Note by  
 Roja  
 27/6/26  
 01M*

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

# NURSING CARE RECORD



Date: 25/6/26

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	6:50 AM 7 AM	Ensure Safety Maintain fluid Balance	6:50 AM 7:40 AM	provided side rails iv fluids administered as per doctor order	TO prevent falls TO prevent dehydration	patient is safe patient is well hydrated	Megha 25/6/26 SAM

VIH-00182886 IP-00060473  
 Mrs SAI RAVALU  
 08-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

# NURSING CARE RECORD



Date: 25/6/20

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm	Ensure safety	8pm	provide side rails	To prevent falls	patient is good.	NA
	8pm	Maintain fluid balance		Maintained oral fluids	to prevent dehydration.	patient is hydrated	
Afternoon	3pm	Ensure safety		provide side rails	To prevent falls	patient is good	pus 9 25/6/20 @ 3pm
Night	9pm	Maintain fluid balance  Ensure safety.	9:30pm	Maintained oral intake  provided side rails.	monitored for dehydration  monitored for fall risk	Re assessed done every 4hr hwy vital checked pt is stable	pus 26/6/20 @ 8pm

# NURSING CARE RECORD

Date: .....

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education


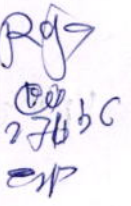
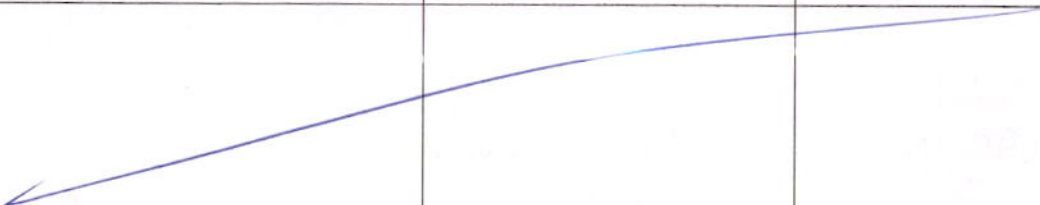
	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Ensure safety	10 AM	To provide side rails	To provide safety	Re-Assessment was done with haly vitals checked	Deepika 26/6/26 @ 4pm
	11 AM	Maintain fluid balance	2 pm	To encourage oral fluids.	To prevent dehydration		
Afternoon	2 pm	Maintain personal hygiene	3 pm	To give handrub to patient	To prevent infection	Re-Assessment was done with vitals checked	Deepika 26/6/26 @ 8 pm
	4 pm	Ensure safety	8 pm	To provide side rails	To provide safety		
Night	8 pm -	Ensure safety - Maintain personal hygiene	8 AM	- To provide side rails	- To provide safety	- Patient is stable	Akanish 27/6/26 @ 8 AM

# NURSING CARE RECORD

Date: 27/6/26

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify: Assess the patient condition
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature	
Morning	10 AM	+ maintain fluid balance  + ensure safety	11 AM	* Maintain intake oral	* To prevent dehydration	* Patient is safe & stable	RGS 27/6/26 	
Afternoon				Discharge Note Dr - come for sound's patient stable Dr - advice send bill billing			RGS 27/6/26 	
Night								



# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. SAI RAVALI Gender:  Male  Female Age : 31 YRS  
UHID No : VH-00182886 Date : 25/6/26

### Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION  
upon MRS. SAI RAVALI  
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE, ADHESIONS

### My signature on this form indicates that

- I have read and understood the information provided in this form  
My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. K. APARNA

Consentee :  
Signature : Sai Ravali  
Name : Sai Ravali  
Date & Time : 25/6/26, 7:36 AM

Patient Attendant :  
Signature : K. Anjan  
Name : K. ANJAN KRISHNA KOMAR  
Relationship with Patient: HUSBAND  
Date & Time : 25/06/2026, 7:20 AM

Witness :  
Signature : Phani Babu  
Name : Phani Babu  
Date & Time : 25/6/2026 8AM

Doctor (who is taking the consent) :  
Signature : AS  
Name : DR. NAUSHEEN  
Date & Time : 25/6/26 ; 7:20AM

# SURGICAL SAFETY CHECKLIST

Surgeon: Dr. K. Aparna  
 Asst. Surgeon: Dr. Praveen  
 Anaesthetist: Dr. Madhavi  
 Scrub Nurse: Mani

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI  
 08-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



Age: 31Y Gender: F  
 UHID No.: \_\_\_\_\_ Surgery Name: EL. LSCS  
 Date: 25/06/26 In-time: 9:45 AM Out-time: 10:45 AM



## Before Induction of Anaesthesia >>

SIGN IN		Time: <u>09:20 AM</u>
<b>Patient Has Confirmed</b>		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does Patient have a:</b>		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Difficult Airway / Aspiration Risk?</b>		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature: <u>[Signature]</u>		
Name: <u>Dr P Madhavi</u>		
	<u>25/06/26</u>	

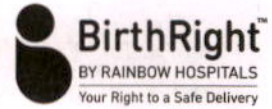
## Before Skin Incision >>

TIME OUT		Time: <u>9:47 AM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b> <u>Mrs. Sai Raval</u>		
Correct Patient (Check ID Band)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure <u>EL. LSCS</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Anticipated Critical Events</b>		
<b>Surgeon Reviews:</b>		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>Bleeding</u>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Anaesthesia Team Reviews:</b>		
Are There Any Patient-specific Concerns? <u>None</u>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Nursing Team Reviews:</b>		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>Yes = Indict</u>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Is Essential Imaging Displayed?</b>		
Power Supply, Earthing, Power Backup and functioning of equipment checked.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: <u>[Signature]</u>		
Name: <u>Dr Praveen</u>		

## Before Patient Leaves Operating Room

SIGN OUT		Time: <u>10:45 AM</u>
<b>Nurse Verbally Confirms with the Team:</b>		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
<b>To Surgeon, Anaesthetist and Nurse:</b>		
What are the key concerns for recovery and management of this patient?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature: <u>[Signature]</u>		
Name: <u>Dr. Sreelaxa</u>		

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. Sai Ravele ..... Age : 31.4Y ..... Gender : Male  Female

UHID NO: VH-00182886 ..... Surgeon Name: Dr. K. Adarna .....

Anaesthesiologist : Dr. M. Vineetha .....

Operative procedure planned : Elective caesarean section .....

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease       Hypertension       Diabetes mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Hypotension, Bradycardia, PDPH .....

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Sai Ravele ..... the above mentioned operation / Diagnostic / Therapeutic procedures Elective caesarean section .....

I authorize and give consent for anaesthesia (  Regional /  General Anesthesia /  Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant:  Yes  No

### DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia /  Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

#### Patient / Patient Attendant :

Signature : [Signature]

Name : V D SAI RAVALI

Relationship with Patient: Self

Date & Time : 25/06/2026 8:20AM.

#### Witness :

Signature : [Signature]

Name : K. ANJAN KRISHNA KUMAR

Date & Time : 25/06/2026 8:20AM

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

Signature : [Signature]

Name : DR. M. VINISETHA

Date & Time : 25/06/26 8:30Am.



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <b>Dr. K. APARNA</b>	Date of Delivery: <b>25/06/26</b>
Assistant Surgeon: <b>Dr. ASHWINI (Dr. GREESHMA)</b>	Time of Delivery: <b>10:00am (47cc)</b>
Anaesthetist's Name: <b>Dr. MADHAV</b>	Gender of Baby: <b>FEMALE</b>
Type of Anaesthesia: <b>SPINAL</b>	Weight of Baby: <b>3.508 kg</b>
Neonatologist: <b>Dr. SHRIKAR</b>	AGPAR Score: <b>7/10, 9/10</b>
Scrub Nurse: <b>SIS MARIA</b>	NICU Admission: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Pre-Operative Diagnosis:**

Elective       Emergency      Indication: **Previous LSCS**

**Urgency**

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: .....      Knife to rectus: .....

CTG Description: ..... **Reactive** .....

If there was a delay give the reasons: .....

**Surgical Procedure: ELECTIVE LOWER SEGMENT CAESAREAN SECTION. L SA**

**Post Operative Diagnosis:**

**Peri-Operative Complications:**

Amount of Blood Loss: **~300ml**      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:  Pfannensteil     Transverse     Midline     Other .....  
Uterine Incision:  Lower Segment     Classical     Inverted T     J Incision  
Previous Scar:  Intact     Thinned out     Ruptured     No Scar  
Incision Through Placenta:  Yes     No  
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 1-0 ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None    ..... CATGUT ..... Suture  
Sheath Closure: ..... VICRYL 0-0 ..... Suture  
Fat Closure:  Yes     No    ..... CATGUT ..... 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 Hour 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: NBMx 6hr, Rest, I/O charting, Monitor vitals,  
Follow drug chart, Inform SOS

*Dr. Ganesan*

Doctor Name: Dr. K. APARNA .....    Doctor Signature: .....

Date & Time: 25/6/26, 10:50 AM .....

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI  
 08-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 25/6/26

**To Be Filled In By Assigned Nurse:**

Department: Labour ward Duration of Procedure: 1hr  
 Name of Surgeon: Dr. K. Aparna Date of Admission: 25/6/26

**Bundle Care Criteria: (Tick (✓) if done)**

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: Piv. cefotaxime	Mrz
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input checked="" type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adul
3.	Patient's body temperature immediately post operation (Recovery Room) 98.4° <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	Adul
4.	Name of doctor or staff administering the antibiotic: Sis. pooja Date & Time of antibiotic administration: 25/6/26 @ 8:30 AM Date & Time procedure started: 25/6/26 @ 9:47 AM	By

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI  
 06-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

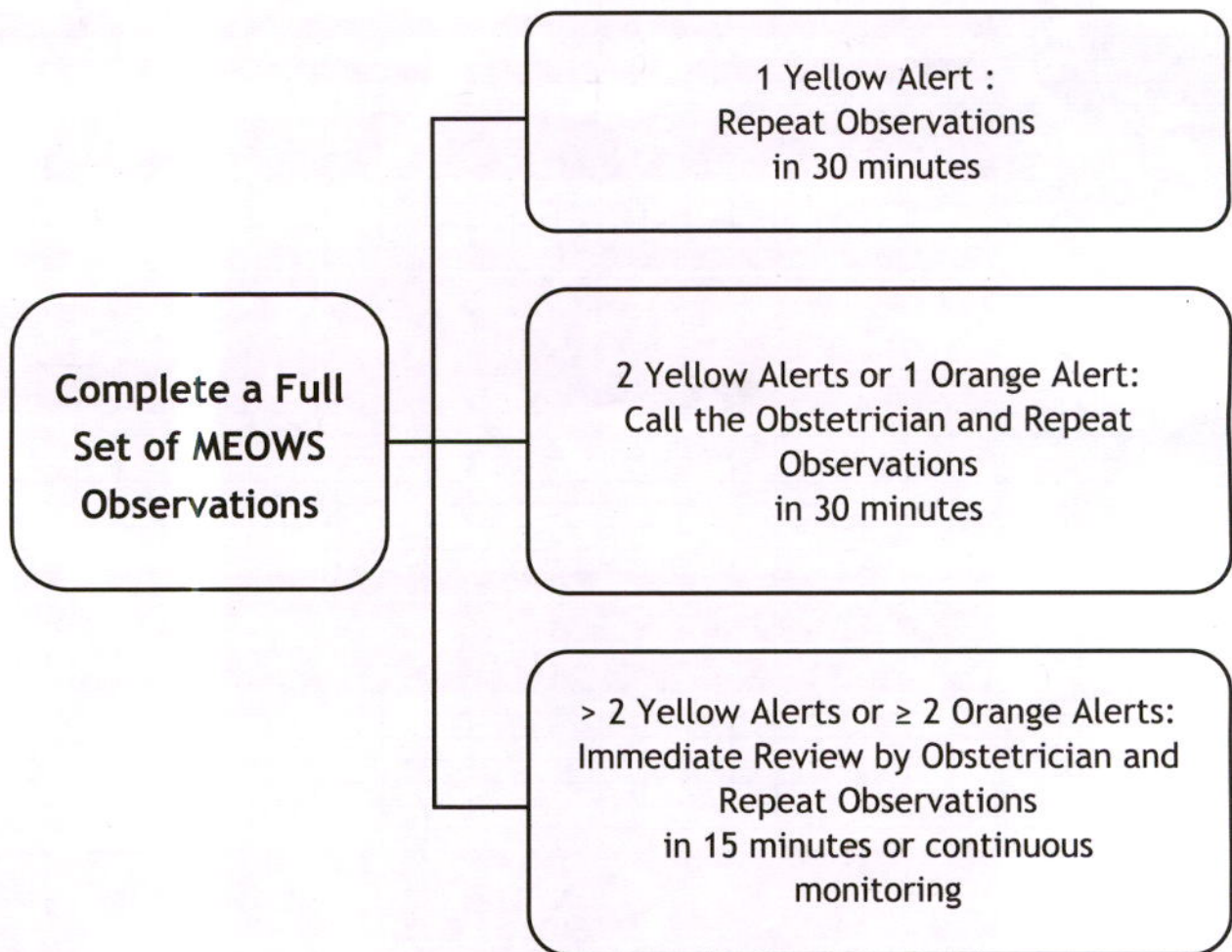


## Early Warning Observation Score Chart - Obstetrics

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)

2886 IP-000604/3  
 10-1994 KAVALI 31 Y 8 M 19 D (F)  
 KAPPAGANTULA APARNA

2

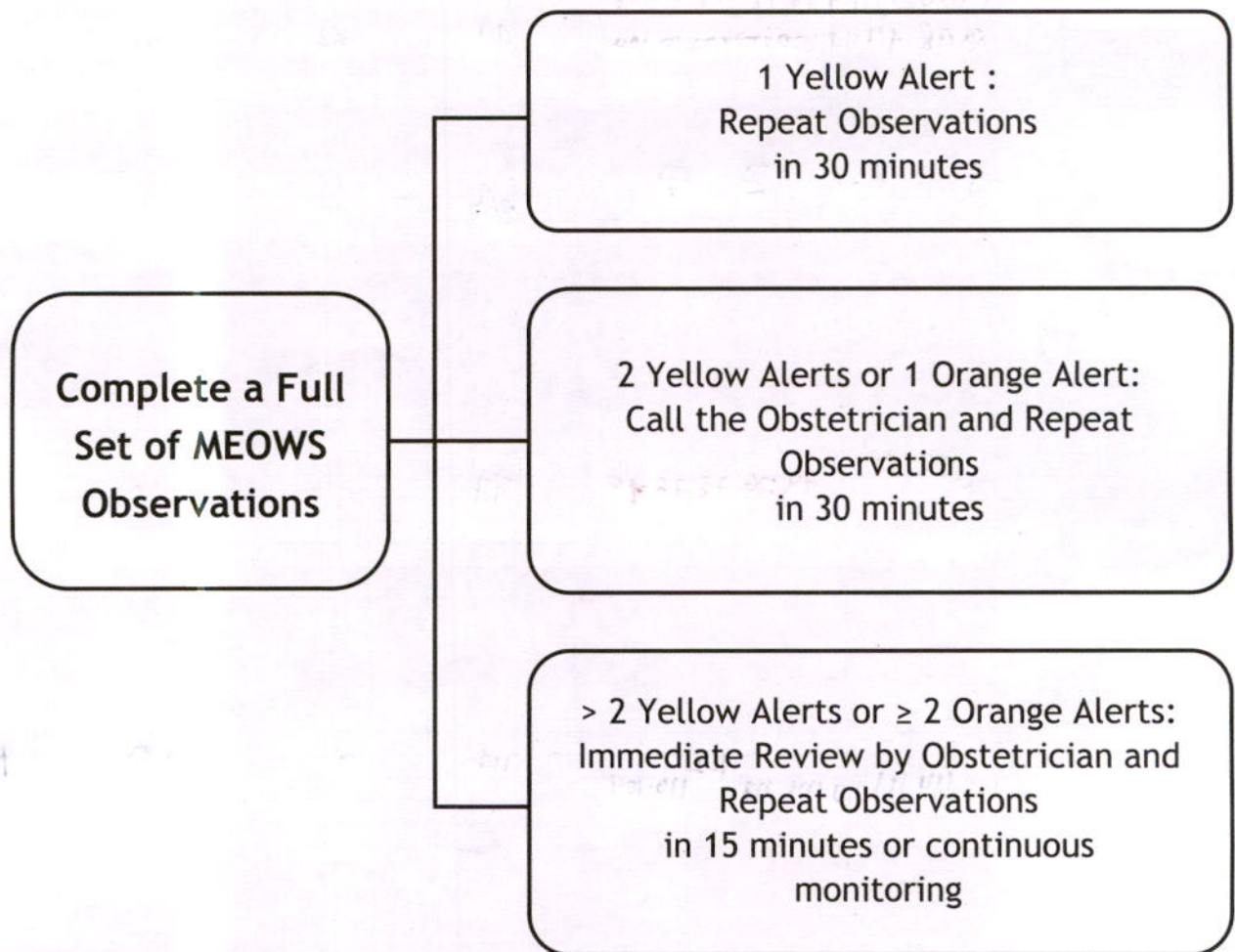


## Observation Score Chart - Obstetrics

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	20	19	19	18	18	18	19	18					19						19				19	
	0 - 10																									
Saturations	94 - 100 %	99	98	99	100	100	100	100	100					99							99				99	
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37	37	37	37	37	37	37	37					36							36				36	
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	85	89	80	82	79	85	85	85	85				77							80				74	
	80																									
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	110	114	114	114	114	114	118	122	110	109			114							115				112	
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
70	70	69	69	69	69	69	69	69	72	72			72							68				72		
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
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Lochia	Normal	W	N	N	N	N	N	N	N	N	N	N	N	NA						W				W		
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	NA						W				W		
	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	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	0	
Nurse Initial		AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

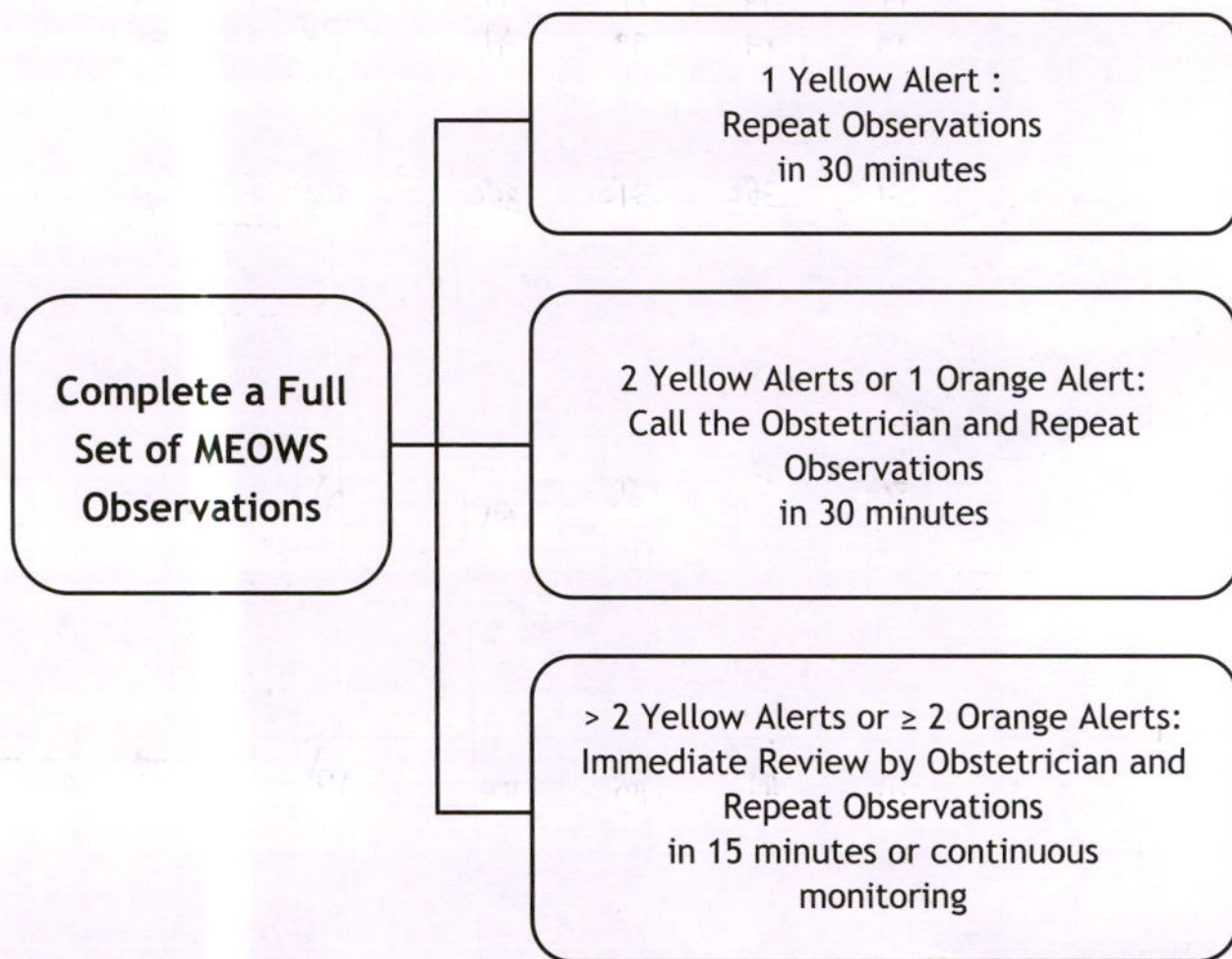


## Early Warning Observation Score Chart - Obstetrics

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

26/6/26		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		19		19		19		19		19		19		19		19		19		19
	0 - 10																									
Saturations	94 - 100 %			99		99		99		99		99		99		99		99		99		99		99		99
	< 94 %																									
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	38																									
	37			37°C		36°C		37°C		36°C		36°C		36°C		36°C		36°C		36°C		36°C		36°C		36°C
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	80			80		92		78		64		71		68		71		71		71		71		71		71
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	140																									
	130																									
	120																									
	110			111		111		105		104		101		105		108		108		108		108		108		108
	100																									
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70																										
60			58		50		64		62		62		60		72		72		72		72		72		72	
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
	Heavy / Foul																									
Liquor	Clear / Pink			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
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0		0
Nurse Initial				D		P		D		D		D		D		D		D		D		D		D		D

## Obstetrics and Gynaecology Early Warning Signs



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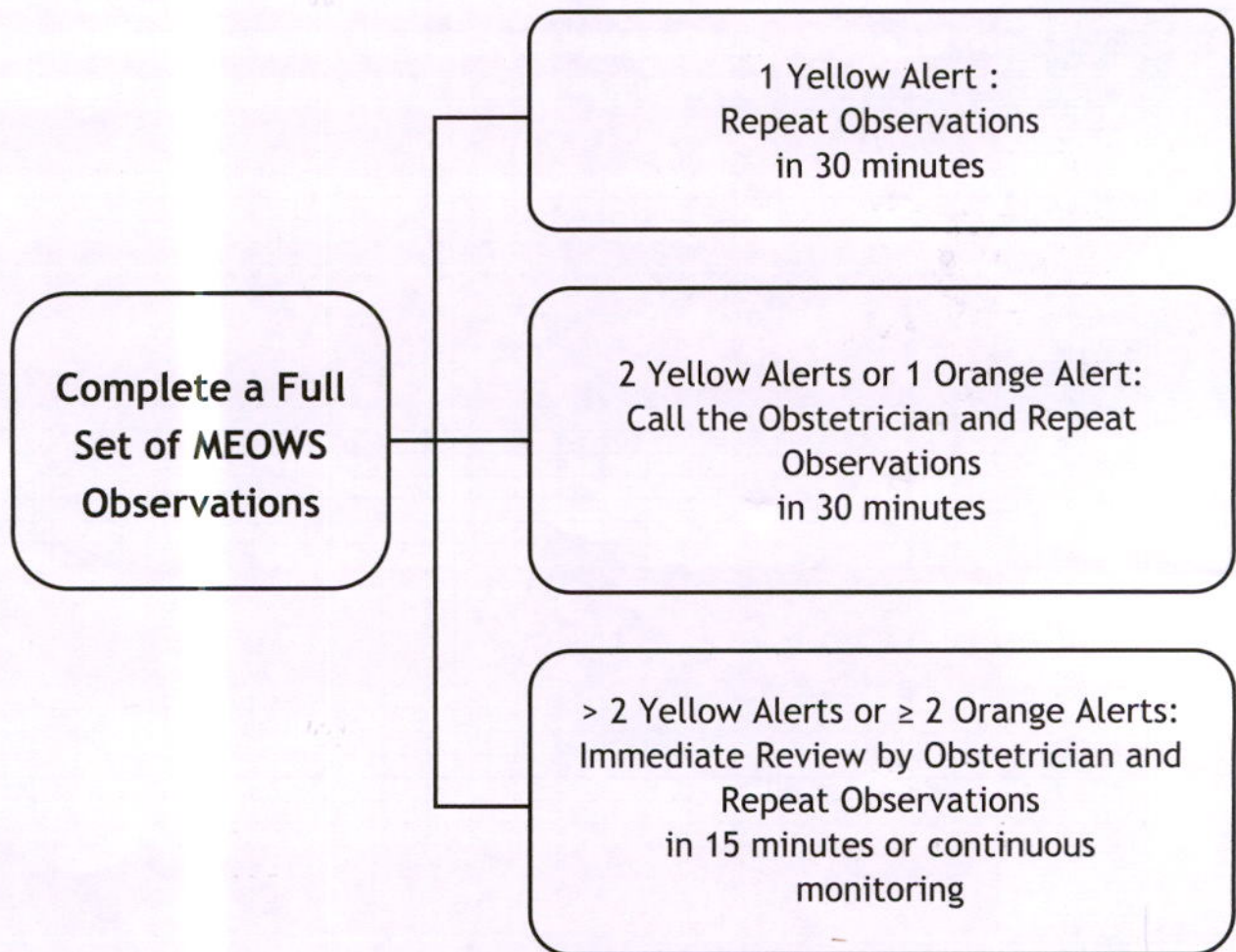


## Early Warning Observation Score Chart - Obstetrics

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Date																										
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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)

VIH-00182886 IP-00060473  
 Mrs SAI RAVALI  
 06-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



# FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<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> 500ml						<b>Total Output :</b> 50ml							
<b>Total 24 hrs. Intake</b>			500ml			<b>Total 24 hrs. Output</b>			50ml				

VIH-00182886 IP-00060473  
 Mrs SAJ RAVALI 31 Y 8 M 19 D (F)  
 06-10-1994  
 Dr. KAPPAQANTULA APARNA



# 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 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**



# 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 Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/6	08:00 am	RL - NBM	100ml								0	25/6
	09:00 am	RL - NBM	100ml								0	
	10:00 am		NBM RL 900ml/hr.						500ml		0	
	11:00 am	NBM	RL	100ml					100ml		0	
	12:00 pm	NBM	RL	100ml					100ml		0	
	01:00 pm	NBM	RL	100ml					50ml		0	
<b>Total Intake :</b>			1400ml			<b>Total Output :</b>					750ml	
25/6	02:00 pm	NBM	RL	100ml					50ml		0	25/6
	03:00 pm	NBM	RL	100ml					100ml		0	
	04:00 pm	Holoome RL 100ml							50ml		0	
	05:00 pm		water						100ml		0	
	06:00 pm								100ml		0	
	07:00 pm								100ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					500ml	
25/6	08:00 pm								100ml		0	25/6
	09:00 pm								100ml		0	
	10:00 pm								200ml		0	
	11:00 pm								100ml		0	
	12:00 am								100ml		0	
	01:00 am								100ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					700ml	
26/6	02:00 am								100ml		0	26/6
	03:00 am								100ml		0	
	04:00 am								100ml		0	
	05:00 am								100ml		0	
	06:00 am								100ml		0	
	07:00 am								100ml		0	
<b>Total Intake :</b>						<b>Total Output :</b>					600ml	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2580ml

**FLUID CHART**

Sheet No. : 3

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			
26/6/26	08:00 am	Polly + H <sub>2</sub> O											Dusipika 26/6/26 @ 2pm
	09:00 am									✓			
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm	-H <sub>2</sub> O											
<b>Total Intake :</b>						<b>Total Output :</b>							
26/6/26	02:00 pm	Rice curry + H <sub>2</sub> O											Dusipika 26/6/26 @ 2pm
	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	Rice H <sub>2</sub> O											Dusipika 26/6/26 @ 2pm
	09:00 pm												
	10:00 pm										✓		
	11:00 pm												
	12:00 am												
	01:00 am										✓		
<b>Total Intake :</b>						<b>Total Output :</b>							
26/6	02:00 am	H <sub>2</sub> O											Dusipika 26/6/26 @ 2pm
	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**

VIH-00162886 IP-00060473  
 Mrs SAI RAVALI  
 08-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



# FLUID CHART

27/6/26

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/6/26	08:00 am											
	09:00 am		Jelly						✓			
	10:00 am											
	11:00 am		H <sub>2</sub> O									
	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>	
-----------------------------	--

VIH-00192886 IP-00060473  
 Mrs SAI RAVAL  
 06-10-1994 31 Y 8 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



①



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... 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	T. IRON	1TAB	PO	ONCE DAILY	25/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	500MG	PO	ONCE DAILY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. THYROXINE	25mcg	PO	ONCE DAILY	25/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Yogeshwari .....

Date & Time : ..... 25/6/26 8AM .....

Nurse Name & Signature: ..... Neha Me .....

Date & Time : ..... 25/6/26 @ 8AM .....



## 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: ..... DR ..... Shifted to: ..... Room (206) .....

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. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. AMIKACIN	750 MG	IV	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	SUPPOSITORY PARACETAMOL	250 MG	PR	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SUPPOSITORY DICLOFENAC	100 MG	PR	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB. THYROXINE	25 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ. TRANEXAMIC ACID	500 MG	IV	8TH HOURLY		<input checked="" 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. NEKHITA .....

Date & Time : ..... 25/6/2026 ..... 5 PM .....

Nurse Name & Signature: ..... pooja R .....

Date & Time : ..... 25/6/26 ..... .....

VH-00182686 IP-00060473  
 Mrs SAI RAVALI 31 Y 8 M 19 D (F)  
 06-10-1994  
 Dr. KAPPAGANTULA APARNA



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 9.4kg Ward dw

Date 25/6/2026  
 Date 25/6/2026  
 Date 25/6/2026  
 Date 25/6/2026

**DRUG :** Rx CEFOTAXIME Date/Time 25/6 10 AM 26/6

Dose 1GM Route IV Frequency 12hr hily Start Dt. 25/6

Name & Signature of the Doctor Starting the Drugs: G. Dr. Geeshma

Additional Instructions: 10 PM

Daily Doctor's Endorsement by a Sign

*STOP*  
*Dr. Nikhita*  
*26/6/26*  
*1:30 PM*

**DRUG :** IND AMIKACIN Date/Time 25/6 4 PM 26/6

Dose 200 MG Route IV Frequency ONCE DAILY Start Dt. 25/6

Name & Signature of the Doctor Starting the Drugs: G. Dr. Geeshma

Additional Instructions: 4 PM 20m

Daily Doctor's Endorsement by a Sign

**DRUG :** SUPPOSITORY PARACETAMOL Date/Time 25/6 12 PM 26/6

Dose 200 MG Route PR Frequency 12hr hily Start Dt. 25/6

Name & Signature of the Doctor Starting the Drugs: G. Dr. Geeshma

Additional Instructions: 5 PM

Daily Doctor's Endorsement by a Sign

*STOP*  
*Dr. Nikhita*  
*26/6/26*  
*1:30 pm*

**DRUG :** SUPPOSITORY DICLOFENAC Date/Time 25/6 8 AM 26/6

Dose 100 MG Route PR Frequency 12hr hily Start Dt. 25/6

Name & Signature of the Doctor Starting the Drugs: G. Dr. Geeshma

Additional Instructions: 9 PM

Daily Doctor's Endorsement by a Sign

*STOP*  
*26/6/26*  
*1:30 AM*

H-00182885 IP-00060473  
 SAI RAVALI  
 10-1994 31 Y 8 M 19 D (F)  
 KAPPAGANTULA APARNA



**REGULAR PRESCRIPTIONS** Weight 9kg Ward LR

Sheet No: .....

<b>DRUG : T. PANTOPRAZOLE</b>				Date Time	25/6	20/6														
Dose 40MG	Route PO	Frequency ONCE DAILY	Start Dt. 25/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Geetha</i>																				
Additional Instructions: ON EMPTY STOMACH																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : INT. TRANEXAMIC ACID</b>				Date Time	25/6	25/6														
Dose 500MG	Route IV	Frequency 8th hourly	Start Dt. 25/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Geetha</i>																				
Additional Instructions: FOR 3 DOSES.																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : T. ACECLOFENAC + PARACETAMOL</b>				Date Time	26/6	22/6														
Dose 375mg tab	Route PO	Frequency 12th hourly	Start Dt. 26/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Geetha</i>																				
Additional Instructions: T. HIFENAC-P																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : TAB. PARACETAMOL</b>				Date Time	26/6	25/6														
Dose 650 MG	Route PO	Frequency 12TH HOURLY	Start Dt. 26/6																	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. NIKHITA</i>																				
Additional Instructions: T. DOL 650 MG.																				
Daily Doctor's Endorsement by a Sign																				

25/6/2026  
 25/6/2026  
 25/6/2026


Verified by Name  
*Dr. Geetha*

*Dr. Nikhita*


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

*Dr. Aparna*

DRUG : TAB . CEFUROXIME				Date	26/6															
				Time	10 AM	27/6														
Dose	Route	Frequency	Start Dt.																	
500 MG	PO	12TH HOURLY	26/6																	
Name & Signature of the Doctor starting the Drugs:																				
 DR. NIKHITA																				
Additional Instructions:																				
T. CEFTUM 500 MG.																				
Daily Doctor's Endorsement by a Sign.																				

*S. macey bama 27/6/26*

DRUG : TAB . CINIAPRIDE				Date	26/6															
				Time	9 AM															
Dose	Route	Frequency	Start Dt.																	
1 MG	PO	12TH HOURLY	26/6																	
Name & Signature of the Doctor starting the Drugs:																				
 DR. NIKHITA																				
Additional Instructions:																				
TAB . CINTAPRO 1 MG																				
Daily Doctor's Endorsement by a Sign.																				

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

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

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











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

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

STAT / ONCE ONLY DRUGS

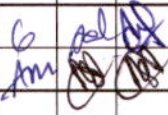
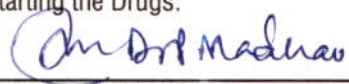
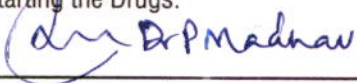
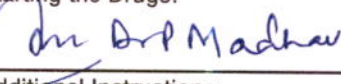
Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	8:30AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	<i>[Signature]</i>	<i>[Nurses]</i>
25/6/26	7:40AM	INJ PANTOPRAZOLE	40MG	IV	<i>[Signature]</i>	<i>[Nurses]</i>
25/6/26	7:40AM	INJ METOCLOPRAMIDE	10MG	IV	<i>[Signature]</i>	<i>[Nurses]</i>
25/06	10:01 AM	Liq-CARBETOCIN	100meg	IV	<i>[Signature]</i>	<i>[Nurses]</i>
25/06	10:45 AM	Sup. TRAMADOL	100mg	PR	<i>[Signature]</i>	<i>[Nurses]</i>
25/06	10:45 AM	Sup. DICLOFENAC	100mg	PR	<i>[Signature]</i>	<i>[Nurses]</i>
25/6	10:45AM	T. MISOPROSTOL	400 meg	Sublingual	<i>[Signature]</i>	<i>[Nurses]</i>
28/6	10:45AM	T. MISOPROSTOL	200 meg	PR	<i>[Signature]</i>	<i>[Nurses]</i>
2/6	10AM	INJ. TRANEXAMIC ACID	1GM	IV	<i>[Signature]</i>	<i>[Nurses]</i>

VERIFIED BY : *[Signature]*

REGULAR PRESCRIPTIONS

Weight 90 kg Ward M 10

S. macey to m...  
 25/6/26

DRUG : T. THYROXINE				Date Time	24/6	2/6
Dose	Route	Frequency	Start Date			
25mcg	PO	ONCE DAILY	25/6/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				ON EMPTY STOMACH		
Daily Doctor's Endorsement by a Sign						
DRUG : Tab. PARACETAMOL				Date Time		
Dose	Route	Frequency	Start Date			
1gm	PO	6thly	25/06			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				<del>STOP 25/6/26</del>		
Daily Doctor's Endorsement by a Sign						
DRUG : Tab. TRAMADOL				Date Time		
Dose	Route	Frequency	Start Date			
100mg	PO	2thly	25/06			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				<del>STOP 25/6/26</del>		
Daily Doctor's Endorsement by a Sign						
DRUG : Tab. DICLOFENAC				Date Time		
Dose	Route	Frequency	Start Date			
50mg	PO	2thly	25/06			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				<del>STOP 25/6/26</del>		
Daily Doctor's Endorsement by a Sign						