

ACTIVITY KUH-00154519 IP-00060471 **G**

Mrs B.LAVANYA
14-02-1998 28 Y 4 M 11 D (F)
Dr. SRILATA PATNAIK

Name: -----



UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 25/6/26 Time: ----- Date of Discharge: ----- Time: -----

Room / Bed No: ----- Ward: 1/w Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>25/6/26</u>	<u>6:44 AM</u>	<u>1/w</u>	<u>OT</u>	<u>[Signature]</u>
<u>25/6/26</u>	<u>8:00 AM</u>		<u>OT</u>	<u>[Signature]</u>
<u>26/6/26</u>	<u>3:50 PM</u>	<u>micu</u>	<u>OT</u>	<u>[Signature]</u>

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/6/28	RBS	26021457 /	a
	BT CT	26021459 /	a
	NST	R26-010126 /	a
	cross chkd by	Chithu	25/6/28 3p
	d		

Name	Mrs B.LAVANYA	UHID	KUH-00154519
Father/Guardian	Mr M.RAJESH	Age/Gender	28 Y 4 M 11 D/Female
Address	PLOT NO 4-2-205/60 \T\61SAMALA LAKSHMI NAGAR COLONY KOWKOOR, Agarwal Estate, Hyderabad, Telangana, INDIA, 400068		
IP No	IP-00060471	Admission Date	25-06-2026
Ref Doctor	Self	Discharge Date	27-06-2026

DISCHARGE SUMMARY

Consultants: Dr. SRILATA PATNAIK, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

**Diagnosis: G2P1L1 with 38+1weeks with Previous Lower Segment Cesarean Section with anaemia with Small For Gestational Age baby in latent labour for Emergency LSCS
EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 25.6.2026 UNDER SPINAL +GENERAL ANAESHESIA**

History:

LMP: 22.9.2025

Obstetric formula: G2P1L1

EDD: 8.7.2026

Gestation at admission: 38+1 weeks

Obstetric History:

G1 - MALE/ 2.4YEARS/ FTLSCS/ msl/ a&h/ bf 2YEARS/ rch

G2 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Father-DM, Mother- HTN

Surgical History: Previous LSCS

Allergies: Nil

Name

Mrs B.LAVANYA

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KUH-00154519

Antenatal Details: Mrs B.LAVANYA was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with Anamia at 28weeks managed with IV iron 2doses, no transfusion reactions noted . She came with c/o pain in abdomen and spotting PV since 4am on 25.6.2026. She was admitted at 38+1weeks with Previous Lower Segment Cesarean Section with anaemia with Small For Gestational Age baby in latent labour for Emergency LSCS

Investigations: Enclosed

Blood group: O POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was acting, cervix was closed and os closed . Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient and attenders has been explained regarding Previous LSCS in latent labour, chances of scar rupture , chances of fetal distress and need of emergency LSCS has been explained and they opted to emergency LSCS. She was decided for emergency C-section in view Previous LSCS in latent labour, prepared with indwelling Foley's catheter and IV canula 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 and general anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Previous scar was thinned out. A lower segment curvilinear incision given on the uterus clear Liquor seen. Baby delivered. Cord clamped and cut

Name

Mrs B.LAVANYA

UHID



and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Tab misoprostol 400mcg kept intracavitary. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 25.6.2026

Time of Delivery: 7:08Am 57sec

Type of Delivery: Emergency LSCS

Indication: Previous LSCS in latent labour

Analgesia: Spinal

Baby Details:

Date: 25.6.2026

Time: 7:08Am 57sec

Sex: male

Weight: 3.003kg

Apgar: 7/10, 9/10

Gestational Age: 38+1weeks

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

Name

Mrs B.LAVANYA

UHID

KUH-00154519

supplemented by written information.

Advice:

1. Tab. Ceftum 500mg twice daily till 1.7.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 1.7.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 1.7.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 1.7.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after one weeks on 1.7.2026 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

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.

Name

Mrs B.LAVANYA

UHID

- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield 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 doctorin 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. SRILATA PATNAIK
MBBS MD
CONSULTANT OBSTETRICIAN
& GYNECOLOGIST

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500008
040-42462200, Ext 2000,2001,2002,



INSURANCE COPY



PatientName : Mrs B.LAVANYA
Age/Gender : 28 Y 4 M 11 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060471
Admit Date : 25-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BLEEDING TIME/CLOTTING TIME (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 06:14			
BLEEDING TIME	2 : MIN 10 SEC	min.	1 - 5
CLOTTING TIME	5 : MIN 50 SEC		3 - 7

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

KUH-00154518 IP-00060471
Mrs B.LAVANYA
14-02-1998 28 Y 4 M 11 D (F)
Dr. SRILATA PATNAIK



SURGERY DETAILS

Date : 25/6/26

Patient Name: Mrs. B. Lavanya Date of Birth: 14.02.1998 Age: 28 yrs

Gender: Female Ward: OT UHID No.: 0154519

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

Name of the Surgery : Emergency Lower segment cesarean section done under spinal anaesthesia + GA

Time in : 6:55 AM Time Out : 7:55 AM

	NAME	AMOUNT
1. Surgeon	Dr. Srilata Patnaik	OT charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Yogeshwari	
4. OT Technician	Tuh. Raksh	
5. Circulating Nurse	Sr. Praveena / Ratan	
6. Assistant Nurse	S. Lyothi	

- 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: 3094299 / 3094300 Order by: [Signature]

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

KUH-00154519 IP-00080471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



Patient Name :

IP.No: 6047

Ward:

DOA:



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	4	✓	✓	
7	Nurses Progress notes	4	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
11	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				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	medication chart	2	✓	✓	
	Braden's	3	✓	✓	
	pain Assessment	3	✓	✓	
	thrombophlebitis	1	✓	✓	
	Others	15	✓	✓	
	Total No. of Pages	55 pages			

Noted by
 Dupika 27/6/26
 @ 10-AM

Signature and Date : *Shreya* 27/6/26
 12 AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060471

Admit Date : 25-Jun-2026

Admit Time : 05:58 AM UHID : KUH-00154519

Patient Details :

Patient Name : Mrs B.LAVANYA

Age : 28 Y 4 M 11 D

Guardian : Mr M.RAJESH

DOB : 14-02-1998

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : PLOT NO 4-2-205/60 \T\61SAMALA LAKSHMI
NAGAR COLONY KOWKOOR Agarwal Estate
Hyderabad Telangana INDIA 400068

Phone No : 7670862340

E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr M.RAJESH

Relationship : W/O

Contact Address : PLOT NO 4-2-205/60 \T\61SAMALA LAKSHMI
NAGAR COLONY KOWKOOR Agarwal Estate
Hyderabad Telangana INDIA 400068

Phone No : 7670862340 / 9100687946


Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : BAJAJ ALLIANZ GENERAL
INSURANCE CO LTD


PATIENT TRANSFER FORM

Patient Name & UHID No. KUH-00154519 IP-00060471 Mrs B.LAVANYA 14-02-1998 28 Y 4 M 11 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 25/6/26 @	Date & Time of Transfer Order 25/6/26 @ 6:44AM
		Transfer Ordered by Dr. Srilata patnaik	Reason for Transfer EM-18CS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films NST-1	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 Sis Meghana		Name of Person Ordered Transfer Dr Nansheen	
Patient & Clinical Records Received by : <i>Prasanna</i> 25/6/26 @ 6:44AM			
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. KUH-00154519 IP-00060471 Mrs B.LAVANYA 14-02-1998 28 Y 4 M 11 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 25/6/26 @ 5:58 am	Date & Time of Transfer Order 25/6/26 @ 8 am.
		Transfer Ordered by Dr. Vineetha	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	Number of Imaging Films NST - ①	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 type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Mana		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical Records Received by : Ravi 25/6/26 10:10 am			
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

KUH-00154519 IP-00060471 Mrs B.LAVANYA 14-02-1998 28 Y 4 M 11 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 25/6/20 at 5:58am	Date & Time of Transfer Order 25/6/20 at 3:50pm
Treating Consultant Name		Transfer Ordered by Dr. Nikhita	Reason for Transfer for observation
From Unit ICU	To Unit (203)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1) Paracetamol	1	
2.	2) Diclofenac	1	
3.	3) tramadol	1	
4.	4) Pantoprazole	1	
5.	5) Under pad 1) Sane 1) Bacarb 1)	1	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring poija		Name of Person Ordered Transfer Dr. Nikhita	
Patient & Clinical Records Received by : sushila			
Date & Time of Patient Received : sushila 25/6/20 at 4pm			

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Go pain abdomen and Spotting PV : 4AM.

Obstetric Formula: G2P1L1

ML - 3yrs. Norm.

Obstetric History:

g1 - Male / 2.4yrs / FTLSCS / MSL / A+H / BFX 2yrs / RCH Hyderabad.

g2 - PP, Sp conception

Present Pregnancy Record: Booked to H since conception. Dx with Anemia at 28 weeks managed with IV iron doses.

RISK FACTORS:

Previous LSCS
Corrected Anemia
SGA baby.

Height: 157 cm

Weight: 63 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c

Pallor: ⊖

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 85bpm.

BP: 103/70mmHg

DTR: ⊕

CVS: S1, S2 ⊕

RS BAE ⊕

Liver/Spleen: NAD

Urine Output: Adq

LMP: 22/9/25

EDD:

Corrected EDD: 8/7/26

GA: 38+1 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Irritable.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

150bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G2P1L1 with 38+1 weeks with previous LSCS with corrected anemia with small for gestational age baby in latent labour for emergency LSCS.



<p>Family History: - Father - DM - Mother - HTN</p>	<p>Surgical History: LSCS.</p>
<p>Medical History: Nil</p>	<p>Medication History: Allergies - Nil</p>
<p>Plan of Care:</p> <p>Admission Consents NBM PAC Monitor Vitals Follow drug chart FHR monitoring NST stat Foley's catheterization Inform SAs. Send BT, CT</p> <hr/> <p>Noted by Meghna 25/6/26 @ 5:45am.</p>	<p>Investigations: BG 'D' POSITIVE</p> <p>HIV } 10/12/25 12/6/26 HBSAg } NR. HCV } CBP- 11.1 7800 2.38 L VDRL } NT Scan</p> <p>29/12/25 SLUF 12+5 weeks. NT- 1.9mm.</p> <p>TIPPA</p> <p>23/2/26 20+5 weeks. Cl- 3.2mm. No anomalies.</p> <p>Growth Scan</p> <p>6/6/26 SLUF 35+3 weeks Cephalic pl- A, H AFI -> 10.2cm AC - 9% EFW - 2,289gms. Dopplers (N)</p>

Doctor Name: Dr. Nausheen

Signature: *[Signature]*

Date & Time: 25/6/26 ; 5:45am

Consultant Name: Dr. Srilata

Signature: *[Signature]*

Date & Time: 25/6/26 5:45AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 8 AM.	POD-0 (LSCS)	
	O/E pt is c/c/c	Adv
	Gc-fair	- NBM x 6 hr
	Afebrile	- W/F bleeding pu
	BP - 122/64 mmHg	- Monitor vitals
	PR - 86 bpm	- Follow drug chart
	S/E - NAD	- Rest
	PIA - Utvwr	- Continue IV antibiotics
	Soft BS - /-	- for 48 hr
		- Inform sos
	UE - NAB	
	Baby ^A BF ⊕	
<p>Noted by ^{pa} 26/5/26 8 AM Dr Yogeshwarani</p>		
25/6/2026 12 pm	POD-0 (LSCS)	
	O/E - pt is c/c/c	Adv:
	Gc - Fair	- NBM till 2pm
	Afebrile	- w/f bleeding pu
	BP - 114/60 mmHg	- monitor vitals
	PR - 89 bpm	- Follow drug chart
	S/E - NAD	- Rest
	PIA - ut - w/r.	- Continue IV antibiotics
	Soft BS ⁺ / ₋	- for 48 hrs.
		- Inform sos.
	UE - NAB.	
	Baby ^A BF ⊕	

Noted by ^{pa} 26/6/26 11 pm

Dr. Nikita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	POD-0 (LSCS)	
2pm.	vitals stable	Adv:
	L/E-NAB.	- water sips flb clear
U/O - 200ml	PIA - ut - w/R.	liquids.
	Soft, BS (+)	- soft diet at 6pm.
Clear, adequate	V/E - done.	- monitor vitals
pt. can be shifted to 300ml.	No active bleeding.	- No charting.
		- Follow drug chart
		- Infom sas.
	Noted by pooja	
	2pm 25/6/26	Dr. Nikita
25/6/26	POD-0 (Post LSCS)	
7:30 PM	O/E pt is well	Adv
Ble	GC - fair	- soft diet
	Able	- No charting
	AP - 103/69 mmHg	- W/F Bleeding IV
	PR - 80 bpm	- Monitor vitals
U/O - 600ml	S/E - NAB.	- Follow drug chart
Adequately clear	PIA - ut w/R	- Adequate by charting
	Soft BS (+)	- Infom sas
	L/E - NAB	- Continue IV antibiotics for 48 hrs
	Baby T ^A H, RP (+)	
		Dr. Gunderam
	Noted by SW	
	25/6/26	

KUH-00154519
 Mrs B. LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK

IP-00060471

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>26/6/26</u>	POD - 1 (Post Ux)	
7:30 Am	off Pt is d/c e	Adv
	ac - fair	- Soft diet
<u>Blz</u>	Afebrile	- WIF Bleeding PV
	BP - 103/64 mmHg	- Adequate hydration
U/O - 2600 ml	PR - 84 bpm	- Ambulation
<u>Adequate, clear</u>	S/E - NAD	- Monitor vitals
	P/A - Utw w/r	- Follow drug chart
	Soft BS (+)	- Perform coe.
<u>Remove</u>	UR - NAB	- Continue IV antibiotics
<u>Foley's</u>	Baby p A, BF (+)	today
	H	
	Noted by <u>paal</u>	<u>Dr. Srilata</u>
	26/6/26	
	<u>CLSB Dr. Srilata Mann</u>	
<u>26/6/26</u>		Adv
10:30 Am	Vitals stable	- Normal diet
	P/A - Utw w/r	- Suppositories Dolexolax
	Soft BS (+)	tomorrow morning
		- Send file for
	Noted by	discharge tomorrow
	26/6/26 @ 10:30 Am	afternoon

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 1:15 PM	POD-1 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 103/64 mmHg PR - 84 bpm S/E - NAD P/A - wt - W/R. Soft, BS (+) U/E - NAB Baby ^A BF (+)	Adv: - (N) diet - Adeq. hydration - Ambulation - monitor vitals - w/f bleeding PV - follow drug chart - Infom SOS
		Noted by Dupika 26/6/26 @ 1:15 PM
26/6/26 8 PM	POD-1 (post CS) pt is c/c/c Gc fair Afebrile BP - 110/62 mmHg PR - 82 bpm S/E - NAD P/A - soft BS (+) U/E - NAB Baby ^A BF (+)	Adv: - (N) diet - Adeq Hydration - Ambulation - w/f PV bleeding - follow drug chart - monitor vitals - Infom SOS
		Noted by Dr. Anshu 26/6/26 @ 8 PM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2114 E38+ with previous LSCS. Compensated anaemia & small for gestational age baby in lateral labour for 2nd time.</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure: <i>EM-LSCS</i>		Post OP Day: _____					
BACKGROUND	Date	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	
	Shift	<i>N</i>	<i>M</i>	<i>M</i>	<i>N</i>	<i>E</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	<i>nil</i>	<i>nil</i>	
Diet:	<i>NBM</i>	<i>NBM</i>	<i>light</i>	<i>clear liquid</i>	<i>clear liquid</i>	<i>clear liquid</i>	<i>light diet</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	<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>	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.0 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>
		Res:	<i>19 b/min</i>	<i>19 b/min</i>	<i>18 b/min</i>	<i>19 b/min</i>	<i>20 b/min</i>	<i>19 b/min</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>86 b/min</i>	<i>87 b/min</i>	<i>86 b/min</i>	<i>85 b/min</i>	<i>89 b/min</i>	<i>80 b/min</i>
		BP:	<i>110/86</i>	<i>115/80</i>	<i>110/20</i>	<i>115/70</i>	<i>106/64</i>	<i>105/70</i>
	LOC:	<i>conscious</i>	<i>conscious</i>	<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>	<i>0</i>	<i>0</i>	
Pain Score:	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>1</i>	<i>1</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	<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	<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>light</i>	<i>clear liquid</i>	<i>clear liquid</i>	<i>light diet</i>	
	Critical Lab Test / Values:	-	-	-	-	<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	<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>depen</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:			<i>w/o bleed</i>	<i>w/o bleed</i>	<i>catheter care</i>	-		
Handed Over By Name :	<i>Meghana</i>	<i>Maria</i>	<i>Ravi</i>	<i>Pooja</i>	<i>Sushil</i>	<i>Syde</i>		
Signature / ID :	<i>M/02022</i>	<i>018133</i>	<i>02022</i>	<i>02022</i>	<i>84093</i>	<i>01022</i>		
Date:	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>		
Time:	<i>@ 6:45 AM</i>	<i>@ 8 AM</i>	<i>@ 11 AM</i>	<i>@ 3 PM</i>	<i>8 PM</i>	<i>@ 8 AM</i>		
Taken Over By Name :	<i>Prasanna</i>	<i>Ravi</i>	<i>Pooja</i>	<i>Sushil</i>	<i>Syde</i>	<i>Deepika</i>		
Signature / ID :	<i>01616</i>	<i>02022</i>	<i>26126</i>	<i>81693</i>	<i>01609</i>	<i>60746</i>		
Date:	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>	<i>25/6/20</i>		
Time:	<i>@ 6:45 AM</i>	<i>@ 10:10 AM</i>	<i>@ 12 PM</i>	<i>4 PM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G ₃ P ₁ L ₁ @ 38+wk @ previous LSCSC combined Anemia @ Small for gestational age baby in latent labour emergency L&S				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known			
	Surgery / Procedure:				If Yes Specify: Nil			
BACKGROUND	Date	26/6/26	26/6/26	26/6/26	27/6/26			
	Shift	M	E	N	M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	nil	NIL			
	Diet:	Sodiet	S diet	S diet	S diet			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA			
	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:	98.6°F	98.6°F	98.0°F	98.0°F		
		Res:	18 b/m	19 b/m	19 b/m	20 b/m		
		SpO ₂ :	99%	99%	99%	99%		
		Pulse:	82 b/m	83 b/m	82 hr	80 b/m		
		BP:	112/70 mmHg	112/70 mmHg	106/72 mmHg	112/70 mmHg		
		LOC:	conscious	conscious	conscious	conscious		
		Fall Risk Score:	'0'	'0'	'0'	'0'		
	Pain Score:	'1'	'1'	'0'	'0'			
	Skin Integrity	Intact	Intact	Intact	Intact			
	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy:		-	-	nil	NIL			
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:		S diet	S diet	S diet	S diet			
Critical Lab Test / Values:		Nil	-	-	-			
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 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	
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):	dependent	dependent	dependent	dependent				
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

File sent to Billing on 27/6/26 @ 10 AM

KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



NURSING CARE RECORD

Date: 25/6/26

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							
Afternoon							
Night	5:20 am	Ensure Safety	5:20 am	provided side rails	TO prevent falls	patient is safe patient is well hydrated	Jugha 25/6/26 6:40 am
	6:00 pm	Maintain fluid Balance	6:10 am	IV fluids administered as per doctor order	TO prevent dehydration		



NURSING CARE RECORD

Date: 25/6/20

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	maintain fluid balance	8:45 AM	RL - 100ml	maintained fluid balance	Re-Assess maintain fluid bal	Ravi 25/6/20 @ SA
Afternoon	3pm	ensure safety		provide side rails	prevent bed fall	to prevent fall patient is safe	poor 25/6/20 @ 3pm
Night	9pm	Maintain fluid balance ensure safety	11:30pm	Maintained oral Intake provided side rails	prevented for dehydration prevented for fall risk	Re assessment done every 4hrs vital checked it is stable	Syed 25/6/20 @ SA

KUH-00154519 IP-00080471
 Mrs B.LAVANYA 28 Y 4 M 11 D (F)
 14-02-1998
 Dr. SRILATA PATNAIK

NURSING CARE RECORD



Date:

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	9 AM	* Maintain good nutritional status		* maintained patient good nutritional status.	* prevent dehydration and improve nutritional status.	* Re-Assessment done patient condition good	Deepika 26/6/26 @2pm
Afternoon	2pm 4pm	Ensure safety Maintain personal hygiene.	3pm 8pm	To provide side rails To give hand rub to the patient	To provide safety To prevent infection	Re-Assessment was done with vitals checked.	Deepika 26/6/26 @2pm
Night	9 PM	* maintain fluid balance	11 PM	* Encouraged pt to take plenty of oral fluids.	* prevented dehydration & maintained on chart	* Re-Assessment Done pt condition is stable.	Deepika 26/6/26 @2pm

NURSING CARE RECORD

Date: 27/6/26

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	8AM	Ensure safety	2pm	To provide safety to prevent falls		Vitals checked	Deepika 27/6/26 2pm
Afternoon				<u>Discharge Notes</u>			
				Doctor came for rounds patient is safe doctor said patient to get discharged		Deepika 27/6/26 @ 2pm	
Night					Noted by Deepika 27/6/26 @ 10AM		

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs B.LAVANYA

Age : 28 Y 4 M 11 D

IP No: IP-00060471

Sex: Female

Consultant: Dr. SRILATA PATNAIK

Ward/Bed No: N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned do consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

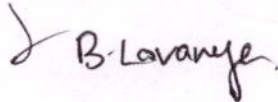
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name: M. Rajesh

Relationship: Husband

Date: 25/6/26

Witness Name: [Handwritten]

Witness Signature: [Handwritten]

Patient Address:

PLOT NO 4-2-205/60 \T\61SAMALA
LAKSHMI NAGAR COLONY KOWKOOR
Agarwal Estate Hyderabad Telangana
INDIA 400068

Time: 05-5 PM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs B. LAVANYA Gender: Male Female Age : 28 YEARS

UHID No : KUH-00154519 Date : 25/6/2026

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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon Mrs B. LAVANYA
(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
BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS
ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE
ADHESIONS

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. 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.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. SRI LATA PATNAIK

Consentee :

Signature : B. Lavanya

Name : B. Lavanya

Date & Time : 25/6/2026 5:40 AM

Patient Attendant :

Signature : M. Rajesh

Name : M. RAJESH

Relationship with Patient : Husband

Date & Time : 25/6/26 5:40 am

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Youeshwari

Name : DR. YOUNESHWARI

Date & Time : 25/6/2026 5:40 AM



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. SRILATA PATNAIK	Date of Delivery: 25/06/2026
Assistant Surgeon: DR YOGESHWARI	Time of Delivery: 7:08:57 AM
Anaesthetist's Name: DR. VINEETHA.	Gender of Baby: Male
Type of Anaesthesia: SPINAL + GA	Weight of Baby: 3.003 Kgs
Neonatologist: DR HARISH	AGPAR Score: 7/10, 9/10
Scrub Nurse: Srs. Jyothi	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency Indication: G2P1L1 with 38+1 wks E previous LSCS E corrected Anemia E small for gestational age baby in latent labour for Em 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: Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: ~~Elective~~ Emergency Lower segment cesarean section

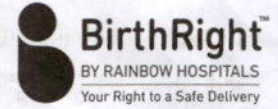
Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : MR. B. Lavanys Age : 24yr Gender : Male Female

UHID NO: RCH-00154519 Surgeon Name: Dr. Srikale

Anaesthesiologist : Dr. Vinutha

Operative procedure planned : Emergency 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 : Hypertension, 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 MR. B. Lavanys the above mentioned operation / Diagnostic / Therapeutic procedures Emergency 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 anesthesia.

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 anaesthesiologist 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 : B. Lavanya
Name : B. Lavanya
Relationship with Patient : Self
Date & Time : 25/6/20

Witness :

Signature : M. Raj
Name : M. Rajesh
Date & Time : 25/6/20, 6:23am

Doctor (who is taking the consent) :

Signature : [Signature]
Name : DR. M. VINESHA
Date & Time : 25/06/20.

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Srilata Patnaik
 Asst. Surgeon: Dr. Yogeshwari
 Anaesthetist: Dr. Vinitha
 Scrub Nurse: Sujatha

KUH-00154519 IP-00060471
 Mrs B. LAVANYA 28 Y 4 M 11 D (F)
 14-02-1998
 Dr. SRILATA PATNAIK
 Age: 28yr Gender: F
 Surgery Name: Em-bus
 Date: 25/6/26 In-time: 6:55 AM Out-time: 7:00 PM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>6:50 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
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
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. W. Vinitha</u>	

TIME OUT	Time: <u>6:57 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Em-bus</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>PTH</u> <u>3hr</u> <u>500ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews: <u>no</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<u>yes</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>S. Praveen</u>	

SIGN OUT	Time: <u>7 AM</u>
Nurse Verbally Confirms with the Team:	
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 checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Yogeshwari</u>	

KUH-00154519 IP-00060471
 Mrs B. LATA ANYA 28 Y 4 M 11 D (F)
 14-02-1998
 Dr. SRILATA PATNAIK



1

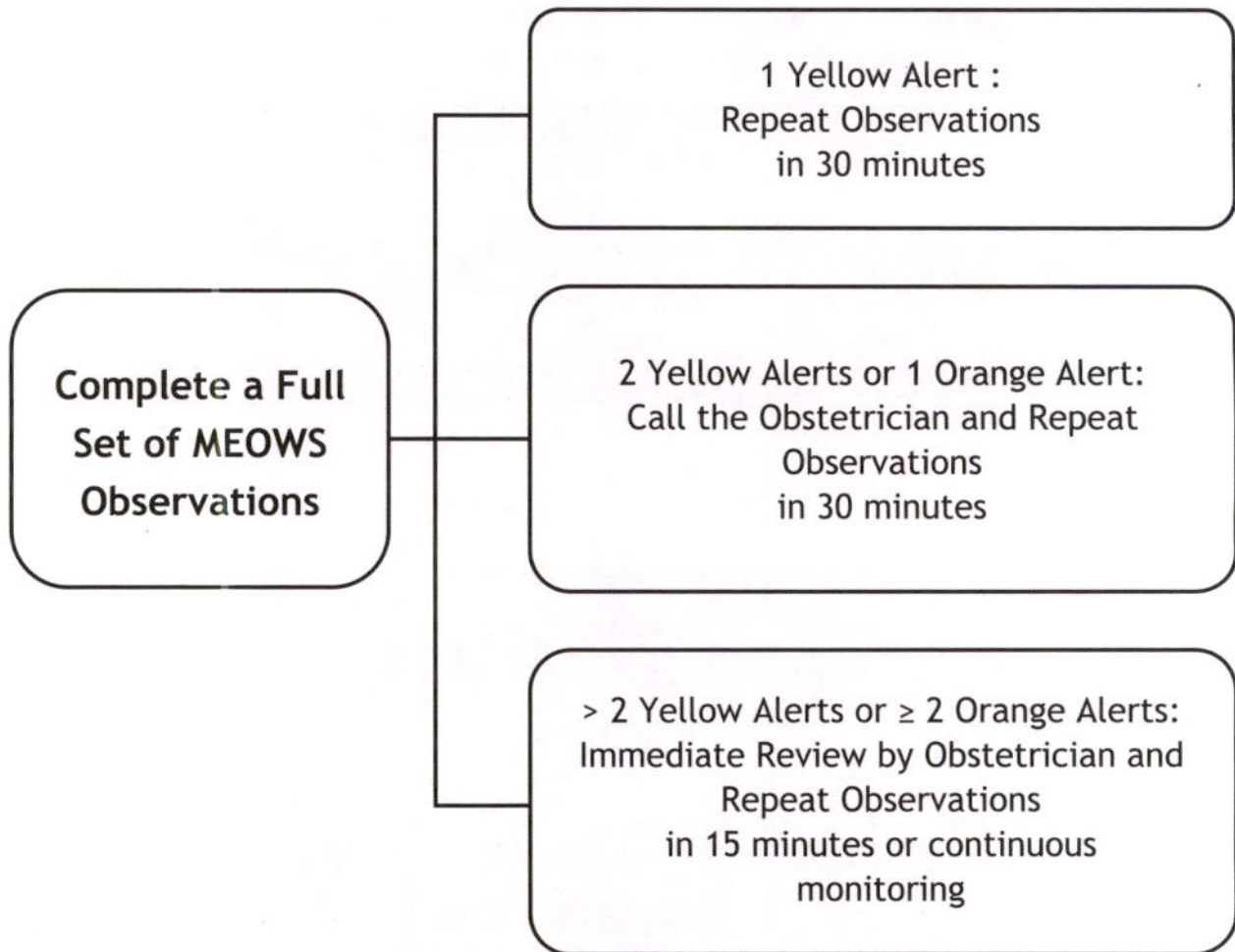


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

KUH-00154519 IP-00060471
 Mrs B. LAVANYA 28 Y 4 M 11 D (F)
 14-02-1998
 Dr. SRILATA PATNAIK



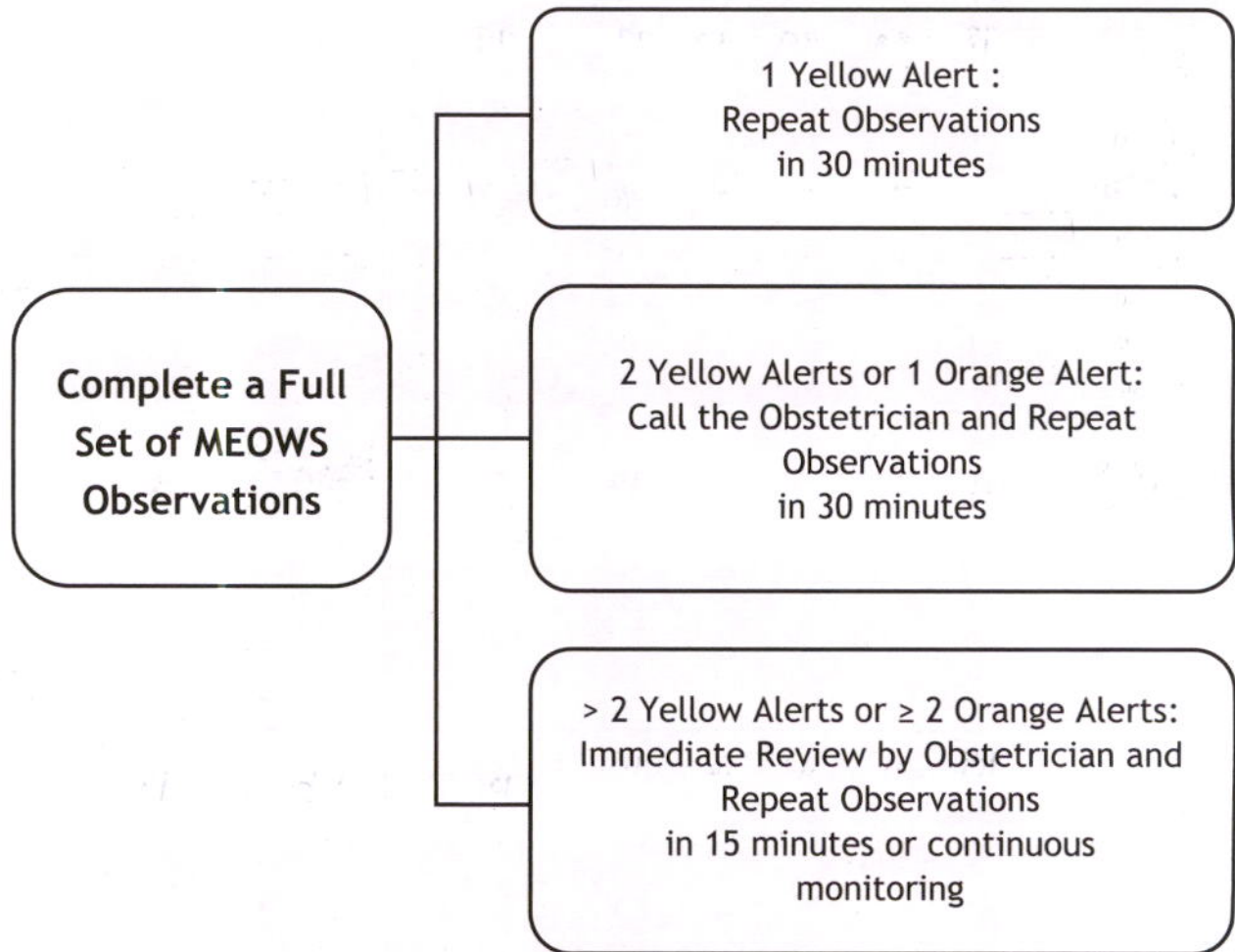
2

Monitoring Observation Score Chart - Obstetrics

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

		Date																										
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20		19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																											
Saturations	94 - 100 %		98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80		81	80	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	82	
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80		114	110	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	112	
	70																											
60																												
50																												
40																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80		60	80	86	80	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	79	
	70																											
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																											
	Pain																											
	Unresponsive																											
URINE ml/s / 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	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	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	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	0	
Nurse Initial			SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

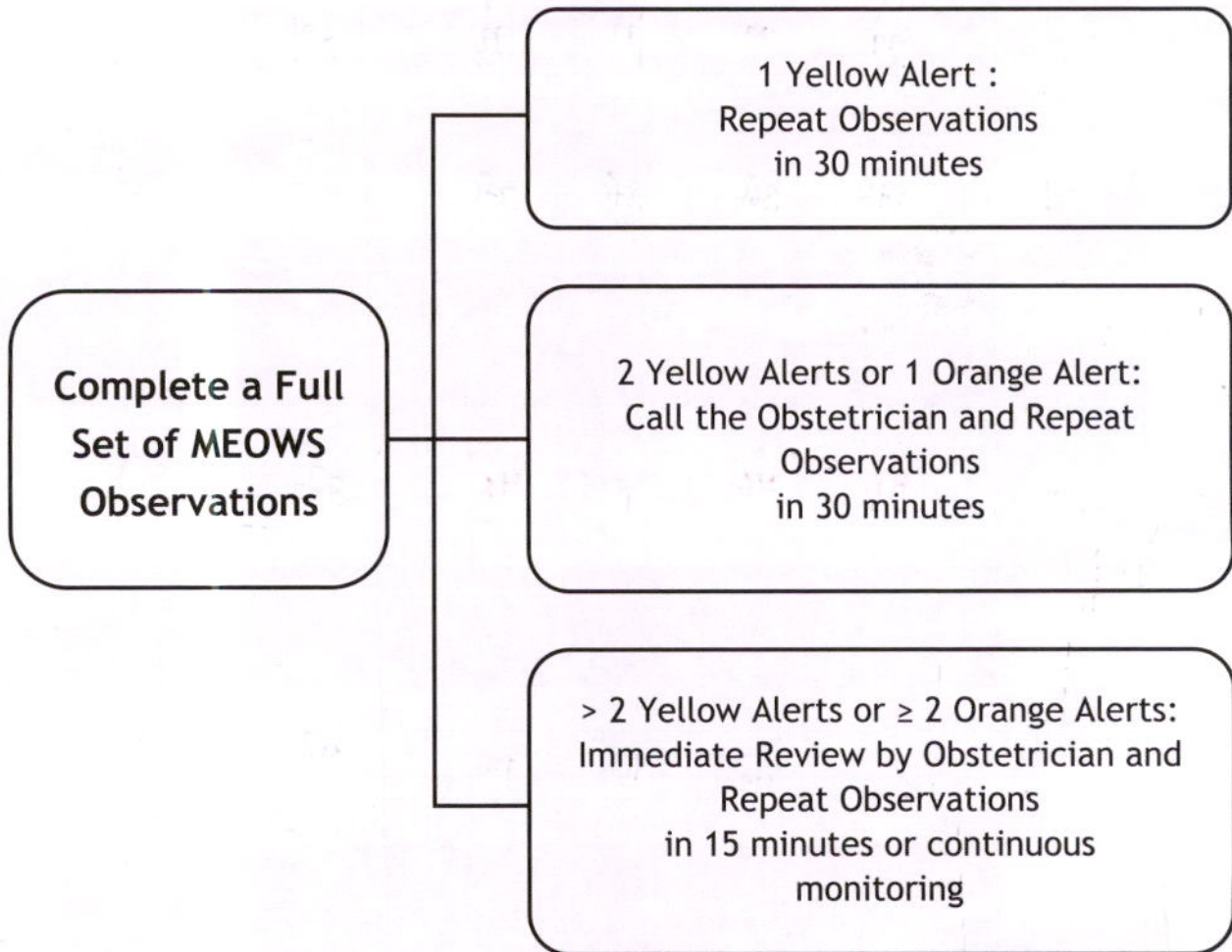


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19		19		19		19		19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %			99		99		99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			37.0		36.0		37.0		37.0		37.0		36.0		36.0		36.0		36.0		36.0		36.0	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			81		76		80		78		82		89		81		81		81		81		81	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			103		112		105		110		108		111		106		106		106		106		106	
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70																									
60			61		61		65		62		62		65		62		62		65		62		62		
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	
	Heavy / Foul																								
Liquor	Clear / Pink			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	
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial				D		D		D		D		D		D		D		D		D		D		D	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

KUH-00154519
 Mr B. LAVANYA
 14-02-1998 28 Y 4 M 12 D (F)
 Dr. SRILATA PATNAIK



IP-00080471



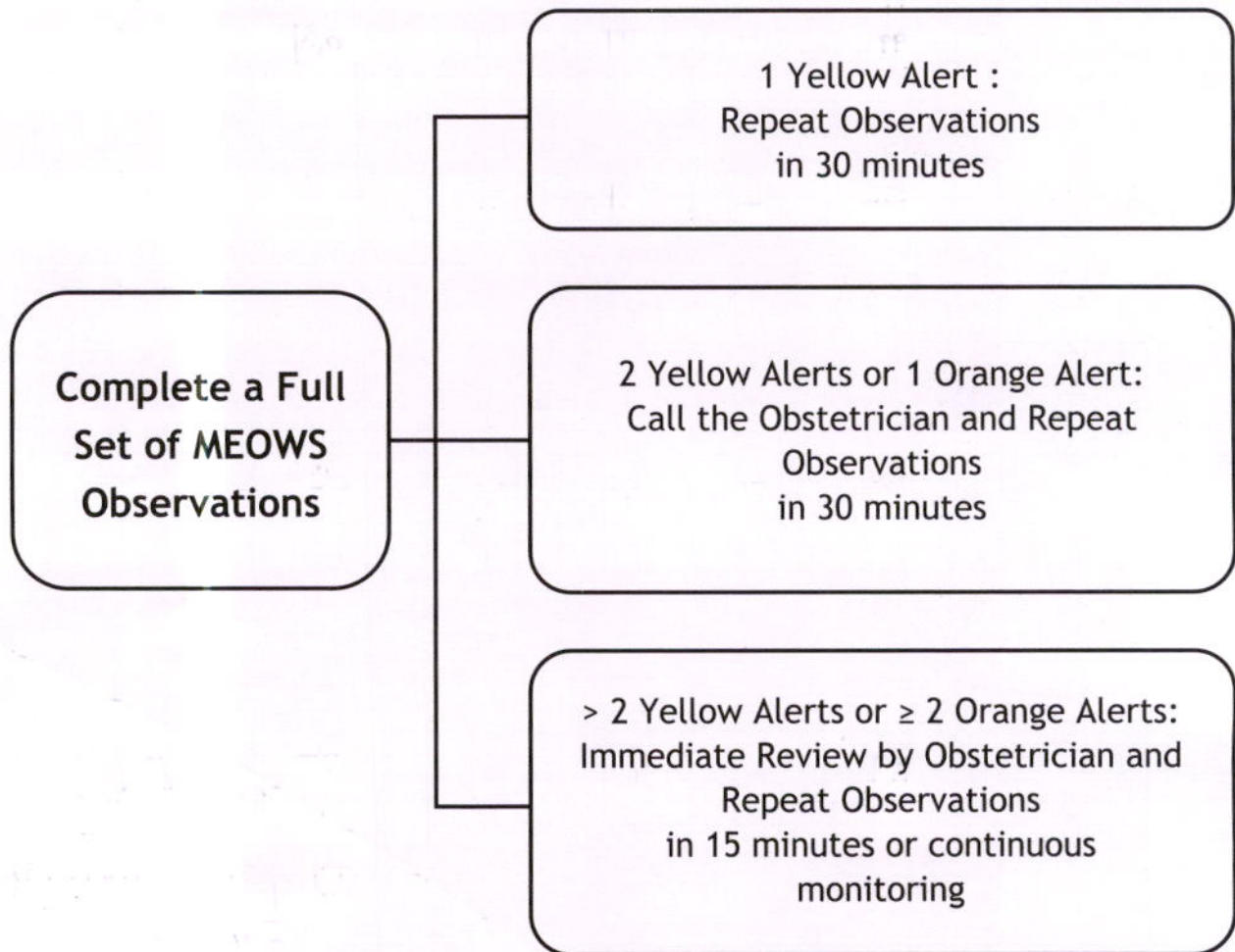
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		24/6/26																								
		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																						
	0 - 10																									
Saturations	94 - 100 %			99																						
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37			37.4																						
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			89																						
	70																									
60																										
50																										
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			119																						
	100																									
	90																									
80																										
70																										
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50			65																						
	40																									
	NEURO RESPONSE [✓]	Alert			✓																					
Voice																										
Pain																										
Unresponsive																										
URINE mls / hour	> 30			✓																						
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul			NA																						
Liquor	Clear / Pink																									
	Green			NA																						
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				D																						

Noted by
 Deepika 27/6/26
 @10pm

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
24/6/20	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am	NBM + RL 500ml FR								100ml to urine			
	07:00 am	NBM + RL + 20ml/hr											
Total Intake :						Total Output :							
Total 24 hrs. Intake			700ml			Total 24 hrs. Output			100ml				



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/6	08:00 am		NBW + Rectal m/hw										25/6 MP
	09:00 am	RI - NBW											
	10:00 am	RI - NBW	100ml						100ml Empty				
	11:00 am	RI - NBW	100ml						100ml				
	12:00 pm	RI - NBW	100ml						100ml				
	01:00 pm	RI - NBW	100ml						100ml				
Total Intake :			600 ml			Total Output :					300ml		
25/6	02:00 pm	H2O	100ml						100ml			25/6 MP	
	03:00 pm								100ml				
	04:00 pm	water							100ml				
	05:00 pm								100ml				
	06:00 pm								100ml				
	07:00 pm								100ml				
Total Intake :						Total Output :					600ml		
25/6	08:00 pm								200ml			25/6 MP	
	09:00 pm								200ml				
	10:00 pm								200ml				
	11:00 pm								100ml				
	12:00 am								200ml				
	01:00 am								100ml				
Total Intake :						Total Output :					1000ml		
26/6	02:00 am								150ml			26/6 MP	
	03:00 am								150ml				
	04:00 am								100ml				
	05:00 am								100ml				
	06:00 am								100ml				
	07:00 am								100ml				
Total Intake :						Total Output :					700ml		
Total 24 hrs. Intake						Total 24 hrs. Output					2600 ml		

KUH-00154519 IP-00080471
 Mrs B. LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

Sheet No. : (2)

26/6/26

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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
26/6/26	08:00 am											p Dupila 26/6/26 @ 2pm	
	09:00 am	Jelly								✓			
	10:00 am	+											
	11:00 am	H ₂ O											
	12:00 pm												
	01:00 pm	H ₂ O											
Total Intake :						Total Output :							
26/6/26	02:00 pm											p Dupila 26/6/26 @ 8pm	
	03:00 pm	Rice											
	04:00 pm	+											
	05:00 pm	H ₂ O								✓			
	06:00 pm												
	07:00 pm	H ₂ O											
Total Intake :						Total Output :							
26/6/26	08:00 pm											p Akash 27/6/26 @ 8am	
	09:00 pm	Rice								✓			
	10:00 pm	H ₂ O											
	11:00 pm												
	12:00 am	H ₂ O											
	01:00 am									✓			
Total Intake :						Total Output :							
27/6/26	02:00 am											p Akash 27/6/26 @ 8am	
	03:00 am									✓			
	04:00 am	H ₂ O											
	05:00 am												
	06:00 am									✓			
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : ③

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/6/26	08:00 am		Pdly									Deepika 27/6/26 @ 2pm
	09:00 am		+						✓			
	10:00 am											
	11:00 am		H ₂ O									
	12:00 pm											
	01:00 pm		H ₂ O									
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake 100

Total 24 hrs. Output 100

KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



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: I/W 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	1 TAB	PO	ONCE DAILY	14/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-CALCIUM	1 TAB	PO	ONCE DAILY	14/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOUNESHWARI

Date & Time : 25/6/2026 6 AM

Nurse Name & Signature: Neghna

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

KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



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: I/W Shifted to: (203)

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	TAB. PARACETAMOL	1 GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. TRAMADOL	100 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DICOLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NEKHITA

Date & Time : 25/6/2024 2 PM

Nurse Name & Signature: Pooja

Date & Time : 25/6/24 2:20 PM

Rainbow Child Hosp
 KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK

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

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

Chikn 25/6/26

DRUG : T. PANTO PRAZOLE				Date															
				Time	26/6														
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	25/6/26	6 AM															
Name & Signature of the Doctor starting the Drugs:																			
DR. YOUNESHWARI																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Bhaskar

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

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

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



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

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

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

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

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

KUH-00154519 IP-00060471
 Mrs B.LAVANYA
 14-02-1998 28 Y 4 M 11 D (F)
 Dr. SRILATA PATNAIK



DRUG CHART

Date of Admission: 25/6/2026 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	7:10 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	YI	Kalish Katar
25/6/26	6:10 AM	INJ PANTOPRAZOLE	40 MG	IV	YI	.
25/6/26	6:10 AM	INJ METOCLOPRA -MIDE	10 MG	IV	YI	.
25/6/26	7:09 AM	INJ CARBETOCIN	100 mcg	IV	YI	Kalish Katar
25/6/26	7:15 AM	INJ TRANEXAMIC ACID	1GM	IV	YI	Kalish Katar
25/6/26	7:50 AM	SUPP. DICLOFENAC	100 mg PR	PR	YI	Kalish Katar
25/6/26	7:50 AM	SUPP. TRAMADOL	100 mg PR	PR	YI	Kalish Katar
25/6/26	7:50 AM	T. MISOPROSTOL	400 MCG	PR	YI	Kalish Katar
25/6/26	7:30 AM	T. MISOPROSTOL	400 MCG	INTRA CAVITORY	YI	Kalish Katar

VERIFIED BY Signature

Dr. Prateek

REGULAR PRESCRIPTIONS

Weight. 63 kg Ward. 1/w



Dr. Patnaik

Dr. Patnaik

Dr. Patnaik

Dr. Patnaik

DRUG : TAB PARACETAMOL

				Date	25/6	26/6	27/6
				Time			
Dose	Route	Frequency	Start Date	12 AM			
1gm	PO	6HRLY	25/06				
Name & Signature of the Doctor				6 AM			
Starting the Drugs:				12 PM			
Additional Instructions:				6 PM			
Daily Doctor's Endorsement by a Sign							

DRUG : TAB TRAMADOL

				Date	25/6	26/6	27/6
				Time			
Dose	Route	Frequency	Start Date	6 AM			
100mg	PO	2HRLY	25/06				
Name & Signature of the Doctor				2 PM			
Starting the Drugs:				6 PM			
Additional Instructions:				10 PM			
Daily Doctor's Endorsement by a Sign							

DRUG : TAB DICLOFENAC

				Date	25/6	26/6	27/6
				Time			
Dose	Route	Frequency	Start Date	7 AM			
50mg	PO	2HRLY	25/06				
Name & Signature of the Doctor				3 PM			
Starting the Drugs:				7 PM			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : INS CEFOTAXIME

				Date	25/6	26/6	27/6
				Time			
Dose	Route	Frequency	Start Date	7 AM			
1gm	I/V	12TH HOURLY	25/6/26				
Name & Signature of the Doctor				7 AM			
Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

STOP
 Dr. Nikhita
 27/6/26
 7:45 AM.