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202

ACTIVIT VIH-00202119 IP-00060377
Mrs RAMA MANASA G
15-11-1993 32 Y (F)
Dr. BHAVANA K

Name: ---  -----

UHID No : ----- IP NO : ----- Consultant : ----- Dept : -----

Date of Admission : 12/6/26 Time : 13:32 Date of Discharge : ----- Time: -----

Room / Bed No : 220 Ward : 42 Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	1:11PM	LW	OT	<i>[Signature]</i>
18/6/26	2:30PM	OT	MICU	<i>[Signature]</i>
18/6/26	8:05PM	MICU	205	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. NIVEDITHA (Endocrinology)	17/6/26		<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6/26	NSI at 12pm (1)	R26-009711 ✓	[Signature]
17/6/26	NSI at 4pm (2)	R26-009721 ✓	[Signature]
17/6/26	1) GRBS at 12 ³⁰ pm - 133mg/dl	V126020682 ✓	[Signature]
17/6/26	2) GRBS (Post lunch) at 5pm - 135mg/dl	V126020683 ✓	[Signature]
17/6/26	3) GRBS @ 1:30pm - 82mg/dl	V126020715 ✓	[Signature]
17/6/26	4) GRBS at 10:15pm 108mg/dl	V126020716 ✓	[Signature]
17/6/26	NSI at 8:00pm (3)	R26-009731 ✓	[Signature]
18/6/26	NSI @ 12am - (4)	R26-009732 ✓	[Signature]
18/6/26	GRBS @ 10:15pm - 108mg/dl		
18/6/26	NSI at 4:00AM (5)	R26-009745 ✓	[Signature]
18/6/26	GRBS at 7:00AM 95mg/dl	V126020741 ✓	[Signature]
18/6/26	NSI @ 8am - (6)	R26-009759 ✓	[Signature]
18/6/26	NSI at 12pm - (7)	R26-009771 ✓	[Signature]
18/6/26	GRBS at 11:28am → 78mg/dl	V126020753 ✓	[Signature]
cross checked by <u>Shweta</u>		18/6/26	11:30am
18/6/26	GRBS 6:40pm 77mg/dl	V126020792 ✓	[Signature]
18/6/26	TED stocking	3091821 ✓	[Signature]
cross checked by <u>Shweta</u> 18/6/26 8:30pm			
18/6/26	GRBS 10:40pm - 67mg/dl	26020842	[Signature]
19/6/26	GRBS 4Am - 97mg/dl	26020843	[Signature]
19/6/26	GRBS - 8:30am 98mg/dl	26020919	[Signature]
20/6/26	FRS	26020953	
	PLBS	26020954	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/6/26	TV placement	①	3091523	[Signature]
18/6/26	PAC	1	3091733	[Signature]
18/6/26	calibration	1	3091819	[Signature]
cross checked by Subhani 18/6/26 8:30pm				

ANY OTHER INFORMATION

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Date: 20/6/26

Time: 12 AM

Prepared By: [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>[Signature] 20/6/26 12 AM.</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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INSURANCE COPY

Name	Mrs RAMA MANASA	UHID	VIH-00202119
Father/Guardian	Mr SRI TEJA DIXITH	Age/Gender	32 Y /Female
Address	2-19-80/a/2,RAGHAVENDRA NAGAR COLONY,KALYANPURI, Uppal, Hyderabad, Telangana, INDIA, 500039		
IP No	IP-00060377	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+6 weeks with High BMI with Gestational Diabetes Mellitus (I) with Recurrent Vaginitis for Induction of Labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 18.06.2026.

History:

LMP: 21.09.2025

Obstetric formula: Primigravida

EDD: 02.07.2026

Gestation at admission: 37+6 weeks

Obstetric History:

G1- Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Both parents- DM, HTN.

Surgical History: Nil

Allergies: Nil

Name	Mrs RAMA MANASA	UHID	VIH-00202119
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Antenatal Details: Mrs RAMA MANASA was booked to Rainbow hospital at 21+1 weeks of gestation. Previous ANC's at Kamareddy. She had regular antenatal checkups and investigations as advised. She was diagnosed with GDM AT 21+4 weeks, endocrinologist review done & was managed on insulin. She was on Tab. Ecosprin 150 mg since 12 weeks & stopped at 35 weeks. She had h/o recurrent vaginitis & was managed conservatively. She was admitted at 37+6 weeks with High BMI with Gestational Diabetes Mellitus (I) with Recurrent Vaginitis for Induction of Labour.

Investigations: Enclosed
Blood group: " **O**" **POSITIVE**

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long & closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent was taken for induction of labour. Pre & post meal sugar monitoring done & informed to endocrinologist. Labour induction was done using 4 doses of PGE1. Artificial rupture of membranes done at 2 cm dilatation, clear liquor seen. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Further augmentation of labour done with oxytocin infusion. Patient & attenders explained regarding non progression of labour with presumed fetal distress, risk of continuing with vaginal delivery & need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of non progression of labour with presumed fetal distress, 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.

Name	Mrs RAMA MANASA	UHID
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VH-00202119

Under spinal 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. A lower segment curvilinear incision given on the uterus MS Liquor seen. 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. 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 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 18.06.2026
Time of Delivery: 1:44:40 PM
Type of Delivery: Emergency LSCS
Indication: Non progression of labour.
Analgesia: Spinal

Baby Details:

Date: 18.06.2026
Time: 1:44:40 PM
Sex: Female
Weight: 2.999 kg
Apgar: 8/10 ,10/10.
Gestational Age: 38 weeks.
NICU Admission: yes.

Post-Operative Notes: Post Operative Period:

Name	Mrs RAMA MANASA	UHID	VIH-00202119
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She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. 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.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 24.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 24.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 24.06.2026 (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. Repeat OGTT after 6 weeks & review with reports.
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 24.06.2026 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

In case of emergency like bleeding, fever - kindly contact 040-42462200.

Name	Mrs RAMA MANASA	UHID	VH-00202119
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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 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. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

54774

PatientName : Mrs RAMA MANASA

Age/Gender : 32 Y / Female

Ward/Bed : N 2F-LABOUR WARD/ LW 220

Inpatient No. : IP-00060377

Admit Date : 17-06-2026

Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 19:07
RANDOM BLOOD GLUCOSE (GOD/POD)	135	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 19:07
RANDOM BLOOD GLUCOSE (GOD/POD)	133	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 02:52
RANDOM BLOOD GLUCOSE (GOD/POD)	82	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 02:52
RANDOM BLOOD GLUCOSE (GOD/POD)	108	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 08:05
RANDOM BLOOD GLUCOSE (GOD/POD)	95	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 11:29
RANDOM BLOOD GLUCOSE (GOD/POD)	78	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 20:09
RANDOM BLOOD GLUCOSE (GOD/POD)	77	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 08:09
RANDOM BLOOD GLUCOSE (GOD/POD)	67	mg/dl	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 08:09
RANDOM BLOOD GLUCOSE (GOD/POD)	97	mg/dl	70 - 140

VIH-00202119 IP-00060377
 Mrs RAMA MANASA (F)
 15-11-1993 32 Y
 Dr. BHAVANA K



SURGERY DETAILS

Date : 18/6/26

Patient Name: Mrs Rama Manasa Date of Birth: 15/11/1993 Age: 32yos

Gender: female Ward: OT UHID No: 00202119

Date of Surgery: 18/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency Lower Segment Caesarian Section SA

Time in : 1:25pm

Time Out : 2:30pm

	NAME	AMOUNT
1. Surgeon	DR. Bhavana / DR. soumya	OT-charge
2. Anaesthetist	DR. Sunidhara	
3. Assistant Surgeon	DR. Noushreen	
4. OT Technician	DR. SR vaishnavi	
5. Circulating Nurse	SR. Mania	
6. Assistant Nurse	SR. Jyothi	

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

Signature of the Surgeon: *Dr. Noushreen*

Signature of Circulating Nurse: *Jyothi*

Order No: 3091732 / 3091733

Order by: Sr. Ruby

DEFICIT

IP-00080377

STATEMENT OF MEDICAL CASE SHEET

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00202119

Mrs RAMA MANASA

15-11-1993 32 Y

Dr. BHAVANA K

(F)

IP.No:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	01	-	-	
4	Patient Transfer Forms	03	-	-	
5	In-patient Medical Record	01	-	-	
6	Doctors Progress Sheets	05	-	-	
7	Nurses Progress notes	03	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
10	Consent for Surgery				
	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	01	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)	02	-	-	
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist	01	-	-	
23	Operation Theatre notes	01	-	-	
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	-	-	
26	Intake and Output chart (fluid Chart)	02	-	-	
	Drug Chart (Regular prescription)	01	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Blood Sugar monitoring chart	01	-	-	
	Consent for general anaesthesia	01	-	-	
	medical relaxation	02	-	-	
	Stat	01	-	-	
	Obstetric Prilage form	01	-	-	
	Braden - 9	03	-	-	
	Others	01	-	-	
	Total No. of Pages	61			

Wag

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060377

Admit Date : 17-Jun-2026

Admit Time : 01:32 PM UHID : VIH-00202119

Patient Details :

Patient Name : Mrs RAMA MANASA

Age : 32 Y

Guardian : Mr SRI TEJA DIXITH

DOB : 15-11-1993

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 2-19-80/a/2,RAGHAVENDRA NAGAR COLONY,
KALYANPURI Uppal Hyderabad Telangana
INDIA 500039

Phone No : 9966901487/

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

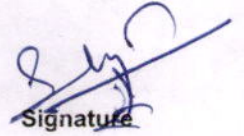
Contact Details :

Name : Mr SRI TEJA DIXITH

Relationship : W/O

Contact Address : 2-19-80/a/2,RAGHAVENDRA NAGAR
COLONY,KALYANPURI Uppal Hyderabad
Telangana INDIA 500039

Phone No : 9966901487 / 9849935327



Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

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

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PATIENT TRANSFER FORM

VIH-00202119 IP-00060377
 Mrs RAMA MANASA
 15-11-1993 32 Y (F)
 Dr. BHAVANA K


Date & Time of Admission 17/6/26 @ 1:32pm		Date & Time of Transfer Order 18/6/26 @ 1:11PM
Treating Consultant Name	Transfer Ordered by Dr. Yogeshwarani	Reason for Transfer
From Unit H/W	To Unit O.T	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films 7 Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input 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 No
 Dr.

Name & Signature of Person who is Transferring Sr. Anand	Name of Person Ordered Transfer Dr. Yogeshwarani
---	---


Patient & Clinical Records Received by :
 masia

Date & Time of Patient Received :
 18/6/26 @ 1:11PM

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 / I.P. No.		Date & Time of Admission	Date & Time of Transfer Order
VIH-00202119 Mrs RAMA MANASA IP-00060377 15-11-1993 32 Y Dr. BHAVANA K (F) 		17/6/26 @ 1:32 Pm	18/6/26 @ 2:40 Pm
		Transfer ordered by	Reason for Transfer
		DR. Sunidhosa	post operative care
From Unit	To Unit	Information to attendant	
OT	MICU	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant	
39.	NST - 6	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, what ?			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.	- will -		
4.			
5.			
Shifting Summary / notes written by Doctor :			
DR.			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
SR jyothi		DR - sunidhosa.	
Patient & Clinical records received by :			
jyothi			
18/6/26 @ 3 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-00202119 Mrs RAMA MANASA 15-11-1993 32 Y Dr. BHAVANA K (F) IP-00060377 		Date & Time of Admission 18/6/26 11:38 am	Date & Time of Transfer Order 18/6/26 at 8:50 pm
Transfer Ordered by Dr. Yogeshwasi		Reason for Transfer observation	
From Unit MICU	To Unit 205	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 op file Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab:- paracetamol - (13)		
2.	Tab:- par wormy - (15)		
3.	Tab:-		
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer Dr. Yogeshwasi	
Patient & Clinical Records Received by : Deepika 18/6/26 @ 8:50 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

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10



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RANDOM BLOOD SUGAR MONITORING CHART

S. NO	DATE	TIME	SCHEDULE	RESULT	INSULIN	DUTY DOCTOR	ENDOCRYN -OLOGIST	SISTER SIGNATURE
1)	17/6/26	12:30PM	Pre lunch	133mg/dl	-	DR.	DR. NIKHITA	Shwini
2)	17/6/26	5:20PM	Post lunch	135mg/dl	-		DR. Gajendra	Shwini
3)	17/6/26	7:30PM	Pre dinner	89mg/dl	-	DR. NIVEDITHA	DR. Ashwini	Rani
4)	17/6/26	10:15AM	Post dinner	108mg/dl			DR. Ashwini	Rani
	18/6/26	7:00AM	Pre BF	95mg/dl	-		DR. Ashwini	Rani
	18/6/26	-	11:20AM	78mg/dl			DR. Ashwini	Rani
	18/6/26	1:10PM	1:10PM	95mg/dl		DR. Yogesh		Aditya
	18/6/26	3:30PM		85mg/dl		DR. Nikhita		Aditya
	18/6/26	6:40PM		77mg/dl		DR. Yogeshwari		
	18/6	10:30						



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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 21/3/2025 EDD:
 Corrected EDD: 2/07/2026 GA: 37+6 weeks.

Obstetric Formula: primigravida.
 ML - 6 yrs. NCM.
 Obstetric History:

Menstrual History: Regular Yes No

Obstetric Examination

G1 - present pregnancy / spontaneous conception.

Fundal Height: - TG

Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____

Present Pregnancy Record: Booked to H at 21+1 weeks. prev. ANCs at kamazeddy. on Tab. Ecosprin 150 mg since 12wks, stopped at 35 weeks.

Head Fifths Palpable: _____

RISK FACTORS: Diagnosed GDM

FHS: Normal Tachy Brady Absent
 148 bpm.

at 21+4 weeks, managed on Insulin.
 H/O recurrent vaginitis, managed conservatively.

Per Speculum Examination Not done.

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

GDM (I).

Vaginal Examination

Height: 165 cm
 Weight: 98.5 kg
 Allergies: Nil
 Breast: Normal Abnormal
 General Examination: pt is c/c
 Consciousness: (+) Pallor: (-)
 Icterus: (-) Edema: (-)
 Temp: Afebr.
 BP: 105/78 PR: 100 bpm.
 CVS: S1S2 (+) DTR: (+)
 Liver/Spleen: NAD RS - BAE (+)
 Urine Output: Adeq.

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

primigravida at 37+6 weeks with high BMI at GDM (gestational diabetes mellitus (I) at recurrent vaginitis for induction of labour.



<p>Family History: both Parents - DM, HTN.</p>	<p>Surgical History: Nil</p>
<p>Medical History: Nil</p>	<p>Medication History: Taj. Insulin Novorapid 14 IU BD Taj. Insulin Tzawiba 22-24 IU OD</p>
<p>Plan of Care: <u>GRBS: 133 mg/dl.</u> <u>c/I to Dr. Bhavana mam</u> Admission Consent (N) diet past preparation FHR monitoring Monitor vitals Follow drug chart w/F POL Ambulation Bisiting ball exercises. - check pre & post meal sugars. - Tab. Misoprostol 25mcg po 4th hly. - NST 4th hly.</p>	<p>Investigations: <u>BUT: 'O' POSITIVE</u> <u>4/6/26</u> H1U } NR. HBSAg } HCU } VDRL } CBP - 10.8 / 12690 / 8.2 - CVE - pus cells - 2-4 Epithelial cells - 3-5 <u>Growth scan -</u> 23/05/2026. SLIUF 34+2 wks. Cephalic PL - Aut high. AFI - 148 cm. AC - 11.1. EFW - 2174 gm. Dopplers (N) <u>NT Scan -</u> 20/12/2025 SLIUF 12+6 wks. NT - 1.1 mm. NIPS - low risk FTS - low risk Fetal echo - (N)</p>

Noted by
Dr. Shwami
17/06/2026
12pm

(Dr. Shwami)

Doctor Name: Dr. Nikhita

Signature: [Signature]

Date & Time: 17/06/2026 12pm

Consultant Name: Dr. Bhavana K.

Signature: [Signature]

Date & Time: 17/06/2026



0

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26		
2pm	O/E pt is c/c/c	<u>Adv</u>
	Uc fair	- Diabetic diet
	Afebrile	- W/F progress of labour
	BP - 114/70 mmHg	- Monitor FHR
	PR - 80 bpm	- Monitor vitals
1st dose of	S/E - NAD	- Ambulation
T. Misoprostol	PIA - ut ~ TG	- Birthing ball exercises
25mg po	Cephalic Relaxed	- Follow drug chart
Kept at	FHR ⊕ 150 bpm	- Inform SOS
2pm	PIU - Cp long	- NST 4th hdy
Inform all	OS - closed	- Monitor cer scars
Pre post	PPVx High up	
dinner 1 FBS	PPVx High up	
sugars.	PPVx High up	
Noted by	Rain 17/6/26 2pm	↓ Dr Yogeshwar
17/6/26	GRBS - 135 by L.L.	
5:20 PM		
		Dr. Yogeshwar
	Noted by <u>Rain</u> 5:20 pm 17/6/26	

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Mrs RAMA MANASA

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Dr. BHAVANA K



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	orientable	Adv
6pm	afebrile	- diabetic diet
	BP-110/70 mmHg	- WIF POL
Pre-dinner	PR-86 bpm	- NST 4th way
sugar to	FLANAD	- monitor
be checked,	PIA sctt	vitals
	ultra	- follow drug
	cleaned	wound
T. Ni 50 & smeg	catheter	- inform cos
kept PU at	FUR @ 1600pm	
6pm	W - on lang	Dr. Arjun
	OS - closed	
	PPUm-3	
NST reactive		
	Noted by Rai @ 6pm	
17/6/26		
7:30pm	UI to Dr. Niveditha mem	
	Pre-dinner sugar	
	24 mg/dl	Adv
		- monitor all pre & post sugars, FBS
		- inform > 140 mg/dl
	Noted by Rai	Dr. Arjun



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 10PM	olept chloride acyain aprobile BP - 116/60 mmHg PR - 88 bpm SLONAD	Adv - Diabetic diet - NST 4th way - DO FBS call - Pre & post meal - Regains - monitor vitals
T. Misol 2 smeg third dose kept at 10PM	PIA ut ~ 14 stone irritable cephalic FUR ⊕ 160 bpm Pv - cx - long Os - 1 cm PPOX-3 BOM ⊕	- following chart - birthing ball - ambulation - inform ses
NST reactive		
Noted by prakhyucho @ 10pm		Dr. Akshay
17/6/26 2am DO FBS	olept chloride acyain aprobile BP - 110/70 mmHg PR - 85 bpm SLONAD	Adv - Diabetic diet - DO all pre & post sugar - monitor vitals - following chart
UFBS positive 108 mg/dl T. Misol 2 smeg kept P/ut 2am	PIA ut ~ 14 cephalic irritable FUR ⊕ 160 bpm Pv - cx - long Os - 1 cm PPOX-2 BOM ⊕	- NST 4th way - birthing ball - ambulation - inform ses
NST reactive DO FBS		

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Mrs RAMA MANASA

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Dr. BHAVANA K

(F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>adu</u>
18/6/26	olentacle	- WBM
6:00am	ceyai	- monitor fbs
	dybriw	all pre & post
	BP - 112/60mmg	sugars
	PR - 92bpm	- monitor
NST	xENAD	vitals
sealuru	PA ut - 24	- follow drug
	cephalic	chart
	SU 30se/10mi	- NST 4th day
	FHR @ 160bpm	- WIFPOL
FBS - 95mg/dl	PO - cx lang	- in pposos
	OS - 1cm	
	M @ PRUx-2	At Dr. Ashwin
Noted by	Teta	
18/6/26	18/6/26 at: 6:00Am	
7:30am		
	<u>arm down, ligees</u>	
	PIA ut - 24	
	FHR @ 160bpm	
	cephalic	
	fontalve	
	PO - cx lang	
	OS - 2cm	
	M @ Uq @	
	PRUx-2	At Dr. Ashwin

@ 7:30 am



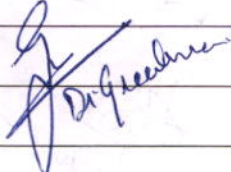
3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9 AM	C/S/B Dr. Bhavana mam O/E	
	Pt is c/c	Adv
	c/c fair	- NBM
	Afebrile	- Monitor all pre, post
	BP - 112/84 mmHg	FBs sugar
	PR - 82 bpm	- W/F PO2
	S/E - NAD	- Monitor FHR continuous
	P/A - UT ~ TU	- Monitor vitals
	3c/30cc/10mlb	- Follow drug chart
	cephalic	- Ambulation
	FHR ⊕ 150 bpm	start oxytocin
	P/V - Cx 1/2 inch	Sunits, SML/HR.
	OS - 2cm	- Inform soc.
	PPV - High up	
	skin fold capetals.	
	(Bhavana) Right oblique. position	Dr. Ashwin
	V/E at 1 PM	
	Noted by hand 18/6/26 @ 9 AM	
	18/6/26 11:20 AM	
	GRBS - 78 mg/dl	
	Noted by (Bhavana) 18/6/26 11:20 AM	Dr. Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26		
1 PM	O/E Pt is c/c	Adv
	GC - fair	- NBM
	Afebrile	- Monitor CRBS
	BP - 112/78 mmHg	- PAC
CRBS - 95	PR - 84 bpm	- continuous FHR
w/lat	S/E - NAD	- shift to OT on
	PIA - W/T	- call.
	Cephalic	- Monitor vitals
	20/30 seal count	- Inform SOS
	FHR ⊕ 149 bpm	
	V/S - 112/78 mmHg	
	DS - 2 F loose	
	PR Vx 1-2	
	ME ⊕, Ux ⊕	
	Pain feta caput ⊕	
Noted by	18/6/26	
Kand	@ 1 PM	
18/6/26	Counselling Notes	
1 PM		
	patient and attenders explained about	
	Non progress of labour and risk	
	of fetal distress and need for	
CRBS - 95 mg/dl	emergency LSCS and they opted for it	
	- NBM	
	- PAC	
	- foley's catheterization	
	- consent	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 8:45 pm	POD-0	(Post LSCS)
<p>P121 GPM (I) high BMI urine output 200ml - clear, adeq. GRBS - 85 mg/dl at 3:30 pm</p>	<p>o/e pt is c/c/c lyc fair Afebr BP - 98/64 mmHg PR - 85 S/E - NAD P/A ut ~ W/R soft L/E - NAB Baby - NICU</p>	<p>Adv - NBM - Rest - 1/0 charting - W/F bleeding PV - Monitor Vitals - Follow drug chart - GRBS 4th hly - TEDD stockings - Inform S/S.</p>
<p>noted by Sahini 18/6/26 9:05 pm</p>	<p>POD - 0 (LSCS)</p>	<p>Dr Nausheen</p>
<p>18/6/26 6:45 pm UO - 500ml clear adequate pt can be shifted to room</p>	<p>o/e pt is c/c/c lyc fair Afebrile BP - 109/78 mmHg PR - 86 bpm S/E - NAD P/A ut ~ W/R soft BS +/7 L/E - NAB +/7 Baby - NICU.</p>	<p>Adv - clear liquids - 1/0 charting - W/F bleeding PV - Monitor vitals - Follow drug chart - GRBS 4th hly - TEDD stockings - Inform S/S - soft diet after 1 AM</p>
<p>noted by Sahini 18/6/26</p>	<p>Per vaginal examination done no active bleeding</p>	<p>Dr Yogeshwar (P.T.O)</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9pm	POD-0 (Lscs)	
<u>POA (DMI)</u>	O/E pt i's c/c/c uc fair afebrile	Adv - clear liquids - soft diet after 1PM
<u>Uo - adequate clear</u>	BP-110/72mmHg PR- 84bpm S/E NAD	- W/F bleeding PV - I/O charting - monitor vitals
	P/A - ut wR soft BS⊕	- follow drug chart - Inform sas
	L/E - NAB Baby - NICU	- Adequate hydration - URBS 4th hrly - TEDD stocking
Dr Yogeshwari		
19/6/26 7AM	POD-1 (Lscs)	Noted by Dupileg 18/6/26 @ 9PM
	O/E pt i's c/c/c uc fair afebrile	Adv - soft diet - W/F bleeding PV
<u>Uo - 1550ml clear adequate</u>	BP- 109/70mmHg PR- 72bpm S/E - NAD	- monitor vitals - follow drug chart - Adequate hydration
<u>Remove Foley's</u>	P/A - ut wR soft BS⊕	- Ambulation - Inform sas
<u>URBS - 9th malds</u>	L/E - NAB Baby - NICU	- TEDD stocking
<u>noted by sashika kulkarni at 1PM</u>		Dr Yogeshwari



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 3pm ADMCID	<p><u>POD-1</u> oleptdcd ucjai apbrile</p>	<p><u>Adv</u> - Soft diet - wif bleeding pv - Monitor vitals - Follow dry chart - Ambulation - Hydration - TEDD stockings - Infomeds.</p>
<p>UP MAP body - A BF ⊕ PBS & Lab PBS tamronaw</p>	<p>BP - 112/70 mmHg PR - 76 bpm LENAD PIAUTUR BS ⊕ soft LENAB</p>	
<p><i>Dr. Neeraj</i></p>		
19/6/26 9pm	<p><u>POD1</u> oleptdcd ucjai apbrile</p>	<p>noted by Sushil 19/6/26 <u>Adv</u> - (N) diet - wif bleedg pv - monitor vitals - follow dry chart - adq hydration - ambulation - infomeds</p>
<p>UP MP FBS Lab PBS tamronaw</p>	<p>BP - 116/72 mmHg PR - 80 bpm LENAD PIAUTUR BS ⊕ LENAB</p>	

AD Dr. Ashwin



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Pruniprandip 37+6 High BMI c COM (COM) I c recurrent vaginitis for 20c.</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <i>NVD / SH - LSC</i>		Post OP Day:				
BACKGROUND	Date	<i>17/6/26</i>	<i>17/6/26</i>	<i>17/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	
	Shift	<i>Morning</i>	<i>Evening</i>	<i>N</i>	<i>M</i>	<i>E</i>	
	Medical Condition (Any special condition to be noted):	<i>recurrent vaginitis COM (I)</i>	<i>COM (I)</i>				
ASSESSMENT	Diet:	<i>Diabetic diet</i>	<i>Diabetic diet</i>	<i>Diabetic diet</i>	<i>NBM</i>	<i>NBM</i>	
	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	
	Ventilation (RA, NP, NIV, VENTI):	<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 checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6</i>	<i>98.8</i>	<i>96.2 F</i>	<i>98 F</i>	<i>98.6 F</i>
		Res:	<i>18 b/m</i>	<i>18 b/m</i>	<i>19 b/m</i>	<i>18 b/m</i>	<i>19 b/m</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>96%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>86 b/m</i>	<i>86 b/m</i>	<i>80 b/m</i>	<i>82 b/m</i>	<i>80 b/m</i>
		BP:	<i>110/70</i>	<i>110/70</i>	<i>105/60</i>	<i>110/70</i>	<i>119/75</i>
		LOC:	<i>com</i>	<i>com</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>		
Pain Score:	<i>0</i>	<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>	<i>intact</i>		
Recommendations	Safety Needs:	<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	
	Physiotherapy:	<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	
	Special Diet:	<i>Diabetic diet</i>	<i>Diabetic diet</i>	<i>Diabetic diet</i>	<i>NBM</i>	<i>NBM</i>	
	Critical Lab Test / Values:	<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	
	ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	
Post Operative Procedure Special Orders:	<i>NST witholy w/IF contractions</i>	<i>NST witholy w/IF contractions</i>	<i>w/IF contractions</i>	<i>w/IF contractions</i>			
Handed Over By Name :	<i>Shani</i>	<i>Rani</i>	<i>Prathyula</i>	<i>Manah</i>	<i>Jyothi</i>	<i>Sushasini</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>020533</i>	<i>020573</i>	<i>016116</i>	<i>507451</i>	
Date:	<i>17/6/26</i>	<i>17/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	
Time:	<i>2 PM</i>	<i>6 PM</i>	<i>@ 8 AM</i>	<i>@ 1:15 PM</i>	<i>4 PM</i>	<i>8 PM</i>	
Taken Over By Name :	<i>Rani</i>	<i>Prathyula</i>		<i>Manah</i>	<i>Sushasini</i>	<i>Dupika</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>	<i>607451</i>	
Date:	<i>17/6/26</i>	<i>18/6/26</i>		<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	
Time:	<i>2 PM</i>	<i>@ 8 PM</i>		<i>1:15 PM</i>	<i>4 PM</i>	<i>@ 8 PM</i>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>primigravida 37+6 high BMI</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <i>-</i>		Post OP Day: <i>1</i>				
BACKGROUND	Date	<i>18/6</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>		
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>		
	Medical Condition (Any special condition to be noted):	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>		
	Diet:	<i>diabetic diet</i>	<i>d. diet</i>	<i>d. diet</i>	<i>diabetic 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 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	<input 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>98.6 F</i>	<i>98.6 F</i>	
		Res:	<i>20 blm</i>	<i>20 blm</i>	<i>19 blm</i>	<i>19 blm</i>	
		SpO ₂ :	<i>99%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>	
		Pulse:	<i>86 blm</i>	<i>86 blm</i>	<i>90 blm</i>	<i>76 blm</i>	
		BP:	<i>119/75</i>	<i>118/69 (77)</i>	<i>109/69 (78)</i>	<i>114/69 (79)</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>		
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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>nil</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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Diet:		<i>diabetic diet</i>	<i>d. diet</i>	<i>d. diet</i>	<i>diabetic diet</i>		
Critical Lab Test / Values:		<i>-</i>	<i>nil</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	<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>nil</i>	<i>nil</i>	<i>nil</i>			
Handed Over By Name :	<i>Dupika</i>	<i>Sushila</i>	<i>Sushila</i>	<i>Nagmani</i>			
Signature / ID :	<i>607469</i>	<i>816903</i>	<i>816903</i>	<i>200104</i>			
Date:	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>			
Time:	<i>@ 8 AM</i>	<i>2 PM</i>	<i>8 PM</i>	<i>8 AM</i>			
Taken Over By Name :	<i>Sushila</i>	<i>Sushila</i>	<i>Nagmani</i>				
Signature / ID :	<i>816903</i>	<i>816903</i>	<i>200104</i>				
Date:	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>				
Time:	<i>8 AM</i>	<i>2 PM</i>	<i>8 PM</i>				

*Noted by
J. nagmani
20/6/26
8 AM*

VIH-00202119

IP-00060377

Mrs RAMA MANASA

15-11-1993

32 Y

(F)

Dr. BHAVANA K



NURSING CARE RECORD

①



Date: 17/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify... *NSR with hourly*
- 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	12pm 1pm	Maintain fluid balance Ensure safety	12pm 1pm	Encourage to take oral fluids Provided siderails	To prevent dehydration to prevent fall	Assessed the patient Patient hydrated well Patient is safe	<i>C. Shrawa</i> 17/6/26 1pm
Afternoon	2pm	To check NST every with hourly	2:15 PM	→ NST checked it's Re-acted P+R-1406/26	→ NST checked it's good.	→ Re-Assess NST chf 12 gaul	<i>Ras</i> 17/6/26 2:11
Night	9pm 6am	Maintain good nutritional status monitor vitals	9pm 6am	provide diabetic diet checked vitals	provided diabetic diet vitals are normal	Patient was healthy Patient was stable	<i>Medh...</i> @ 9pm 17/6/26 <i>Medh...</i> @ 6am 18/6/26



NURSING CARE RECORD

Date: 18/6/26

- 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	Maintain fluid balance	8am	provided iv fluids	No imminent dehydration	patient is safe	[Signature] 18/6/26 @IPM
	12 PM	Ensure safety	12 PM	To provide side rails	To prevent fall	patient is Good	
Afternoon	2pm	To monitor vital signs		To checked the vital signs.	vital's are normal	vital's are stable	[Signature] 18/6/26 @IPM
	6pm	Ensure safety	6 PM	provided side rails	Prevent fall	patient safe	
Night	8pm	Ensure safety	11pm	To provide side rails	To provide safety	Re-Assessment was done	[Signature] 18/6/26 @IPM
	12am	Relieve pain & discomfort	8AM	to give Analgesics to patient	To reduce pain	patient is stable	



NURSING CARE RECORD

Date: 19/6/26

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	9AM	prevent infection	9:10 AM	To maintain Hand Hygiene	To prevented infection	patient is stable	Sushila 19/6/26 et
Afternoon	5PM	maintain good nutritional status	5:10 PM	To provided good nutritional diet	oral intake as good	patient is stable	Sushila 19/6/26 et
Night	9pm 11pm	Ensure Safety maintain fluid balance	9pm 11pm	Side rails kept up. Advise to take plenty of fluids.	Prevent from falls. maintain hydration.	patient is stable.	20/6/26 Nagom e Sushila

Noted by
 20/6/26
 Sushila

VIH-00202119 IP-00060377

Mrs RAMA MANASA

15-11-1993 32 Y (F)

Dr. BHAVANA K



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							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RAMA MANASA Age : 32 Y
IP No: IP-00060377 Sex: Female
Consultant: Dr. BHAVANA K Ward/Bed No: N 2F-LABOUR WARD/LW 220

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 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: *[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: *[Signature]*

Name: Sri Teja Dixith
Relationship: Husband
Date: 17/06/2026
Witness Name: *[Signature]*
Witness Signature: *[Signature]*

Patient Address:
2-19-80/a/2,RAGHAVENDRA NAGAR
COLONY,KALYANPURI Uppal
Hyderabad Telangana INDIA 500039

Time: 01:32pm

SURGICAL SAFETY CHECKLIST

Surgeon : DR. Bharana
 Asst. Surgeon : DR. Sowmya
 Anaesthetist : DR. Sunidha
 Scrub Nurse : SP. Jyothi

Patient Name :
 UHID No. :
 Date : In-ti

VIH-00202119 IP-00060377
 Mrs RAMA MANASA
 15-11-1993 32 Y (F)
 Dr. BHAVANA K



er :



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>1 pm</u>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input type="checkbox"/> Yes <input checked="" 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	
Does Patient have a:		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input 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>Sunidha</u>		
Name : <u>DR Sunidha</u>		

TIME OUT		Time: <u>1:25 pm</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	<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>Bleeding, shur, 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>Bleeding, hypotension, Distiches</u>		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input checked="" 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>Mais</u>		
Name : <u>Mais</u>		

SIGN OUT		Time: <u>2:30 pm</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 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	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Signature : <u>AS</u>		
Name : <u>Dr. Nausheen</u>		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. RAMA MANASA Gender: Male Female Age : 32 YRS
UHID No : VH-06202119 / IP-00060377 Date : 18/6/26

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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon MRS. RAMA MANASA
(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

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 I authorize the consent to the performance of the operation or procedure.

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

Consentee :

Signature : [Signature]

Name : Rama Manasa

Date & Time : 18/6/2026 1 PM

Patient Attendant :

Signature : [Signature]

Name : SRI TEJA DIXITH

Relationship with Patient: HUSBAND

Date & Time : 18/6/2026 1 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. NAUSHEEN

Date & Time : 18/6/26 1PM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Rama Manasa . Age : 32y Gender : Male Female
UHID NO: Surgeon Name: Dr. Bharana
Anaesthesiologist : Dr. Sundhara
Operative procedure planned : Emergency Cesarean 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, Bleeding

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 Rama Manasa the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean 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 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 : *Rama Manasa*

Name : Rama Manasa

Relationship with Patient: Self

Date & Time : 18/6/26 1pm

Witness :

Signature : *Sri Teja Dixith*

Name : SRI TEJA DIXITH.

Date & Time : 18/6/26 1pm.

Doctor (who is taking the consent) :

Signature : *Dr Sundhara*

Name : Dr Sundhara

Date & Time : 18/6/26, 1pm

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. RAMA MANASA Age : 324 Gender : M F
UHID / IP No. : VH-00202119/60377 Date : 17/06/2026 Time : 11:40 AM

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

Name of the Doctor performing the procedure : DR. BHAVANA K.

Consentee :
Signature : [Signature]
Name : MRS. RAMA MANASA
Date & Time : 17/06/2026 12pm

Patient Attendant :
Signature : [Signature]
Name : SRI TEJA DIXITH
Relationship with Patient : HUSBAND
Date & Time : 17/6/26 12pm

Witness:
Signature : [Signature]
Name : [Name]
Date & Time : 17/06/2026 3pm

Doctor :
Signature : [Signature]
Name : DR. MOUNIKA
Date & Time : 17/06/2026 12pm

INFORMED CONSENT FOR VAGINAL BIRTH

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



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

Patient Name : Age : Gender : M F

UHD / IP No : Date : Time :

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

Name of the Doctor performing the procedure :

Consentee :

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Doctor :

Signature :

Name :

Date & Time :

Induction of Labor Consent

Name: MED. RAMA MANASA.

Date of Birth: 15/11/1993.

ANC No: 10480.

Consultant: DR. BHAVANA K.

Registration Number: NIH-0020219

You are scheduled for an induction of labor on 17/06/26 (date) at 37+6 (weeks of gestation).

The reason for your induction is TERM GESTATION WITH GESTATIONAL DIABETES MELLITUS.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother of fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

[Signature]

Parents Signature

17/06/2026

Date

[Signature]

Husband's Signature

17/06/2026

Date

[Signature]

Doctor's Signature

17/06/2026.

Date

VIH-00202119

Mrs RAMA MANASA

15-11-1993

Dr. BHAVANA K

IP-00060377

32 Y

(F)



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LEAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. BHAVANA K	Date of Delivery: 18/6/26
Assistant Surgeon: DR. SOLOMYA SREE / DR. NAUSKEEN	Time of Delivery: 1:42pm 40 second
Anaesthetist's Name: DR. SUNIDHARA	Gender of Baby: female
Type of Anaesthesia: SPINAL	Weight of Baby: 2.999kgs
Neonatologist: DR. Vishal	AGPAR Score: 8/10 10/10
Scrub Nurse: SIS JYOTHI	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Pulmi with 38 weeks with high BMI with GDM (I) with

 Elective

 Emergency

Indication: Non Progress of labour

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: Reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency Lower Segment Caesarean Section
LSA

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: 2cm cm
5th Palpable: 4/5 Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Normal Cord around the neck Yes No
Appearance of placenta: Normal Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl 1-0 Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: Vicryl No. 1 Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress Monocryl Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in 12hrs 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: NBM, Rest, 1/2 charting, w/o bleeding PV,
Monitor vitals, follow drug chart,
TEPP stockings, Infam 800

Dr. Bhavana K

Doctor Name: DR. BHAVANA. K Doctor Signature:
Date & Time: 18/6/26 ; 2pm

VIH-00202119 IP-00060377

Mrs RAMA MANASA

15-11-1993 32 Y

Dr. BHAVANA K

(F)

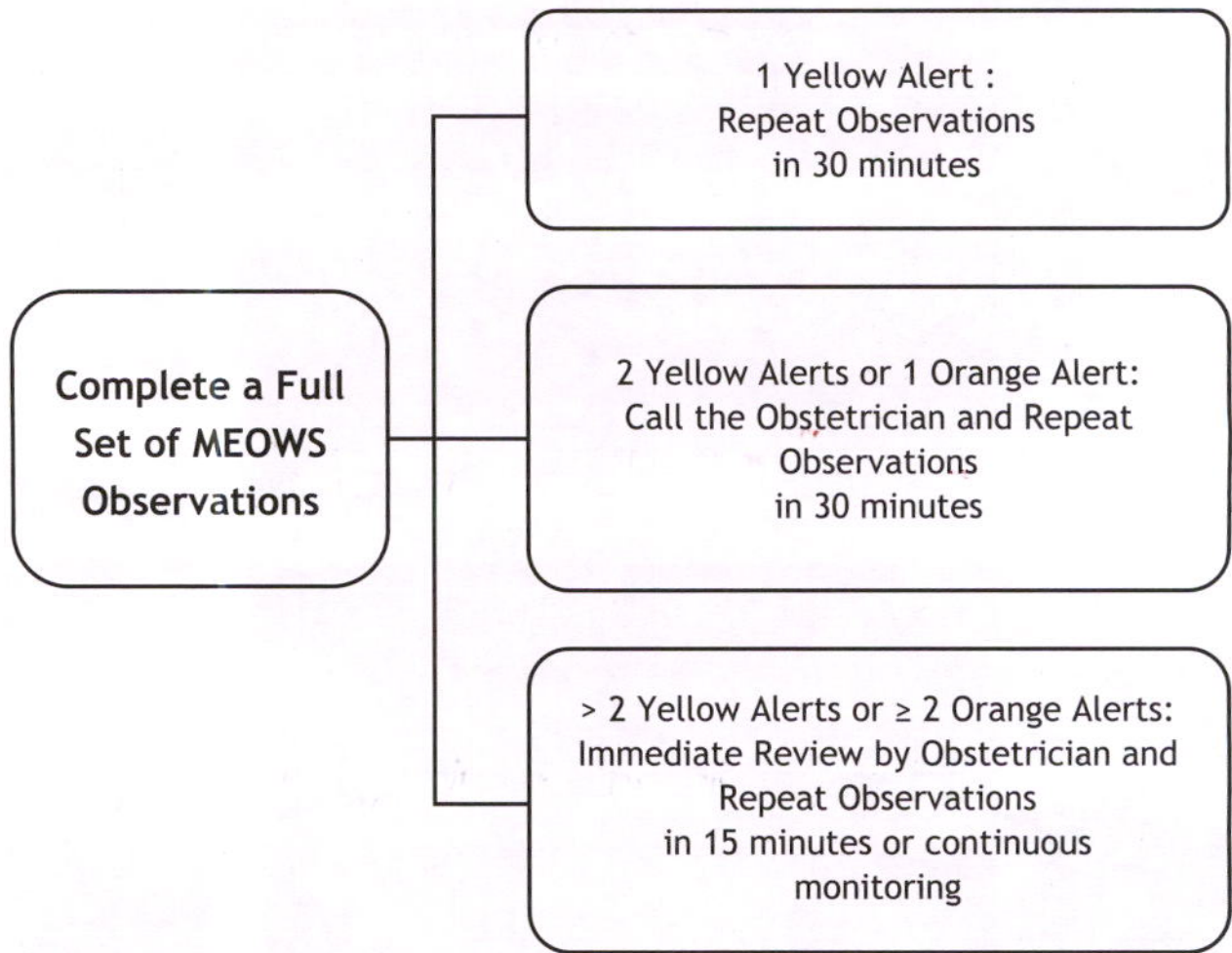


Early warning Observation Score Chart - Obstetrics

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

		Date	8	9	10	11	12	1	2	3	4	5	6	7	
		Time													
RESP (write rate in corresp. box)	> 30														
	21 - 30														
	11 - 20					20	19	19	19	19	19	19	19	15	
	0 - 10														
Saturations	94 - 100 %					100	99	99	100	99	99	99	99		
	< 94 %														
Administered O ₂ (L/min.)															
Temp ^o C	40														
	39														
	38														
	37					37.0	37	37	37	36.1	36.2	36.2	36.0	37.2	
	36														
	< 35														
Heart Rate	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100					100	90	92	86	81	79	80	82	80	
	90														
	80														
	40														
↑ Systolic Blood Pressure	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100					105	110	109	118	110	105	112	114	110	111
	40														
↓ Diastolic Blood Pressure	130														
	120														
	110														
	100														
	90														
	80														
	70					78	70	80	74	72	69	70	71	78	67
	60														
	50														
	40														
	NEURO RESPONSE [✓]	Alert					✓	✓	✓	✓	✓	✓	✓	✓	✓
Voice															
Pain															
Unresponsive															
URINE mls / hour	> 30					✓	✓	✓		✓	✓	✓	✓	✓	
	< 30														
Proteinuria	Protein ++														
	Protein > ++														
Lochia	Normal					M	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul														
Liquor	Clear / Pink					NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green														
TOTAL YELLOW SCORES						0P	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES						0	0	0	0	0	0	0	0	0	
Nurse Initial						CS	NA	NA	CS	NA	NA	NA	NA	NA	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00202119 IP-00060377
 Mrs RAMA MANASA (F)
 15-11-1993 32 Y

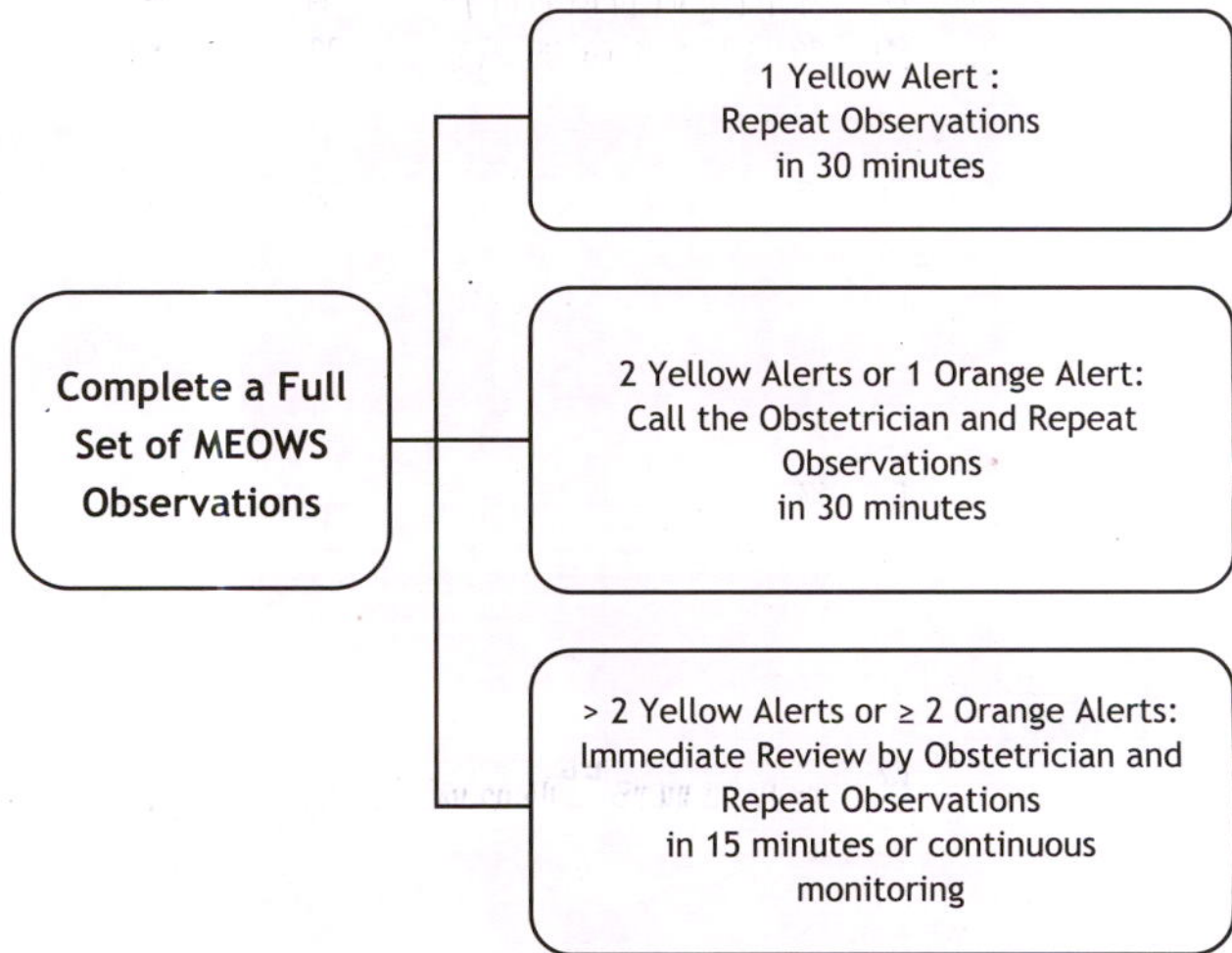


Early Warning Observation Score Chart - Obstetrics

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	19	19	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	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	37.0	37.0	37.0																								
	36																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90	85		80	86																							
	80																											
	70																											
60																												
50																												
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110	112	120			110	110	111	111	118	120																	
	100																											
	90																											
80																												
70																												
60																												
50																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80	86		73	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	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		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00202119 IP-00060377

Mrs RAMA MANASA
15-11-1993 32 Y
Dr. BHAVANA K

(F)

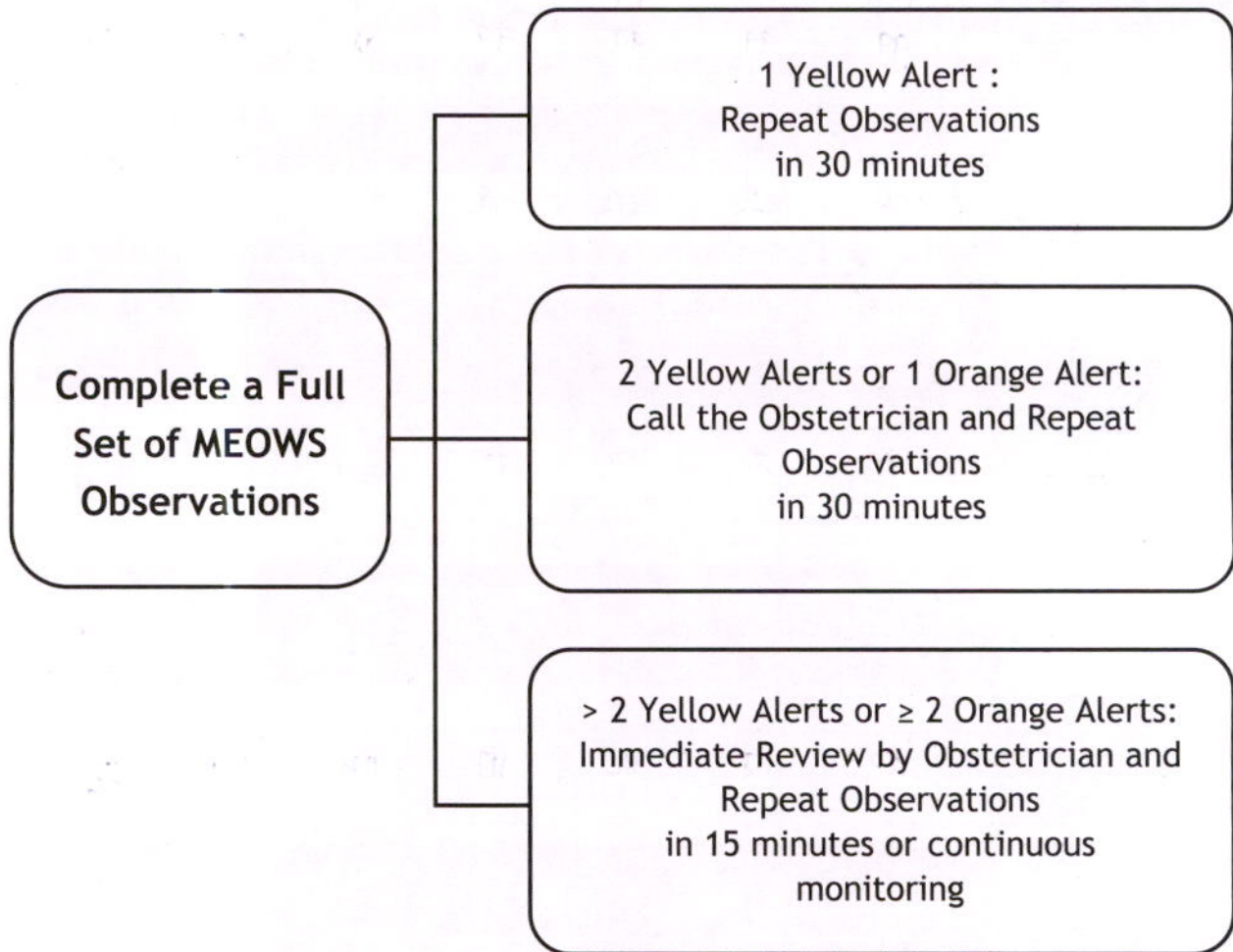


Early Warning Observation Score Chart - Obstetrics

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		19
	0 - 10																									
Saturations	94 - 100 %			99		99		99		99		99		98		98		99		99		99		99		99
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36.0		36.0		36.0		36.0		36.0		36.0		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			90		87		90		90		85		86		82		85		85		85		85		85
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			120		118		116		117		112		110		116		112		112		112		112		112
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Distolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80																										
70			69		70		69		70		73		69		71		71		71		71		71		71	
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA
	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				SH		SH		SH		SH		SH		SH		SH		SH		SH		SH		SH		SH

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00202119 IP-00060377
 Mrs RAMA MANASA 32 Y (F)
 15-11-1993
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
17/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O 100ml								✓		
	01:00 pm	H ₂ O 100ml								✓		
Total Intake :			200 ml			Total Output :					passed	
17/6	02:00 pm	H ₂ O 100ml										
	03:00 pm	H ₂ O 100ml								✓		
	04:00 pm	H ₂ O 100ml								✓		
	05:00 pm											
	06:00 pm	H ₂ O 100ml								✓		
	07:00 pm	H ₂ O 100ml								✓		
Total Intake :			500 ml			Total Output :						
17/6/26	08:00 pm	H ₂ O 100ml										
	09:00 pm	H ₂ O 50ml								✓		
	10:00 pm	H ₂ O 100ml										
	11:00 pm	H ₂ O 50ml										
	12:00 am											
	01:00 am	H ₂ O 100ml								✓		
Total Intake :			400 ml			Total Output :					passed	
18/6/26	02:00 am	H ₂ O 100ml										
	03:00 am											
	04:00 am	H ₂ O 50ml										
	05:00 am											
	06:00 am	H ₂ O 100ml NB M + NS 100ml										
	07:00 am	H ₂ O 100ml NB M + NS 100ml										
Total Intake :			350 ml			Total Output :					passed	
Total 24 hrs. Intake		1450 ml			Total 24 hrs. Output		passed					

Date

Time

FHR

Contract/day

17/6/26

12 PM — 140 b/w
 12:30 PM — 142 s/w
 1 PM — 139 b/w
 1:30 PM — 152 b/w
 2 PM — 140 s/w
 2:30 PM — 146 b/w
 3 PM — 148 s/w
 3:30 PM — 130 b/w
 4 PM — 142 b/w
 4:30 PM — 136 s/w
 5 PM — 140 b/w
 5:30 PM — 136 b/w
 6 PM — 142 b/w
 6:30 PM — 148 b/w
 7 PM — 148 b/w
 7:30 PM — 142 b/w
 8 PM — 146 b/w
 8:30 PM — 142 b/w
 9 PM — 139 b/w
 9:30 PM — 130 b/w
 10 PM — 134 b/w
 10:30 PM — 149 b/w
 11 PM — 128 b/w
 11:30 PM — 132 b/w
 12 AM — 138 b/w
 12:30 AM — 130 b/w
 1 AM — 129 b/w
 1:30 AM — 140 b/w
 2 AM — 136 b/w

— Nil

— Nil

18/6

18/6 2:30 AM — 132 b/w
 — 140 b/w
 3 AM — 142 b/w
 3:30 AM — 138 b/w
 4 AM — 136 b/w
 4:30 AM — 136 b/w
 5 AM — 128 b/w
 5:30 AM — 141 b/w
 6 AM — 135 b/w
 6:30 AM — 132 b/w
 7 AM — 130 b/w
 7:30 AM — 130 b/w
 8 AM — 132 b/w
 8:30 AM —



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
18/6	08:00 am	NBM							✓	0	Hard 18/6/26 @ 1 PM	
	09:00 am	NBM + NS								0		
	10:00 am	NBM + NS							✓	0		
	11:00 am	NBM + NS								0		
	12:00 pm	NBM + NS								0		
	01:00 pm	NBM + RL 100ml								50ml		0
Total Intake :			400ml			Total Output :			50ml			
18/6	02:00 pm	NBM RL 150ml								0	Soft 18/6/26 @ 1 PM	
	03:00 pm	NBM RL 100ml							300	0		
	04:00 pm	NBM RL 100ml							50	0		
	05:00 pm	NBM RL 100ml							50	0		
	06:00 pm	RL 100ml							water in rebleed	50		0
	07:00 pm	RL 100ml							50	0		
Total Intake :			650ml			Total Output :			500ml			
28/6	08:00 pm								50ml	0	Soft 18/6/26 @ 8 PM	
	09:00 pm								50ml	0		
	10:00 pm								100ml	0		
	11:00 pm								100ml	0		
	12:00 am								100ml	0		
	01:00 am								100ml	0		
Total Intake :						Total Output :			500ml			
29/6	02:00 am								100ml	0	Soft 18/6/26 @ 8 PM	
	03:00 am								100ml	0		
	04:00 am								100ml	0		
	05:00 am								100ml	0		
	06:00 am								50ml	0		
	07:00 am								50ml	0		
Total Intake :						Total Output :			500ml			
Total 24 hrs. Intake												
Total 24 hrs. Output		1500ml										

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	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6/20	08:00 am										1	} Costly 146 at 11pm	
	09:00 am	100ml water									0		
	10:00 am										1		
	11:00 am								✓		1		
	12:00 pm										1		
	01:00 pm										1		
Total Intake :						Total Output :							
19/6/20	02:00 pm										1	} Costly 146 at 11pm	
	03:00 pm	100ml water									0		
	04:00 pm								✓		1		
	05:00 pm										1		
	06:00 pm									✓			1
	07:00 pm										1		
Total Intake :						Total Output :							
19/6/20	08:00 pm										1	} 20/6/20 100ml at 11pm	
	09:00 pm	Rice									1		
	10:00 pm	How 100ml									0		
	11:00 pm										1		
	12:00 am	How 100ml									1		
	01:00 am										1		
Total Intake :						Total Output :							
20/6/20	02:00 am										1	} 20/6/20 100ml at 11pm	
	03:00 am	How 100ml									1		
	04:00 am										0		
	05:00 am	How 100ml									1		
	06:00 am										1		
	07:00 am										1		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00202119 IP-00060377
 Mrs RAMA MANASA 32 Y
 15-11-1993 (F)
 Dr. BHAVANA K



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil

Not known any Drug Allergies

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

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

Shifting From: Nil

Shifted to: YW

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB IRON	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	INSULIN DEGLUDEC	22-24 IU	SC	ONCE DAILY AT NIGHT		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INSULIN ASPART	14 IU	SC	12 TH 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 : D.S. NEKHITA [Signature]

Date & Time : 17/6/2026 12:50 PM

Nurse Name & Signature: [Signature]

Date & Time : 17/6/26 at 3:30 pm



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: 205

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	INJ. CEFOTAXIME	1GM	I.V	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PARACETAMOL	1GM	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. DICLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ. TRANEXAMIC ACID	1GM	I.V	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :  DR. NIKHITA

Date & Time : 18/6/2026 5:45 PM

Nurse Name & Signature : 

Date & Time : 18/6/26 6:00 PM



Patient Name : Rama Manasa I.P. No. Sheet No. 1 Wards MCW Weight (kg) 45.68

REGULAR PRESCRIPTIONS

MERCY Pharmacy 18/6/26
MERCY Pharmacy 18/6/26
MERCY Pharmacy 18/6/26
MERCY Pharmacy 18/6/26

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.	Date	Time
100 mg	P/O	8th hourly	18/6	18/6	19/6
Name & Signature of the Doctor starting the Drugs:				3 pm	
Additional Instructions:				11 pm	
Daily Doctor's Endorsement by a Sign.					

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.	Date	Time
50 mg	P/O	8th hourly	18/6	18/6	19/6
Name & Signature of the Doctor starting the Drugs:				2 pm	
Additional Instructions:				10 pm	
Daily Doctor's Endorsement by a Sign.					

DRUG : P. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date	Time
40 mg	P/O	ONCE daily	18/6	19/6	20/6
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : INJ TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.	Date	Time
1GM	IV	8th HOURLY	18/6/26	18/6	19/6
Name & Signature of the Doctor starting the Drugs:				2 pm	
Additional Instructions:				10 pm	
Daily Doctor's Endorsement by a Sign.					

ONLY FOR 3 DOSES.

STOP DR NAUSHTEEN 19/6/26

Rainb Child Hospi
 VIH-00202119 IP-00060377
 Mrs RAMA MANASA
 15-11-1993 32 Y (F)
 Dr. BHAVANA K

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

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

Chitra 19/6/26.

DRUG : T. CEFIXIME				Date	19/6														
Dose	Route	Frequency	Start Dt.	Time	10														
200MG	PO	12th HOURLY	19/6/26	am															
Name & Signature of the Doctor starting the Drugs:																			
DR NAUSHEEN																			
Additional Instructions:				10 hours 10 pm															
Daily Doctor's Endorsement by a Sign.																			

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

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

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



DRUG CHART

Date of Admission: 17/6/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____



I.V. FLUIDS CHART

Weight: 98.65kg Ward: 410

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	7:30 AM	NS NORMAL SALINE	IV	100 ml/hr	H	R Teja	18/6	H	R
18/6		RINGER LACTATE	IV	100 ml/hr	H	new		H	
18/6		INTOX 4 TOCIN SUNITS + NS RINGER LACTATE	IV	5ml/hr	H	Hold			
18/6/20	9:30 AM	INT OXYTOCIN SUNITS IN NORMAL SALINE	IV	5ml/hr	H	R Teja	18/6	H	R Key
18/6/20	1:05 pm	RINGER LACTATE	IV	FF	H	R Teja	18/6	H	Vaishu Jyoti
18/6	1:35 pm	RINGER LACTATE	IV	500 ml/hr	H	Vaishu Jyoti	18/6	H	Vaishu Jyoti
18/6	2:30 pm	RINGER LACTATE	IV	150 ml/hr	H	Vaishu Jyoti	18/6	H	R Key

Signature

VERIFIED BY : Name



Weight 98.6 kgs Ward 11W

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6	2:00 PM	TAB. MISOPROSTOL	25 MCG	PU		
17/6	5 PM	T. MISOPROSTOL	25 MCG	PU		
17/6	8 PM	INT INSULIN ASPART	14 UNITS	SC		
17/6	8:30 PM	INT INSULIN DEGLUDEC	24 UNITS	SC		
17/6	10 PM	T. MISOPROSTOL	25 MCG	PU		
18/6	2 AM	T. MISOPROSTOL	25 MCG	PU		
18/6	8:30 AM	INT CEFOTAXIME (AFTER TEST POS)	1 GM	IV		
18/6		INT PANTOPRAZOLE	40 MG	IV		
18/6		INT METOCL PRAMIDE	10 MG	IV		

17/6 2pm
 17/6
 18/6
 18/6

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight: 94.65kg Ward: 2/60

DRUG : INSULIN ASPART				Date Time
Dose 14 IU	Route SC	Frequency 12TH HOURLY	Start Date 17/6	
Name & Signature of the Doctor Starting the Drugs: <i>DR. NIKHITA</i>				STOP 18/6/26 7am (Dr. Ashwini)
Additional Instructions: INSULIN NOVORAPID BEFORE LUNCH & DINNER				
Daily Doctor's Endorsement by a Sign				

DRUG : INSULIN DEGLUDEC				Date Time
Dose 22-24 IU	Route SC	Frequency ONCE DAILY	Start Date 17/6	
Name & Signature of the Doctor Starting the Drugs: <i>DR. NIKHITA</i>				STOP 18/6/26 7am (Dr. Ashwini)
Additional Instructions: INSULIN TRACIBA AFTER DINNER.				
Daily Doctor's Endorsement by a Sign				

DRUG : INT CEFOTAXIME				Date Time
Dose 1gm	Route IV	Frequency 12TH HOURLY	Start Date 18/6	18/6 19/6 20/6
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Parveen</i>				STOP DR. Nausheen 19/6/26
Additional Instructions: AFTER TEST DOSE				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PARACETAMOL				Date Time
Dose 1g	Route PO	Frequency QID	Start Date 18/6	18/6 19/6 20/6
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sumant</i>				6 AM 12 PM 6 PM 6 PM 12 PM 6 PM
Additional Instructions: -				
Daily Doctor's Endorsement by a Sign				

Dr. Ashwini
 Chitla 18/6/26
 ME RLY Dr. Sumant 18.06.26