VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

Patient

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SURGERY DETAILS

Date : 25/6/26

Patient Name: MRS. AMRITA Date of Birth: 04-07-1994 Age: 31/4

Gender: Female Ward : OT UHID No.: 0156908

Date of Surgery: ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective lower segment cesarean section with bilateral tubal ligation under spinal anesthesia

Time in : 11:10 Am Time Out : 12:10 Pm

	NAME	AMOUNT
1. Surgeon	: DR. KAPPAGANTULA APARNA	OT- Charges
2. Anaesthetist	: DR. madhav	
3. Assistant Surgeon	: DR. Ashwini / DR. Yogeshwari	Tubectomy charges
4. OT Technician	: SR. vaishnavi	3094433
5. Circulating Nurse	: SR. swetha	
6. Assistant Nurse	: SR. maria	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3094431 | 3094432 Order by:

Docu. No. : RCHBH /FRM / GENERAL/114

INSURANCE COPY

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Name	Mrs AMRITA ARIKE	**UHID**	VIH-00156908
Father/Guardian	Mr VENKATESH ARIKE	**Age/Gender**	31 Y 11 M 21 D/Female
Address	HNO-4-85-1 YADAV NEAR FLYOVER ,INDARAM (MANCHERIAL), Jaipur Adilabad, Adilabad, Telangana, INDIA, 504216		
IP No	IP-00060474	**Admission Date**	25-06-2026
Ref Doctor	SELF	**Discharge Date**	27-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: G2P1L1 with 38 weeks with Previous LSCS for Elective Lower Segment Cesarean Section with Bilateral Tubectomy.
ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBECTOMY UNDER SPINAL ANAESTHESIA DONE ON 25.06.2026.

History:
LMP: 27.09.2025
Obstetric formula: G2P1L1
EDD:09.07.2026
Gestation at admission: 38 weeks

Obstetric History:
G1 - Female/ 2 yr 10 months / FTLSCS / severe oligohydramnios / A & H / Adilabad / uneventful / BF- 2.5 years.
G2 - Present pregnancy Spontaneous conception.

Name Mrs AMRITA ARIKE **UHID** VIH-00156908

Medical History: Nil
Family History: Mother- DM, HTN, Hypothyroidism.
Surgical History: Previous LSCS in 2023 august.
Allergies: Nil

Antenatal Details: Mrs AMRITA ARIKE was booked to Rainbow hospital at since conception. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period. She was admitted at 38 weeks with Previous LSCS for Elective Lower Segment Cesarean Section.

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

Management: <u>Course in hospital:</u>
She was prepared for elective C-section 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 anesthesia she was painted and draped as per hospital protocol. Previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby was in Breech position. Baby delivered with total breech extraction. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction.

Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Bilateral fallopian tubes identified & bilateral tubectomy done by modified Pomeroy's method. 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: 25.06.2026
Time of Delivery: 11:20:37 AM
Type of Delivery: Elective LSCS
Indication: Previous LSCS
Analgesia: Spinal

Baby Details:
Date:25.06.2026
Time: 11:20:37 AM
Sex: Female
Weight: 3.347 kg
Apgar: 8/10 ,9/10.
Gestational Age: 38 weeks
NICU Admission: No.

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name	Mrs AMRITA ARIKE	UHID	VIH-00156908

Advice:

1. Tab.Cefuroxime 500 mg twice daily till 01.07.2026 (9am-9pm) after food.
2. Tab. Dolo 650 mg twice daily (12pm - 5pm) till 01.07.2026 after food.
3. Tab. Hifenac P twice daily till 01.07.2026 (8am-9pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 01.07.2026 (7am) before food.
5. Tab. Fur XT once daily for three months after breakfast (11Am) .
6. Tab. C dense 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 5 days on 01.07.2026 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.
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.

Name	Mrs AMRITA ARIKE	UHID	VIH-00156908

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

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. KAPPAGANTULA APARNA
MBBS, MD
OBSTETRICIAN & GYNAECOLOGIST
43142

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

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PatientName	: Mrs AMRITA ARIKE	**Inpatient No.**	: IP-00060474
Age/Gender	: 31 Y 11 M 21 D/ Female	**Admit Date**	: 25-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 09:01
HEMOGLOBIN (Colorimetry)	**11.5**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	4.05	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**32.9**	**VOL%**	L	33 - 51
MCV (Calculated)	81.2	fL		80 - 100
MCH (Calculated)	28.4	pg/cells		26 - 34
MCHC (Calculated)	35.0	g/dL		32 - 36
RDW-CV (Calculated)	**13.2**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	188	10^9/L		150 - 450
MPV (Calculated)	8.9	fL		6.5 - 10
WBC COUNT (DC Detection Method)	9.49	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**75**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**19**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	5	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 09:01
CREATININE (Enzymatic)	**0.2**	**mg/dl**	L	0.7 - 1.2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 09:01

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs AMRITA ARIKE	**Inpatient No.**	: IP-00060474
Age/Gender	: 31 Y 11 M 21 D/ Female	**Admit Date**	: 25-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
PT (Optical Clot Detection)	15.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	29.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 00:12
HEMOGLOBIN (Colorimetry)	12.3	g/dL		12 - 16
RBC COUNT (DC detection method)	4.27	10^12/L		4 - 5.2
PCV/HCT (Calculated)	34.8	VOL%		33 - 51
MCV (Calculated)	81.5	fL		80 - 100
MCH (Calculated)	28.8	pg/cells		26 - 34
MCHC (Calculated)	35.4	g/dL		32 - 36
RDW-CV (Calculated)	13.1	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	211	10^9/L		150 - 450
MPV (Calculated)	8.9	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**13.69**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**78**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**16**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

LSCS

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VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

BILLING

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Labour ward

Date of Admission : 25/6/26 Time : 8:08PM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	at 10:56	MICU	(OT)	
25/6/26	12:30 PM	OT	MICU	
25/6/26	9:45PM	MICU	Room (202)	

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
25/6/26.	CBP, Creatinine PT APTT	26021461	[signature]
	cross checked by Chitti 25/6/26		
27/06/26	CBP	26021636	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/6/26	cardiac monito	25/6/26 8:15pm	9:pm	3094318	[illegible]
25/6/26	infusion pump	25/6/26 8:15pm	9pm	3094318	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/6/26	IV placement	(1)	3094321	Q.
	catheterization	(1)	3094321	
	PAC	(1)	3094320	Q.
	cross cund by Chitra 25/6/26			

ANY OTHER INFORMATION

Date : 27/6/26 Time : 1pm Prepared By : Smitha

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name

IP.No: 60478

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 Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
	Conset for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Medical Reconciliation	2	✓	✓	
	Braden Q	3	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Pain Assessment	3	✓	✓	
	Others	13	✓	✓	
	Total No. of Pages	51 pages			

Signature and Date : 27/6/26 @ IP area

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060474 **Admit Date** : 25-Jun-2026 **Admit Time** : 08:08 AM **UHID** : VIH-00156908

Patient Details :

Patient Name	: Mrs AMRITA ARIKE	**Age**	: 31 Y 11 M 21 D
Guardian	: Mr VENKATESH ARIKE	**DOB**	: 04-07-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: HNO-4-85-1 YADAV NEAR FLYOVER ,INDARAM (MANCHERIAL) Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8919434242/ 6303818557
		E-mail	: AMRITAHALDER0411@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 VENKATESH ARIKE	**Relationship**	: W/O
Contact Address	: HNO-4-85-1 YADAV NEAR FLYOVER ,INDARAM (MANCHERIAL) Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8919434242 / 6303818557

Signature

Doctor Details :

Doctor Name	: Dr. KAPPAGANTULA APARNA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD

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PATIENT TRANSFER FORM

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26	25/6/26 10:50Am
Treating Consultant Name	Transfer Ordered by: Dr. Nilchitha	Reason for Transfer: Emesis
From Unit: MICU	To Unit: (OT)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 37	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ 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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
sis Pooja	Dr Nilchitha

Patient & Clinical Records Received by : Vanitha 25/6/26 10:58am

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00156908 IP-00060474 Mrs AMRITA ARIKE 04-07-1994 31 Y 11 M 21 D (F) Dr. KAPPAGANTULA APARNA	25/6/26 @ 8:08 AM	25/6/26 @ 12:30PM
	Transfer Ordered by DR. madhav	Reason for Transfer Post-op-care
From Unit OT	To Unit MICU	Information to Attendant Yes ☐ No ☑
Number of Sheets in Clinical File	Number of Imaging Films Nill	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ 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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR. Reeby P	DR. madhav

Patient & Clinical Records Received by : 25/6/26 @ 1:10 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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00156908 IP-00060474 Mrs AMRITA ARIKE 04-07-1994 31 Y 11 M 21 D (F) Dr. KAPPAGANTULA APARNA	25/6/26 @ 8:08 pm	25/6/26 @ 9:45 pm
	Transfer Ordered by Dr. Yogesh Greeshma	Reason for Transfer Observation
From Unit MICU	To Unit Room (202)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 39	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. pan -15	
2.	under-pad.	
3.	Saral - 1	
4.	Baceinub - 1	
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Dr. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghana.	Dr. Greeshma

Patient & Clinical Records Received by : Sis 25/6/26 @ 9:50pm

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/26 Time of Arrival: @ 9:AM Time Seen by Nurse: @ 9:15 AM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: Gm. LSCS

3) **Vital Signs:** Temperature: 98.6F Pulse: 85bm RR: 16bm SpO_2: 99% BP: 120/70 mmHg Weight: 84

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 27/09/25 EDD: 9/7/2026 Gestational Age: 38 weeks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: —
- Duration: — Days / Weeks/ Months (Strike out which is not applicable)
- Character: —
- Frequency: —
- Interventions: —

6) **Past History:**

a) Surgeries: previous LSCS in 2023 May

b) Medical: Nil

Mrs AMRITA ARIKE IP-00060474
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☑ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 2:30Am

Nurse Name : Pooja Nurse Signature: .....

Date: 25/6/26 Time: 2:40Am

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify —

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify —

Chief Complaints: G2P1L1 ML ugin -

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: @ 8Am

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) ....

Past Medical History	Past Surgical History	Previous Hospital Admission
— nil	previous LSCS 2023 Aug	—

Gynecology Assessment: ☑ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche: Reg	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 27/9/25	Others: —	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS: Yes

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other Father - DM - HTN, Hypothyroid

Vital Signs / Measurements: Temp: 98.0F HR: 85bpm RR: 19bpm

BP: 120/70mmHg Weight: 87 Height: 1.67 BMI: ....

Pain Assessment: **Pain:** ☑ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

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PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..20.. (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..mrs Arika..

Name of Person Orientation was given to: ..mrs. Arika..

Orientation not given Reason: ..-..

Nurse Signature: ..

Nurse Name: ..Pooja..

Date & Time: ..25/8/26 at 9AM..

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 27/09/2025 EDD:

Corrected EDD: 9/7/2026 GA: 38 weeks.

Obstetric Formula: G2P1L1

ML- 4yrs NCM

Obstetric Hostory:

I- Female/2yr10month/FT LSCS/Severe oligohydramnios/A&H/Adilabad/Uneventful BF x 2½ yrs.

II- PP, Spontaneous conception

Booked to RCH since conception

Present Pregnancy Record: Two doses of TT taken.

T_1 T_2 T_3 uneventful

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: TG

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
140bpm.

RISK FACTORS:

previous LSCS

Height: 167 cm

Weight: 87 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C/C/C Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 96bpm

BP: 109/65mmHg DTR: ⊕

CVS: S_1S_2 ⊕ RS BAE ⊕

Liver/Spleen: Normal Urine Output: Adequate

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G2P1L1 with 38 weeks with previous LSCS

for Elective Lower segment cesarean section with Bilateral tubectomy

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Family History:

Mother - DM, HTN, Hypothyroidism

Surgical History:

previous LSCS in 2023 Aug

Medical History:

Nil

Medication History:

Nil

Plan of Care:

Admission
NBM
PAC
Consents
part preparation
FHR monitoring
Monitor Vitals
Follow drug chart
Reserve 1 OPRBC at Tarnaka Blood Bank.
Inform SOS
send. CBP, PT, APTT, INR Sr creatinine
- foley's catheterization.

Noted by Raw 25/6/26 @ 8 AM

Investigations: BG 'O' POSITIVE

HCV, HIV, HBSAg } NR.

25/6
CBP 11.5 | 9.49 | 1.88L
PT-15 APTT-29
INR-1 Creat-0.2

13/6/2026
Growth Scan
36+2 weeks
SLIUF, Cephalic
EFW- 2907 gm
AC - 441.
AFI- 15.5cm
PI- Post High
Doppler- Normal

28/2/2026
TIFFA
20+6 wks
SLIUF,
CL- 40 mm
PI- Post High
No anomalies

9/1/2026
NT Scan
12+6 wks
SLIUF
NT- 1.2mm

FTS-Low Risk

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 25/6/2026 8AM

Consultant Name: DR. K. APARNA
Signature:
Date & Time: 25/6/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26		
12:30PM	POD-0	
	O/E pt c/c/c	Adv
P1L2	a/c yaun	- NBM x 6hr
	afebrile	- W/F bleeding PV
	BP - 128/84 mmHg	- Monitor vitals
UO - 500ml	PR - 90 bpm	- Follow drug chart
clear	S/E NAD	- I/O charting
adequate	P/A Ut NUR	- Inform SOS
	BS +/-	- Rest
	PU NAB	
Noted by Ravi 25/6 12:30	Baby c A/M BF (+)	
		Dr Yogeshwari
25/6/26	POD-0 (LSCS)	
4:30PM	O/E - pt is c/c/c	Adv:
	GC - Fair	- NBM till 6:30 pm.
P2L2	Afebrile	- W/F bleeding PV
	BP - 110/72 mmHg	- monitor vitals
	PR - 82 bpm	- Follow drug chart
U/O	S/E - NAD.	- I/O charting
950 ml	P/A - Ut - W/R	- Inform SOS.
clear, adeq	soft, BS (+)	
	L/E - NAB.	
	Baby c A/M BF (+)	Dr Nikita
	Noted by Ravi 4:30PM	

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26.	POD - 0 (Post LSCS)	
8:30PM	O/E Pt is c/c/c	Adv
	GC- fair	- Sips of oral fluids f/o
	Afebrile	Clear liquids
P2L2	BP- 110/75 mmHg	- Soft diet after passing flatus
	PR- 79 bpm	- W/F Bleeding PV
U/O - 950 ml	S/E- NAD	- Ambulation
Clear, Adequate	P/A- Utn w/R	- Rest
	Soft BS (+)	- Monitor vitals
	C/E- NAB	- Follow Input chart
Shift to Room	Baby [A, M/F], BF (+)	- Inform SOS
	Noted by Meghana 25/6/26 8:30pm	Dr Greeshma
	POD - 1 (Post LSCS)	
26/6/26	O/E Pt is c/c/c	Adv
7:30Am	GC- fair	- Soft diet
	Afebrile	- W/F Bleeding PV
P2L2	BP- 111/72 mmHg	- Ambulation
	PR- 88 bpm	- Adequate hydration
U/O - 2150 ml	S/E- NAD	- Monitor vitals
Adequate, clear	P/A- Utn w/R	- Follow Input chart
	Soft BS (+)	- Inform SOS
Remove Foley's	C/E- NAB	
	Baby [A, M/F], BF (+)	
	Noted by Meg 26/6/26	Dr Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 1:15 PM. P2L2.	POD-1 (post LSCS)	Adv:
urine passed motion passed	O/E - pt is c/c/c	- Soft diet
	GC - Fair	- Adeq. Hydration
	Afebrile	- Ambulation
	BP - 111/72 mmHg	- w/f bleeding PV
	PR - 88 bpm.	- monitor vitals
	S/E - NAD.	- Follow drug chart
	P/A - Wt - W/R.	- Inform SOS.
	Soft, BS (+)	
	L/E - NAD.	
	Baby <A/M BF (+)	Dr. Nikhita
		Noted by Deepika 26/6/26 @ 1:15pm
26/6/26 8 pm	POD-1 (post LSCS)	
urine passed motion passed	Pt is c/c/c	
	GC fair	
	Afebrile	Adv
	BP - 102/64 mmHg	- soft diet
	PR - 84 bpm.	- Ambulation
	S/E - NAD.	- Hydration
send CBP 7am morning	P/A - soft BS (+)	- w/f PV bleeding
	Ut wnl	- follow drug chart
	L/E - No active bleeding	- monitor vitals
	Baby <A/M BF (+)	- Inform SOS
noted by Akanksha 26/6/26 @9pm		Dr Aparna

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	POD - 2	
7:35 AM	Pt is c/c/k	
P2L2	GC fair	Adv
urine passed	Afebrile	- (N) diet
	BP - 112/70 mmHg.	- Ambulation
motion passed	PR - 88 bpm	- Hydration
	S/E - NAD	- w/f PV bleeding
CBP - 12.3/13690/ 2.112	P/A - soft BS (+)	- follow drug chart
	Ut wwk	- monitor vitals
	Uc - NAB	- Inform SUS
	Baby ♀ A/H BF (+)	
		Dr Farmer
	Noted by Akshay 27/6/26 @8am	
27/6/26	POD - 2 (Post LSCS)	
1:30 PM	O/E Pt is c/c/c	
P2L2	GC fair	Adv
	Afebrile	- (N) diet
Urine passed	BP - 114/70 mmHg	- Ambulation
Motion passed	PR - 82 bpm	- Adequate hydration
	S/E - NAD	- W/F Bleeding PV
	P/A - Utw w/k	- Monitor vitals
	Soft BS (+)	- Follow drug chart
	UC - NAB	- Monitor vitals
Patient can be discharged	Baby ♀ A/H, BF (+)	- Inform SOS

Dr. Greeshma

Noted by padma 27/6/26 @2pm

Docu. No. : RCH /FRM / CLINICAL / 088

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 with 38 weeks c̄ previous LSCS for CSCS

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: ......—......

Surgery / Procedure:

Post OP Day:

Section	Item	25/6/26 M	25/6/26 m	25/6/26 E	25/6/26 N	25/6/26 N	26/6/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
BACKGROUND	Diet:	NBM	NBM	Liquid	clear liquid	clear liq.	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	RA	RA	—	RA	RA	RA
ASSESSMENT	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No
ASSESSMENT	Vital Signs: Temp:	98.6F	98.6F	98.6F	98.6F	97.4F	97.4F
ASSESSMENT	Res:	19 b/m	19 bpm	19 b/mt	19 br/mt	18 b/m	20 b/m
ASSESSMENT	SpO_2:	99%	99%	99%	99%	98%	99%
ASSESSMENT	Pulse:	85 /bm	82 bpm	84 b/mt	86 b/mt	80 b/m	82 b/m
ASSESSMENT	BP:	120/80 mmHg	110/70 mmHg	110/70	115/75 mmHg	117/78 mmHg	115/75 mmHg
ASSESSMENT	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
ASSESSMENT	Fall Risk Score:	'0'	–	—	0	0	'0'
ASSESSMENT	Pain Score:	'0'	0	'2'	'0'	0	'0'
ASSESSMENT	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Recommendations	Physiotherapy:	—	—	—	–	—	—
Recommendations	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	Special Diet:	NBM	—	Liquid	clear liquid	clear liquid	
Recommendations	Critical Lab Test / Values:	←	–	—	–	—	–
Recommendations	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Recommendations	ADL (Dependent / Non Dependent):	Dependent	dependent	depend	dependent	dependent	dependent
	Post Operative Procedure Special Orders:	—	NBM	w/f Bleeding	w/f Bleeding PV	w/f Bleeding PV	w/f Bleeding PV
	Handed Over By Name :	Pooja	Ruby.P	Rani	Meghana	Syed	Dupika
	Signature / ID :	[illegible]	[illegible]	010822	MF020232	016418	601469
	Date:	25/6/26	018135	25/6/26	25/6/26	26/6/26	26/6/26
	Time:	@ 9:50am	@ 1:40pm	8pm	@ 9:45pm	@ 8Am	@2pm
	Taken Over By Name :	Vanitha	Rani	Meghana	Syed	Dupika	Dupika
	Signature / ID :	[illegible]	[illegible]	MF020232	016418	601469	601469
	Date:	25/6/26	25/6/26	25/6/26	25/6/26	26/6/26	26/6/26
	Time:	@ 9.50AM	1:40pm	@ 8pm	@ 10pm	@ 8Am	@2pm

Docu. No. : RCH /FRM / CLINICAL / 097

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 @ 38 weeks + prev. LSCS @ for elective LSCS + Bilateral tubectomy			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: N.A.			
	Surgery / Procedure: —			Post OP Day:			
BACKGROUND	Date / Shift	26/6/26 E	26/6/26 N	27/6/26 M			
	Medical Condition (Any special condition to be noted):	—		—			
	Diet:	Ⓢ diet	Ⓢ diet	Ⓢ diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.0F	98.2F			
	Res:	20b/m	18b/m	20b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	82b/m	98b/m	98 b/m			
	BP:	110/70mm	108/76(84)	108/76(84)			
	LOC:	Conscious	conscious	Conscious			
	Fall Risk Score:	'0'	'0'	'0'			
	Pain Score:	'0'	'0'	'0'			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Ⓢ diet	Ⓢ diet	Ⓢ diet			
	Critical Lab Test / Values:	—	—	—			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Dependent	dependent			
Post Operative Procedure Special Orders:		—		—			
Handed Over By Name :		Dupika	Akanksha	Dupika			
Signature / ID :		607469	606607	607469			
Date:		26/6/26	27/6/26	27/6/26			
Time:		@8pm	@8am	@2pm			
Taken Over By Name :		Akanksha	Dupika	send to the Billing			
Signature / ID :		606607	607469				
Date:		26/6/26	27/6/26	27/6/26			
Time:		@8PM	@8AM				

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NURSING CARE RECORD

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Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	6AM	Ensure safety	6/6/26 6AM	provide side rails	→ To prevent falls	patient is safe	Pooja
	10pm →	prevent Infection	10/6/26 10PM →	Inj-cefotaxime 1.gm give	→ Prevented Infection	→ Re-Assessed documented Inf	25/6/26 6AM
Afternoon	2 PM	→ Maintain fluid balance	2PM →	RL-100 ml per hourly	→ Maintained fluid balance	→ Re-Assessed maintained fluid bala	
Night	9pm	~~Ma~~ Relieve pain & discomfort	9pm	Analgesics given	→ To Reduce pain	pain has reduced	Uyshna 25/6/26 9.30pm
	10pm	Ensure safety	10:30pm	provided side rails.	prescribed for fall risk	Re assessed here every 4th hrly vital checked pt is stable	Shad 26/6/26 6AM

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

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Your Right to a Safe Delivery

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	8AM 10AM	Ensure Safety Maintain personal hygiene	10AM 2pm	To provide side rails To give hand rub to the patient	To prevent falls To prevent infection	Re-Assessment was done Patient is stable	Dupika 26/6/26 @2pm
Afternoon	2pm 4pm	Ensure Safety Relieve pain & Discomfort	3pm 8pm	To provide side rails To give Analgesics	To provide Safety To reduce pain	Re-Assessment was done vitals 4th hrly checked	Dupika 26/6/26 @8pm
Night	10 pm	* maintain fluid Balance	11 pm	* Encouraged pt to take plenty of fluids orally.	*Prevented Dehydration maintained & I/O chart	*Re-Assessment Done. pt. condition is stable.	Akanksha 27/6/26 @8am

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 27/6/26

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	8AM 11AM	Ensure Safety prevent Infection	10AM 1pm	To provide side rails To give handrub to the patient	To provide Safety To prevent Infection	Re-Assessment was done- Vitals within limits checked	Deepika 27/6/26 @2PM
Afternoon				1 Discharge Note's 1 Doctor came for the Rounds. Patient is stable			Padma 27/6/26 @2PM
Night				1 Doctor Advised Discharge			

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

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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							
Afternoon							
Night							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs AMRITA ARIKE**	**Age :**	**31 Y 11 M 21 D**
IP No:	**IP-00060474**	**Sex:**	**Female**
Consultant:	**Dr. KAPPAGANTULA APARNA**	**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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance 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 irance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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: VENKATESH ARIKE
Relationship: HUSBAND
Date: 25/06/2026 Time: 08:17AM
Witness Name:
Witness Signature:

Patient Address:
HNO-4-85-1 YADAV NEAR FLYOVER , INDARAM (MANCHERIAL) Jaipur Adilabad Adilabad Telangana INDIA 504216

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. AMRITA ARIKE Gender: ☐ Male ☒ Female Age : 31Yrs

UHID No : VIH-00156908 Date : 25/6/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBECTOMY upon MRS. AMRITA ARIKE

(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE, ADHESIONS, PERMANENT IRREVERSIBLE, <1% CHANCE OF FAILURE, RISK OF ECTOPIC

My signature on this form indicates that

1. I have read and understood the information provided in this form
   My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
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. K. APARNA

Consentee :

Signature : [signature]

Name : Amrita Arike.

Date & Time : 25/06/2026 7:55AM

Patient Attendant :

Signature : [signature]

Name : Venkatesh Arike.

Relationship with Patient: Husband

Date & Time : 25/06/2026 7:54AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [signature]

Name : DR. NAUSHEEN

Date & Time : 25/6/26 ; 7:54 am.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Amrita Anke Age : 31y Gender : Male ☐ Female ☑

UHID NO: VIH-00156908 Surgeon Name: Dr. K. Aparna

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Cesarean delivery with bilateral tubal ligation

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : 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 Mrs. Amrita the above mentioned operation / Diagnostic / Therapeutic procedures Elective Cesarean delivery with bilateral tubal ligation

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 : .....

Name : ANKITA ARIKE

Relationship with Patient: SPOUSE

Date & Time : 25/6/26 @ 9Am

Witness :

Signature : .....

Name : VENKATESH ARIKE

Date & Time : 25/06/2026

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bunda

Date & Time : 25/6/26, 9 am

MH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

ST

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Date : 25/6/26

Age : 31/F Gender : ☐ M ☐ F

Blood Group : UHID :

Planned Surgery: CELSCS Surgeon : M. K. Aparna

Anesthetist : Dr. Bhadri Date & Time of Operation : 25/6/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ?	☑	☐	☐	☑	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☑	☐	☐	☑	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	☑	☐	☐	☑	☐	☐
4	Enema given / Bowel Preparation	☐	☑	☐	☑	☐	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☑	☐	☐
6	Sterile Gown Given	☑	☐	☐	☑	☐	☐
7	Is Blood arranged as required ?	☑	☐	☐	☐	☐	☐
8	If Blood has been ordered - is Blood bag ready ?	☑	☐	☐	☐	☐	☑
9	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☑
10	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12	Skin Preparation	☑	☐	☐	☐	☐	☐
13	Site is marked	☑	☐	☐	☐	☐	☑
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☑	☐	☐
15	Implants are available	☑	☐	☐	☐	☐	☑
16	Equipment is available	☑	☐	☐	☐	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18	Other (if any)	☐	☑	☐	☐	☐	☑

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : Rekha ER/Ward Nurse Name : P. Pooja

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse

Date & Time : Date & Time : 25/6/26 Date & Time : 25/6/26 at 9 AM

Doc. No. : RCH / FRM / CLINICAL / 107

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. IC Aparna
Asst. Surgeon : Dr. Ashwini / Dr. Yogeshwari
Anaesthetist : Dr. Madhav
Scrub Nurse : Sr. Manjula

Patient Name : MIH-00156908 IP-00060474
Mrs AMRITA ARIKE
UHID No. : 04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA
Date : 25/6/26

..... Gender : .....
Elscs Fracture
time : 12:10pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10:45Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr Madhav
Name : Dr Madhav 25/6/26.

Before Skin Incision ➤➤

TIME OUT Time: 11:10 am

Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ELSCS ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 1 hour 300ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☑ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☑ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : Swathi
Name : Staff

Before Patient Leaves Operating Room

SIGN OUT Time: 12:10pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : H
Name : Dr Ashwini

Doc. No. : RCH / FRM / CLINICAL / 111

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. K. APARNA	Date of Delivery: - 25/6/24
Assistant Surgeon: DR ASHWINI / DR YOGESHWARI	Time of Delivery: 11:20AM 37 sec
Anaesthetist's Name: DR MADHAV	Gender of Baby: female
Type of Anaesthesia: SPINAL	Weight of Baby: 3.347 kg
Neonatologist: DR. BARSHA	AGPAR Score: 8/10 , 9/10
Scrub Nurse: Sis. Maniyan	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: - Previous LSCS

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective LSCS & BL tubectomy

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☑ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☑ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps Baby was in breech presentation delivered with total breech extraction.

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

B/L fallopian tubes identified & B/L tubectomy done by modified Pomeroy method

Uterine Closure: ☐ One Layer ☑ Two Layers ..... vicryl + cat gut ..... Suture

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None ..... Cat gut ..... Suture

Sheath Closure: ..... vicryl ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Cat gut ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl 3-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 12-24hrs 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 x 6hrs

IO Charting

W/F bleeding PV

monitor vitals

follow del regimen

inform SOS

Jt Dr. Ashwini

Doctor Name: Dr. Aparna K Doctor Signature: .....

Date & Time: - 25/6/26

VIH-00156908 IP-00060474
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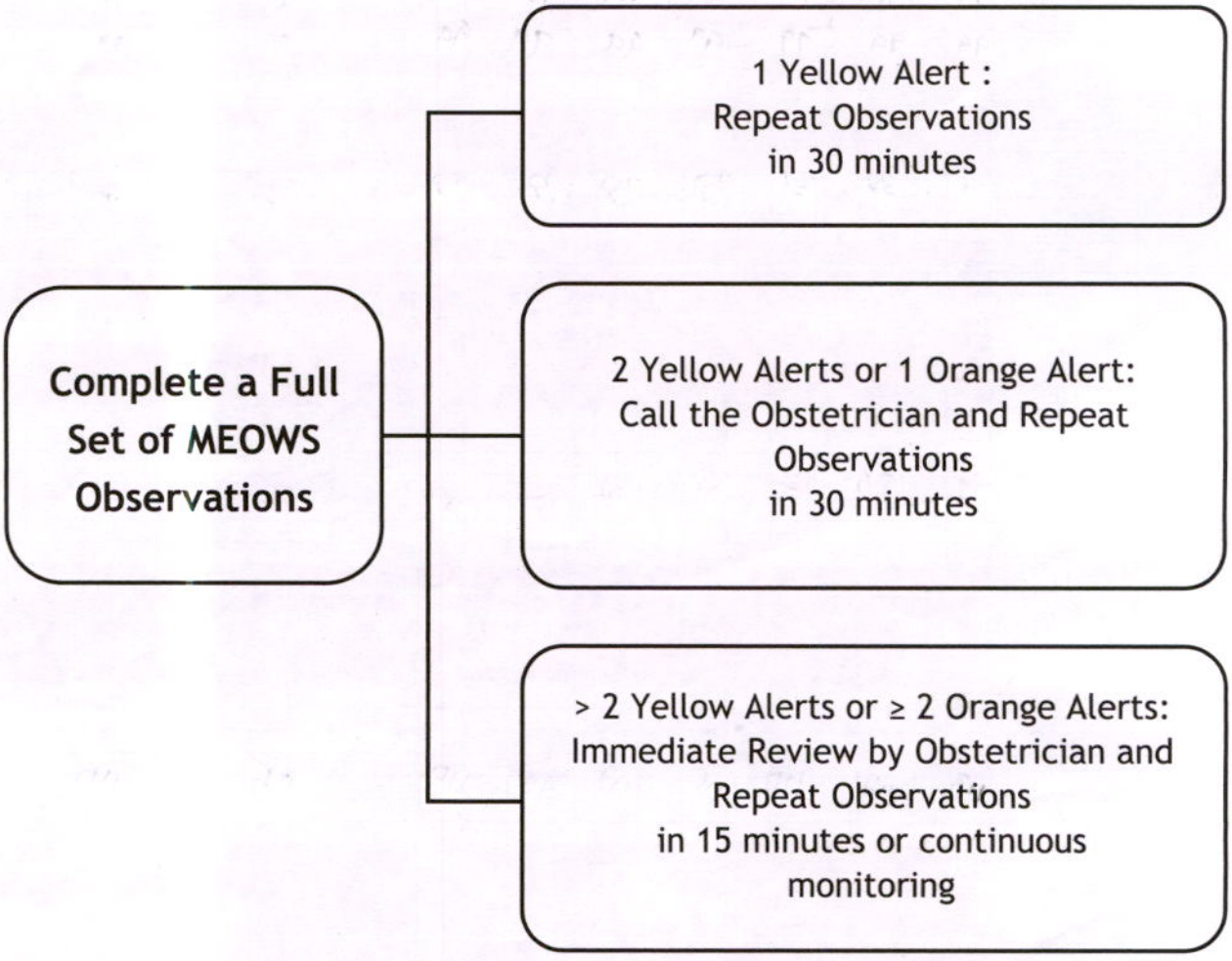
Early Warning Observation Score Chart - Obstetrics

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
	0 - 10																									
Saturations	94 - 100 %	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
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	85		86		82		85		82		80		79				85				80				78
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	113		117		110		110		117		117		110				105				110				111
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	75		78		72		70		72		70		75				67				70				72
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓				✓				✓				✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		✓				✓				✓				✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	nil		nil		✓		✓		✓		✓		✓				✓				✓				✓
	Heavy / Foul																									
Liquor	Clear / Pink	✓		✓		✓		✓		✓		✓		✓				✓				✓				✓
	Green																									
TOTAL YELLOW SCORES		0		0		0		0		0		0		0				0				0				0
TOTAL ORANGE SCORES		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-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

Rainbow® Children's Hospital
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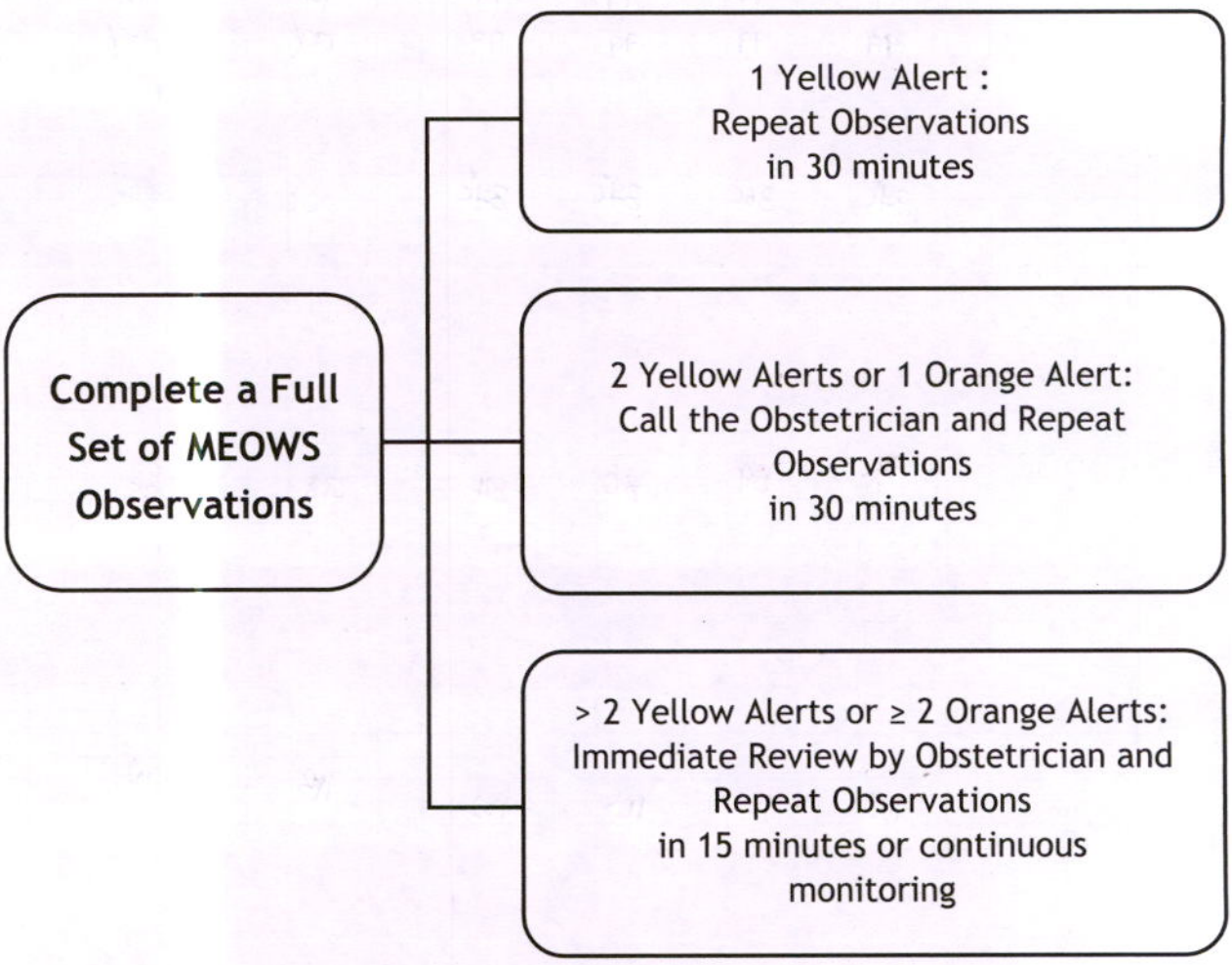
Early Warning Observation Score Chart - Obstetrics

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

26/8/26	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
	0 - 10																								
Saturations	94 - 100 %			99			99			99			99				99%				99%				99%
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37C			36C			37C			37C				36C				36C				36C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			91			89			80			84				98				88				82
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			108			102			105			102				113				112				108
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70			60			60			64				68				70				76
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA			NA			NA			NA				✓				✓				✓
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA			NA				✓				✓				✓
	Green																								
TOTAL YELLOW SCORES				0			0			0			0				1				0				0
TOTAL ORANGE SCORES				0			0			0			0				0				0				0
Nurse Initial				D			D			D			D				D				A				A

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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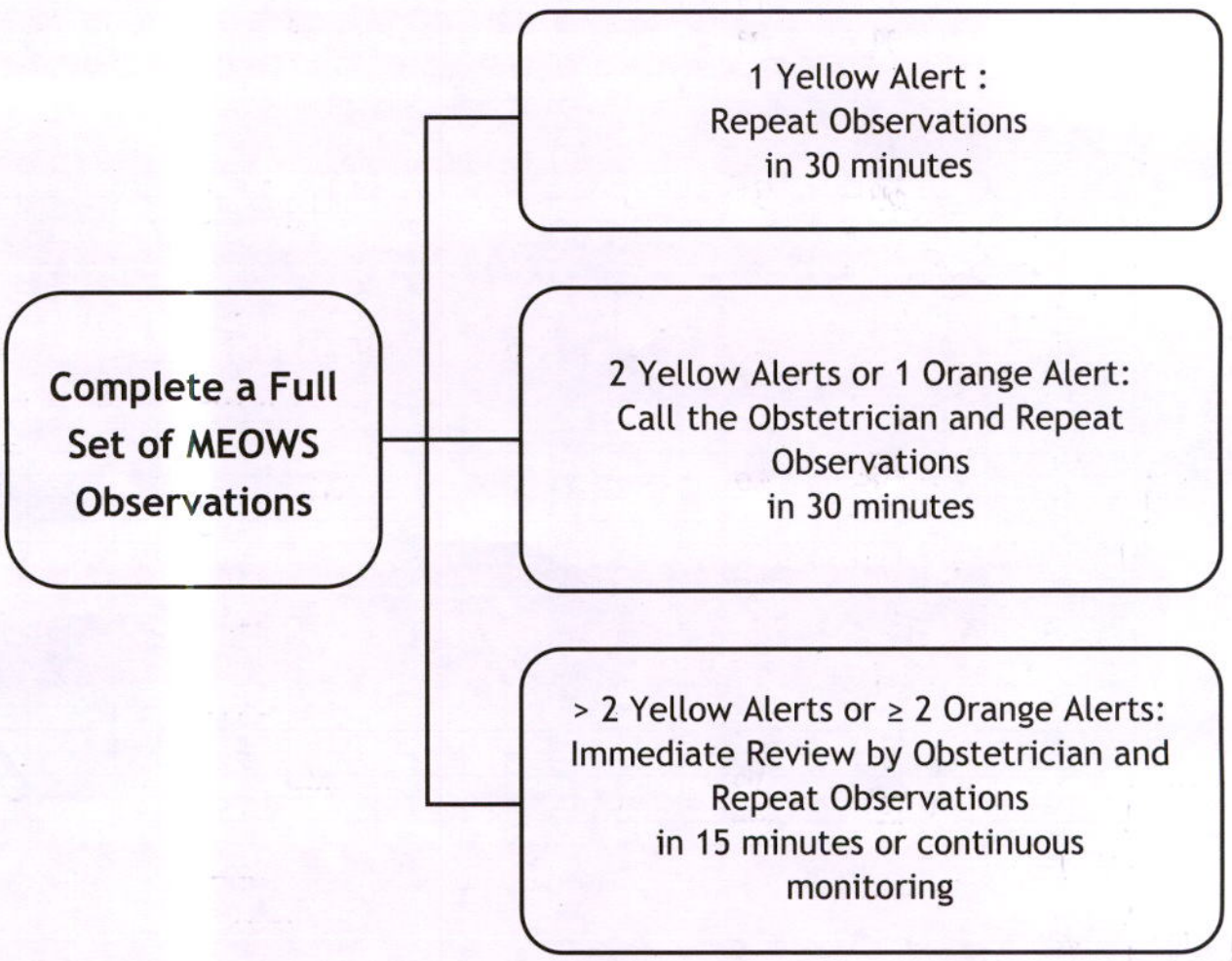
ning Observation Score Chart - Obstetrics

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

		Date	27/6/26																							
		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			19																		
	0 - 10																									
Saturations	94 - 100 %				99			99																		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			37c				36c																		
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			93				80																		
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110							110																		
	100			109																						
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			73				76																		
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓			✓																		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓			✓																		
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				NA			NA																		
	Heavy / Foul																									
Liquor	Clear / Pink				NA			NA																		
	Green																									
TOTAL YELLOW SCORES					0			0																		
TOTAL ORANGE SCORES					0			0																		
Nurse Initial					B			D																		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

Rainbow® Children's Hospital
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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/6/26	08:00 am	RL 500ml IV FF								150ml	*	
	09:00 am	RL 100ml IV 100ml+hr								50ml	.	pooja
	10:00 am	RL 100ml per hrly								50ml	0	25/6/26 @ 10:30AM
	11:00 am	NBM RL 900ml/hr								50ml	.	
	12:00 pm	RL 100ml per hrly								100ml	0	
	01:00 pm	RL 100ml per hrly								100ml	0	
Total Intake :		1300 ml				Total Output :				500 ml		
25/6	02:00 pm	RL 100ml per hrly								50ml	0	
	03:00 pm	RL 100ml per hrly								50ml	0	
	04:00 pm	RL 100ml per								50ml	0	
	05:00 pm	RL- 100ml								100ml	0	25/6/26 5pm
	06:00 pm	RL-100ml								100ml	0	
	07:00 pm	RL-100ml, H2O-50ml								100ml	0	
Total Intake :		650 ml				Total Output :				450ml		
25/6	08:00 pm	RL 100ml/hr								50ml	0	neuhaya 25/6/26
	09:00 pm	H2O 50ml RL 100ml/hr								50ml	0	
	10:00 pm									200ml		
	11:00 pm									100ml		pooja 25/6/26 @ 11pm
	12:00 am	H2O								100ml		
	01:00 am									100ml		
Total Intake :						Total Output :				600ml		
26/6	02:00 am									100ml		
	03:00 am	H2O								100ml		
	04:00 am	H2O								100ml		pooja 26/6/26 @ 4am
	05:00 am									100ml		
	06:00 am	Stay								100ml		
	07:00 am									100ml		
Total Intake :						Total Output :				600ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2150 mL

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FLUID CHART

Sheet No. : (2)

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
26/6/26												Deepika 26/6/26 @2pm
	08:00 am		Tally + H_2O									
	09:00 am									✓		
	10:00 am											
	11:00 am						✓					
	12:00 pm											
	01:00 pm		H_2O									
Total Intake :						**Total Output :**						
26/6/26	02:00 pm		Rice + H_2O							✓		Deepika 26/6/26 @8PM
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm		H_2O									
	07:00 pm									✓		
Total Intake :						**Total Output :**						
27/6	08:00 pm		Rice + H_2O								1	Akash 27/6/26 @8am
	09:00 pm									✓		
	10:00 pm										0	
	11:00 pm											
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
27/6	02:00 am		H_2O								1	Akash 27/6/26 @8am
	03:00 am											
	04:00 am											
	05:00 am										0	
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/6/26	08:00 am		Tolly + H_2O							✓		
	09:00 am						✓					
	10:00 am											
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Dupilca 27/6/26 @2pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: Room (202)

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	IV	12TH hrly	25/6/26	☑C ☐DC
2	INJ AMIKACIN	750 MG	IV	ONCE IDAILY	25/6/26	☑C ☐DC
3	SUPPOSITORY PARACETAMOL	250 MG	PR	12TH hrly	25/6/26	☑C ☐DC
4	SUPPOSITORY DICLOFENAC	100 MG	PR	12TH hrly	25/6/26	☑C ☐DC
5	T PANTOPRAZOLE	40 MG	PO	ONCE DAILY	25/6/26	☑C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Dulgacha

Date & Time : 25/6/26, 8:30 PM

Nurse Name & Signature: Meghana NS

Date & Time : 25/6/26 @ 8:30 pm

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VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	MICU	8 Kg

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	25/6/16

Name & Signature of the Doctor starting the Drugs: Dr DRYOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	26/6	27/6
Time		
6 AM	AM	AM

DRUG : T. ACECLOFENAC + PARACETAMOL

Dose	Route	Frequency	Start Dt.
325mg +100mg	PO	12th hrly	26/6

Name & Signature of the Doctor starting the Drugs: Dr. Greeshma

Additional Instructions: T. HIFENAC-P

Date	26/6	27/6
Time		
8 AM	AM	AM
9 PM	PM	

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500MG	PO	12TH HOURLY	26/6

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA

Additional Instructions: T. CEFTUM 500 MG

Date	26/6	27/6
Time		
10 AM	AM	DS
10 PM	PM	

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Dt.
650MG	PO	12TH HOURLY	26/6

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA

Additional Instructions:

Date	26/6	27/6
Time		
2 PM	PM	DS
5 PM	PM	

Daily Doctor's Endorsement by a Sign.

Rainbow® Children's Hospital
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BirthRight
BY RAINBOW HOSPITALS

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE 31 Y 11 M 21 D (F)
04-07-1994
Dr. KAPPAGANTULA APARNA

Patient N.	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Time

DRUG : TAB. CINITAPRIDE

Dose	Route	Frequency	Start Dt.
1 ML	PO	12TH HOURLY	26/6

Name & Signature of the Doctor starting the Drugs:
DR. NIKHITA.

Additional Instructions:
T. CINTAPRO 1 ML.

Daily Doctor's Endorsement by a Sign.

Date 26/6
Time 12 AM
12 PM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date
Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date
Time

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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 ..... Signature .....

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

I.V. FLUIDS CHART

Weight. 87kg Ward. MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/6/26	9:00 AM	RINGER LACTATE	IV	FF		Pavi	25/6		Pavi
25/6/26	9:50 AM	RINGER LACTATE	IV	100 ml/HR		Pavi	25/6		
25/06	11:33 AM	RINGER LACTATE	IV	900 ml			25/6		
25/6	12 PM	RINGER LACTATE	IV	100ml/HR			25/6		
25/6	5 PM	RINGER LACTATE	IV	100ml/HR			25/6		Raj

Signature .....

VERIFIED BY : Name .....

Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

Weight. 87 Ward. C/W

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 / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

Signature .....

VERIFIED BY : Nurs.....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6/26	10:15 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		Poof g Rani
25/6/26	9:30 AM	INJ PANTOPRAZOLE	40 MG	IV		Poof g Rani
25/6/26	9:30 AM	INJ METOCLOPRAMIDE	10MG	IV		Poof g Rani
25/06	11:21 AM	Inj: CARBETOCIN	100 mcg	Iv		Rsl Dr
25/06	12:10 pm	Sup. TRAMADOL	100 mg	PR		Rsl Dr
25/06	12:10 pm	Sup. DICLOFENAC	100 mg	PR		Rsl Dr
25/6/26	12:10 pm	T. MISOPROSTOL	600 MCG	PR		Rsl Dr
26/6	4:05 pm	INJ. PANTOPRAZOLE	40 MG	IV		Dnf Dnf

VIH-00156908 IP-00060474
Mrs AMRITA ARIKE
04-07-1994 31 Y 11 M 21 D (F)
Dr. KAPPAGANTULA APARNA

REGULAR PRESCRIPTIONS

Weight. 87 Ward. L1W

DRUG: INJ CEFOTAXIME				Date/Time: 25/6	26/6
Dose	Route	Frequency	Start Date		
1GM	IV	12TH HOURLY	25/6/26	10 Am	
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				10 Pm	STOP Dr. Nikhita 26/6/26 2PM.
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

25/6/26

DRUG: INJ AMIKACIN				Date/Time: 25/6	26/6	27/6
Dose	Route	Frequency	Start Date			
750MG	IV	ONCE DAILY	25/6/26	6 PM		
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

25/6/26

DRUG: SUPPOSITORY PARACETAMOL				Date/Time: 25/6	26/6
Dose	Route	Frequency	Start Date		
250MG	PR	12TH HOURLY	25/6/26		
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				12PM	STOP Dr. Nikhita 26/6/26 2pm.
Additional Instructions:				9pm	
Daily Doctor's Endorsement by a Sign					

25/6/26

DRUG: SUPPOSITORY DICLOFENAC				Date/Time: 25/6	26/6
Dose	Route	Frequency	Start Date		
100 MG	PR	12TH HOURLY	25/6/26	8am	
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				9pm	STOP
Additional Instructions:					26/6/26 8Am
Daily Doctor's Endorsement by a Sign					

25/6/26