

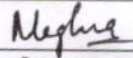



ACTIVITY RECORD FOR BILLING

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 Name: 03-10-1993 32 Y 8 M 15 D (F) -----
 Dr. MADHUMITA ANIRUDDHA GITAY
 UHID N  Consultant: ----- Dept: labare ward
 Date of Admission: ----- Time: 7:31 AM Date of Discharge: ----- Time: -----
 Room / Bed No: 11 Ward: 11W Suggested Billable bed type: -----


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	9:30 AM	MICU	OT	
18/6/26	10:20 AM	OT	MICU	
18/6/26	SPM	MICU	208	

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Infusion pump.	8AM	3PM	3091567	
18/6/26	cardiac monitor.	10:20AM	3PM		
Cross checked by manga 18/6/26 @ 3:52pm					
Cross checked by. Raja 20/6/26 @ 10:30am					

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6/26.	iv placement	1	0003091569	}
18/6/26	pac	1	0003091582	}
18/6/26	catheterization	1	0003091569	}
<p><i>cross checked by sukmini 18/6/26 2:16pm</i></p>				

ANY OTHER INFORMATION

Date: 20/6/26

Time: @ 6:35

Prepared By: mosey

<p>Staff Nurse</p> <p>Raja</p>	<p>Shift / Ward</p> <p>mosey</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
--------------------------------	----------------------------------	--------------------------	---------------------------

VIH-00159826 IP-00060391
Mrs SATARUPA BANIK
03-10-1993 32 Y 8 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 18/6/26

Patient Name: Mrs. Satarupa Banik Date of Birth: 3-10-1993 Age: 32yrs

Gender: female Ward: OT UHID No.: 159826

Date of Surgery: 18/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2


Name of the Surgery: Elective Lower Segment Cesarean Section under spinal anaesthesia.

Time in: 9:10am


Time Out: 10:10am

	NAME	AMOUNT
1. Surgeon	Dr. Madhumita Aniruddha Gitay	OT charges
2. Anaesthetist	Dr. Brouda	
3. Assistant Surgeon	Dr. Farooq / Dr. Nikhita	
4. OT Technician	Br. Rakesh / Sr. Vaishnavi	
5. Circulating Nurse	Sr. Manimala	
6. Assistant Nurse	Sr. Bhavani / Sr. Meghana	

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


Dr. Nikhita

Signature of the Surgeon



Signature of Circulating Nurse

Order No: 3091581/82

Order by: Ruby F



CONSUMABLES

OF OT

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



Age :
 Time : 18/06/26

Circulating Staff : Dr. Vanthe Technician : Mr. Raksh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>1 scs</u>		1	Inj. Vit. K		1
LMA			Sutures <u>2346</u>		1	Cord Clamp		1
ECG leads : A/P/N		3	<u>2364</u>		1	Suction Catheter		
HME filter : A/P/N			<u>1328</u>		1	Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		2	Gloves <u>6 pf / 6 pf</u>		3/3	Surgical Gloves <u>7 pf / 7 pf</u>		4
02 cc		2	<u>6 scs / 6 scs</u>		2/2	Gauze Pack		
01 cc			<u>7 pf</u>		1	Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade <u>22</u>		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<u>protogen</u>		2
<u>oil gel</u>		1	Ointments <u>Betadine</u>		1	<u>latex</u>		4
<u>Birxamin</u>		2	Suction Catheter			<u>Caplonase</u>		4
Fentanyl			Cap. Mask		10/10			
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad		1	<u>enduro</u>		
Glycopyrolate			Draw Sheet <u>Allesorb</u>		1			
Myopyrolate			Abgel					
Ondansetron		1	Foleys Catheter					
Pencart 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>sterisom</u>		1			
Suppositories			<u>uban Diaprons</u>		5			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg		5	Betadine Solution		2			
			Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. Madheonthe Anaesthesiologist Dr. Brendha Nurse Bhavani / Raksh OT Technician Raksh
 Order No. : 3091585 / 3091586 Ordered by : Raksh Floresca



RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060391	Ward	N 2F-MICU
Patient Name	Mrs SATARUPA BANIK	Bed Name	MICU 226
Age/Sex	32 Y 8 M 15 D / Female	Order No	0003091586
Date	18/06/2026 10:00	Prescription No	PRIP-1291833
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	18/06/2026 10:02
UHD	VIH-00159826		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE OINT 20 GM	Win-MedicarePvtLtd	H	GD05126	03/28	1	132.30	132.30
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
7	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	5	120.00	600.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
12	Encore Microptic gloves- 6.5		H	26020Q44IT	02/29	3	117.00	351.00
13	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	3	128.00	384.00
14	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
15	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	10	10.00	100.00
16	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
17	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
18	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
19	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
23	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C261641	02/29	1	44.93	44.93
24	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
25	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
26	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
27	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
28	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
29	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
30	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
31	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
32	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00



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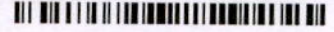
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060394 Ward N 2F-MICU
Patient Name Baby B/O SATARUPA BANIK Bed Name CRDL-MICU-226-1
Age/Sex 0 Y 0 M 0 D 2 H / Male Order No 0003091622
Date 18/06/2026 11:06 Prescription No PRIP-1291840
Payor SELFPAY Dispensed Date 18/06/2026 11:07
UHID VIH-00206019

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
5	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	4	10.00	40.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VU20052026	12/30	2	450.00	900.00
8	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
9	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	4	10.00	40.00
10	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							816.85	1,397.14

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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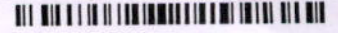
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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060391	Ward	N 2F-MICU
Patient Name	Mrs SATARUPA BANIK	Bed Name	MICU 226
Age/Sex	32 Y 8 M 15 D / Female	Order No	0003091586
Date	18/06/2026 10:00	Prescription No	PRIP-1291833
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	18/06/2026 10:02
UHID	VIH-00159826		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
34	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS22	03/28	1	140.00	140.00
35	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
36	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
37	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
Total :							11,100.69	14,520.31

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060391	Ward	N 2F-MICU
Patient Name	Mrs SATARUPA BANIK	Bed Name	MICU 226
Age/Sex	32 Y 8 M 15 D / Female	Order No	0003091585
Date	18/06/2026 10:00	Prescription No	PRIP-1291834
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	18/06/2026 10:02
UHID	VIH-00159826		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
Total :							140.00	140.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Mrs SATARUPA BANIK	UHID	VIH-00159826
Father/Guardian	Mr RIPAN DEBRATH	Age/Gender	32 Y 8 M 15 D/Female
Address	H NO : 89/1, DEVINILAYAM SARSWATINGER COLONY LOTHKUNTA, M C Eme, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060391	Admission Date	18-06-2026
Ref Doctor	Self	Discharge Date	20-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: G3P1L1A1 with 37 weeks with Previous LSCS with Hypothyroidism with Rh negative pregnancy with Gestational Thrombocytopenia with Obstetric Cholestasis with derranged Liver Function Test with steroid covered for Elective Lower Segment Cesarean Section.

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

History:

LMP: 19.09.2025

Obstetric formula: G3P1L1A1

EDD: 09.07.2026

Gestation at admission: 37 weeks

Obstetric History:

G1 - missed miscarriage / 8 weeks / MERPC / April 2023.

G2- Female / 2 years / FTLSCS (maternal request) / 2.2 kg /Obs cholestasis / chicken pox / Rh negative / SGA baby / Anemia / Hypothyroid / A & H / uneventful / Anti D taken / Lactating.

G3 - Present pregnancy Spontaneous conception.

Name	Mrs SATARUPA BANIK	UHID	VIH-00159826
------	--------------------	------	--------------

Medical History: Hypothyroidism since 4 years.

Family History: Nil

Surgical History: Previous LSCS.

Allergies: Nil

Antenatal Details: Mrs SATARUPA BANIK was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. Her combined screening at 13 weeks showed intermediate risk for down syndrome couple refused for evaluation, counselling done. She was diagnosed with gestational thrombocytopenia at 16+2 weeks, physician review done, gastroenterologist review done. Inj. Anti D taken at 28 weeks. She was diagnosed with obstetric cholestasis at 34 weeks, physician review done, Gastro review done & was managed with Tablet Udiliv 300 mg BD. She was on Tab. Ecosprin 150 mg OD since conception & stopped at 36 weeks. Two doses of steroids covered at 36 weeks. She was admitted at 37 weeks with Previous LSCS with Hypothyroidism with Rh negative pregnancy with Gestational Thrombocytopenia for Elective Lower Segment Cesarean Section.

Investigations: Enclosed

Blood group: 'O' **NEGATIVE**

Management: Course in hospital:

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. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment

Name	Mrs SATARUPA BANIK	UHID
------	--------------------	------

curvilinear incision given on the uterus. MSL grade II seen. Baby delivered with one loop of cord around neck & one loop around chest. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count 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: 09:21:33 AM

Type of Delivery: Elective LSCS

Indication: Previous LSCS with Rh negative pregnancy with obstetric cholestasis.

Analgesia: Spinal

Baby Details:

Date: 18.06.2026

Time: 09:21:33 AM

Sex: Male

Weight: 2.450 kg

Apgar: 7/10 ,9/10.

Gestational Age: 37 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

Name	Mrs SATARUPA BANIK	UHID	VIH-00159826
------	--------------------	------	--------------

healthy. Her general condition was satisfactory and she was found to be fit for discharge. CBP done on POD2 - Platelets 1.03 lakhs/cumm. 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. Tab. Udiliv 300 mg twice daily till further orders.
8. Tab. Thyroxine 125 mcg once daily on empty stomach (6 am) till further orders.
9. Repeat LFTs after 2weeks.
10. Repeat TSH levels after 6 weeks & review with reports.
11. Nebasulf powder for local application.
12. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 01.07.2026 with LFTs 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).

Name	Mrs SATARUPA BANIK	UHID
-------------	--------------------	-------------



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. MADHUMITA ANIRUDDHA GITAY
 MBBS,MS,DNB
 GYNECOLOGIST AND OBSTETRICIAN
 03312

PatientName : Mrs SATARUPA BANIK
Age/Gender : 32 Y 8 M 15 D/ Female
Ward/Bed : N 2F-MICU/ MICU 226

Inpatient No. : IP-00060391
Admit Date : 18-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date : 18-06-2026 07:55			
HEMOGLOBIN (Colorimetry)	10.4	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.55	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	30.0	VOL%	L 33 - 51
MCV (Calculated)	84.6	fL	80 - 100
MCH (Calculated)	29.4	pg/cells	26 - 34
MCHC (Calculated)	34.7	g/dL	32 - 36
RDW-CV (Calculated)	13.5	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	135	10 ⁹ /L	L 150 - 450
MPV (Calculated)	11.7	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	11.96	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	76	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : REDUCED		



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 ENTERED	
Order Date : 20-06-2026 07:15			
RBC COUNT (DC detection method)	2.98	10 ¹² /L	4 - 5.2
Differential Count			
WBC COUNT (DC Detection Method)	11.97	10 ⁹ /L	H 4.5 - 11
MPV (Calculated)	11.7	fL	H 6.5 - 10
PLATELET COUNT (DC Detection Method)	103	10 ⁹ /L	150 - 450
RDW-CV (Calculated)	13.5	%	H 11.5 - 13.1
MCHC (Calculated)	34.5	g/dL	32 - 36
MCH (Calculated)	29.4	pg/cells	26 - 34
MCV (Calculated)	85.2	fL	80 - 100

PatientName	: Mrs SATARUPA BANIK	Inpatient No.	: IP-00060391
Age/Gender	: 32 Y 8 M 17 D/ Female	Admit Date	: 18-06-2026
Ward/Bed	: N 2F-MICU/ MICU 226	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
PCV/HCT (Calculated)	25.4	VOL%	33 - 51
NEUTROPHILS (Microscopy, Leishman stain)	76.8	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	16.6	%	24 - 44
MONOCYTES (Microscopy, Leishman stain)	4.6	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1.8	%	1 - 4
HEMOGLOBIN (Colorimetry)	8.8	g/dL	12 - 16

Interim Report

This is an interim report. The final report will be released after 24 hours

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00159826 IP-00060391
 Mrs SATARUPA BANK
 03-10-1993 32 Y 8 M 17 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



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	03	-	-	
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)	03	-	-	
	Drug Chart (Regular prescription)	01	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Obstetric triage	01	-	-	
	Medical reconciliation	02	-	-	
	Braden - q	02	-	-	
	Pain - assessment	03	-	-	
	Checklist for Pnamba	02	-	-	
	Others	12	-	-	
	Total No. of Pages	52			

Signature and Date: *20/10/20*

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060391 Admit Date : 18-Jun-2026 Admit Time : 07:31 AM UHID : VIH-00159826

Patient Details :

Patient Name : Mrs SATARUPA BANIK Age : 32 Y 8 M 15 D
Guardian : Mr RIPAN DEBRATH DOB : 03-10-1993
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : H NO : 89/1, DEVINILAYAM SARSWATINGER Phone No : 8074679311
COLONY LOTHKUNTA M C Eme Hyderabad E-mail : NA@GMAIL.COM
Telangana INDIA 500015

Admission Details :

Bed Type : MICU Bed No : MICU 226 Ward Name : N 2F-MICU
Room No : MICU 226 Admission Type : First Visit

Contact Details :

Name : Mr RIPAN DEBRATH Relationship : Husband
Contact Address : H NO : 89/1, DEVINILAYAM SARSWATINGER Phone No : 8074679311 / 7989949729
COLONY LOTHKUNTA M C Eme Hyderabad
Telangana INDIA 500015

Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/6/26 Time of Arrival: 8 AM Time Seen by Nurse: 8:5 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: for LSCS

3) Vital Signs: Temperature: 98.6 Pulse: 85 bpm RR: 19 bpm SpO₂: 99% BP: 110/80 Weight: 52.6

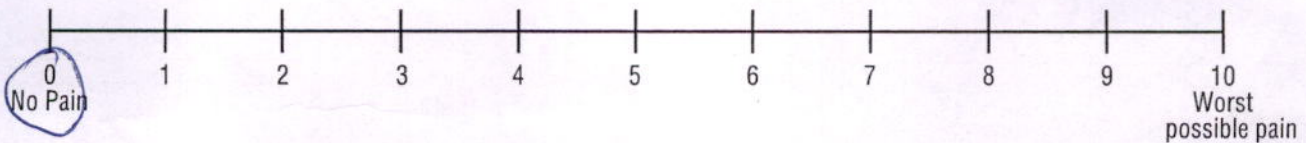
4) Gestational Criteria:

Gravida:	G 3	P 1	L 1	A 1
----------	-----	-----	-----	-----

LMP: EDD: Gestational Age:

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries:
- b) Medical:



1) 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: 12 Am

Nurse Name : Doofa Nurse Signature: [Signature]

Date: 18/10/20 Time: 12 am



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/26

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: (BP 111/71 ms - sur NCM) Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Farooq

Time Notified: 12/6/26 / 12:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism</u> <u>Scute ugs.</u>	<u>prev - LSCS</u>	<u>yes.</u>
Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>10/9/25</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 3 P 1 L 1 A 1

Previous LSCS: prev LSCS

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

Vital Signs / Measurements: Temp: 98.6F HR: 92b/m RR: 19b/m
 BP: 110/ Weight: 52.6 Height: 1.51 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 6 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (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

Underweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Over Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Alert & Cooperative Restless Depressed Agitated Confused

Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

2. Social 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 for Help Reach: Yes No Waste Disposal Explained: Yes No

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

Additional information given to mrs. Satarupa

Name Person Orientation was given to: mr. Satarupa


Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: poofa

Date: 18/10/28 8am


PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00159826 IP-00060391 Mrs. SATARUPA BANIK 03-10-1993 32 Y 8 M 15 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 18/06/26 at 7:31 AM	Date & Time of Transfer Order 18/06/26 @ 9:30 AM
		Transfer ordered by Dr. Nousheen	Reason for Transfer Observation.
From Unit - <u>ICU</u>	To Unit <u>NICU</u> Room <u>(208)</u>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 39.	Number of Imaging films Nil.	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.	Tab: Dolo 650mg (14)	under pad - (1)	
2.	Tab: Diclofenac (10)	sterilization - (1)	
3.	Tab: Pom womy (15)		
4.	Tab: Tramadol (10)		
5.	Sasal - (1)		
Shifting Summary / notes written by Doctor : <u>Dr. Madhumita</u>			
Name & Signature of Person who is Transferring <u>Sis. Jyoti</u>		Name of Person Ordered Transfer <u>Dr. Nousheen</u>	
Patient & Clinical records received by : <u>Raj</u>			
Date & Time of Patient Received: <u>18/06/26 5:30 PM</u>			

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-00159826 IP-00060391 Mrs SATARUPA BANIK 03-10-1993 32 Y 8 M 15 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 18/6/26 @ 7:31Am	Date & Time of Transfer Order 18/6/26 @ 10:20Am
		Transfer Ordered by Dr Brunda	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 39	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis Meghana		Name of Person Ordered Transfer Dr. Brunda	
Patient & Clinical Records Received by : K. Subhasini			
Date & Time of Patient Received : 10:20Am 18/6/26.			

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

VIH-00159826 IP-00060391
Mrs SATARUPA BANIK
03-10-1993 32 Y 8 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Date & Time of Admission 18/6/26 at: 7:31 AM		Date & Time of Transfer Order 18/6/26 at: 9:3 AM
Treating Consultant name	Transfer Ordered by Dr. Ashwini	Reason for Transfer for Em LSCS
From Unit NICU	To Unit (OT)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Ashwini		
Name & Signature of Person who is Transferring Sis pooja.		Name of Person Ordered Transfer Dr Ashwini
Patient & Clinical Records Received by : manimalu		
Date & Time of Patient Received : 9:30 AM 18/6/26		

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

Unavailable Bed

Nurse not Available

Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

PP - Combined screening T21 1:139
 Couple declined further evaluation

LMP: 19/9/25

EDD:

Corrected EDD: 9/17/26

GA: 37 weeks

Obstetric Formula: G3P1, U A 1

Menstrual History: Regular: Yes No

MS - 5yr NCM

Obstetric Examination

Obstetric History:

G1 - missed m's 18 weeks / m ERPC / 2025 April
 G2 - female / 2 yr / ET LSCS / Ob cholestasis / Chickenpox / RH Neg / SGA baby / Anemia /
 Hypothyroid / maternal request / 2.2 kg / V K P / A + H / uneventful / Anti D taken /
 G3 - PP spont conception

Present Pregnancy Record:

Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

RISK FACTORS:

Diagnosed with obstetric cholestasis at 34 weeks, physician review done & managed with Tab Udiliv 150mg BD → 300mg BD & ecospain 150mg since conception & stopped at 36 weeks.
 Hypothyroidism (125)
 previous LSCS
 RH Negative pregnancy (0 + negative)
 Gestational Thrombocytopenia

Height: ...5.1... cm

Weight: ...52.6... kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: c/cle Pallor: (-)

Icterus: (+) Edema: (-)

Temp: Afebrile PR: 86 bpm

BP: 118/67 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adequate

DIAGNOSIS

G3P1, U A 1 with 37 weeks with previous LSCS with Hypo-thyroidism (125) with RH Negative pregnancy with Gestational Thrombocytopenia for elective LSCS. = obstetric cholestasis. = discharged UT, steroids covered



<p>Family History: HIV</p>	<p>Surgical History: - prev US US</p>
<p>Medical History: Hypothyroidism since 4 yrs -</p>	<p>Medication History: - on Tab Thyroxine 125 ug OD - on Tab udi'vir 300 mg BD.</p>
<p>Plan of Care: <u>CTI to Dr madhumita main</u></p> <ul style="list-style-type: none"> - Admission - consents - PAC - post preparation - Foley's catheterization - FHR monitoring - NBM - follow drug chart - monitor vitals - Inform SOS - send CBP - 10 PRBC reserved at venu Lab SLMS <hr/> <p>Noted by pooja 18/6/26 at 8am</p> <p>MIPS - declined</p> <p>FIS - intermediate</p>	<p>Investigations: <u>BG - '0' NEGATIVE</u></p> <p>HIV } 12/6/26 - HBsAg } NR. CBP - 10.7/ HCV } 8900/11.5L VDRL } 16/6/26 - LFT - SPT - 60 APTT - 27.8 - SPT - 118 PT/INR - 10.6/0.95 - ALP - 229 - Bile acids - 7.9 08/04/26 - ICT - Neg.</p> <p><u>TIFPA scan</u> 30/5/26 - 2/3/26 - Growth scan - SLIUF - SLIUF - 21 + 2 week - 34 + 2 week - No anomalies - cephalic - PL - Ant Hjn - AFI - 13 cm - AC - 27% - EFW - 2.22 kg - Dopplers - (N)</p> <p>3/1/26 - NT scan - SLIUF - 12 + 2 week - NT - 1.5 mm - C - 30 mm</p> <p>FIS - T21 1:139</p>

Confirmatory test not done

Doctor Name: Dr farooz
 Signature: [Signature]
 Date & Time: 18/6/26 7:50AM

Consultant Name: Dr madhumita
 Signature: [Signature]
 Date & Time: 18/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	CBP - 10.4 / 11.98 / 96 K	
		Star Dr. P. G. L.
18/6/26 10:30 Am	POD-0 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 104 / 75 mmHg PR - 90 bpm S/E - NAD. PIA - W - W/R Soft, BS =	Adv: - NBM x 4 hours - No chasting - Rest - monitor vitals - w/f bleeding pu - Follow drug chart - Infom sas.
V/O 300 ml clear, adequate	Trace Baby Blood group	
CBP on POD-2	L/E - NAB. Baby < A M BF ⊕	
noted by Subashini		Dr. Madhumita Dr. Nikhita
18/6/26 2:30 pm	POD-0 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 103 / 73 mmHg PR - 83 bpm S/E - NAD. PIA - W - W/R Soft, BS ⊕ L/E - NAB. Baby < A M BF ⊕	Adv: - water sips fl b clear liquids soft diet at 8:30 pm. - No chasting - monitor vitals - w/f bleeding pu - Follow drug chart - Infom sas.
Shift to ward V/O 550 ml clear, adequate		
Trace Baby blood group B NEGATIVE		
CBP on POD-2		

noted by
Dr. Nikhita
Subashini
(R.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18/6/26</u> 9pm	<u>POD - 0 (Lscs)</u>	
	O/E Pt is c/c/c	Adv
	Cc fair	- Soft diet
	Afebrile	- No charting
	BP - 114/70 mmHg	- Monitor vitals
	PR - 86 bpm	- W/F bleeding PV
Uo - clear adequate	S/E - NAD	- Follow drug chart
	P/A - Ut - WR	- Adequate hydration
	Soft BS ⊕	- Inform sos
	U/E - NAB	
	Baby ^A / _H BF ⊕	
		Dr Yogeshwar
<u>19/6/2026</u> 9 Am	<u>POD - 1 (Lscs)</u>	
	O/E Pt is c/c/c	Adv
	Cc fair	- soft diet
	Afebrile	- W/F bleeding PV
	BP - 115/78 mmHg	- monitor vitals
	PR - 80 bpm	- follow drug chart
Uo - 2500 ml clear adequate	S/E - NAD	- Adequate hydration
	P/A Ut - WR	- Ambulation
	Soft BS ⊕	- Inform sos
	U/E - NAB	
Remove foley's	Baby ^A / _H BF ⊕	
		Dr Yogeshwar



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/20	POD-1	
8:30 AM		
	Comfortable	Soft diet
	Passing flatus	Ambulation
V-NP	Vitals stable	Encourage voiding
M-NP	P/A - ut wr	OST
	Soft NP	CBP tomorrow
	BS ⊕	
	YE - No active bleeding	Dr. Medhivite
	Baby - w 46f	
Noted by padma. 19/6/20 @ 9 AM		
19/6/20	POD-1	
3 PM	orient clear	Adv
	clear	① diet
	clear	- wif bleeding
	BP - 110/70 mm	PV
UP	PR - 88 bpm	- hydration
MP	StENAD	- ambulation
	P/A ut wr	- monitor
	BS ⊕	vital
	PUNAB	- follow day
	body A BF ⊕	cut
	- M	- Inform SOS
Dr. Ashwini		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9:00pm	POD-1 (1st P LSCS) dit Pt is ca, well Feils afebrile BP- 110/70 mmHg PR- 82 bpm SIF - NAD PIA - ut - col Soft, BSA ut - NAD Baby - A BF ms	- ADY (A) diet Ambulation wif Bleeding PV Followo drug chang monitor vitals Inform SOS
Send CBP tomorrow		Dr. Braumika
20/6/26 7am	POD 2 OLENT u/c afebrile BP- 115/75 mmHg PR- 89 bpm SIF - NAD PIA - ut - col B SA PIU A/B Baby - A BF N	- ADY (B) diet - adq hydration - ambulation - wif bleed PV - monitor - vitals - follow drug - chart - Inform SOS
Dr. CBP UP MHP Abdomen was not healthy It can be managed		ADY Ashwin
	Noted by Ashwin 20/6/26 9:30 am	Dr. Madhumita



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G31A+ weeks previous LSCS with hypothyroidism (12.5) with 1st Negative LSCS</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <u>EL-LSCS</u>		Post OP Day: _____				
BACKGROUND	Date	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>M</u>	<u>E</u>	<u>G</u>	
	Medical Condition (Any special condition to be noted):					<u>Nil</u>	
ASSESSMENT	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liq</u>	<u>clear liq</u>	
	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):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.8F</u>	<u>98.6F</u>
		Res:	<u>19 br/m</u>	<u>19 br/m</u>	<u>19 br/m</u>	<u>20 br/m</u>	<u>19 br/m</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>85 br/m</u>	<u>86 br/m</u>	<u>82 br/m</u>	<u>81 br/m</u>	<u>75 br/m</u>
		BP:	<u>110/85</u>	<u>115/70 mmHg</u>	<u>110/80 mmHg</u>	<u>117/75 mmHg</u>	<u>103/65 mmHg</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
Fall Risk Score:		<u>10</u>	<u>0</u>	<u>0</u>	<u>15</u>	<u>10</u>	
Pain Score:	<u>10</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>integrity</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	
	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:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liq</u>	<u>clear liq</u>	
	Critical Lab Test / Values:				<u>+</u>	<u>Nil</u>	
	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):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>-</u>	<u>w/f Bleeding pr</u>	<u>w/f Bleeding</u>	<u>w/f Bleeding</u>	<u>w/f Bleeding</u>		
Handed Over By Name :	<u>poja</u>	<u>Meghana</u>	<u>K. Sushie</u>	<u>Suhini</u>	<u>Raja</u>	<u>Nagma</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>19/6/26</u>	
Time:	<u>9:13</u>	<u>at 10:50 AM</u>	<u>2 PM</u>	<u>5 PM</u>	<u>8 PM</u>	<u>8 AM</u>	
Taken Over By Name :	<u>Anif</u>	<u>K. Sushie</u>	<u>K. Sushie</u>	<u>Poja</u>	<u>Nagma</u>	<u>padma</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>18/6/26</u>	<u>19/6/26</u>	
Time:	<u>@ 9:03 AM</u>	<u>10:50 AM</u>	<u>2 PM</u>	<u>5:20 PM</u>	<u>8 PM</u>	<u>@ 8 AM</u>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G3P1L1A1 with 31 wks. Previous LSCS with hypothyroidism with Rh negative pregnancy with gestational thrombocytopenia.				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	Surgery / Procedure:				Post OP Day:			
BACKGROUND	Date	19/6/26	19/6/26	19/6/26	20/6/26			
	Shift	M	E	N	M			
	Medical Condition (Any special condition to be noted):	hypothyroid	Hypothyroid	hypothyroid	Hypothyroid			
	Diet:	① diet	① diet	① diet	① diet			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA			
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.6 F	98.	98.2 F	98.1 F		
		Res:	19b/m	20b/m	19b/m	19b/m		
		SpO ₂ :	99%	99%	99%	99%		
		Pulse:	92b/m	80b/m	76b/m	98b/m		
		BP:	107/71	110/70	119/64	110/60		
		LOC:	conscious	conscious	conscious	conscious		
		Fall Risk Score:	0	0	0	15		
		Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact			
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy:		Nil	Nil	nil	nil			
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Diet:		① diet	① diet	① diet	① diet			
Critical Lab Test / Values:		Nil	Nil	nil	-			
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):		dependent	dependent	dependent	dependent			
Post Operative Procedure Special Orders:	-	CBP T/M	CBP P/m	D/c				
Handed Over By Name :	padma	padma	Nagmani	Akanbha				
Signature / ID :	606329	606329	606607	606607				
Date:	19/6/26	19/6/26	20/6/26	20/6/26				
Time:	@ 1pm	@ 3pm	8pm	@ 9:30				
Taken Over By Name :	padma	Nagmani	Akanbha	file				
Signature / ID :	606329	606607	606607	606607				
Date:	19/6/26	19/6/26	20/6/26	20/6/26				
Time:	@ 2pm	8pm	@ 8am	Billings				



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							
Afternoon							
Night		Ensure safety		provide Aide rails to prevent infection		patient is safe	paig 18/6 J-ppm

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



NURSING CARE RECORD



Date: 18/6/26

- 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

Assess the patient condition

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM ensure safety	8 AM	provided side rails	prevent fall	patient safe	18/6/26 1pm
	10 AM Relieve pain	10 AM	Analgesic given	pain relieve.	patient calm.	
Afternoon	2pm maintain fluid balance.	2pm	RL 100ml/hr	preventdehydration	patient well hydrated.	18/6/26
	5pm ensure safety	5pm	+ provided side rails	+ to prevent fall. risk	+ reassessment was done every with vital monitor	Rojg 18/6/26
Night	9pm Ensure Safety	9pm	Side rails kept up	Prevent from falls	Patient is stable	19/6/26 Nagp CPM
	11pm maintain fluid balance	11pm	Advice to take plenty of fluids	maintain hydration.		

NURSING CARE RECORD

Date: 19/6/26

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	10 AM	* maintain fluid Balance. * Ensure safety.	2 pm	* maintained the fluid Balanced. Nutritional status. * provided the sided Rails.	* prevent to the dehydration, * prevent to the fall Risk.	* Re-Assessment Done - every with hourly vital.	Padma 19/6/26 @ 2pm
Afternoon	2 pm	* Maintain good nutritional status		* Maintained good nutritional status of the patient	* patient is hydrated and good health	* Re-Assessment is done patient is stable.	padma 19/6/26 @ 4pm
Night	9 pm 11 pm	Ensure safety maintain fluid balance	9 pm 11 pm	Side rails kept up. Advice to take plenty of oral fluids.	Prevent from falls To maintain hydration	Patient is stable & no fresh complaints	20/6/26 Nigam eg. Jtm



NURSING CARE RECORD

Date: 20/6/26

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				<p><u>Discharge notes</u></p> <p>Doctor came for rounds & advice discharge.</p>			<p>Akanbika</p> <p>20/6/26</p> <p>@ 9:30</p>
Afternoon				<p>Noted by Akanbika</p> <p>20/6/26 @ 10am</p>			
Night							

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS SATARUPA BANIK Gender: Male Female Age : 32

UHID No : VH-00159826 / IP-00060391 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 / Avpid technical terms)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon MRS SATARUPA BANIK

(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, POST PARTUM HEMORRHAGE, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTION, BOWEL AND BLADDER INJURY, URETRIC INJURY, ADHESIONS, INFECTIONS

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR MADHUMITA GITAY.

Consentee : 
Signature :

Name : Satarupa Banik

Date & Time : 18/6/26 7:30AM

Witness :


Signature :

Name :

Date & Time :

Docu. No. : RCH / FRM / CLINICAL / 027

Patient Attendant :

Signature : 
Signature :

Name : Ripon Debnath

Relationship with Patient: Husband

Date & Time : 18/06/26 7:30AM

Doctor (who is taking the consent) :

Signature : 
Signature :

Name : Dr. Farnaz

Date & Time : 18/6/26 7:30 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Satamya Banik Age : 32y Gender : Male Female

UHID NO: VH-00159826 Surgeon Name: Dr. Madhumita

Anaesthesiologist : Dr. Sundhara

Operative procedure planned : Elective caesarean delivery

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 : 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. Satamya Banik the above mentioned operation / Diagnostic / Therapeutic procedures Elective caesarean delivery

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 : Satarupa Banik

Relationship with Patient : self

Date & Time : 18/6/26 8:30am

Witness :

Signature :

Name : Anindita (Sister)

Date & Time : 18/6/26 8:30am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Brinda

Date & Time : 18/6/26, 8:30am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

VIH-00159826 IP-00080391
Mrs SATARUPA BANIK
03-10-1993 32 Y 8 M 18 D (F)
Dr. MADHUMITA ANIRUDDHA QITAY



Name: Mrs. Satarupa Banik Age: 32y Sex: F UHID.No: VIH-00159826

Date: 18/6/26 Time: 8:30 am Proposed Operation: Elective UCC

Diagnosis: G3 P1 L1 A, E 37 weeks E prev. UCC E hypothyroidism E Rh+ve pregnancy

B.P / CRT: 118/67 mmHg H.R: 88 bpm Weight: 52.6 kgs ASA Physical Status: 1 2 3 4 5 E obs. cholestasis

Laboratory Data:

Hgb: 10.7 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: } NR ECG:
 WBC: 8900 Creat: Total Bil: HCV: } NR 2D Echo:
 Plate: 1.5 lakhs Na: Dir. Bil: Blood group: O-ve Stress/Anglo:
 PT: 9.5K K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Gestational Thrombocytopenia

Allergies: NKDA

Medical History: CVS:

RESP: Hypothyroidism - on T. Thyroxine 125mcg OD Diabetes: -

CNS: obs. cholestasis - on T. Udiliv 300 mg BD

Renal: Hepatic / GE: Physical Activity: Active

Others:

Past Anaesthetic History: 1 prev. UCC in 2024 ↓ SAB, Uneventful

Physical Exam:

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

ek AE ⊕ clear

8/82 ⊕

AD.

Yes No NA Venous Access Site: ⊕ Spine Exam for regional: Midline

MAC REGIONAL GA-ETT LMA

Maintained to the Patient: Yes No

BUPIVACAINE
PLUS
FENTANYL
Brunda
B

DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours
→ Others 6 Hours
3. Informed Consent: Standard High Risk
4. Post Operative Pain Management: Discussed with Patient
5. Other Instructions:
- CBP to be Traced

Brunda

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 108bpm B.P / CRT: 118/72mmHg SpO₂: 99% on RA R.R: 14/min Last Feed: last night

Pre-OP Diagnosis: G2 P1A, 2 Gest-Thrombocytopenic Operation: Elective LSC Date: 18/6/26

Surgeon: Dr. Madhumita B. Femaz Anaesthesiologist: Dr. Brunda Technician: Rakesh, Vaishnavi

TIME	N ₂ O /AIR /O ₂ LPM	HALO /SO /SEVO	Drugs:	Antibiotic given	Suppository	Blood Loss
9:10			<u>DRUG CARBETAN 100 mg IV</u>			
9:25						
9:40						
9:55						
10:10						

RO ₂ / SaO ₂	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
ETCO ₂	<u>NR</u>		<u>NR</u>	
ECG				
Temperature				
Urine Output				

LAB Values: ABG

Fluids Blood: LA-DATE

Temp: 9:10 am

Induction: IV Inhal Pre O₂ RSI

Regional: Spinal Epidural Caudal

Position: Supine

Site: Biting

Needle Size: 25G Depth: 1.5-2cm

Paresthesia: Yes No

Drug Name & Conc: 0.5% Bupivacaine

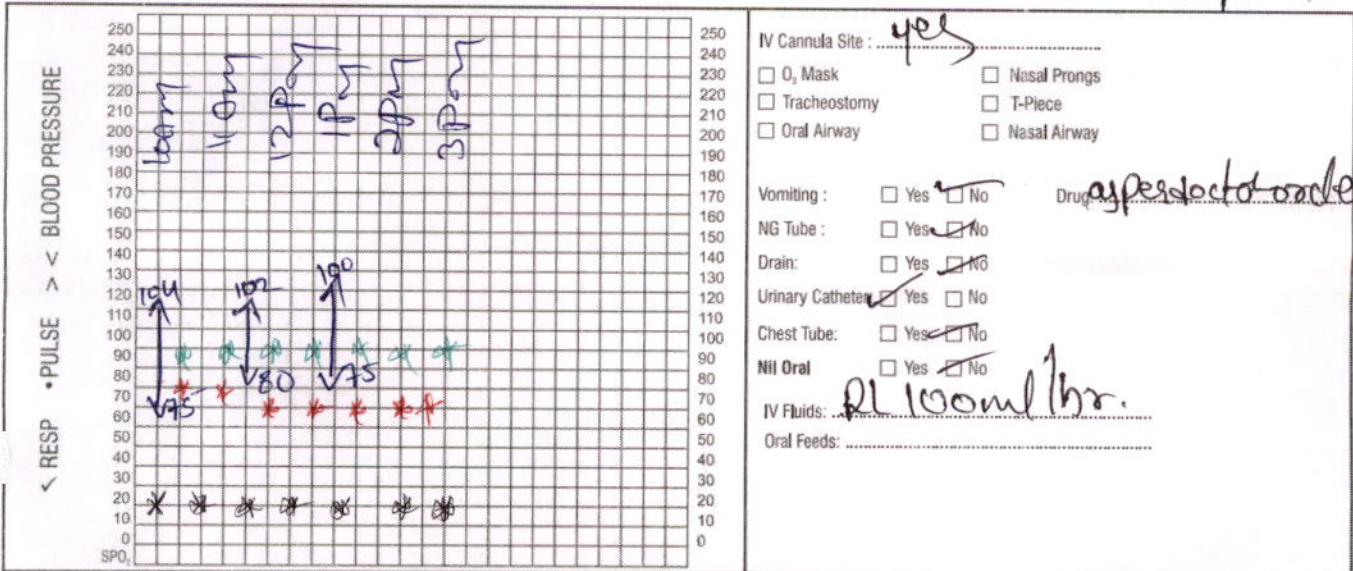
Block Level: T4

Comments: Dr. Brunda



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: k. Subhasini Time Received: 10:30 AM Time Discharged: 5 pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION	
		30	60	90			
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	2	
TOTAL		9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
18/6/26	6 pm	2 score	Analgesic given	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

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

Anaesthesiologist Name: Dr. Subhasini
 Anaesthesiologist Signature: [Signature]
 Date & Time: 18/6/26 at 10:30 AM
 PACU Nurse Name: k. Subhasini
 PACU Nurse Signature: [Signature]
 Date & Time: 18/6/26 at 10:30 AM

Transferred to Unit by (PACU): SP Subhasini
 Date & Time: 18/6/26 at 5 pm

VIH-00159826 IP-00080391
 Mrs SATARUPA BANK
 03-10-1993 32 Y 8 M 16 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

PRE - OPE



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Patient's Name : Age : 32 Y Gender : M F
 Blood Group : UHID : VIH-00159826
 Planned Surgery : RL-LSG Surgeon : Dr. Madhumita
 Anesthetist : Dr. Madhu Date & Time of Operation : 18/6/26

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 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the patient fasting for over 6 hours Pre-Operatively ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enema given / Bowel Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sterile Gown Given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is Blood arranged as required ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If Blood has been ordered - is Blood bag ready ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	IV Cannula to be placed / IV fluids if Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Pre Anesthetic consultation with anesthesiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pre Medications Given ? (Sedatives / etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Skin Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Site is marked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Implants are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Equipment is available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Antibiotic Prophylaxis is given within the last 60 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other (if any)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 : ER/Ward Nurse Name : Tika

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

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

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

Peritika
(MOB)
18/6/26

18/6/26
17:59
AK



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Madhumita Gitay.</i>	Date of Delivery: <i>18/6/2026.</i>
Assistant Surgeon: <i>Dr. Farnaz Dr. Nishita.</i>	Time of Delivery: <i>9:21:33 sec. AM.</i>
Anaesthetist's Name: <i>Dr. Bzunda.</i>	Gender of Baby: <i>Male.</i>
Type of Anaesthesia: <i>spinal.</i>	Weight of Baby: <i>2.450 kg.</i>
Neonatologist: <i>Dr. Shrikar.</i>	AGPAR Score: <i>7/10, 9/10.</i>
Scrub Nurse: <i>Bhawani & Meghana sister.</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G3P1L1A1, Rh negative pregnancy, gest. thrombocytopenia for elective LSCS, previous LSCS, obstetric cholestasis & changed UT*

Elective Emergency

Indication: *previous LSCS, Rh negative pregnancy & gestational thrombocytopenia*

Urgency

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

Decision time: Knife to rectus:

CTG Description: *Reactive.*

If there was a delay give the reasons:

Surgical Procedure: *Elective Lower Segment Caesarean Section under spinal anaesthesia.*

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: 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 (N) Complete Incomplete Piecemeal
Cord Appearance: one loop of cord around neck & one loop around chest. Cord around the neck Yes No
Appearance of placenta: (N) 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 3-0 Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in 2-3 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 4 hours
..... No charting
..... w/f bleeding PV
..... monitor vitals
..... Follow drug chart
..... Infuse 500 cc
..... Trace baby Blood group
..... (N) Dr. Nikhita

Doctor Name: Dr. Madhumita G. Doctor Signature: (Signature)
Date & Time: 18/6/2026 10:20 AM

SURGICAL SAFETY CHECKLIST

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

Surgeon: Dr. madhumita
 Asst. Surgeon: Dr. farnaz / Dr. Nikhita
 Anaesthetist: Dr. Brunda
 Scrub Nurse: Sr. Bhavani / Sr. Meghana



Age: 3.2y Gender: F
 UNID NO.: Surgery Name: EL. LSCS
 Date: 18/6/26 In-time: 9:10 am Out-time: 10:10 am



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>9 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input 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>Dr. Brunda</u>	
Name: <u>Dr. Brunda</u>	
	<u>18/6/26</u>

Before Skin Incision >>

TIME OUT	Time: <u>9:10 am</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	<u>→ Mrs. Satarupa</u>
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>EL. LSCS</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	<u>→ Bleeding</u>
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>1hr 30min</u> <input 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</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 type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Prof.</u>	
Name: <u>Sr. Vanitha</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>10:10 am</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>Dr. Nikhita</u>	
Name: <u>Dr. Nikhita</u>	

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 15 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

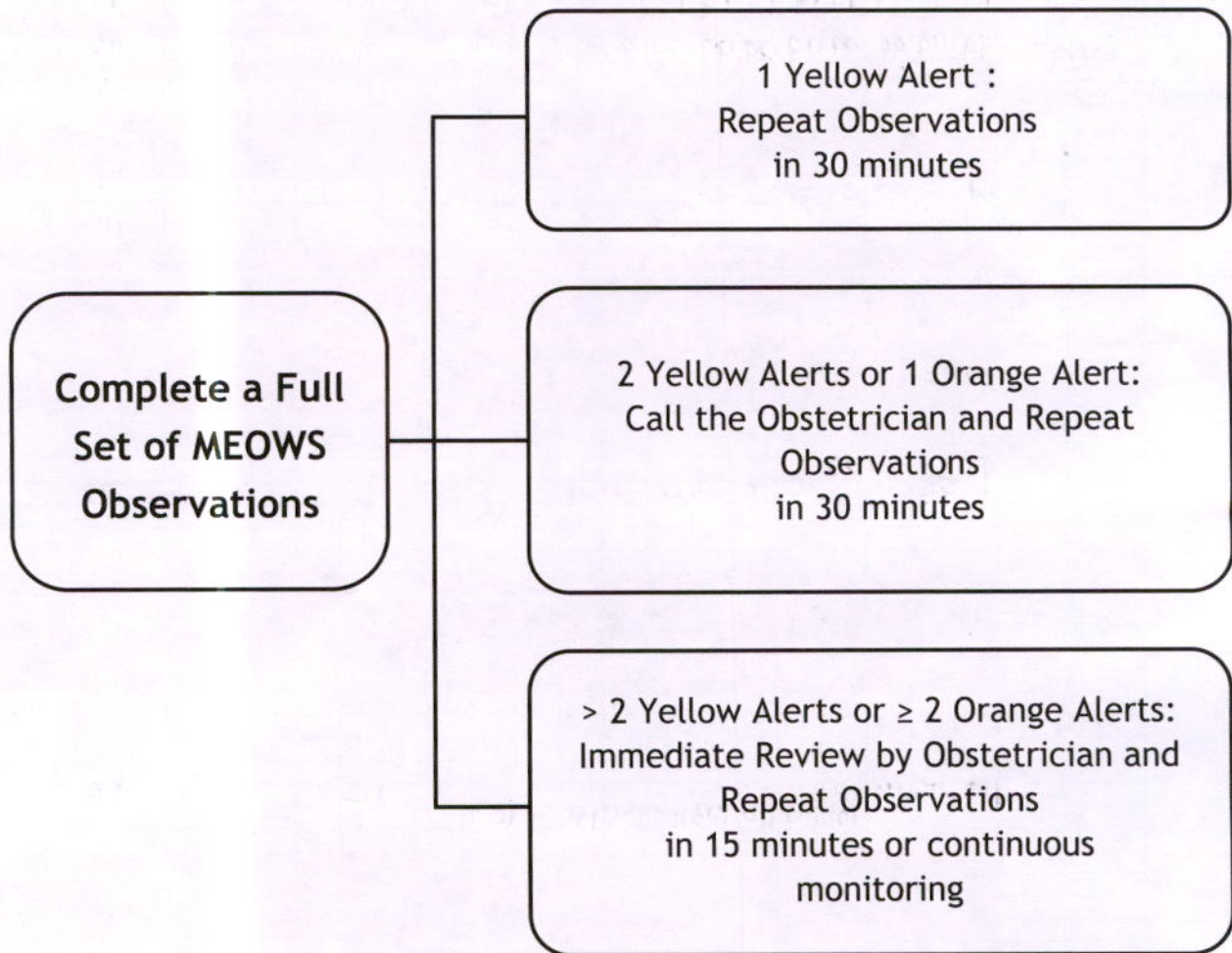


Early warning Observation Score Chart - Obstetrics

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
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
	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
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	91	86	97	96	80	80	83	80	84	86	75	72	80	82	90									
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	110	110	110	103	110	110	103	100	104	106	103	112	110	116	115									
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
70	75	76	75	68	70	70	73	70	74	70	63	76	75	70	78										
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
	Pain																								
Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK
 03-10-1993 32 Y 8 M 16 D (F)
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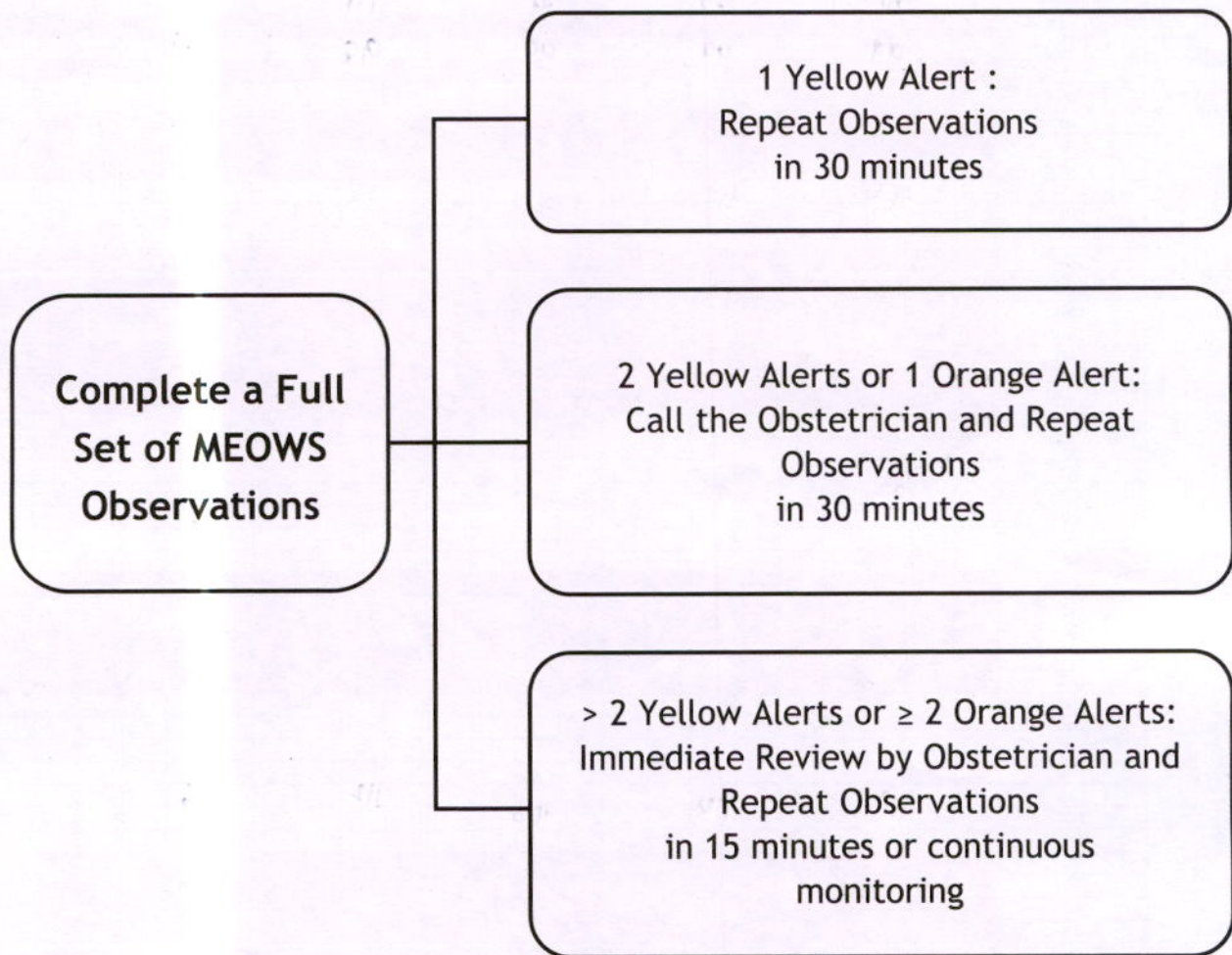


Early Warning Observation Score Chart - Obstetrics

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

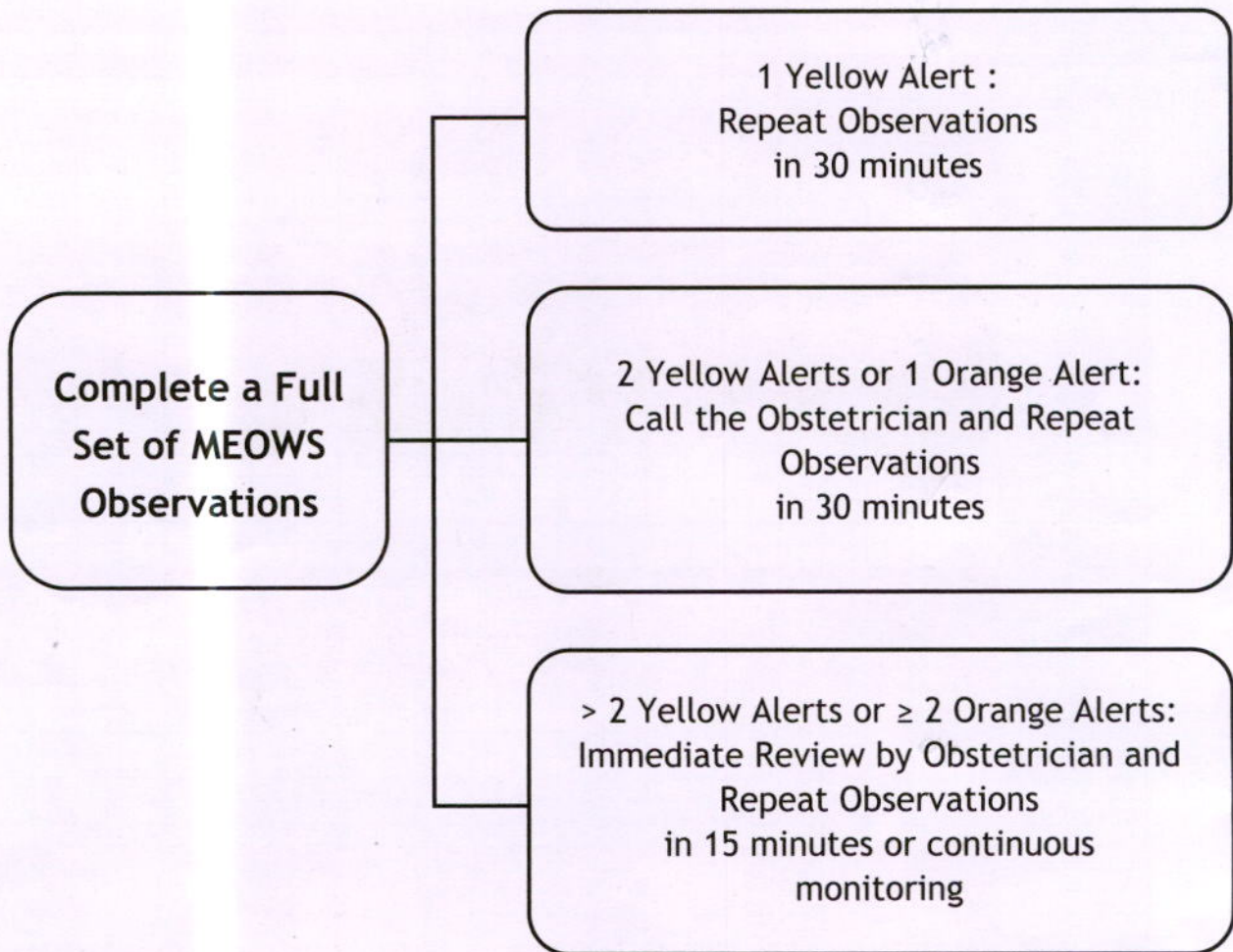
		Date																										
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20																											
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Saturations	94 -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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6/20	08:00 am	RL 500ml FF										06:00 06:10 06:20 06:30 06:40 06:50 07:00 07:10 07:20 07:30 07:40 07:50 08:00 08:10 08:20 08:30 08:40 08:50 09:00 09:10 09:20 09:30 09:40 09:50 10:00 10:10 10:20 10:30 10:40 10:50 11:00 11:10 11:20 11:30 11:40 11:50 12:00 12:10 12:20 12:30 12:40 12:50 13:00 13:10 13:20 13:30 13:40 13:50 14:00 14:10 14:20 14:30 14:40 14:50 15:00 15:10 15:20 15:30 15:40 15:50 16:00 16:10 16:20 16:30 16:40 16:50 17:00 17:10 17:20 17:30 17:40 17:50 18:00 18:10 18:20 18:30 18:40 18:50 19:00 19:10 19:20 19:30 19:40 19:50 20:00 20:10 20:20 20:30 20:40 20:50 21:00 21:10 21:20 21:30 21:40 21:50 22:00 22:10 22:20 22:30 22:40 22:50 23:00 23:10 23:20 23:30 23:40 23:50 24:00
	09:00 am	RL 100ml per bag + RL 500ml										
	10:00 am	NBM + RL 500ml								300ml	0	
	11:00 am	NBM + RL 100ml								50ml	0	
	12:00 pm	NBM + RL 100ml								50ml	0	
	01:00 pm	NBM + RL 100ml								100ml	0	
Total Intake :			1800ml			Total Output :					500ml	
18/6/20	02:00 pm	RL 50ml								50ml	0	
	03:00 pm	RL 100ml per bag								50ml	0	
	04:00 pm	RL 100ml per bag								50ml	0	
	05:00 pm	H ₂ O 100ml								100ml	0	
	06:00 pm	H ₂ O 100ml								100ml	0	
	07:00 pm									100ml	0	
Total Intake :						Total Output :					450ml	
18/6/20	08:00 pm									200ml	0	
	09:00 pm	rice water								100ml	0	
	10:00 pm	rice water								100ml	0	
	11:00 pm									200ml	0	
	12:00 am	Flow (wnt)								100ml	0	
	01:00 am									100ml	0	
Total Intake :						Total Output :					800ml	
19/6/20	02:00 am									100ml	0	
	03:00 am	Flow (wnt)								100ml	0	
	04:00 am									200ml	0	
	05:00 am	Flow (wnt)								200ml	0	
	06:00 am									100ml	0	
	07:00 am	Flow (wnt)								100ml	0	
Total Intake :						Total Output :					800ml	

Total 24 hrs. Intake	Total 24 hrs. Output
-----------------------------	-----------------------------

FLUID CHART

Sheet No. : 2

19/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6	08:00 am											} padma 19/6/26 @ 2pm	
	09:00 am	Tea								FIR			
	10:00 am	Tea											
	11:00 am									✓			
	12:00 pm	Supp											
	01:00 pm	Tea											
Total Intake :						Total Output :							
19/6/26	02:00 pm	khichdi								✓		} padma 19/6/26 @ 4pm	
	03:00 pm									✓			
	04:00 pm	water								✓			
	05:00 pm												
	06:00 pm									✓			
	07:00 pm	Tea											
Total Intake :						Total Output :							
19/6/26	08:00 pm											} 20/6/26 naga	
	09:00 pm	Tea								✓			
	10:00 pm	water											
	11:00 pm												
	12:00 am									✓			
	01:00 am												
Total Intake :						Total Output :							
20/6/26	02:00 am											} 20/6/26 naga	
	03:00 am	water								✓			
	04:00 am												
	05:00 am												
	06:00 am	water								✓			
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



FLUID CHART

Sheet No. :

20/6/24

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
<i>20/6/24</i>	08:00 am	<i>Oral H₂O</i>									✓	<i>[Signature]</i> <i>20/6/24</i> <i>ase</i>
	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 :									

Total 24 hrs. Intake

Total 24 hrs. Output



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: mlcu Shifted to: DT

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	OD	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	OD	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB FOLIC ACID	1 TAB	PO	OD	17/6	<input type="checkbox"/> C <input type="checkbox"/> DC
4	TAB URSODEOXYLIC ACID	300 mg	PO	12TH Hourly	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB THYROXINE	125 mcg	ONCE DAILY	PO	18/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Aniruddha

Date & Time: 18/6/20 7:30 AM

Nurse Name & Signature: Prof. G. B.

Date & Time: 18/6/20 8: AM



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: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PARACETAMOL	650 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PICOLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. THYROXINE	125 MCG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. URSODEOXYCHOLIC ACID	300 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ. CEFOTAXIME	2 GM	I.V	12TH 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 : 18/01/2026 2:30 PM

Nurse Name & Signature:

Date & Time :

VIH-00159826 IP-00060391
 Mrs SATARUPA BANIK 32 Y 8 M 15 D (F)
 03-10-1993
 Dr. MADHUMITA ANIRUDDHA GITAY



REGULAR PRESCRIPTIONS

Weight. 52.6 kgs Ward. 11/W

18/6/26
 19/6/26
 20/6/26
 21/6/26
 22/6/26
 23/6/26
 24/6/26
 25/6/26
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 30/7/26
 31/7/26

DRUG :				Date			
				Time	18/6	19/6	20/6
Dose	Route	Frequency	Start Date				
125mg	PO	ONCE DAILY	18/6	AM	11/26	NOV	12/26
Name & Signature of the Doctor Starting the Drugs:				Dr. Farman			
Additional Instructions:				ON EMPTY STOMACH.			
Daily Doctor's Endorsement by a Sign							
DRUG : TAB URSO ^{DEARX} ^{CHOLE ACID}				Date			
				Time	18/6		
Dose	Route	Frequency	Start Date				
300mg	PO	12TH HOURLY	18/6	AM			
Name & Signature of the Doctor Starting the Drugs:				Dr. Farman			
Additional Instructions:				TAB UDILIV.			
				10 AM			
Daily Doctor's Endorsement by a Sign							
DRUG : TAB. PARACETAMOL				Date			
				Time	18/6	19/6	20/6
Dose	Route	Frequency	Start Date				
650mg	PO	8TH HOURLY	18/6/26	AM	NOV	12/26	
Name & Signature of the Doctor Starting the Drugs:				Dr. BRUNDA			
Additional Instructions:				Hold			
				10 PM	NOV	12/26	
Daily Doctor's Endorsement by a Sign							
DRUG : TAB. DICLOFENAC				Date			
				Time	18/6	19/6	20/6
Dose	Route	Frequency	Start Date				
50mg	PO	12TH HOURLY	18/6/26	AM	NOV	12/26	
Name & Signature of the Doctor Starting the Drugs:				Dr. BRUNDA			
Additional Instructions:				Hold			
				10 PM	NOV	12/26	
Daily Doctor's Endorsement by a Sign							

stop
 Dr. Madhumita
 19/6/26
 9 AM

Patient Name :	I.P. No.	Sheet No.	Wards MICU	Weight (kg) 59.6kg
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REGULAR PRESCRIPTIONS

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Dt.	Date	
				Time	
100mg	PO	12 TH HOURLY	18/6/26	10 AM	19/6 20/6
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

10 pm

DRUG : SYP DEXTROMETHORPHAN CHLORPHENIRAMINE

Dose	Route	Frequency	Start Dt.	Date	
				Time	
5ml	PO	12 TH HOURLY	20/6	7 AM	19/6 20/6
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

SYP. ASCORYL D PLUS

DRUG :

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

DRUG :

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



Weight. 52.6 kg¹⁹⁵ Ward. 11W

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.

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
18/6	8:40 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	[Signature]
18/6						
18/6	8:5 AM	INJ METOCLOPRAMIDE	10MG	IV	[Signature]	[Signature]
18/6	8:5 AM	INJ PANTOPRAZOLE	40MG	IV	[Signature]	[Signature]
18/6	9:21 AM	INJ. CARBETOCIN	100MG	IV	[Signature]	Ms Rakesh
18/6	10:10 AM	SUPP. TRAMADOL	100MG	PR	[Signature]	Ms Rakesh
18/6	10:10 AM	SUPP. DICLOFENAC	100 MG	PR	[Signature]	Ms Rakesh
18/6	9:35 AM	INJ. TRANEXAMIC ACID	1GM	IV	[Signature]	Ms Rakesh
18/6	10:10 AM	TAB. MISOPROSTOL	600 MCG	PR	[Signature]	Ms Rakesh

19/6 11:30 AM INJ. PARA CETAMOL 4GM IV [Signature] Page: 3/4 Padma (PT)

VERIFIED BY [Signature]

Dr. Rakesh

I.V. FLUIDS CHART

Weight: 58.6kg Ward: 0114

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	8:00AM	RINGER LACTATE	IV	FF			18/6		
									Jia
18/6	8:50 AM	RINGER LACTATE	IV	100ml/HOUR			18/6		Ms Rakesh
18/6	9:20AM	RINGER LACTATE	IV	FF		Ms Rakesh	18/6		Ms Rakesh
18/6	9:45AM	RINGER LACTATE	IV	500ML HR		Ms Rakesh	18/6		
18/6/26	2PM	RINGER LACTATE	IV	100ML HR			18/6/26		

Signature
VERIFIED BY: Name

826 IP-00060391

UPA BANIK 32 Y 8 M 15 D (F)

CHUMITA ANIRUDDHA GITAY



RESULT SHEET

Date	18/6/26	20/6/26			
Time	7:55AM	7:15AM			
Hb	10.4	8.8			
PCV	30.0	25.4			
RBC	3.55	2.98			
WBC	11.96	11.97			
N/L		76.8/16.6			
Platelets	96	103			
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	Negative					
HIV	} NR					
HBSAg						
HCV						
VDRL						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :