

ACTIV VIH-00205756 IP-00060314  
Mrs ESHWARI R  
24-05-1988 38 Y 0 M 18 D (F)  
Dr. KAPPAGANTULA APARNA

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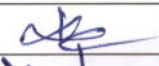
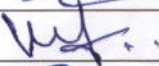
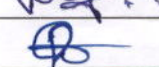
Name: -- 

UHID No. : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 11/6/20 Time : 1:50 PM Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : 220 Ward : g/w Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/6/20	2:15 PM	LW	O-T	
11/6/20	3:40 PM	OT	MICU	
11/6/20	@ 10:50 PM	MICU	(217)	

**Cross Consultation Visit**

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







VIH-00205756 IP-00060314  
Mrs ESHWARI R  
24-05-1988 38 Y 0 M 18 D (F)  
Dr. KAPPAGANTULA APARNA



## SURGERY DETAILS

Date : 11/6/26

Patient Name: Mrs. Eshwari R Date of Birth: 24-05-1988 Age: 38 yrs

Gender: Female Ward: OT UHID No.: 205756

Date of Surgery: 11/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency US US + SA

Time in : 02:30 pm

Time Out : 03:30 pm

	NAME	AMOUNT
1. Surgeon	Dr. Kappagantula Aparna	OT charges
2. Anaesthetist	Dr. Shilpa	
3. Assistant Surgeon	Dr. Farnaz	
4. OT Technician	Br. Rakesh	
5. Circulating Nurse	Sr. Meghana	
6. Assistant Nurse	Br. Ratan	

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

Signature of the Surgeon: *[Signature]*

Signature of Circulating Nurse: *[Signature]*

Order No: 3089256/55

Order by: *[Signature]*



# CONSUMABLES OF OT

Pa  
Ge  
Da

VIH-00205756 IP-00060314  
Mrs ESHWARI R  
24-05-1988 38 Y O M 18 D  
Dr. KAPPAGANTULA APARNA

Age : .....



11/05/26

Circulating Staff : Meghna Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack		1	Inj. Vit. K		1
LMA			Sutures 4259		4	Cord Clamp		1
ECG leads : A/P/N		3	2347		1	Suction Catheter		
HME filter : A/P/N			1326		1	Feeding Tube		
Syringe 10 cc		5	2384 1883		1	Vacuum Suction Set		
05 cc		8	Gloves Sg 6		1	Surgical Gloves PF 6,7		1+1
02 cc		2	PF 6, 642		2+2	Gauze Pack		1
01 cc		5				Syringe 1/2 ml		2
Cautery Plate : A/P/N		1	Surgical blade 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil		1	D/Water 10 ml		1
NS : 10ml/100 ml/ 500ml/1000ml		1+1	Koochies			Nasal prawn weo		1
Ritigal		1	Ointments			capsin		1
Phenpress		1	Suction Catheter			proto gown		3
Eentanyl needle 26 1/2 inch		1	Cap. Mask		10+10	Cap + Mask		4+4
Morphine			Gauze Pack		1	Nit		6
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad		1	Order NR-		
Glycopyrolate			Draw Sheet Allers		1	3089302		
Myopyrolate			Abgel		1			
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage Sterizone		1			
			Tegaderm					
Suppositories			Iban Dantrolol		1			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		4	Vacuum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet DIA		4			
Tab. Misoprost : 200 mg		5	Betadine Solution		2			
			Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. K. Aparna Anaesthesiologist Dr. Sipa Nurse Ratan OT Technician  
 Order No. : 3089265 Ordered by : Ratan

# 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-00060314	Ward	N 2F-MICU
Patient Name	Mrs ESHWARI R	Bed Name	MICU 227
Age/Sex	38 Y 0 M 18 D / Female	Order No	0003089265
Date	11/06/2026 17:58	Prescription No	PRIP-1290840
Payor	SELPAY	Dispensed Date	11/06/2026 17:59
UHID	VIH-00205756		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	2	103.95	207.90
5	BOTROCLOT TROPICAL SOLUTION 10 ML	JUGGAT PHARMA	H	BTS26346	12/27	1	278.44	278.44
6	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	24070610B	08/27	1	1,153.00	1,153.00
7	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	4	120.00	480.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
9	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	5	24.00	120.00
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
11	Encore Microptic gloves-6.5		H	2510072605	10/28	2	117.00	234.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
13	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	10	10.00	100.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
15	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
16	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
18	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	1	20.26	20.26
19	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	1	997.00	997.00
20	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
21	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	36464M	08/29	1	3.09	3.094
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
23	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	IC261780	02/29	1	93.94	93.94
24	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
25	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
26	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
27	PHENPRES INJ 10 MG 1ML	Neon Laboratories Ltd	H	10062	06/27	1	407.80	407.80
28	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510292407	10/27	1	1,195.00	1,195.00
29	PROLENE 1 NW 883	ETHICON SUTURES-J&J C1		V5001	01/30	1	565.00	565.00
30	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	1	566.05	566.05
31	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
32	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00

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

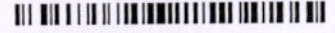
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VAT TIN : 36920283145

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-00060319	Ward	N 2F-NICU I
Patient Name	Baby Of RAPOL ESHWARI	Bed Name	NICU 248
Age/Sex	0 Y 0 M 0 D 18 H / Male	Order No	0003089302
Date	11/06/2026 19:21	Prescription No	PRIP-1290859
Payor	SELPAY	Dispensed Date	11/06/2026 19:22
UHID	VIH-00205821		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAPRIN INJ VIAL 5000 IU 5 ML	SAMARTH LIFE SCIENCES PVT LTD	H	IHEPA1558	11/27	1	113.27	113.27
2	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
3	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	2	24.00	48.00
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254604	11/28	1	2.58	2.58
5	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
6	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
7	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
8	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	1	10.00	10.00
9	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	3	10.00	30.00
10	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	6	23.43	140.58
12	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	K26A040076	12/30	1	255.00	255.00
13	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	3	450.00	1,350.00
14	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	4	10.00	40.00
15	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
<b>Total :</b>							<b>1,357.70</b>	<b>2,448.85</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

**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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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-00060314	Ward	N 2F-MICU
Patient Name	Mrs ESHWARI R	Bed Name	MICU 227
Age/Sex	38 Y 0 M 18 D / Female	Order No	0003089265
Date	11/06/2026 17:58	Prescription No	PRIP-1290840
Payor	SELPAY	Dispensed Date	11/06/2026 17:59
UHID	VIH-00205756		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
34	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	10	10.00	100.00
35	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
36	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A250619	08/30	4	308.00	1,232.00
37	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS15	03/28	1	140.00	140.00
38	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00
39	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5049	05/30	1	951.00	951.00
<b>Total :</b>							<b>13,983.78</b>	<b>18,525.90</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



## 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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Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060314	Ward	N 2F-MICU
Patient Name	Mrs ESHWARI R	Bed Name	MICU 227
Age/Sex	38 Y 0 M 18 D / Female	Order No	0003089264
Date	11/06/2026 17:58	Prescription No	PRIP-1290841
Payor	SELPAY	Dispensed Date	11/06/2026 17:59
UHID	VIH-00205756		

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	
							<b>Total :</b>	<b>140.00</b>	<b>140.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# ERROR LOG

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

ICD CODE :-

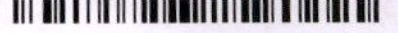
OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060314

Admit Date : 11-Jun-2026

Admit Time : 01:05 PM UHID : VIH-00205756

### Patient Details :

Patient Name : Mrs ESHWARI R

Age : 38 Y 0 M 18 D

Guardian : Mr T PRABHAKAR

DOB : 24-05-1988

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : OLD BOWENPALLY Old Bowenpally  
Hyderabad Telangana INDIA 500011

Phone No : 9573642567/ 8790058002

E-mail : na@gmail.com

### Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

### Contact Details :

Name : Mr T PRABHAKAR

Relationship : W/O

Contact Address : OLD BOWENPALLY Old Bowenpally  
Hyderabad Telangana INDIA 500011

Phone No : 9573642567 / 8790058002



Signature

### Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR HIMANI (JAIPUR)

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify L/O

Primary Language:  Telugu  English  Hindi  Others, specify .....

Do you require an interpreter?  Yes  No if Yes specify .....

Source of Information:  Patient  Family  Others, specify .....

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**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: .....

If yes, identify .....

---

**Chief Complaints:** Abnormal doppler Doctor Notified on Admission:  Yes  No

Name of the Doctor: Dr. Gneashina

Time Notified: 1:10 pm

---

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Yes</u>

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<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche: .....</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>19/10/25</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: .....</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G primi P ..... L ..... A .....

**Previous LSCS:** .....

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form

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**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease

Liver disease  Other .....

---

**Vital Signs / Measurements:** Temp: 98.6 F HR: 86 b/min RR: 19 b/min

BP: 110/70 mmHg Weight: 81.4 kg Height: 158 cms BMI: 32 kg/m<sup>2</sup>

---

**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 ..... D ..... (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

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. **Marital Status:**  Single  Married  Divorced  Widow

2. **Special Habits:** Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

**Social History:** Lives With ..... family .....

**Orientation has been given regarding the following aspects:**

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

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

Above information given to ..... Mrs. Eshwari .....

Name of Person Orientation was given to: ..... Mrs. Eshwari .....

Orientation not given Reason: .....

Nurse Signature: ..... Mrs. Meghna .....

Nurse Name: ..... Meghna .....

Date & Time: ..... 11/6/20 @ 1:10 pm .....



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 11/6/26 Time of Arrival: 12:30 pm Time Seen by Nurse: 12:30 pm

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: Abnormal dopplers

3) Vital Signs: Temperature: 98.6° F Pulse: 86 b/min RR: 19 b/min SpO<sub>2</sub>: 99% BP: 117/76 mmHg Weight: 81.4 kg

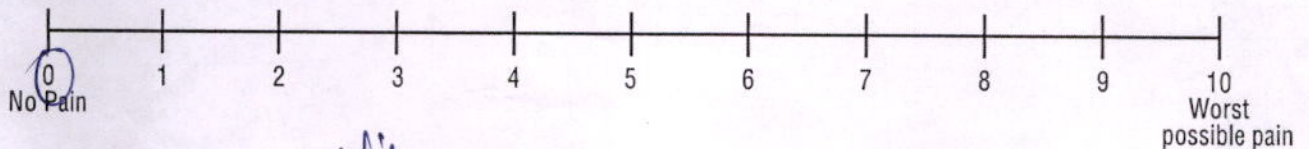
4) Gestational Criteria:

Gravida:	G <u>primi</u>	P	L	A
----------	----------------	---	---	---

LMP: 19/10/25 EDD: 26/7/26 Gestational Age: 33+4 weeks

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

6) Past History:

- a) Surgeries: Nil
- b) Medical: Nil

1) **History:**  No, If Yes : .....

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

9) **Prenatal Medical History:**  
 None  Gestational Diabetes  
 Chronic Hypertension  Low placenta  
 Gestational Hypertension  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 / PPRM < 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"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: ..... 11:10pm .....

Nurse Name : ..... Meghna ..... Nurse Signature: ..... Ms .....

Date: ..... 11/6/26 ..... Time: ..... 12:35pm .....

# PATIENT TRANSFER FORM

Patient Name / I.P. No.		Date & Time of Admission	Date & Time of Transfer Order
VIH-00205756 IP-00060314 Mrs ESHWARI R 24-05-1988 38 Y 0 M 18 D (F) Dr. KAPPAGANTULA APARNA 		11/6/26 @ 01:05 pm	11/6/26 @ 3:40 pm
		Transfer ordered by	Reason for Transfer
		Dr. Shilpa	post opp care
From Unit	To Unit	Information to attendant	
OT	MICU	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant	
	NSF -	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, what ?			

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / notes written by Doctor :

Dr. K. Aparna

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Vanitha	Dr. Shilpa

Patient & Clinical records received by :


Kamala  
11/6/26 @ 3 pm

Date & Time of Patient Received:

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

Unavailable bed       Nurse not available       Available bed not ready

# PATIENT TRANSFER FORM

VIH-00205756      IP-00060314 Mrs ESHWARI R 24-05-1988      38 Y 0 M 18 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 11/6/26 @	Date & Time of Transfer Order 11/6/26 @
Treating Consultant Name		Transfer Ordered by Dr. Aparna	Reason for Transfer surgery
From Unit 2/w	To Unit O.T	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films -	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.	Nil		
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 S.S.		Name of Person Ordered Transfer Dr. Aparna	
Patient & Clinical Records Received by : Sri. Vanitha			
Date & Time of Patient Received : 11/6/26 @ 2:20 pm			


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

Unavailable Bed

Nurse not Available

Available Bed not ready

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00205756 IP-00060314 Mrs ESHWARI R 24-05-1988 38 Y 0 M 18 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission  11/6/26 @ 11:05pm	Date & Time of Transfer Order  11/6/26 @ 10:50pm
		Transfer Ordered by  DR. Areeshma.	Reason for Transfer  Observation.
From Unit  MICU.	To Unit  (217).	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.	inj: - paracetamol Acid ①		
2.	Tab: pantoprazole ①		
3.	underpad ①		
4.	sample - ①		
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Sis pooja		Name of Person Ordered Transfer  DR. Areeshma	
Patient & Clinical Records Received by :  Raja			
Date & Time of Patient Received :  11/6/26 @ 10:50pm			

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

ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 19/10/25

EDD: 26/07/26

Corrected EDD: 26/07/26

GA: 33+2 weeks

Obstetric Formula: Primigravida  
 M-L-4-4-4, NCM  
 Obstetric History:

Menstrual History: Regular:  Yes  No

Obstetric Examination

Fundal Height: ~ 33 weeks

G1-PP, Spontaneous conception

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record: Unbooked to RCH

Liquor:  Adequate  Oligo  Poly Anhydramnios

Previous ANC's at Dr. Hanumanthamma:  
 T1, T2, T3 - Uneventful. One dose  
 of Betamethasone 12mg stat given

PP:  Cephalic  Breech Others \_\_\_\_\_

RISK FACTORS: on abc26 @ 4PM

Head Fifts Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent  
 152 bpm

Per Speculum Examination

Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Not done

Cervix:  Long  Partially effaced  Effaced

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

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 158 cm

Weight: 81.4 kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination:

Consciousness: clear

Icterus: (-)

Temp: Afebrile

BP: 128/76 mmHg

CVS: S1, S2 (+)

Liver/Spleen: (-)

Pallor: (-)

Edema: (-)

PR: 84 bpm

DTR: (+)

RS: BAE (+)

Urine Output: Adequate

DIAGNOSIS

Primigravida with 33+2 weeks with Anhydramnios with Abnormal Doppler for emergency lower segment cesarean section



<p>Family History:</p> <p><u>NIL</u></p>	<p>Surgical History:</p> <p><u>NIL</u></p>
<p>Medical History:</p> <p><u>NIL</u></p>	<p>Medication History:</p> <p><u>Allergies - Nil</u></p>
<p>Plan of Care: <u>C/S to Dr. Aparna Mann</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- NISM</li> <li>- PAC</li> <li>- Peric Preparation</li> <li>- FHR monitoring continuously</li> <li>- Monitor vitals</li> <li>- Follow dry chart</li> <li>- Infuse ses</li> <li>- D/E Betamethasone 12mg load Stat - <u>HOLD</u></li> <li>- Send Blood Grouping &amp; Typing</li> </ul> <p>Noted by Kamala 11/6/26 @ 1:10pm</p>	<p>Investigations: <u>BLOOD GROUP - O POSITIVE</u></p> <p>HIV }          HBsAg } <u>NR</u> 8/6/26          HCV }          VDRL } CBP - 12/7200 / 1.48L          CUE: Pus cells: 2-4          EC 1-2</p> <p>Fetal <u>well</u> <u>Belly</u> <u>scan</u> 11/6/26</p> <p>SLDUP          33+4 wks. EFW - 2464g          AC - 94cm          Cephalic          PI - Anterior high          AFI - <u>large</u> <u>Post</u>: <u>0cm</u></p> <p>Severe Oligohydramnios / Anhydramnios          Moderate B/L Renal Pelvicectasis, loss of Corticomedullary differentiation in kidneys          Echogenic cystic renal cortex, Enlarged Keyhole bladder</p> <p>NT Scan (15/12/26)  <u>SLDUP</u>          12+1 week          NT - 1.3mm          nasal bone (+)          CL - 3.7cm  <u>ATS - low risk</u></p> <p>TIPPA Scan (29/12/26)  <u>SLDUP</u>          20+3 weeks          No Anomalies          CL - 8.1mm</p>

Doctor Name: Dr. Geedra  
 Signature: [Signature]  
 Date & Time: 11/6/26, 1:10 PM

• Umbilical Art Doppler - 93%  
 Intermittent ↑ resistance flow  
 • MCA - Normal CPR - < 1  
 • Fetal movements - Sluggish

Consultant Name: Dr. K. APARNA  
 Signature: .....  
 Date & Time: 11/6/26, 1:10 PM





12/6/26

7 AM

P, 4

U/O - 650 ml  
Adequate, clear

Remove  
Foleys

POD - 1 (Post Ucs)

Pt is alert

GC - fair  
Afebrile

BP - 109/74 mmHg

PR - 76 bpm

SI - NAD

PIA - Utw w/ R

Soft BS (+)

UE - NAD

Baby - NICU

Adv

- Clear liquids
- Soft diet after passing flatus
- W/F Bleeding PV
- Ambulation
- Adequate hydration
- Monitor vitals
- Follow dry chest
- Inform SOS

*[Signature]*

Note by Rofa @ 12/6/26 @ 7 AM

12/6/26  
1:30 PM

P, 4

Urine - passed  
flatus - passed

POD - 1 (post Ucs)

Pt is alert

GC - fair  
Afebrile

BP - 105/70 mmHg

PR - 82 bpm

SI - NAD

PIA - soft BS (+)  
Utw w/ R

UE - NO active  
bleeding

Baby - NICU

Adv

- soft diet
- Ambulation
- Hydration
- w/f PV bleeding
- follow dry chest
- monitor vitals
- Inform SOS

*[Signature]*  
Dr. Soman.

Note by  
Dr. Nagar  
12/6/26  
@ 8 PM

## PROGRESS NOTES AND DOCTOR'S ORDER


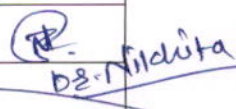
Date & Time	Progress Notes	Doctor's Order
12/4/26 7pm	<p>S/B Dr. Aparna</p> <p>Abd. distended gurgles</p>	<p>PR: 8/ul</p> <p>PO: 1/ul</p> <p>→ Diltiazem Support stat</p> <p>→ T. Citaprov</p> <p style="text-align: right;">x 3 days</p>
12/4/26 8pm	<p><u>POD - 1 (post USG)</u></p> <p>Pt is clear - complaints of pain in upper abdomen.</p> <p>GC Jaws Afebrile.</p> <p>AG - 10.6 cm. BP - 115/70 mmHg PR - 80 bpm. S/E - NAB</p> <p>PIA - soft BS (+) Ut - WK</p> <p>Ue - NAB Baby - NICU.</p>	<p style="text-align: center;"><u>Adv</u></p> <ul style="list-style-type: none"> <li>- soft diet → HOLD</li> <li>- Ambulation only</li> <li>- Hydration clear liquids.</li> <li>- w/ PR bleeding</li> <li>- follow drug chart</li> <li>- monitor vitals</li> <li>- Wound SUS.</li> <li>- Inj paracetamol - stat</li> </ul> <p>→ AG - 4th hourly  <span style="font-family: cursive;">Eshan</span>  <span style="font-family: cursive;">D. Soman</span></p>
<p>Urine passed status passed.</p> <p>send CBP tom morning</p>		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7am	POD-2 Pt is c/c/c Gc Fair Afebrile BP - 115/80 mmHg PR - 82 bpm. S/E - NAD PIA - soft BS (+) Ut w/wk UE - NAB Baby - NICU	(Post USCS)  Adm - soft diet - Ambulation - Hydration - w/f PR bleeding - follow drug chart - monitor vital - Inform SOS
weine & motion passed		
AG - 106cm		
		D. Nausheen
		Noted by Deepika
13/6/26 1:15 pm.	POD-2 pt is c/c/c Gc - Fair Afebrile BP - 106/69 mmHg. PR - 79 bpm. S/E - NAD. PIA - ut w/wk soft, BS (+) AG - 105 cm. UE - NAB Baby - NICU	13/6/26 @ 7AM Adm: - (N) diet - Ambulation - Hydration - w/f bleeding PU - Follow drug chart - monitor vitals - Inform SOS
lesine passed motion passed yesterday		
CBP - 11 / 8580 / 11.66L		
note by ragam 13/6/26 at 8pm		Dr. Nikhita
		Dr. Ashu



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>13/6/2026</u> 9 pm.	<u>POD-2</u>	(LSCS)
<u>urine passed</u>	pt is c/c/c GC - Fair	Adv: - (N) diet
<u>motion passed</u>	Afebrile BP - 106 / 65 mmHg	- Ambulation - Hydration
	PR - 80 bpm. S/E - NAD.	- w/F bleeding PU - Follow drug chart
	PIA - ut - w/R. Soft, BS (+)	- monitor vitals - Infom sos.
	L/E - NAB. Baby - NIW	 Dr. Nikhita
<u>14/6/2026</u> 7:30 AM.	<u>POD-3</u>	(LSCS)
<u>urine passed</u>	O/E - pt is c/c/c GC - Fair	Adv: - (N) diet
<u>motion passed</u>	Afebrile BP - 119 / 65 mmHg	- Ambulation - Hydration
<u>Aseptic dressing done</u>	PR - 70 bpm. S/E - NAD.	- w/F bleeding PU - monitor vitals
<u>pt. can be discharged</u>	PIA - ut - w/R Soft, BS (+)	- Follow drug chart - Infom sos.
	L/E - NAB. Baby - NIW	 Dr. Nikhita



# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. R. ESHWARJ Gender:  Male  Female Age : 39 YRS  
 UHID No : VIH-00205756 Date : 11/6/26

**Instruction:**

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION  
 upon MRS. R. ESHWARJ  
 (Name of the Patient)

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

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

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

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

**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. K. APARNA

**Consentee :**  
 Signature : [Signature]  
 Name : R. Eshwarj  
 Date & Time : 11/6/2026, 11:10 PM

**Patient Attendant :**  
 Signature : [Signature]  
 Name : MALLESH  
 Relationship with Patient: FATHER  
 Date & Time : 11/6/26, 11:10 PM

**Witness :**  
 Signature : [Signature] (UNCLE)  
 Name : [Name]  
 Date & Time : 11/6/26, 11:10 PM

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : Dr. farnaz  
 Date & Time : 11/6/26 11:10 pm

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

VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 18 D (F)  
 Dr. KAPPAGANTULA APARNA



Patient Name : E Shwari Age : ..... Gender : Male  Female   
 UHID NO: ..... Surgeon Name: Dr Aparna  
 Anaesthesiologist : Dr Sheela  
 Operative procedure planned : Em. USG

## 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 : .....

Comments : Aspiration, post dural puncture headache

- 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 ..... the above mentioned operation / Diagnostic / Therapeutic procedures .....  
Em. USG

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

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

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

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

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

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

- Pregnant :  Yes     No

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

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

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

**Patient / Patient Attendant**

Signature : [Signature]

Name : ESHUWATI SELF

Relationship with Patient: SELF

Date & Time : 11/6/20 1pm

**Witness :**

Signature : [Signature]

Name : \_\_\_\_\_

Date & Time : 11/6/20 1pm

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

Signature : [Signature]

Name : Dr Shilpa

Date & Time : 11/6/20 1:00pm

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 18 D (F)  
 Dr. KAPPAGANTULA APARNA



Name: Eshwari UHID.No: .....

Date: ..... Time: ..... Proposed Operation: Em. USG

Diagnosis: Primi / 33wks / Anhydrous miosis

B.P / CRT: ..... H.R: ..... Weight: ..... ASA Physical Status:  1  2  3  4  5 (E)

Laboratory Data:				
Hgb: <u>12:0-</u>	Glucose: .....	Protein: .....	HIV: .....	X-Ray: .....
PCV: .....	Urea: .....	Alb: .....	HBS Ag: .....	ECG: .....
WBC: .....	Creat: .....	Total Bill: .....	HCV: .....	2D Echo: .....
Plate: <u>148</u>	Na: .....	Dir. Bill: .....	Blood group: .....	Stress/Angio: .....
PT: .....	K: .....	LDH: .....	T3: .....	Other: .....
PTT: .....	Ca++: .....	Alk phos: .....	T4: .....	
INR: .....	Mg++: .....	Amylase: .....	TSH: .....	
	Cl-: .....	SGOT/SGPT: .....		

Allergies: None

Medical History: CVS: .....

Diabetes: .....

RESP: .....

CNS: .....

Renal: .....

Hepatic / GE: nom

Others: .....

Physical Activity: abnormalities

Past Anaesthetic History: (+) w/ sedation

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 2FB Mentohyoid Distance: 7.5FB Neck: (N) Teeth: (N)

Lungs: .....

Heart: normal

CNS: .....

Pregnant:  Yes  No  NA Venous Access Site: (+) Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
  - NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:

Signature: [Signature] Name: Dr Shylp

8:30 Am - solid  
12:30pm - fluids



# ANAESTHESIA CHART



## Pre Induction Assessment:

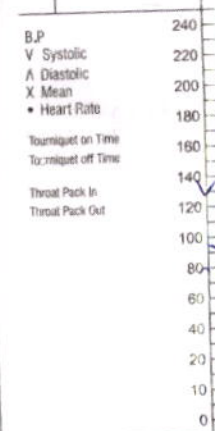
Change in Patient Condition:  Yes  No Fasting Status: not adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 104/mm B.P/CRT: 130/90 SpO<sub>2</sub>: 100% R.R: 16/mm Last Feed: 11/6/20

Pre-OP Diagnosis: ..... Operation: Em uss Date: 11/6/20  
 Surgeon: Aparna Anaesthesiologist: Shilpa Technician: Rakosh

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> / LPM	HALO / ISO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
2:30	100	100	Lasbetan 100mg				
2:40	100	100					
2:50	100	100					
3:00	100	100					
3:10	100	100					
3:20	100	100					
3:30	100	100					
3:40	100	100					
3:50	100	100					
4:00	100	100					
4:10	100	100					
4:20	100	100					
4:30	100	100					
4:40	100	100					
4:50	100	100					
5:00	100	100					
5:10	100	100					
5:20	100	100					
5:30	100	100					
5:40	100	100					
5:50	100	100					
6:00	100	100					
6:10	100	100					
6:20	100	100					
6:30	100	100					
6:40	100	100					
6:50	100	100					
7:00	100	100					
7:10	100	100					
7:20	100	100					
7:30	100	100					
7:40	100	100					
7:50	100	100					
8:00	100	100					
8:10	100	100					
8:20	100	100					
8:30	100	100					
8:40	100	100					
8:50	100	100					
9:00	100	100					
9:10	100	100					
9:20	100	100					
9:30	100	100					
9:40	100	100					
9:50	100	100					
10:00	100	100					
10:10	100	100					
10:20	100	100					
10:30	100	100					
10:40	100	100					
10:50	100	100					
11:00	100	100					
11:10	100	100					
11:20	100	100					
11:30	100	100					
11:40	100	100					
11:50	100	100					
12:00	100	100					



LAB Values  
 ARG  
 GRBS  
 Other

Equipment Checked and Functional  
 BP  
 Cuff Site: .....  
 Art Site: .....  
 EKG Lead  
 Temp Site  
 FIO<sub>2</sub> Monitor  
 Agent Monitor  
 Pulse Oximeter  
 Capnograph  
 Ventilator  
 Nerve Stimulator  
 Position: Supine  
 Pressure Points Checked  
 Eye Care:  
 Oint  
 Tape  
 Padding  
 Awake

Temp:  
 HME  Fluid Warmer  
 Cling Film  OH Warmer  
 Hugger's  Cotton Wool  
 Other  
 Times:  
 Anaes Start: 2:30  
 OP Start: .....  
 OP End: 2:30pm  
 Leave OR: .....  
 Anaesthesia:  
 GA  
 Monitored Anaesthesia Care  
 Regional  
 Line (Size & Location)  
 CVP: .....  
 ART: .....  
 IV: 18G  
 IV: .....  
 IV: .....

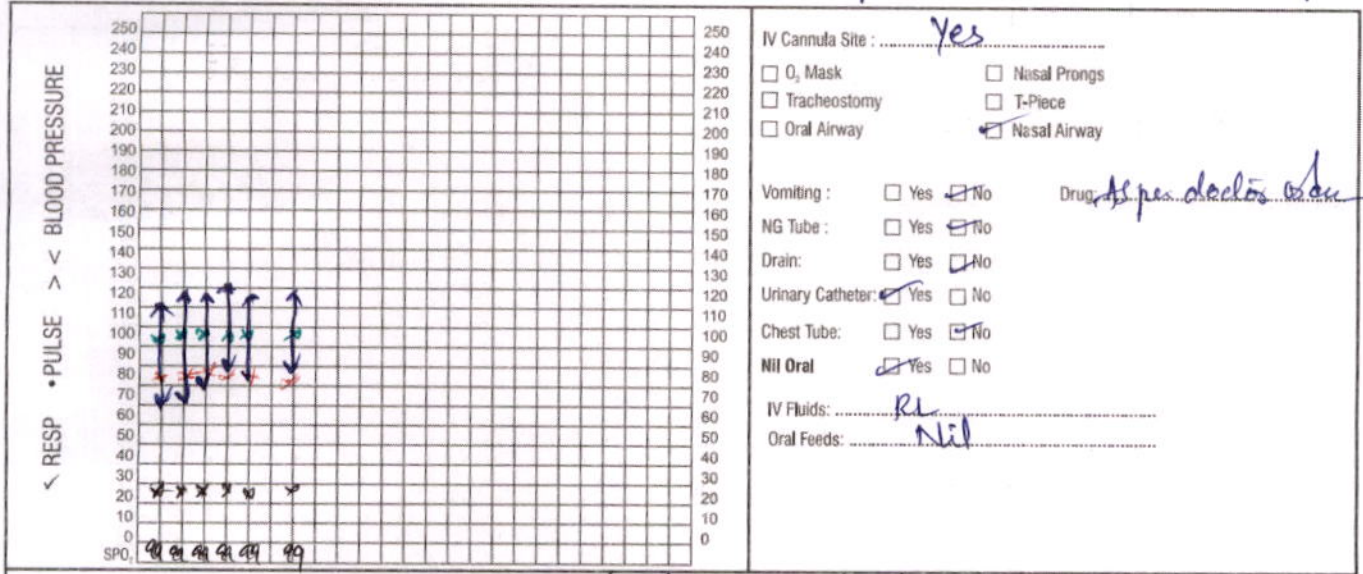
Induction  
 IV  Inhal  
 Pre O<sub>2</sub>  RSI  
 Others  
 Mask  SGA  
 Airway  Oral  Nasal  
 ET # ..... at ..... cm  
 Oral  Nasal  Cuff  
 Tracheostomy  Topical  
 Drug: .....  
 Awake  Direct Vision  
 Video Laryngoscopy  Stylette / Bougie  
 Fiberoptic  
 Blade # ..... Attempts: .....  
 Difficulty Why? .....  
 Bilal = BS  
 Semi-Closed Circle  
 Closed Circle  
 Other

Regional:  
 Extremity  Spinal  Epidural  Caudal  
 Others: .....  
 Position: 18G of 0.57 (41)  
 Site: .....  
 Needle Size: ..... Depth: Depth 1.5 cm  
 Parasthesia  Yes  No of 10 minutes  
 Catheter at skin ..... cm  
 Drug Name & Conc: .....  
 Bolus: .....  
 Infusion: .....  
 Block Level: .....  
 Comments: .....  
 Transportation to  
 PACU  ICU  Other  
 Relaxant Reversed  Yes  No  NA  
 Name of the Doctor: Dr Shilpa  
 Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Kamala Time Received : 3:40 pm Time Discharged : 10:50 pm



IV Cannula Site : Yes  
 O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug: Aspercloxacin  
 NG Tube :  Yes  No  
 Drain:  Yes  No  
 Urinary Catheter:  Yes  No  
 Chest Tube:  Yes  No  
 Nil Oral  Yes  No  
 IV Fluids: RL  
 Oral Feeds: Nil

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	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	
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	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/6/26	9 pm	2 score	Justic Suppository epric	[Signature]

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Brunda  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 11/6/26 @ 3:40 pm

PACU Nurse Name : Kamala  
 PACU Nurse Signature: [Signature]  
 Date & Time: 11/6/26 @ 3:40 pm

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

Transferred to Unit by (PACU): POOJA  
 Date & Time: 11/6/26 @ 10:50 pm

VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA



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 : .....

# SURGICAL SAFETY CHECKLIST

VIH-00205756 IP-00060314  
 Mrs ESHWARJ R  
 24-05-1988 38 Y 0 M 18 D (F)  
 Dr. KAPPAGANTULA APARNA



Surgeon : *Dr. K. Aparna*  
 Asst. Surgeon : *Dr. Purnima*  
 Anaesthetist : *Dr. Shilpa*  
 Scrub Nurse : *Br. Ratan*

Age : *3.8 yrs* Gender : *Female*  
 Surgery Name : *EM-LSS*

Date : *11/6/26* In-time *2:30 pm* Out-time : *3:40 pm*



## Before Induction of Anaesthesia >>

SIGN IN	Time: <i>2:15 pm</i>
<b>Patient Has Confirmed</b>	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <i>[Signature]</i>	
Name : <i>Dr. Shilpa</i>	

## Before Skin Incision >>

TIME OUT	Time: <i>2:30 pm</i>
<b>Confirm all team members have introduced themselves by Name and Role</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
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 <i>→ EM-LSS</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration <i>→ 1 hrs</i>	<i>→ Bleeding, Neonatal morbidity</i>
Anticipated Blood Loss? <i>500ml</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns? <i>full stomach</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>Meghana</i>	

## Before Patient Leaves Operating Room

SIGN OUT	Time: <i>3:30 pm</i>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <i>[Signature]</i>	
Name : <i>Dr. Aparna</i>	

VIH-00205756 IP-00060314  
 Mrs ESHWARI R 38 Y 0 M 18 D (F)  
 24-05-1988  
 Dr. KAPPAGANTULA APARNA



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Aparna K	Date of Delivery: 11/6/26.
Assistant Surgeon: Dr Farnaz	Time of Delivery: 02:43 PM (52 Sec)
Anaesthetist's Name: Dr Shilpa	Gender of Baby: male.
Type of Anaesthesia: spinal	Weight of Baby: 2.32 KGS.
Neonatologist: Dr Shrikhar / Dr Harish.	AGPAR Score: 5/10, 7/10, 9/10.
Scrub Nurse: Ratan mother	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No premature.

Pre-Operative Diagnosis: *Primi = 33+4 weeks =*

Elective       Emergency      Indication: *severe oligo / Anhydramnios < 1cm.*  
 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  
*= sluggish movements*  
*= Abnormal dopplers.*

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

CTG Description: .....

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

Surgical Procedure: *Emergency LSCS. + SA.*

Post Operative Diagnosis: *Primi = 33+4 weeks = Anhydramnios with Abnormal Doppler for emergency LSCS.*

Peri-Operative Complications:

Amount of Blood Loss: *500ml.*      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     Thinnedout     Ruptured     No Scar  
Incision Through Placenta:  Yes     No  
Delivery of head:  Manual     Forceps    *Nil liquor noted.*  
Liquor:  Clear     Meconium:  I     II     III     Blood     Offensive     Not Offensive  
Delivery of Placenta:  Manual     CCT .....     Complete     Incomplete     Piecemeal  
Cord Appearance: ..... *NORMAL*    Cord around the neck  Yes     No  
Appearance of placenta: ..... *NORMAL*    Cavity explored  Yes     No  
Uterus, tubes and ovaries:  Normal     Not Normal    Sterilization:  Yes     No

Uterine Closure:  One Layer     Two Layers    ..... *VICRYL 1-0* ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None    ..... *CATGUT* ..... Suture  
Sheath Closure: ..... *PROLENE* ..... Suture  
Fat Closure:  Yes     No    ..... *CATGUT* ..... Suture  
Skin Closure:  Subcuticular     Mattress    ..... *MONOCRYL 3-0* ..... Suture  
Vaginal Evacuated  Yes     No  
Drain:  Yes     No     Remove in ..... days     Await instructions  
Catheter  Yes     No     Remove in *12 hours* days     Await instructions  
Swap & Instruments count correct?  Yes     No     Post-op Antibiotics  Yes     No  
Intra-Operative Antibiotics Cover:  Yes     No     Thromboprophylaxis  Yes     No

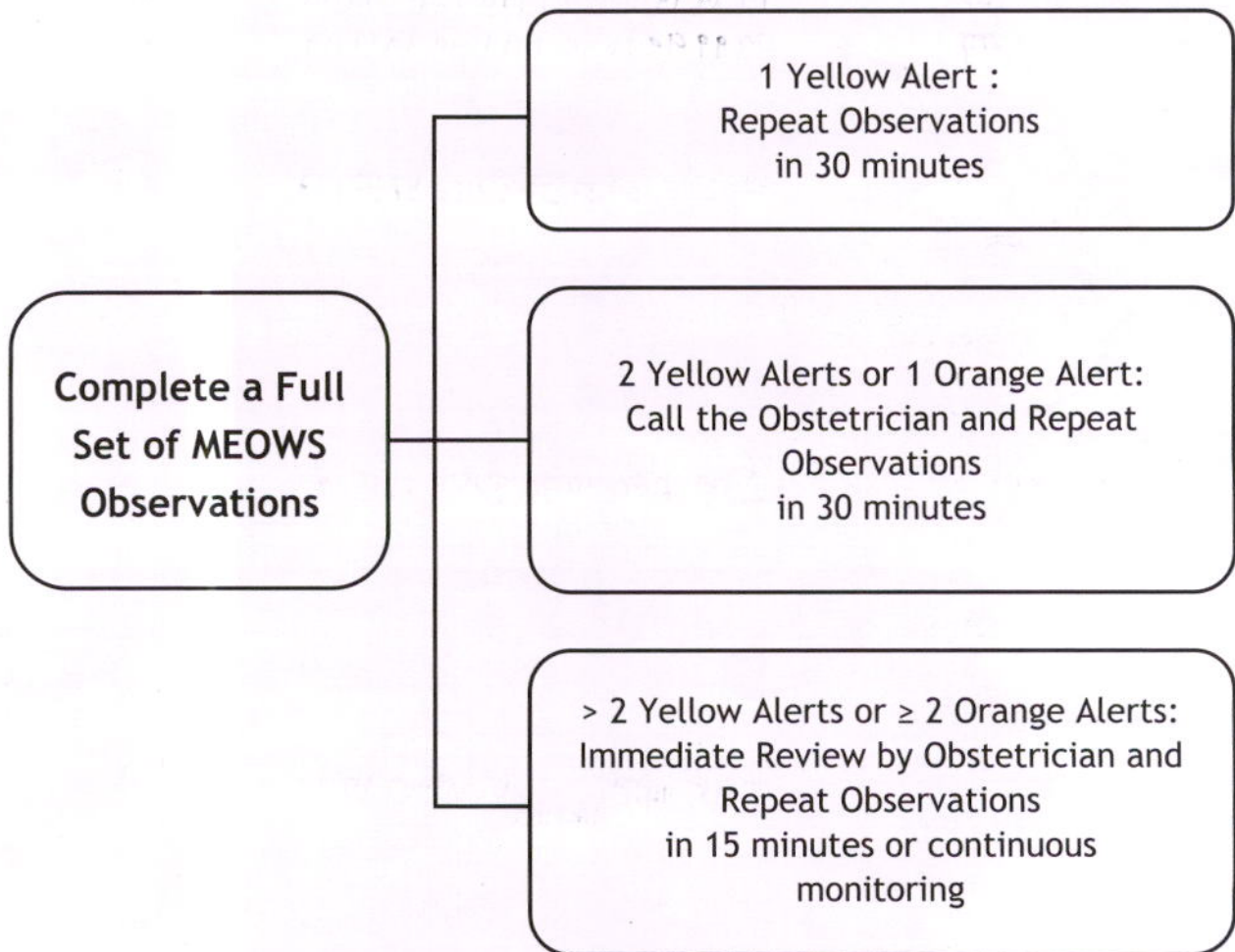
Post-Operative Notes: *NBM x 6 hours, rest, I/O charting, w/f PV bleeding, follow drug chart, monitor vitals, inform SOS.*

Doctor Name: *D. S. Aparna*    Doctor Signature: *[Signature]*

Date & Time: *11/6/26*



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00205758 IP-00080314  
 Mrs ESHWARI R 38 Y O M 19 D (F)  
 24-05-1988  
 Dr. KAPPAQANTULA APARNA

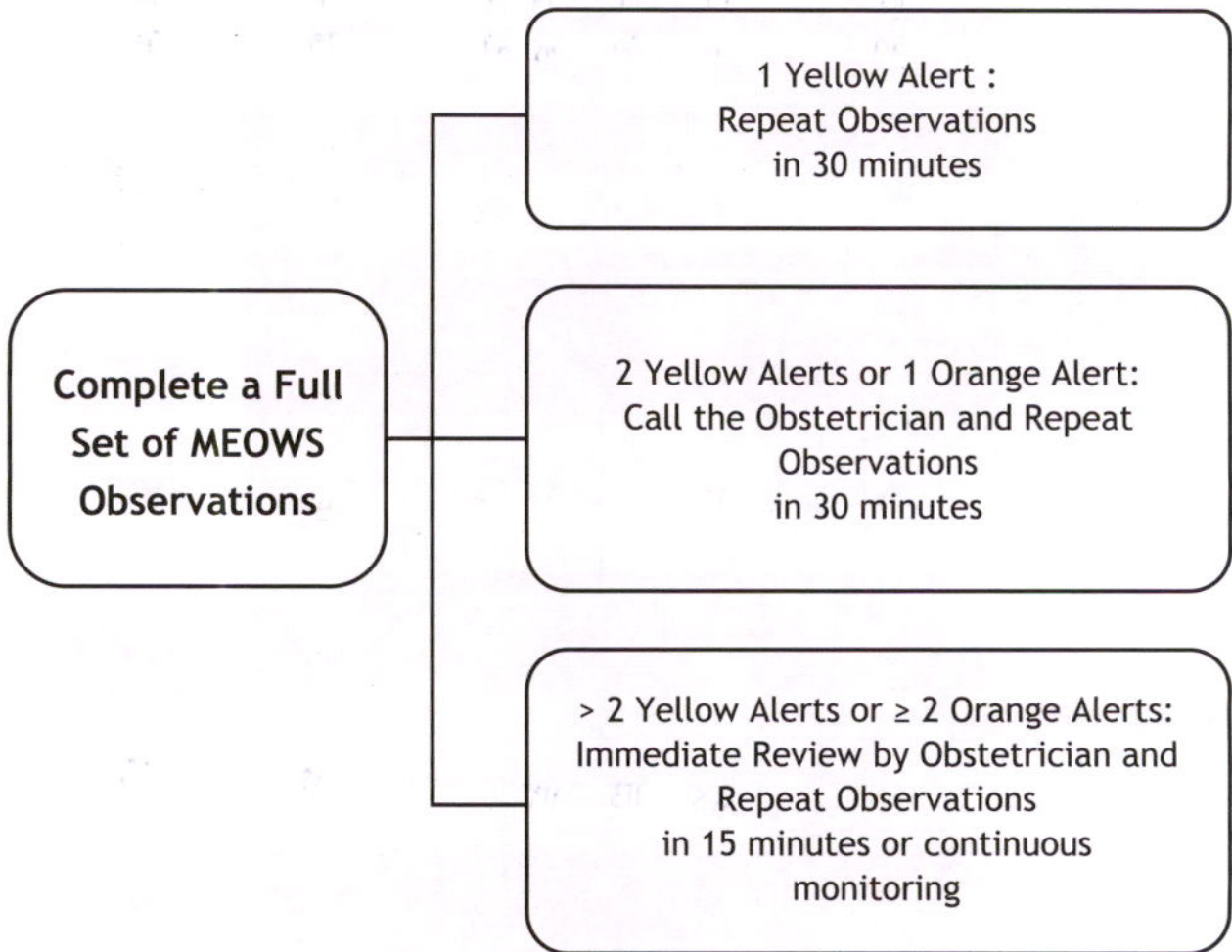


## Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19	19	19	19						19				19					19
	0 - 10																								
Saturations	94 - 100 %			99			98	99	99	99						99				99					99
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			36.5			36.5	36.5	36.5	36.5						36.5				36.5					36.5
	36																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			70			82			85	82					72				80					70
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			103			105	113	115							115				116					112
	90																								
80																									
70																									
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70																									
60			69			70			59	70					70				72					70	
50																									
40																									
NEURO RESPONSE [✓]	Alert			✓			✓	✓	✓	✓					✓				✓					✓	
	Voice																								
Unresponsive	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓	✓	✓	✓					✓				✓					✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA			NA	NA	NA	NA					NA				NA					NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA	NA	NA	NA					NA				NA					NA	
	Green																								
TOTAL YELLOW SCORES				0			0	0	0	0					0				0					0	
TOTAL ORANGE SCORES				0			0	0	0	0					0				0					0	
Nurse Initial				P			P	AS	S	AS					P				AS				P		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

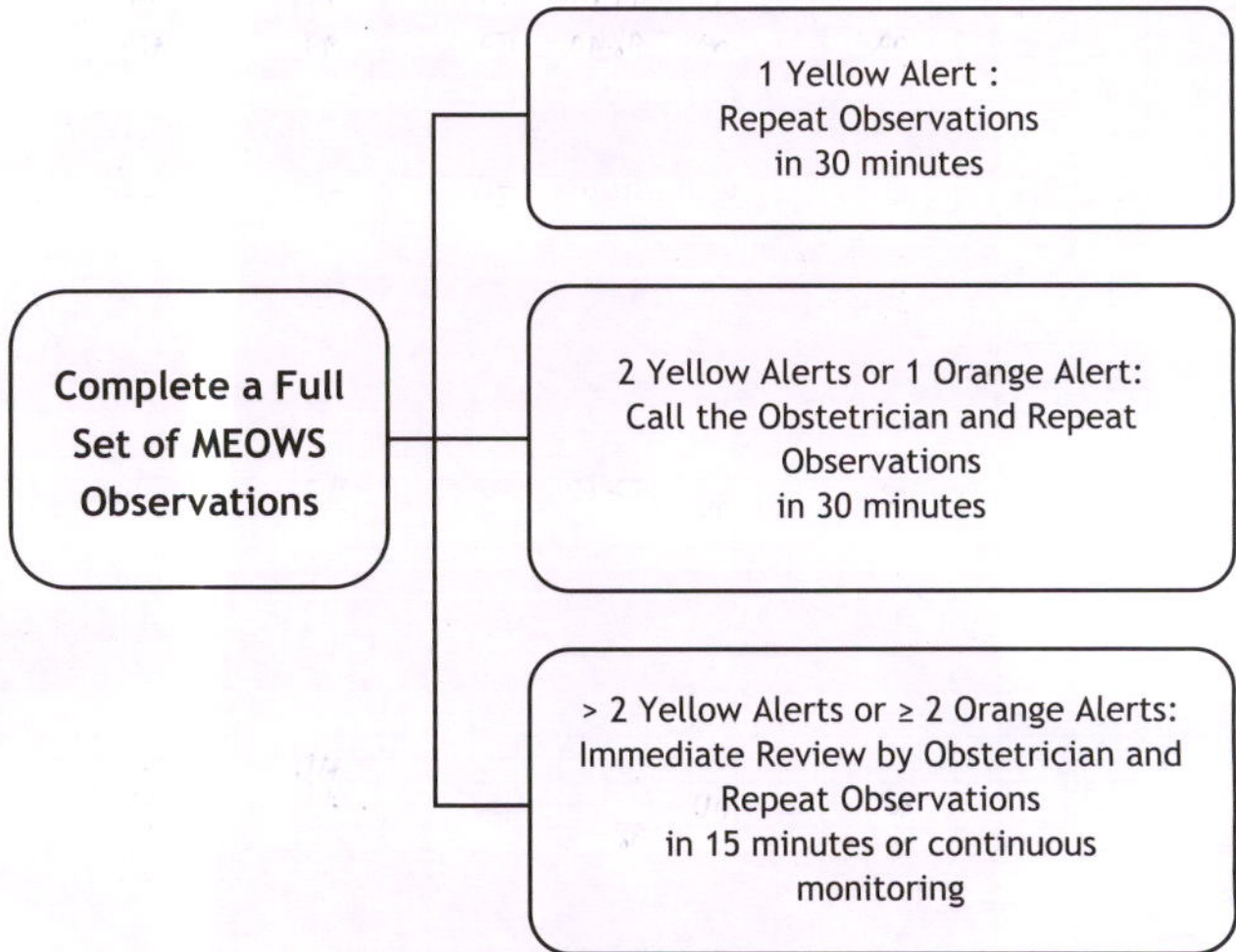


## Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7
Time													
RESP (write rate in corresp. box)	> 30												
	21 - 30												
	11 - 20			19			19		19 19		19		19
	0 - 10												
Saturations	94 - 100 %			99			99		98 99		99		99
	< 94 %												
Administered O <sub>2</sub> (L/min.)													
Temp °C	40												
	39												
	38												
	37			36			36		36 36		36		36
	36												
	35												
	< 35												
Heart Rate	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100												
	90												
	80			79			80		82 85		80		80
	70												
	60												
	50												
40													
Systolic Blood Pressure	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100			106			110		98		106		110
	90												
	80												
	70												
60													
50													
Diastolic Blood Pressure	130												
	120												
	110												
	100												
	90												
	80												
	70			69			65		59		65		60
60													
50													
40													
NEURO RESPONSE [✓]	Alert			✓			✓		✓	✓		✓	✓
	Voice												
	Pain												
	Unresponsive												
URINE mls / hour	> 30			✓			✓		✓	✓		✓	✓
	< 30												
Proteinuria	Protein ++												
	Protein > ++												
Lochia	Normal			NA			NA		NA NA		NA		✓
	Heavy / Foul												✓
Liquor	Clear / Pink			NA			NA		NA NA		NA		NA
	Green												
TOTAL YELLOW SCORES				0			0		0 0		0		0
TOTAL ORANGE SCORES				0			0		0 0		0		0
Nurse Initial				P			P		E A		P		P

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... 1

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	NBM + RL 100ml							50ml	0		
<b>Total Intake :</b>					<b>Total Output :</b>							
11/6	02:00 pm	NBM + RL 100ml						100ml	0			
	03:00 pm	NBM + RL 500ml						200ml	0			
	04:00 pm	NBM RL 100ml						100ml				
	05:00 pm	NBM RL 100ml						50ml				
	06:00 pm	NBM RL 100ml						100ml				
	07:00 pm	NBM RL 100ml						50ml				
<b>Total Intake :</b>					<b>Total Output :</b>							
11/6	08:00 pm	NBM RL 100ml						50ml				
	09:00 pm	NBM RL 100ml						100ml				
	10:00 pm	H <sub>2</sub> O ml						50ml				
	11:00 pm	H <sub>2</sub> O ml						50ml				
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
11/6	02:00 am							100ml				
	03:00 am	H <sub>2</sub> O						100ml				
	04:00 am							100ml				
	05:00 am	H <sub>2</sub> O						100ml				
	06:00 am							100ml				
	07:00 am							100ml				
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 1,550ml

# FLUID CHART

Sheet No. : .....

12/6/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
12/6	08:00 am										}	pad mg 12/6/26 @ 2pm	
	09:00 am												
	10:00 am	Jolly H <sub>2</sub> O					✓			✓			
	11:00 am												
	12:00 pm									✓			
	01:00 pm	H <sub>2</sub> O								✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
12/6/26	02:00 pm										}	}	
	03:00 pm	Oral H <sub>2</sub> O								✓			
	04:00 pm												
	05:00 pm	water											
	06:00 pm	water								✓			
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
11/6/26	08:00 pm										}	}	
	09:00 pm	water											
	10:00 pm												
	11:00 pm									✓			
	12:00 am	H <sub>2</sub> O											
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
12/6/26	02:00 am										}	}	
	03:00 am	H <sub>2</sub> O											
	04:00 am						✓						
	05:00 am	water											
	06:00 am									✓			
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

pad mg  
12/6/26  
@ 2pm

21/6/26  
mag  
estm

Deepika  
12/6/26  
@ 8 AM

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Abdominal girth - (Every 4th hourly).

on 13/6/26 @ 1Am 106cm

on 13/6/26 @ 5Am 110cm

13/6/26 @ 9Am 105cm

13/6/26 @ 12pm 105cm

13/6/26 @ 4pm 109cm



# FLUID CHART

Sheet No. : .....

13/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
13/6	08:00 am											13/6/26 @ 1 pm
	09:00 am	Tilly							✓			
	10:00 am	H <sub>2</sub> O										
	11:00 am											
	12:00 pm	Supp.								✓		
	01:00 pm	H <sub>2</sub> O										
<b>Total Intake :</b>						<b>Total Output :</b>						
13/6	02:00 pm	Rice water										13/6/26 @ 1 pm
	03:00 pm								✓			
	04:00 pm											
	05:00 pm											
	06:00 pm	water								✓		
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
13/6	08:00 pm	Rice										Dupika 13/6/26 @ 8 AM
	09:00 pm											
	10:00 pm	H <sub>2</sub> O							✓			
	11:00 pm											
	12:00 am											
	01:00 am	H <sub>2</sub> O										
<b>Total Intake :</b>						<b>Total Output :</b>						
14/6	02:00 am	water										Dupika 13/6/26 @ 8 AM
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am	H <sub>2</sub> O										
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 18 D (F)  
 Dr. KAPPAGANTULA APARNA



## 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: ..... ICU ..... 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	T. IRON	1 TAB	PO	ONCE DAILY	10/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	10/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. MULTIVITAMIN	1 TAB	PO	ONCE DAILY	10/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	L-ARGININE SACHETS	1	PO	12th wily	10/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Geethamma .....

Date & Time : ..... 11/6/26, 12:45 PM .....

Nurse Name & Signature: ..... Naral .....

Date & Time : ..... 11/6/26 @ 12:45 PM .....



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

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

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

Shifting From: ..... micu ..... Shifted to: ..... (217) .....

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	<u>INJ CEFOTAXIME</u>	<u>1GM</u>	<u>IV</u>	<u>12M hly</u>	<u>11/6/26</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	<u>INJ AMIKACIN</u>	<u>750MG</u>	<u>IV</u>	<u>ONCE DAILY</u>	<u>11/6/26</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	<u>SUPPOSITORY DICLOFENAC</u>	<u>100MG</u>	<u>PR</u>	<u>12M hly</u>	<u>11/6/26</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	<u>SUPPOSITORY PARACETAMOL</u>	<u>250MG</u>	<u>PR</u>	<u>12M hly</u>	<u>11/6/26</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	<u>INJ TRANEXAMIC ACID</u>	<u>500MG</u>	<u>IV</u>	<u>8M hly</u>	<u>11/6/26</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	<u>T. PANTOPRAZOLE</u>	<u>40MG</u>	<u>PO</u>	<u>ONCE DAILY</u>	<u>11/6/26</u>	<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 : ..... G. Dr. Gredha .....

Date & Time : ..... 11/6/26, 10:30 PM .....

Nurse Name & Signature: ..... Pooja B .....

Date & Time : ..... 11/6/26 @ 10:5 PM .....



# DRUG CHART

Date of Admission: 11/6/26 Drug Allergies: NIL  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

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

### SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name \_\_\_\_\_



REGULAR PRESCRIPTIONS

Weight. 81.4kg Ward. L10

DRUG : TAB PARALOGAMOL				Date Time
Dose	Route	Frequency	Start Date	
650mg	PO	QD	11/6/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Shikha				
Additional Instructions:				
STOP Dr. Paramez Shikha 11/6/26				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB DILORFENAL				Date Time
Dose	Route	Frequency	Start Date	
50mg	PO	TID	11/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Shikha				
Additional Instructions:				
STOP Dr. Paramez Shikha 11/6/26				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB TRAMADOL				Date Time
Dose	Route	Frequency	Start Date	
100mg	PO	TID	11/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Shikha				
Additional Instructions:				
STOP Dr. Paramez Shikha 11/6/26				
Daily Doctor's Endorsement by a Sign				

DRUG : INS LEPTAXIME				Date Time
Dose	Route	Frequency	Start Date	
1GM	IV	12TH HOURLY	11/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Paramez Shikha				
Additional Instructions: Pm Feels				
STOP Dr. Paramez Shikha				
Daily Doctor's Endorsement by a Sign				

Dr. Shikha  
Chitler 11/6/26



Weight: 81.4kg Ward: 4/e

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Route</b>	<b>Start Date</b>	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Additional Instructions:</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Route</b>	<b>Start Date</b>	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
<b>Additional Instructions:</b>	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/6/26	2:10 p.m	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	<del>AS</del>	Panda, Jyothi, Kamale
11/6/26	11:55 PM	INJ PANTOPRAZOLE	40MG	IV	<del>AS</del>	Jyothi, Kamale
11/6/26	1:55 AM	INJ METOCLOPRAMIDE	10MG	IV	<del>AS</del>	Jyothi, Kamale
11/6	3:30 p.m	SOP BUROFENAR	100mg	Plr	⊗	Rakesh, Wf.
11/6	3:30 p.m	SOP TRAMADOL	100mg	Plr	⊗	Rakesh, Wf.
11/6	3:30 AM	TAB MISOPROSTOL	600mcg	PR	⊗	Rakesh, Wf.
12/6	10 p.m	SUPPOSITORY BISACODYL	20MG	PR	⊗	Raf.
12/6	7 p.m	INJ PANTOPRAZOLE	40MG	IV	⊗	
12/6	10:30 PM	INJ METOCLOPRAMIDE	10MG	IV	⊗	

Signature: VERIFIED BY: Name: 11/6/26

ASH 11/6/26 Rakesh Wf. 12/6/26 Raf. 12/6/26 Wf. 11/6/26



Patient	I.P. No.	Sheet No. (1)	Wards MICU	Weight (kg) 61.4kg
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REGULAR PRESCRIPTIONS


DRUG : <u>INT AMIKACIN</u>				Date	11/6	12/6	13/6												
				Time															
Dose	Route	Frequency	Start Dt.																
750mg	IV	ONCE DAILY	11/6																
Name & Signature of the Doctor starting the Drugs:				9 PM <del>11/6</del> <del>12/6</del> <del>13/6</del> STOP Dr. farnaz Dr. Nikanta 14/6/26 7:30 AM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>SUPPOSITORY DILLOFENAC</u>				Date	12/6	13/6													
				Time															
Dose	Route	Frequency	Start Dt.																
100mg	PR	12TH HOURLY	11/6																
Name & Signature of the Doctor starting the Drugs:				9 AM <del>12/6</del> <del>13/6</del> STOP Dr. farnaz 12/6/26 7 AM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>SUPPOSITORY PARACETAMOL</u>				Date	12/6														
				Time															
Dose	Route	Frequency	Start Dt.																
250 mg	PR	12TH HOURLY	11/6																
Name & Signature of the Doctor starting the Drugs:				5 PM <del>12/6</del> <del>13/6</del> STOP Dr. farnaz 12/6/26 8 PM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>INT TRENEXAMIC ACID</u>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1gm	IV	8TH HOURLY	11/6																
Name & Signature of the Doctor starting the Drugs:				STOP Dr. farnaz Dr. farnaz															
Additional Instructions:				3 DOSES ONLY -															
Daily Doctor's Endorsement by a Sign.																			

Dr. Nikanta  
 Chitra 11/6/26  
 Chitra 11/6/26  
 Dr. farnaz 11/6/26

Patient Name :  I.P. No. 2 Sheet No. 2 Wards MCU Weight (kg) 81.4kg

REGULAR PRESCRIPTIONS

**DRUG:** TAB PANTOPRAZOLE  
 Date/Time: 12/6, 13/6, 14/6  
 Dose: 40mg, Route: PO, Frequency: ONCE DAILY, Start Dt: 11/6  
 Name & Signature of the Doctor starting the Drugs: Dr. Aparna  
 Additional Instructions: ON EMPTY STOMACH  
 Daily Doctor's Endorsement by a Sign.

**DRUG:** INT TRENEXAMIC ACID  
 Date/Time: 11/6, 12/6  
 Dose: 500 mg, Route: IV, Frequency: 8TH HOURLY, Start Dt: 11/6  
 Name & Signature of the Doctor starting the Drugs: Dr. Aparna  
 Additional Instructions: 3 DOSES ONLY.  
 Daily Doctor's Endorsement by a Sign.

**DRUG:** T. ACETOPHENAC + PARACETAMOL  
 Date/Time: 12/6, 13/6, 14/6  
 Dose: 325 MG + 100 MG, Route: PO, Frequency: 12th hourly, Start Dt: 12/6  
 Name & Signature of the Doctor starting the Drugs: Dr. Aparna  
 Additional Instructions: T. HIFENAC-P  
 Daily Doctor's Endorsement by a Sign.

**DRUG:** TAB CINITAPRODE  
 Date/Time: 12/6, 13/6  
 Dose: 1MG, Route: PO, Frequency: 12TH HOURLY, Start Dt: 12/6  
 Name & Signature of the Doctor starting the Drugs: Dr. Aparna  
 Additional Instructions: TAB CINITA PRO X 3 days  
 Daily Doctor's Endorsement by a Sign.

Dr. Aparna 11/6/26  
 Dr. Aparna 11/6/26  
 Dr. Aparna 12/6/26 @ 11pm

VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 19 D (F)  
 Dr. KAPPAGANTULA APARNA

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



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

REGULAR PRESCRIPTIONS

<b>DRUG :</b> TAB CEFUROXIM				Date	13/6															
				Time	10 AM															
Dose	Route	Frequency	Start Dt.																	
500mg	PO	12 HR	12/6																	
Name & Signature of the Doctor starting the Drugs:				Dr. Aparna																
Additional Instructions:				Tr. CEFTUM																
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b> TAB PARACETAMOL				Date	13/6															
				Time	12 PM															
Dose	Route	Frequency	Start Dt.																	
650mg	PO	12 HR	12/6																	
Name & Signature of the Doctor starting the Drugs:				Dr. Aparna																
Additional Instructions:				TAB DULO-650																
Daily Doctor's Endorsement by a Sign.																				

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

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

Dr. Aparna  
 C. Shamin  
 12/6/26 @ 8pm  
 12/6/26 at 8pm  
 As per Doctor's order

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

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

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

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

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





VIH-00205756 IP-00060314  
 Mrs ESHWARI R  
 24-05-1988 38 Y 0 M 18 D (F)  
 Dr. KAPPAGANTULA APARNA



Rainbow<sup>®</sup>  
 Children's  
 Hospital  
 It takes a lot to treat the little.

BirthRight<sup>™</sup>  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

Date	13/06/26				
Time	7:56am				
Hb	11.0				
PCV	31.3				
RBC	3.67				
WBC	8.58				
N/L	78.8/11.7				
Platelets	166				
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 :-						
HIV	}					
Hbs Ag						
HCV		Negative				
VRDL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....

**ESTIMATION SLIP**



Date: 11/6/2026 UHID/IP No.: V1H-00205756 Sl. No.: 12631  
 Name of Patient: Mrs. Eshwari R Age: 39y Gender: fe.  
 Husband's Name: Mr. Prabhakar Corporate/Occupation: Doctor  
 Address: Old Bowenpally Phone: 8790058002/957342567 Email: \_\_\_\_\_  
 Procedure/Plan: \_\_\_\_\_ EDD/DOS: 11/6/2026

MODE OF PAYMENT:  SELF  TPA : \_\_\_\_\_  GIPSA : \_\_\_\_\_  OTHER

TARIFF INFORMATION : D. K. Apaene

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Private Shared Ward		
Private Room		<u>1,40,000</u>
Deluxe Room		<u>1,60,000</u>
Super Deluxe Room		
Package Includes	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
	Length of Stay for :	Length of Stay for : <u>3d (72hrs)</u>
	Pharmacy up to :	Pharmacy up to : <u>Basic-15k</u>
	Investigations up to :	Investigations up to : <u>① CBP, NBS, RBS</u>
Others		

Neonatologist Charges :  Covered  Not Covered Epidural/Entonox :  Covered  Not Covered

Initial Minimum Deposit : full package

REMARKS : Well Baby Bill - Rs. 25k - Rs. 30k

- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.
- In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**

I Mr. Bala mullial have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: R. B... Signatory Relationship: father Signature of the Financial Counselor: [Signature]