

ACTIVITY RECORD FOR BILLING

VIH-00198574 IP-00060306
Mrs S VASUDHA
30-09-1996 29 Y 8 M 11 D (F)

Name: --- Dr. BHAVANA K

UHID No :



Consultant : -----

Dept : -----

Date of Admission : 10/6/26

Time : -----

Date of Discharge : -----

Time: -----

Room / Bed No : 226

Ward : Micu

Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	11:35 PM	Lubeo	O.T	[Signature]
11/6/26	3:00 PM	OT	MICU	[Signature]
11/6/26	7:50 PM	(MICU)	Room (226)	Kamala



Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	NST @ 8:30 pm - (1)	✓ R26-009327	(Signature)
10/6/26	GRBS @ 8:40 pm - 122 mg/dl	✓ V126019949	(Signature)
11/6/26	NST @ 12:30 AM - (2)	✓ R26-009328	(Signature)
11/6/26	NST @ 2 AM - (3)	✓ R26-009329	(Signature)
11/6/26	NST @ 4 AM - (4)	✓ R26-009330	(Signature)
11/6/26	NST @ 7:30 AM - (5)	✓ R26-009393	} Ram
11/6/26	NST @ 10:30 AM - (6)	✓ R26-009394	
11/6/26	NST @ 12:30 AM - (7)	✓ R26-009395	
cross checked by Ram 11/6/26 @ 7:30 pm			
13/06/26	FBS	26020227	(Signature)
13/06/26	FBS (pick) - 90 mg/dl	26020247	(Signature)
	GRBS - 74 mg/dl	26020282	


PROCEDURE


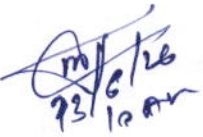
Date	Procedure	Quantity	Order No.	Signature
11/6/26	sw placement	①	✓ 3089009	
11/6/26	Catheterization	1	✓ 3089312	} 
11/6/26	PAC	1	✓ 3089311	}
cross checked by Pami 11/6/26 @ 7:30 PM.				

ANY OTHER INFORMATION

Date: 13/6/26

Time: 10 AM

Prepared By: 

Staff Nurse 	Shift / Ward  13/6/26 10 AM	Billing Assistant	Billing Supervisor
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Name	Mrs S VASUDHA	UHID	VIH-00198574
Father/Guardian	Mr SAI RAGHAVENDRA SHARMA	Age/Gender	29 Y 8 M 12 D/Female
Address	FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY, Bowenpally, Hyderabad, Telangana, INDIA, 500011		
IP No	IP-00060306	Admission Date	10-06-2026
Ref Doctor	Self	Discharge Date	13-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+1 weeks with Hypothyroidism with Gestational Diabetes Mellitus on metformin with High Body mass index with Polyhydramnios with Pruritic Urticarial papules and plaques of pregnancy with Increased uterine artery resistance with VOUS in both parents admitted for Induction of Labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANESTHESIA ON 11.6.2026

History:

LMP: 23.9.2025

Obstetric formula: Primigravida

EDD: 30.6.2026

Gestation at admission: 37+1 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Mother - Hypothyroidism, DM, HTN; Father - DM, HTN

Name	Mrs S VASUDHA	UHID	VIH-00198574
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Surgical History: Nil

Allergies: Nil

Antenatal Details: Mrs S VASUDHA was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with Hypothyroidism since conception and is on Tab Thyroxine 100mcg OD. She was diagnosed with PUPP of pregnancy at 33+5 weeks and was managed conservatively. She was diagnosed with gestational diabetes mellitus at 36+4 weeks and is on Tab Metformin 850mg OD. She was admitted at 37+1 weeks with Hypothyroidism with Gestational Diabetes Mellitus on metformin with High Body mass index with Polyhydramnios with Pruritic Urticarial papules and plaques of pregnancy with Increased uterine artery resistance with VOUS in both parents admitted for Induction of Labour.

Investigations: Enclosed

Blood group: 'B' POSITIVE

Management: Course in hospital:

On admission patient vitals stable, uterus relaxed and cervix long and os closed. CTG done at admission was reactive. After taking informed consents of induction of labour, labour was induced with 2 doses of PGE1. NST done 4th hourly. FHR monitoring done. Spontaneous rupture of membranes occurred at 2cm dilatation. As per hospital protocol she was started on IV Taxim in view of ruptured membranes. NST done was non reassuring. Patient and attenders were explained regarding the non reassuring NST, risks of fetal distress, risks of continuing with vaginal delivery and the need for emergency LSCS and they opted for emergency LSCS. She was prepared for emergency 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.

Name	Mrs S VASUDHA	UHID	VIH-00198574
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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 curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. 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 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 11.6.2026
 Time of Delivery: 2:08:31pm
 Type of Delivery: Emergency LSCS
 Indication: Non reassuring NST
 Analgesia: Spinal

Baby Details:

Date: 11.6.2026
 Time: 2:08:31pm
 Sex: Female
 Weight: 3.098kgs
 Apgar: 7/10, 9/10
 Gestational Age: 37+2 weeks
 NICU Admission: NO

Post-Operative Notes: Post Operative Period:

Name	Mrs S VASUDHA	UHID	VIH-00198574
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She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was given thromboprophylaxis. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 17.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 17.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 17.6.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 17.6.2026 (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. Continue Tab Thyroxine 100mcg once daily on empty stomach till further orders (6am)
8. Repeat TSH and OGTT after 6 weeks.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 16.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Name	Mrs S VASUDHA	UHID
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In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean Section.

Care of the wound:

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

INSURANCE COPY

Laboratory Report

PatientName : Mrs S VASUDHA	Patient Ph.No : 8008203330
Age/Gender : 29 Y 8 M 14 D/ Female	Requisition No : VI26020247
Bill No :	Received On :
UHID No : VIH-00198574	Reported On :
Ref.Doctor : Dr. BHAVANA K	Ward / Bed No : N 2F-SECOND FLOOR / SU 209

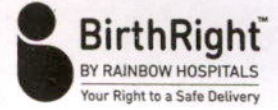
RANDOM BLOOD GLUCOSE(POCT)

TEST RESULT STATUS: Report Entered

Test

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
RANDOM BLOOD GLUCOSE	90	mg/dl	70 - 140

VIH-00198574 IP-00060306
 Mrs S VASUDHA
 30-09-1996 29 Y 8 M 11 D (F)
 Dr. BHAVANA K



SURGERY DETAILS

Date : 11/6/26

Patient Name: Mrs. S. Vasudha Date of Birth: 30-09-1996 Age: 29yrs

Gender: Female Ward : OT UHID No.: 198574

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 Lower Segment Cesarean Section & SA

Time in : 01:50 pm

Time Out : 02:50 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Bhavana K</u>	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Shilpa</u>	
3. Assistant Surgeon	<u>Dr. Sowmya Sree / Dr. Nausheen</u>	
4. OT Technician	<u>Br. Rakesh</u>	
5. Circulating Nurse	<u>Sr. Manimala</u>	
6. Assistant Nurse	<u>Sr. Bhavani</u>	

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

Dr. Nausheen
 Signature of the Surgeon

Manimala
 Signature of Circulating Nurse

Order No: 3089271 (30)

Order by: Bhavana K



CONSUMABLES OF OT

VIH-00198574 IP-00060306
 Mrs S VASUDHA
 30-09-1996 29 Y 8 M 12 D (F)
 Dr. BHAVANA K

Age :
 Sex :
 14/05/26

Circulating Staff : Manimala Technician : Raksh

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 2346		1	Cord Clamp		1
ECG leads : A/P/N		3	2364		1	Suction Catheter		
HME filter : A/P/N			1326		1	Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		2	Gloves PPG, 6 1/2	2	3	Surgical Gloves Sg 6/2 PPT 1+1		
02 cc		2	Sg 6		2	Gauze Pack		1
01 cc						Syringe 1 ml/ 2 ml		2
Cautery Plate : A/P/N			Surgical blade dd		1	Surgical Blade # 20		1
IV set		1	NG tube			Koochies (S)		
RL		3	Cautery Pencil			Pod tagaons		3
NS : 10ml/100-ml/ 500ml/1000ml		1+1	Koochies			Cap + mask	2+2	2
Evotocin		8	Ointments			Nil		4
Ritigal		1	Suction Catheter			D/Water 10ml		1
Fentanyl Spinal needle (25G)		1	Cap. Mask	1+1	8			
Morphine Needle 26 1/2 pack		1	Gauze Pack		1			
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate			Draw Sheet Alessorb		1			
Myopyrolate			Abgel					
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					
			Tegaderm Steritone		1			
Suppositories			Ioban					
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 D/A		4			
Tab. Misoprost : 200 mg		4	Betadine Solution		2			
			Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavana. K Anaesthesiologist Dr. Silpa Nurse Bhavani OT Technician
 Order No. : 305A279 Ordered by : Phanul



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-00060306	Ward	N 2F-MICU
Patient Name	Mrs S VASUDHA	Bed Name	MICU 226
Age/Sex	29 Y 8 M 12 D / Female	Order No	0003089279
Date	11/06/2026 18:24	Prescription No	PRIP-1290844
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	11/06/2026 18:25
UHID	VIH-00198574		

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	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
3	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	2	103.95	207.90
4	BUPICAINE INJ VIAL 0.25% 20ML			ARBP12503	11/27	1	60.23	60.23
5	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
8	DSYRINGS 2.5ML.(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	Encore Microptic gloves- 6.5		H	2510072605	10/28	3	117.00	351.00
11	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091676	12/27	8	18.90	151.20
13	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	8	10.00	80.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
15	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	25L13K8961	10/30	1	333.09	333.09
16	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
17	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
18	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
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 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	1C261641	02/29	1	44.93	44.93
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	24K26G82I7	09/29	1	469.69	469.69
27	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
28	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
29	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
30	SPINAL NEEDLE 25	BECTION DICKINSON (BD)	GENERAL	02506030	05/30	1	221.72	221.72
31	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
32	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	8	10.00	80.00



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Telangana.



INPATIENT ISSUES AGAINST ORDERS

IP No IP-00060318
Patient Name Baby B/O S VASUDHA
Age/Sex 0 Y 0 M 0 D 4 H / Female
Date 11/06/2026 18:30
Payor SELF PAY
UHID VIH-00205813

Ward N 2F-MICU
Bed Name CRDL-MICU-226-1
Order No 0003089280
Prescription No PRIP-1290848
Dispensed Date 11/06/2026 18:30

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	5344207	11/30	2	24.00	48.00
3	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254604	11/28	1	2.58	2.58
4	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
5	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	2	10.00	20.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
8	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	3	450.00	1,350.00
9	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
10	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
11	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	2	10.00	20.00
12	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							905.43	1,919.72

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

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

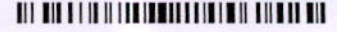
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Tel No : 040-42462200, Ext 2000,2001,2002

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-00060306 Ward N 2F-MICU
Patient Name Mrs S VASUDHA Bed Name MICU 226
Age/Sex 29 Y 8 M 12 D / Female Order No 0003089279
Date 11/06/2026 18:24 Prescription No PRIP-1290844
Payor ICICI LOMBARD GENERAL INSURANCE CO LTD Dispensed Date 11/06/2026 18:25
UHID VIH-00198574

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	40RW40CS15	03/28	1	140.00	140.00
35	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	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 :							11,373.02	15,367.03

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

ADMISSION SHEET

Registration Details :



Admission No : IP-00060306 **Admit Date** : 10-Jun-2026 **Admit Time** : 08:51 PM **UHID** : VIH-00198574

Patient Details :

Patient Name : Mrs S VASUDHA	Age : 29 Y 8 M 11 D
Guardian : Mr SAI RAGHAVENDRA SHARMA	DOB : 30-09-1996
Gender : Female	Religion :
Occupation :	Martial Status : Married
Address (H) : FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY Bowenpally Hyderabad Telangana INDIA 500011	Phone No : 8008203330/ 8523094921
	E-mail : NA@GMAIL.COM

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 SAI RAGHAVENDRA SHARMA **Relationship** : W/O
Contact Address : FLAT NO 404, SMR MAJESTIC, JUPITER COLONY, ROAD NO 2, BOENPALLY Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 8008203330

DSR.SH-1
 Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

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



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6/26

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: Doctor Notified on Admission: Yes No
Induction for labour Name of the Doctor: Dr. Ashwini
 Time Notified: 9 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>Nil</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>23/9/25</u></p>	<p>Gynecology Surgical History:</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: <u>Induction for labor</u></p>	<p>Gynecological History:</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>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
---	---	---

Obstetric History: G primis P L A

Previous LSCS: No

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 Mother - Hypothyroidism - DM, HTN, Father - DM, HTN

Vital Signs / Measurements: Temp: 96.2°F HR: 88/min RR: 19/breath

BP: 120/80 mmHg Weight: 103kg Height: 169cm BMI: 35.3

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 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0 (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. S. Vasudha

Name of Person Orientation was given to: Mrs. S. Vasudha

Orientation not given Reason:

Nurse Signature: *[Signature]*

Nurse Name: Prath Yusha

Date & Time: 6/6/26 @ 9:15pm



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: *Primu*

LMP: *23/9/2025* EDD: *37+1 wks*
 Corrected EDD: *30/6/26* GA: *30/6/26*
37+1 week
 Menstrual History: Regular: Yes No

Obstetric History:

Uc - PP, s/c conception
Booked to Ren at Conception,
married 2 yrs, 30 cm.
Booked to Ren since conception.

Present Pregnancy Record:

diagnosed Hypothyroidism since conception
on Tab Thyroxine 100mcg OD
Had decreased fetal movements at 31 wks
Managed conservatively. No itching all over body
more on hands & legs diagnosed & pupp. urticarial
at 33+5 wks Mx conservatively Bile acids

RISK FACTORS: *diagnosed gest diabetes*
metformin at 36+4 wks on tab metformin 850mg
(GDMCM) after dinner OD.

polyhydramnios (19.2)
hypothyroidism
high BMI
VOUS in both parents
UA increased resistance
high BMI

Obstetric Examination

Fundal Height: *~T4*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: *1 wks* Cephalic Breech Others _____

Head Fifts 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

Height: *169* cm

Weight: *103* kg

Allergies: *Nil*

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: *⊖*

Icterus: *- ⊖* Edema: *⊖*

Temp: *⊖* PR: *-98bpm*

BP: *-120/80mg* DTR: *⊕*

CVS: *S1, S2 ⊕* RS *ACBE*

Liver/Spleen: Urine Output: *adq*

DIAGNOSIS

primigravida with 37+1 weeks with Hypothyroidism (100) with Gestational diabetes mellitus (M) with High Body mass Index with polyhydramnios with pruritic urticarial papules & plaques syndrome of pregnancy with uterine artery increased resistance with VOUS in both parents for Induction of labour



<p>Family History:</p> <p>Mother - hypothyroidism DM, HTN Father - DM, HTN</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Tab Thyroxine 100mcg OD Tab Metformin 850mg at night.</p>
<p>UI to Dr. Bhavana mam</p> <p>Plan of Care: UBS - 122 mg/dl</p> <p>Admission</p> <p>Diabetic diet</p> <p>consent</p> <p>Pain preparation</p> <p>NST 4th day</p> <p>T-misoprostol 25mcg po 6th day</p> <p>monitor vitals</p> <p>follow drug chart</p> <p>inform SOS</p> <p>booked by pradyash</p> <p><i>[Signature]</i></p>	<p>Investigations:</p> <p>NEU NBSAg HCV VDRL } NR</p> <p>B' POSITIVE</p> <p>21/6/26 FBS-112 PUBS-188 CBP-12.3 105901 2.39 L</p> <p>Growth scan</p> <p>10/6/26 37+1wk cephalic</p> <p>PI-P14 AFI-19.2cm AC-731</p> <p>NTS scan</p> <p>24/12/25 13w1d NT-1.5mm C-37m</p> <p>EFW-3116kg UA-increased resistance Fetal part - (N)</p> <p>TIFFA</p> <p>25/12/26 21+2wk NO anomalies</p> <p>ATS-low risk</p>

Doctor Name: Dr. Ashwini
 Signature: *[Signature]*
 Date & Time: 10/6/2026 9PM

Consultant Name: Dr. Bhavana K
 Signature: *[Signature]*
 Date & Time: 10/6/2026 9PM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26	9:15pm	Client clinic again afebrile BP - 120/76 mmHg PR - 92 bpm STENAD PLA relaxed UT ~ T4	<u>Adv</u> - Diabetic diet - NST 4th hrly - Adeq hydration - W/F POL - T. miso 2 smeg PU 6th hrly - monitor vitals
		NST reactive	
		T miso 2 smeg Kept PU at 9:15pm	- follow drug chart - inform sos
		PU - CX long occluded [PPV n-2]	
		Noted by Prathyusha @ 9:15pm	At Dr. Ashwin
11/6/26	1:15 AM	O/C Pt is c/c/c Afebrile Bp - 116/74 mmHg PR - 86 bpm S/E - NAD PIA - UT ~ T4 Relaxed Cephalic FHR ⊕ 150 bpm	<u>Adv</u> - Diabetic diet - NST 4th hrly - W/F progress of labour - Monitor FHR - Monitor vitals - Follow drug chart - Adequate hydration - Ambulation - Inform sos
		NST Reactive	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/6/26
3 AM

NST
Reactive

Tab Misoprostol
25mcg PV
at 3 AM

O/E

pt is c/c/c
Gc fair
Afebrile
BP - 114/72 mmHg
PR - 82 bpm
S/E - NAD
PIA - UT-TG
Relaxed
Cephalic FHR ⊕
140 bpm
Plu - Cp long
os closed
PPVx 1-2

Adv

- Diabetic diet
- Monitor vitals
- NST 4th hly
- Follow drug chart
- W/F progress of labour
- Adequate hydration
- Ambulation
- Birthing ball exercise
- Inform sos

Noted by Prathyusha @ 3 AM

Dr Yogeshwari

11/6/26
7 AM

O/E

pt is c/c/c
Gc fair
Afebrile
BP - 121/70 mmHg
PR - 75 bpm
S/E - NAD
PIA - UT-TG
Relaxed
Cephalic
FHR ⊕ 150 bpm

Adv

- Diabetic diet
- Monitor vitals
- NST 4th hly
- Follow drug chart
- W/F progress of labour
- Adequate hydration
- Ambulation
- Birthing ball exercise
- Inform sos

Noted by Prathyusha @ 7 AM

Dr Yogeshwari

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. E / LW / DGM / INPR / 15
VIH-00198574 IP-00060306
Patient Name Mrs S VASUDHA
30-09-1996 29 Y 8 M 11 D (F)
Dr. BHAVANA K
Age:
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/6/26	9 AM	o/E - pt is c/c/c Gc - Fair Afebrile BP - 101/76 mmHg. PR - 89 bpm. S/E - NAD. PIA - ut - TG Cephalic. FHR ⊕ 140 bpm. Relaxed.
		Adv: - Diabetic diet - monitor vitals - NST 4th hourly - Follow drug chart - w/F POL - Adeq. Hydration - Ambulation - Biting ball exercises
<p>Noted by <u>Ravi</u> 11/6/26 9 AM</p> <p style="text-align: right;"><u>Dr. Nikita</u></p>		
11/6/2026	10:30 AM	o/E - pt is c/c/c Gc - Fair Afebrile BP - 112/78 mmHg. PR - 84 bpm. S/E - NAD. PIA - ut - TG. FHR ⊕ 145 bpm irritable. V/E - cx - 1/2 inch long, soft OS - 2 FL. PPV x 1-2 memb ⊕, liquor clear.
		Adv: - clear liquids. - continuous FHR monitoring - monitor vitals - NST 4th hourly - w/F POL - Adeq. Hydration - Ambulation - Biting ball exercise - Follow drug chart - Inform SAs.
<p>Noted by <u>Ravi</u> 11/6/26 10:30 AM</p> <p style="text-align: right;"><u>Dr. Nikita</u></p>		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Counselling Notes

11/6/26

1pm

Patient and attenders were explained clearly regarding the non reassuring NST, the risks of fetal distress, risks of continuing with vaginal delivery and need for emergency LSCS and they opted for emergency LSCS.

Voresh
Patient

P.R. S.M. - 1
Pt husband

Dr Nausheen

11/6/26

3pm

POD-0 (Post LSCS)

P/L
Hypothyroidism
GDM (M)
High BMI
Urine output } 200ml.
 } Aseptic, clear

O/E pt is clec

afebrile
BP - 118/77 mmHg
PR - 74 bpm
S/E NAD

-Adv

- NBM
- Rest
- V/Charting
- WIF bleeding PV
- Monitor Vitals
- Follow dry chart
- TEDD stockings
- Inform SS

PLA soft
ut & W/R
L/E NAD
Baby MS B + ⊕

Dr Nausheen

Noted by Kamal

3pm 11/6/26

②

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
		<u>POD-0 (Post Ucs)</u>	
11/6/26	2 AM	O/E Pt is clear	Adv
		GC - fair	
P/L Hypothyroidism		Afebrile	- Clear liquids
E GDM (M) E		BP - 111/78 mmHg	- Soft diet after 12 AM
High BMI		PR - 80 bpm	
		SIG - NAD	- No charting
		PIA - utw/w/r	- WIF Bleeding PV
U/O - 200ml		Soft, BS \pm/\pm	- Monitor vitals
Adequate clear			- Follow drug chart
		LIE - PIV done	- TEDD stockings
Shift to Room		No active bleeding noted.	- Inform ses
		Baby $\left\{ \begin{matrix} A \\ H \end{matrix} \right.$, BF \oplus	
Noted by Anand 7 PM 11/6/26			
		<u>POD-1 (Post Ucs)</u>	
12/6/26	7 AM	O/E Pt is clear	Adv
		GC - fair	- Discontinue soft diet
P/L Hypothyroidism		Afebrile	- WIF Bleeding PV
E GDM (M) E		BP - 109/75 mmHg	- Monitor vitals
High BMI		PR - 85 bpm	- Follow drug chart
		SIG - NAD	- Ambulation
		PIA - utw/w/r	- Adequate hydration
U/O - 1800ml		Soft BS \oplus	- TEDD stockings
Adequate clear		LIE - NAB	- Inform ses
Remove Foley's		Baby - NICU (H/O Hypoglycemia)	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Sneha 12/6/26 e SA

12/6/26
1:30 pm

High BMI
GDM (M)
Hypothyroid

Urine passed

POD-1 (post LSCS)

Pt is c/c/c

C/C fair

Afebrile

BP - 113/76 mmHg

PR - 88 bpm

S/E - NAD

P/A - soft BS (+)
ut norm

Ue - NO active bleeding

Baby - NICU.

Adv

- TEDD stocking
- (N) diet
- Ambulation
- Hydration
- w/f follow PV bleeding
- follow drug chart
- monitor vitals
- Inform SOS

Jhan
Dofarmer

12/6/26

8:15 pm

High BMI
GDM (M)
Hypothyroid

urine passed
Motion not passed

PBS, PBBS tomorrow.

POD-1 (Post LSCS)

o/e pt is c/c/c

C/C fair

Afebr

BP - 102/69 mmHg

PR - 80 bpm

S/E NAD

P/A soft ut N/R

C/E NAB

Baby NICU

Adv

- (N) Diet
- w/f bleeding PV
- Monitor vitals
- Follow Drug chart
- Ambulation
- Hydration
- TEDD stockings
- Inform SOS

D. Nadeem

Noted by
Leaf 12/6/26
@s:15p



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 7am	<u>POD- 2</u>	(Post LSCS)
Aseptic dressing done wounds healthy. FBS - 90mg/dl. PBs today	o/e pt is c/c/c d/c fair A/ab BP - 111/67mmHg PR - 83bpm. SIENAD	Adv - (2) Diet - w/F bleeding PV - Monitor Vitals - follow dry chart
urine-passed motion - not passed	I/A soft uit w/W/R	- Ambulation - Hydration - TEDD stockings
Patient can be discharged	L/E NAB vaginal examination done.	- Inform SG
Note by Ref. 13/06/26 @ SM		D/Naushan

Department of Anaesthesia
PRE-ANAESTHETIC

VIH-00198574
Mrs S VASUDHA
30-09-1996
Dr. BHAVANA K
IP-00060306
29 Y 8 M 11 D (F)



Name: Sex: UHID.No:

Date: Time: Proposed Operation: Em. Cas

Diagnosis: ADmf high BMI / NST - floor line / pri mi

B.P / CRT: H.R: Weight: 103 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.3 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: HBS Ag: ECG:
 WBC: Creat: Alb: HCV: 2D Echo:
 Plate: 2.3 Na: Total Bill: Blood group: B+ Stress/Anglo:
 PT: K: Dir. Bill: T3 Other:
 PTT: Ca++: LDH: T4
 INR: Mg++: Alk phos: TSH
 Cl-: SGOT/SGPT:

Allergies: None

Medical History: CVS: Diabetes: (+)
 RESP:
 CNS:
 Renal: None Physical Activity:
 Hepatic / GE:
 Others:

Past Anaesthetic History:

Physical Exam: Airway: MP 1 (2) 3 4 Mouth Opening: 2 cm Mentohyoid Distance: 7 cm Neck: (N) Teeth:
 Lungs:
 Heart: None
 CNS: None
 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
<u>Glycomet SR</u>	<u>850 mg</u>
<u>Thyroline</u>	<u>100 mg</u>

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours Others 6 Hours
- NIL ORAL: Standard High Risk
- Informed Consent: Discussed with Patient
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

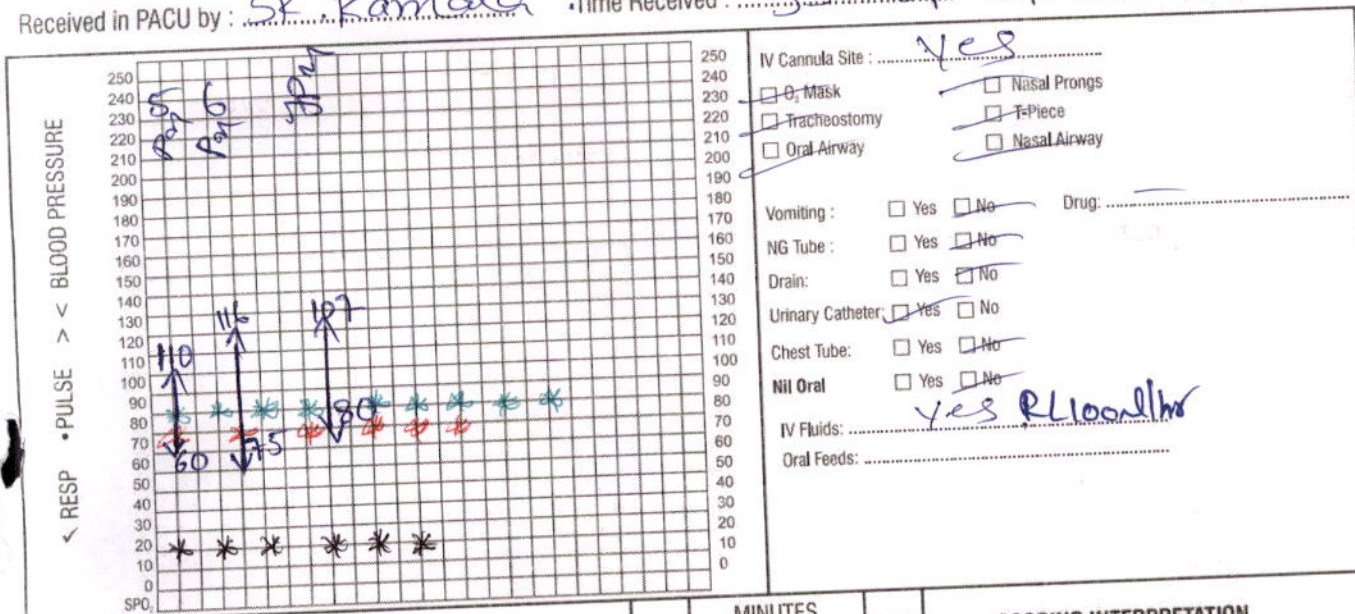
8 AM - solids

Signature: [Signature] Name: Dr. Bhavna K



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: SP Kamala Time Received: 5:30 PM Time Discharged: 7:45 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	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	2	2	2	2	2	
BP \pm 20 of Pre Anaesthetic level = 2 BP \pm 20-50 of Pre Anaesthetic level = 1 BP \pm 50 of Pre Anaesthetic level = 0	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2	2	
TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/6/26	7 PM	2 score	Tab:- paracetamol 1g given	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Bindu

Anaesthesiologist Signature:

Date & Time: 11/6/26

PACU Nurse Name: SP Kamala

PACU Nurse Signature:

Date & Time: 11/6/26

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): SP Kamala

Date & Time: 11/6/26 7:45 PM



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. BHAVANA.K	Date of Delivery: 11/6/26
Assistant Surgeon: DR. SOWMYA SREE / DR. NAUSHEEN	Time of Delivery: 2:08:31 PM
Anaesthetist's Name: DR. SHILPA	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 3.098 kgs
Neonatologist: DR.	AGPAR Score: 7/10, 9/10
Scrub Nurse: SIS BHAVANI	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *Primigravida with 37+1 weeks & hypothyroidism with GDM (M) with high BMI with polyhydramnios with PUPP & VOU in both parents*

Elective Emergency Indication: *Non Reassuring NST*

Urgency

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

Decision time: Knief to rectus:

CTG Description: *Non Reassuring*

If there was a delay give the reasons:

Surgical Procedure: *Emergency lower segment Caesarean section*

Post Operative Diagnosis:

Peri-Operative Complications:

Peri-Operative Complications:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

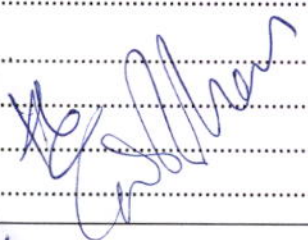
Examination Findings when Appropriate:

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

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

Uterine Closure: One Layer Two Layers Vicryl 1-0 Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: Vicryl No 1 Suture
Fat Closure: Yes No Monocryl 3-0 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 12hrs days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes: NBM, Rest, 1/2 chaiting, w/o bleeding PV,
monitor vitals, follow drug chart, TAPP stockings,
Inform SOS



Doctor Name: DR. Bhavana.K. Doctor Signature: Dr. Nausheen
Date & Time: 11/6/26 ; 3pm.

VIH-00198574 IP-00060306
 Mrs S VASUDHA
 30-09-1996 29 Y 8 M 11 D (F)
 Dr. BHAVANA K

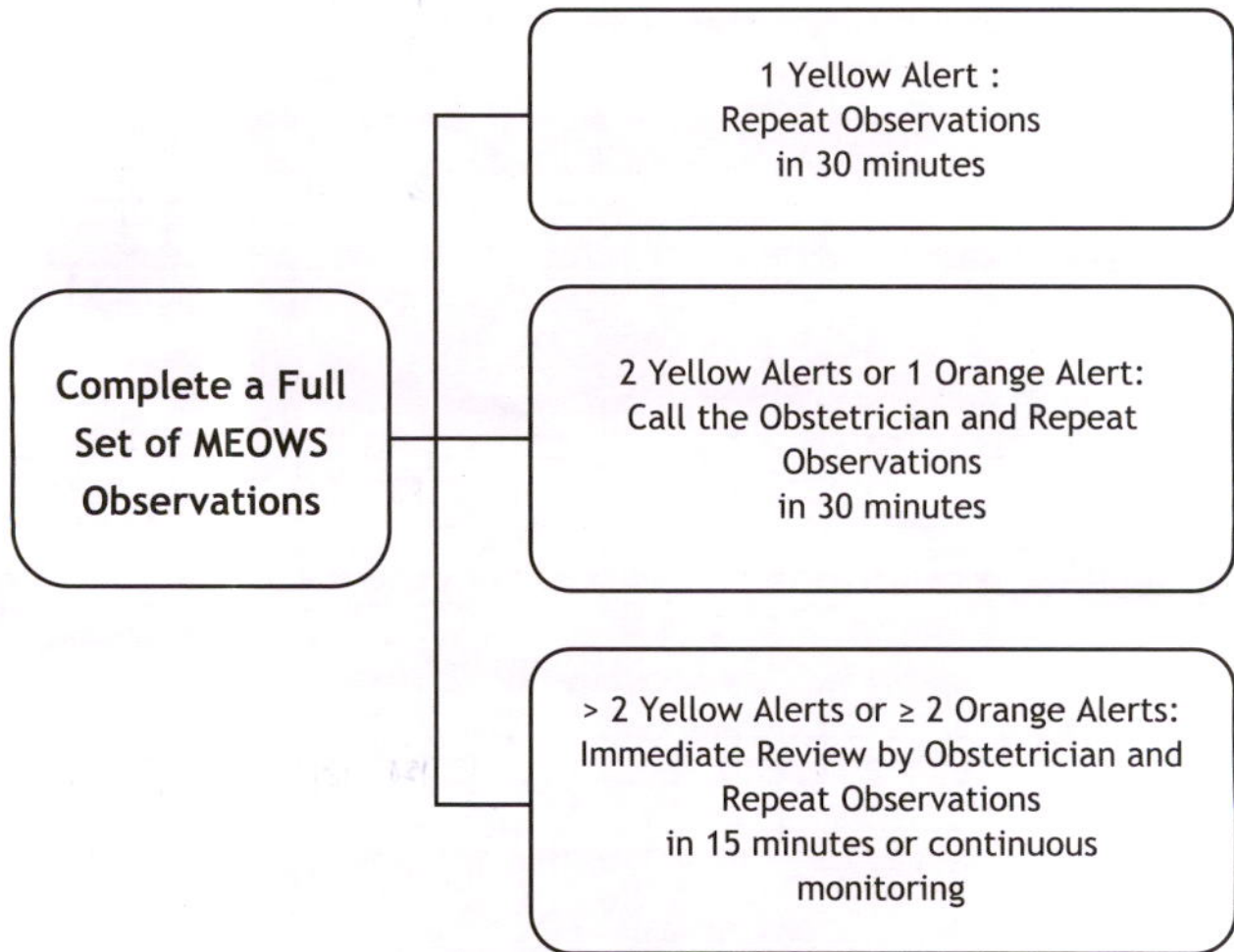


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198574 IP-00060306
 Mrs S VASUDHA
 30-09-1996 29 Y 8 M 11 D (F)
 Dr. BHAVANA K

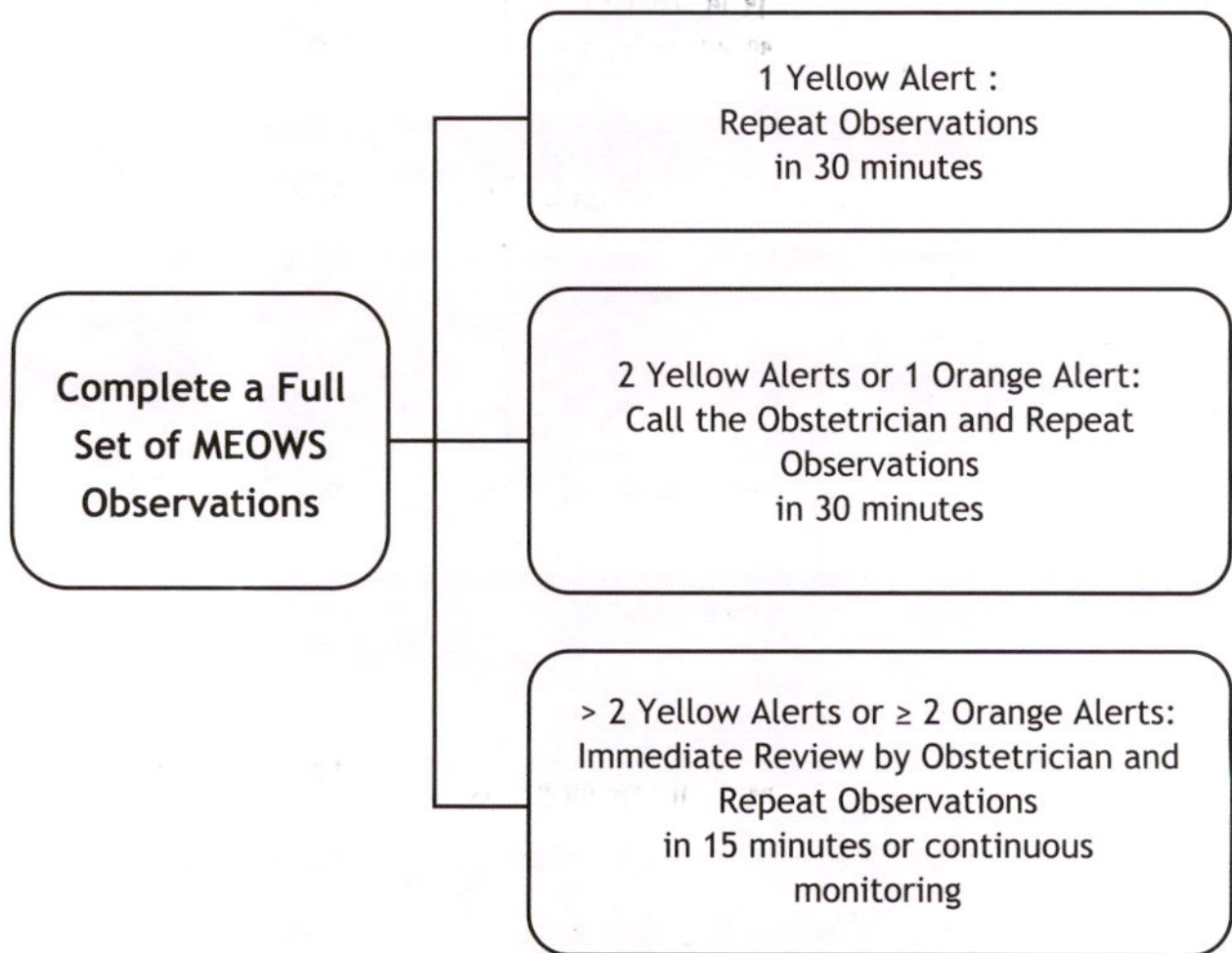


Early warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

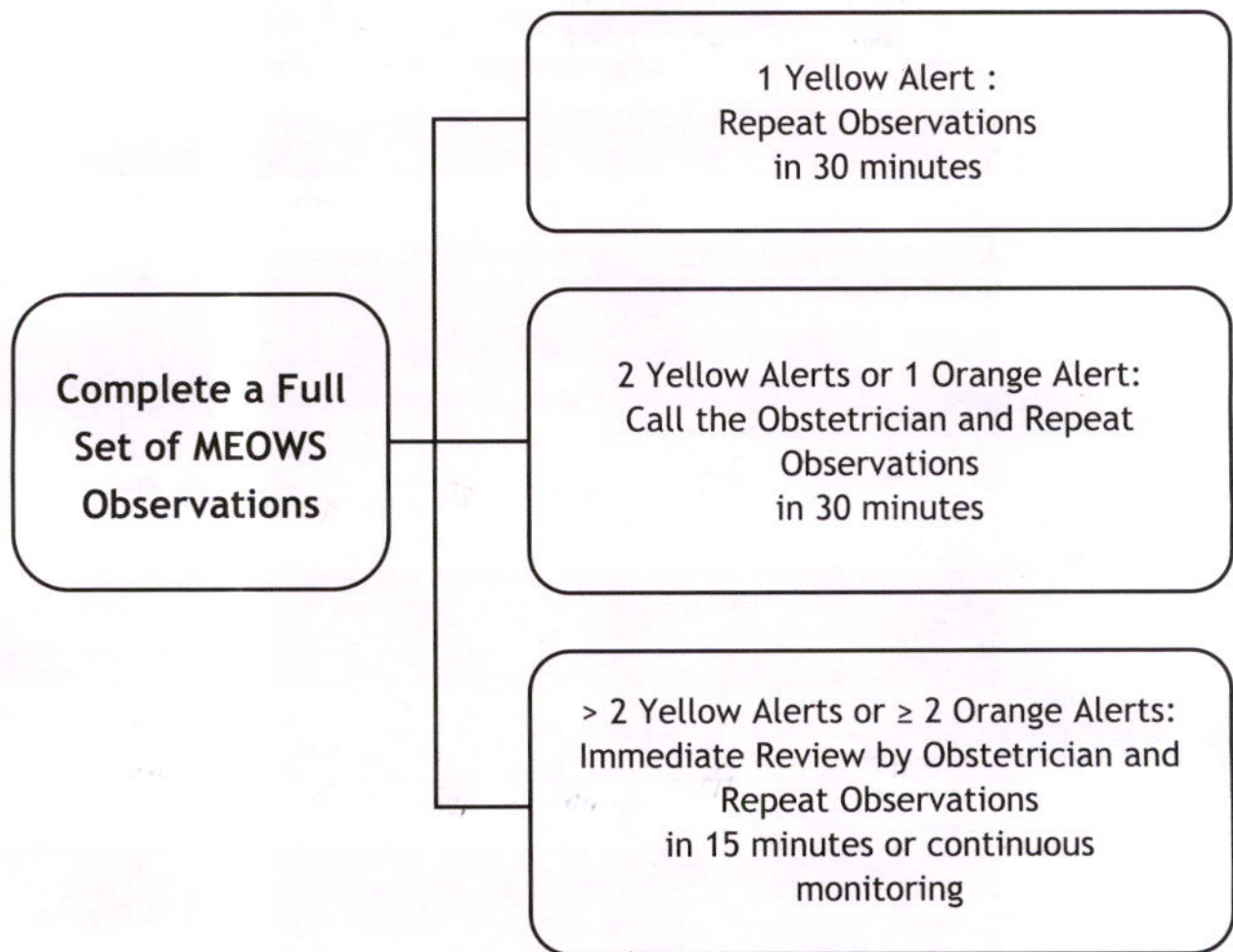


Lay waiting Observation Score Chart - Obstetrics

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		20		19		18		19		19		19		19		19		19		19	
	0 - 10																									
Saturations	94 - 100 %			97		97		99		99		99		99		99		99		99		99		99		
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36				36		36		36		36		36		36		36		36		36		36		36	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			75		85		79		80		75		83		75		83		75		75		75		
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			120		112		110		102		112		112		112		112		109		109		109		
	110																									
	100																									
	90																									
80																										
70																										
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80			80		83		70		69		63		62		62		62		70		70		70			
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
	Voice			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
	Pain			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
	Unresponsive																									
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		
	Heavy / Foul																									
Liquor	Clear / Pink			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		
	Green																									
TOTAL YELLOW SCORES				1		1		0		0		0		0		0		0		0		0		0		
TOTAL ORANGE SCORES				1		1		0		0		0		0		0		0		0		0		0		
Nurse Initial				BS		BS		P		P		P		P		P		P		P		P		P		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

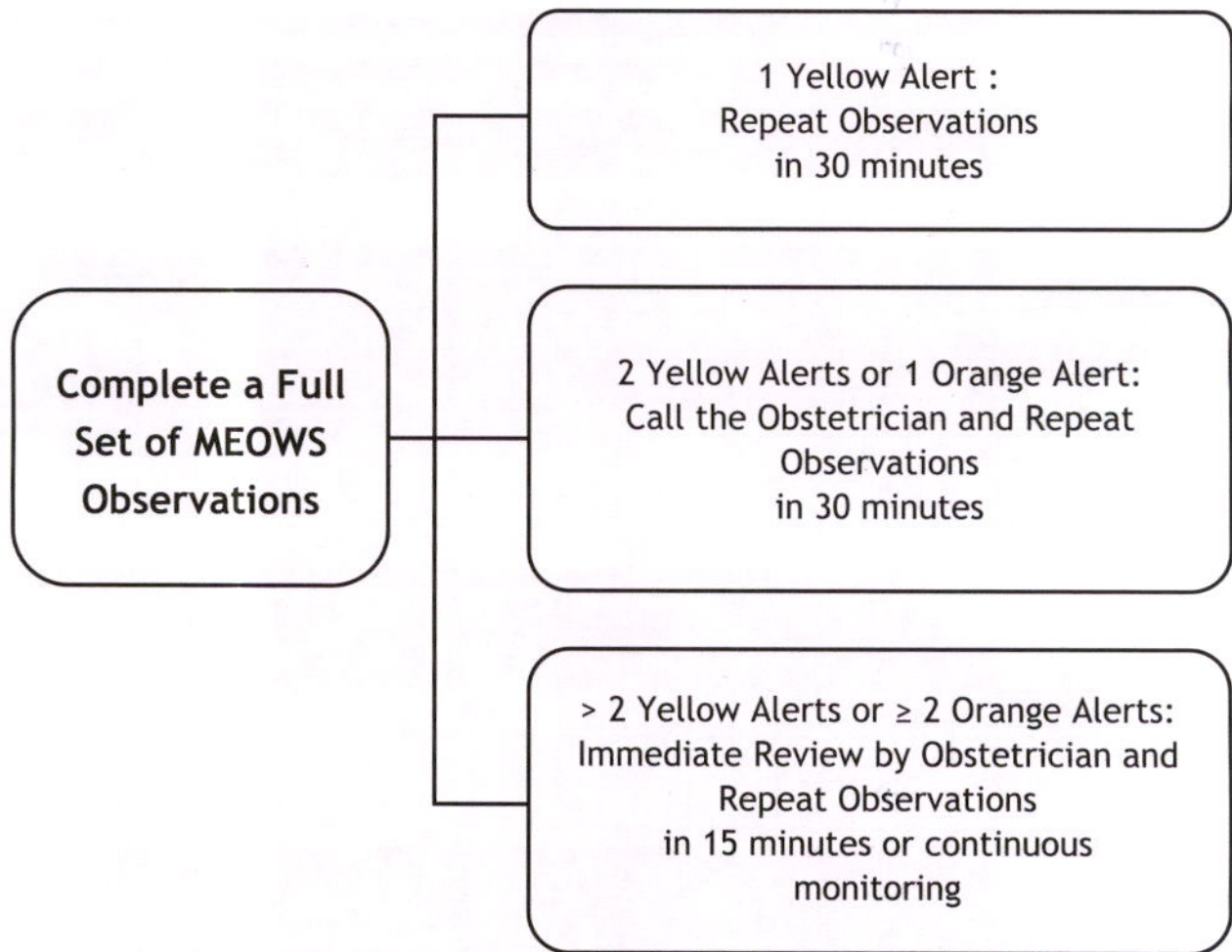


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198574
 Mrs S VASUDHA
 30-09-1996
 Dr. BHAVANA K
 29 Y 8 M 11 D (F)
 IP-00060306


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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	H ₂ O 50ml											
	09:00 pm	H ₂ O 100ml											
	10:00 pm	H ₂ O 50ml											
	11:00 pm	H ₂ O 100ml											
	12:00 am	H ₂ O 50ml											
	01:00 am	H ₂ O 100ml											
Total Intake : 450 ml						Total Output : Passed							
	02:00 am	H ₂ O 100ml											
	03:00 am	H ₂ O 120ml											
	04:00 am	H ₂ O 100ml											
	05:00 am	H ₂ O 100ml											
	06:00 am	H ₂ O 100ml											
	07:00 am	H ₂ O 100ml											
Total Intake : 600 ml						Total Output : Passed							
Total 24 hrs. Intake			850 ml			Total 24 hrs. Output			Passed				

Contractors

FHR

Time

Date

9pm 156blmt

10/15/12

10pm 144blmt

10/15/12

11pm 150blmt

10/15/12

12am 148blmt

10/15/12

1am 152blmt

N:1

2am 151blmt

3am 148blmt

N:1

4am 145blmt

5am 139blmt

6am 140blmt

7am 141blmt

8am 146blmt

9am 148blmt

10am 150blmt

11am 146blmt

11/6/12

12pm 150blmt

1pm 143blmt

JH-00198574
 Mrs S VASUDHA
 30-09-1996
 Dr. BHAVANA K
 IP-00060306
 29 Y 8 M 11 D (F)

FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/6	08:00 am	H ₂ O + Sorl							✓		11/6/26 @ 2Pm	
	09:00 am	H ₂ O + Sorl										
	10:00 am	H ₂ O + Sorl							✓			
	11:00 am	H ₂ O + Sorl										
	12:00 pm	H ₂ O + Sorl							✓			
	01:00 pm	NBM + RL 100ml/hr							Sorl			
Total Intake :		350ml			Total Output :					Passed		
11/6/26	02:00 pm	NBM + RL 500ml/hr							50ml		11/6/26 @ 2Pm	
	03:00 pm	NBM + RL 100ml, passes no "U" or "y" or "ine" or "uom" or "y"							50ml			
	04:00 pm	NBM + RL 100ml, passes							100ml			
	05:00 pm	NBM + RL "							100ml			
	06:00 pm	NBM + RL "							100ml			
	07:00 pm	NBM + RL 100ml/hr							100ml			
Total Intake :		1000ml			Total Output :					500ml		
12/6/26	08:00 pm								100ml		12/6/26	
	09:00 pm	H ₂ O							100ml			
	10:00 pm								100ml			
	11:00 pm	H ₂ O							100ml			
	12:00 am	H ₂ O							50ml			
	01:00 am								50ml			
Total Intake :					Total Output :							
12/6/26	02:00 am								50ml		12/6/26	
	03:00 am	H ₂ O							50ml			
	04:00 am								50ml			
	05:00 am	H ₂ O							100ml			
	06:00 am								100ml			
	07:00 am								50ml			
Total Intake :					Total Output :					1,800		

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

12 | 6 | 26

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

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

Total 24 hrs. Intake

Total 24 hrs. Output



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: UICU Shifted to: Roon (209)

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 METFORMIN	850 mg	PO	OD	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T IRON	1 TAB	PO	BD	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T CALCIUM	500mg	PO	OD	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T FOLIC ACID	5mg	PO	OD	10/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. HYDROXYZINE HYDROCHLORIDE	10mg	PO	OD	10/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6	T. FEXOFENADINE	120mg	PO	OD	10/6	<input type="checkbox"/> C <input checked="" 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. Ashwini

Date & Time: 10/6/26 9pm

Nurse Name & Signature: Prathisha A

Date & Time: 10/6/26 @ 9pm

VIH-00198574 IP-00060306
 Mrs S VASUDHA
 30-09-1996 29 Y 8 M 11 D (F)
 Dr. BHAVANA K



2



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: LW Shifted to: Room 202

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- THYROXINE	100 MCg	PO	ONCE DAILY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INI- CEFOTAXIME	1GM	IV	12M hly	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INI- ENOXAPARIN	40 MG	SC	ONCE DAILY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T- PARACETAMOL	1GM	PO	8M hly	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T- DICLOFENAC	50 MG	PO	8M hly	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	T- PANTOPRAZOLE	40 MG	PO	ONCE DAILY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	T- TRAMADO L	100 MG	PO	8M hly	11/6/26	<input checked="" 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. Geetha

Date & Time: 11/6/26 7PM

Nurse Name & Signature: Kamal Kaval

Date & Time: 11/6/26 7PM



DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight: 63kgs Ward: 160

Dr. Dabhi

DRUG: T. THYROXINE				Date Time
Dose	Route	Frequency	Start Date	11/6 13/6
100mcg	PO	ONCE DAILY	10/6/26 AM	
Name & Signature of the Doctor Starting the Drugs: Dr. Yogeshwar				
Additional Instructions: ON EMPTY STOMACH				
Daily Doctor's Endorsement by a Sign				

DRUG: TAB PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	
1gm	PO	QSD	11/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Shree				
Additional Instructions: STOP 11/6/26, SPIN				
Daily Doctor's Endorsement by a Sign				

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

VIH-00198574 IP-00060306
Mrs S VASUDHA
30-09-1996 29 Y 8 M 11 D (F)
Dr. BHAVANA K

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		10	212	103kg

ORAL PRESCRIPTIONS

DRUG : INJ. OLEXANE				Date	
				Time	
Dose	Route	Frequency	Start Dt.		
40mg	slc	OD	12/6		
Name & Signature of the Doctor starting the Drugs:					
[At 2 AM → on 12/6]					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

STOP
11/12/6, 5 AM

DRUG : T. PANTOPRAZOLE				Date	
				Time	12/6, 2/6
Dose	Route	Frequency	Start Dt.		
40mg	PO	ONCE DAILY	12/6/26	6 AM	
Name & Signature of the Doctor starting the Drugs:					
DR NAUSHEEN					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG : INJ CEFOTAXIME				Date	
				Time	11/6, 12/6
Dose	Route	Frequency	Start Dt.		
1GM	IV	12th HOURLY	12/6/26	11 AM	
Name & Signature of the Doctor starting the Drugs:					
DR NAUSHEEN					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

STOP
12/6/26, 11 PM

DRUG : TAB. PARACETAMOL				Date	
				Time	11/6, 11/6, 13/6
Dose	Route	Frequency	Start Dt.		
1GM	PO	8th hourly	11/6/26	6 AM	
Name & Signature of the Doctor starting the Drugs:					
Dr. Geesha					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

Dr D...
 Chik 11/6/26
 Dr D...
 Chik 11/6/26
 Dr D...
 Chik 11/6/26

G...
 11/6/26
 12/6/26
 13/6/26

Patient Name Dr. BHAVANA K	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

Do Jabbles
Chk 11/6/26

DRUG : T. DICLOFENAC				Date	11/6	12/6	13/6												
				Time															
Dose	Route	Frequency	Start Dt.																
50 MG	PO	8th hly	11/6/26																
Name & Signature of the Doctor starting the Drugs:				7 AM															
Additional Instructions:				3 PM															
Daily Doctor's Endorsement by a Sign.				11 AM															

Do Jabbles
Chk 11/6/26

DRUG : T. TRAMADOL				Date	11/6	12/6	13/6												
				Time															
Dose	Route	Frequency	Start Dt.																
100 MG	PO	8th hly	11/6/26																
Name & Signature of the Doctor starting the Drugs:				7 AM															
Additional Instructions:				3 PM															
Daily Doctor's Endorsement by a Sign.				11 AM															

Dr. Sharma 50
11/6/26 @ 8pm
Chk 11/6/26

DRUG : INT. ENOXAPARIN				Date	11/6	13/6													
				Time															
Dose	Route	Frequency	Start Dt.																
40 MG	SC	ONCE DAILY	11/6/26																
Name & Signature of the Doctor starting the Drugs:				6 AM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Do Jabbles

DRUG : TAB CEFIXIME				Date	12/6	13/6													
				Time															
Dose	Route	Frequency	Start Dt.																
200 MG	PO	12TH HOURLY	12/6																
Name & Signature of the Doctor starting the Drugs:				10 AM															
Additional Instructions:				10 PM															
Daily Doctor's Endorsement by a Sign.																			



		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
10/6	9:15 PM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signatures]
10/6/26	11:30 PM	T. METFORMIN	850 mg	PO	[Signature]	[Signatures]
11/6/26	3 AM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signatures]
11/6	12 PM	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	I.V.	[Signature]	[Signatures]
11/6	11:30 PM	ENEMA PROCTOCLYSIS	100 ML	PR	[Signature]	[Signatures]
11/6	12:05 PM	INJ. DEXTROVERINE	40 mg	I.V.	[Signature]	[Signatures]
11/6/26	1 PM	INJ PANTOPRAZOLE	40 mg	I.V.	[Signature]	[Signatures]
11/6/26	1:15 PM	INJ METOCLOPRAMIDE	10 mg	I.V.	[Signature]	[Signatures]
11/6/26	2:50 PM	8mg ALBUTEROL	100 mg	P/R	[Signature]	Rakesh [Signature]

VERIFIED BY : Ivarnie

Rajesh Holobas
[Signature]



I.V. FLUIDS CHART

Weight: 102 kg Ward: 110

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
10/6/26	7 PM	RINGER LACTATE	IV	EF	RS	R R	11/6	g g	R R
10/6/26	9:30 AM	RINGER LACTATE	IV	100 ml/hr	RS	R R	11/6	g g	Rakesh Rakesh
11/6	02 PM	Ringer lactate	IV	100 ml/hr	RS	Rakesh Rakesh	11/6	g g	Rakesh Rakesh
11/6	2:30 PM	Ringer lactate P4010 oxytocin	IV	150 ml/hr	RS	Rakesh Rakesh	11/6	g g	R R
11/6/26	5 PM	RINGER LACTATE	IV	100 ml/hr	RS	R R	11/6	g g	R R

Signature: 11/6

VERIFIED BY : Name