

Name	Mrs GANTA SUSHMITHA	UHID	VIH-00199072
Father/Guardian	Mr NIMMALA LAXMAN RAO	Age/Gender	31 Y 1 M 25 D/Female
Address	OLD ALWAL, KISTAMMA ENCLAVE, Secunderabad, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060484	Admission Date	25-06-2026
Ref Doctor	Self	Discharge Date	28-06-2026

### DISCHARGE SUMMARY

**Consultants:** Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** Primigravida with 38+6 weeks admitted for Induction of labour.

**EMERGENCY LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 26.06.2026**

#### **History:**

LMP: 26/9/2026

Obstetric formula: Primigravida

EDD: 3/7/2026

Gestation at admission: 38+6 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Name

Mrs GANTA  
SUSHMITHA

UHID

VIH-00199072

Medical History: Nil

Family History: Husband- Hypothyroidism

Father- HTN, DM, CAD

Surgical History: Right foot skin cyst excision in 2020

Allergies: Nil

**Antenatal Details:** Mrs GANTA SUSHMITHA was booked to Rainbow hospital at 7+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period. She was admitted at 38+6 weeks admitted for Induction of labour.

**Investigations:** Enclosed

Blood group: '**A**' **POSITIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. There was non progress of labour . Patient and attenders were explained about non progress of labour and Non descent of head and risk of MSL, fetal distress and risk of continuing with vaginal delivery and need for emergency lower segment cesarean section and they opted to emergency LSCS. She was decided for emergency C-section in view Non progress of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name

Mrs GANTA  
SUSHMITHA

UHID

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

  
**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**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 clear Liquor seen. Baby delivered with one loop of cord around loop. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 26/6/2026

Time of Delivery: 9:12:02 AM

Type of Delivery: Emergency LSCS

Indication: Non progress of labour

Analgesia: Spinal

**Baby Details:**

Date: 26/6/2026

Time: 9:12:02 AM

Sex: MALE

Weight: 3.937Kg

Apgar: 8/10, 10/10

Gestational Age: 39 Weeks

NICU Admission: No

Name

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**Post-Operative Notes:** Post Operative Period:

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

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 2/07/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 2/07/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 2/07/2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 2/07/2026 (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. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 1/7/2026 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](http://www.rainbowhospitals.in)**

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Your Right to a Safe Delivery

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 doctor .....in the language that I understand and I have understood the same.

Name: *Vamsi Krishna*

Relationship: *Brother*

This summary was explained by:

Summary prepared by: Dr.

  
Signature:

  
**Registrar/Resident/C.M.O**

**Dr. BHAVANA K**

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

**PatientName** : Mrs GANTA SUSHMITHA  
**Age/Gender** : 31 Y 1 M 24 D/ Female  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219

**Inpatient No.** : IP-00060484  
**Admit Date** : 25-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :25-06-2026 18:16	
HEMOGLOBIN (Colorimetry)	12.9	g/dL	12 - 16
RBC COUNT (DC detection method)	4.10	10 <sup>12</sup> /L	4 - 5.2
PCV/HCT (Calculated)	36.9	VOL%	33 - 51
MCV (Calculated)	90.1	fL	80 - 100
MCH (Calculated)	31.6	pg/cells	26 - 34
MCHC (Calculated)	35.1	g/dL	32 - 36
RDW-CV (Calculated)	12.9	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	170	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	9.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	7.61	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	72	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	22	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	5	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

VIH-00199072 IP-00060484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 24 D (F)  
 Dr. BHAVANA K



### ACTIVITY RECORD FOR BILLING

Name: -----  
 UHID No: ----- IP No: ----- Consultant: ----- Dept: -----  
 Date of Admission: 25/6/20 Time: 4:03 pm Date of Discharge: ----- Time: -----  
 Room / Bed No: 219 Ward: YW Suggested Billable bed type: -----





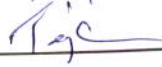
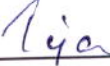
### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/20	8:45 pm	HU	OT	[Signature]
26/6/20	10:55 am	OT	MICU	[Signature]

### Cross Consultation Visit

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

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/6/26	NST at 2 <sup>30</sup> pm - (1)	R26-010168	
25/6/26	Camp	V126021513	
25/6/26	NST at 6 <sup>30</sup> pm - (2)	R26-010183	
25/6/26	NST at 10 <sup>30</sup> pm (3)	R26-010184	
26/6/26	NST @ :- 2:30 pm - (4)	R26-010185	
26/6/26	NST @ - 6:30 am - (5)	R26-010232	

Cross checked by manga 26/6/26 @ 4:26 pm







# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00199072 IP-00060484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 26 D (F)  
 Dr. BHAVANA K



Patient Name :

IP.No: 60489

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Transfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	04	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Consent for Surgery	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				Noted by Rupika 28/6/26 @9AM
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	medical Reconciliation	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Pain Assessment	1	✓	✓	
	Braden 'Q'	1	✓	✓	
	Others.	14	✓	✓	
	Total No. of Pages	55 pages			

Signature and Date: *[Signature]*  
 28/6/26 @12a

**ERROR LOG**

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060484

Admit Date : 25-Jun-2026

Admit Time : 04:03 PM UHID : VIH-00199072

### Patient Details :

Patient Name : Mrs GANTA SUSHMITHA

Age : 31 Y 1 M 24 D

Guardian : Mr NIMMALA LAXMAN RAO

DOB : 01-05-1995

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : OLD ALWAL, KISTAMMA ENCLAVE  
Secunderabad Hyderabad Telangana INDIA  
500003

Phone No : 7702520520/ 6281539639

E-mail : NA@GMAIL.COM

### Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

### Contact Details :

Name : Mr NIMMALA LAXMAN RAO

Relationship : W/O

Contact Address :

Phone No : 7702520520 / 7032208833



Signature

### Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/20 Time of Arrival: 3pm Time Seen by Nurse: 3pm

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

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

- Severe Pain / Moderate Pain
- Bleeding PV: Slight / Heavy
- Decreased Fetal Movement
- No Fetal Movement
- Preterm rupture of Membranes / Leaking Water PV
- Preterm Labor/ Labor
- Spontaneous Rupture of Membrane / Leaking Water PV
- Other Reason: for delivery

3) Vital Signs: Temperature: 98.6 F Pulse: 89 b/min RR: 20 b/min SpO<sub>2</sub>: 100% BP: 118/72 Weight: 70.80 kg

4) Gestational Criteria:

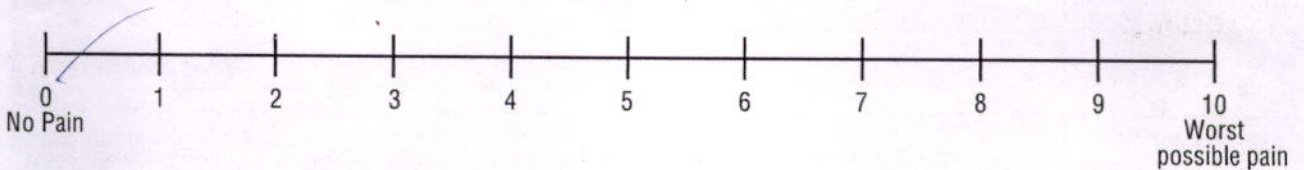
Gravida:	<u>G primi</u>	P -	L -	A -
----------	----------------	-----	-----	-----

LMP: 26/9/15 EDD: 3/7/2016 Gestational Age: 38+6 wki

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

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: (R) foot skin cyst excision
- b) Medical: my



7) Allergy:  Yes  No, If Yes : .....

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / 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: ..... 4 PM

Nurse Name : ..... Nurse Signature: .....  
*(Signature)*

Date: ..... 25/10/20 ..... Time: ..... 3 PM



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

**Baseline Information:**

Admission From:  ER     OPD     Admission Desk     Others, specify .....

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

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

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

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

If yes, identify .....

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**Chief Complaints:** .....    Doctor Notified on Admission:  Yes  No  
 ..... nil .....    Name of the Doctor: Dr Nishitha  
 .....    Time Notified: 4pm

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**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>(R) foot skin cyst excision</u>	<u>no</u>

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<p><b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: .....</p> <p>Onset of Menarche: .....</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>26/9/25</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: <u>POC</u></p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input 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 para ..... P nil ..... 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: hypothyroid

---

**Vital Signs / Measurements:**    Temp: 98.6    HR: 90 bpm    RR: 22 bpm

BP: 118/72 mmHg    Weight: 70.5 kg    Height: .....    BMI: .....

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**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 ..... 15 (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 Sushmitha

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... U. Sharan

Date & Time: ..... 25/10/20 at 3 pm

# PATIENT TRANSFER FORM

VIH-00199072 IP-00060484  
Mrs GANTA SUSHMITHA  
01-05-1995 31 Y 1 M 24 D (F)  
Dr. BHAVANA K



Date & Time of Admission 25/6/26 @ 4:30pm		Date & Time of Transfer Order 26/6/26 @ 8:45AM
Treating Consultant Dr. Bhavana K	Transfer ordered by Dr. Greeshma	Reason for Transfer Em LSCS
From Unit LW	To Unit OT	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 29	Number of Imaging films 5	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Dr. Greeshma

Name & Signature of Person who is Transferring Sr. Pooja	Name of Person Ordered Transfer Dr. Greeshma
---	---

Patient & Clinical records received by :


Sr. Jyothi

Date & Time of Patient Received: 8:45 am 26/6/26

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

Unavailable bed       Nurse not available       Available bed not ready

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00189072      IP-00060484 Mrs GANTA SUSHMITHA 01-05-1995      31 Y 1 M 25 D (F) Dr. BHAVANA K 		Date & Time of Admission 25/6/26 @ 4:30pm	Date & Time of Transfer Order 26/6/26 @ 8:45 AM 10. AM
		Transfer Ordered by Dr Brunda	Reason for Transfer post op care
From Unit OT	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films N/A (5)	Personal belongings including clinical documents. If any handed over to attendant 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 :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Yogeshwar			
Name & Signature of Person who is Transferring Azad		Name of Person Ordered Transfer Dr. Brunda	
Patient & Clinical Records Received by : Subram			
Date & Time of Patient Received :      26/6/26 10AM			

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.	Date & Time of Admission 25/6/26. 4:30pm	Date & Time of Transfer Order 26/6/26 at 3:30pm
Treating Consultant Name	Transfer Ordered by Dr. Nikhita.	Reason for Transfer observation
From Unit MICU	To Unit 207	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films NST - 5	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:-paracetamol - (13)	sterilization (1)
2.	Tab:-pan - (15)	
3.	Tab:-Tramadol - (10)	
4.	Tab:- Diclofenac - (10)	
5.	Sarel - (1) unsterilized - (1)	

Shifting Summary / Notes Written by Doctor : Yes  No

Dr - Nikhita

Name & Signature of Person who is Transferring Dr. K. Subramini	Name of Person Ordered Transfer Dr. Nikhita.
--	---

Patient & Clinical Records Received by :

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

2/15/2008 10:30 AM

1000 1000 1000

1000 1000 1000 1000 1000

1000 1000 1000 1000 1000 1000 1000 1000

1000 1000 1000 1000 1000 1000 1000 1000

1000 1000 1000 1000 1000 1000 1000 1000

1000 1000 1000 1000 1000 1000 1000 1000

1000 1000 1000 1000 1000 1000 1000 1000



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

LMP: 26/09/2025 EDD: \_\_\_\_\_  
 Corrected EDD: 3/7/2026 GA: 38 + 6 wks.

Obstetric Formula: Primigravida  
 ML - 14 months. NCM.

Menstrual History: Regular:  Yes  No

## Obstetric History:

## Obstetric Examination

G1 - Present pregnancy / sp. conception Fundal Height: -TG

Present Pregnancy Record: Booked to RCH  
 7 + 4 weeks. T1, T2, T3 uneventful.  
 Tdap vaccine 1 dose taken.

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

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

FHS:  Normal  Tachy  Brady  Absent  
 146 bpm.

## RISK FACTORS:

## Per Speculum Examination

Not done

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

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced  
 Os: Closed \_\_\_\_\_ Dilated 1 cm

Membranes:  Present  Absent  
 Liquor:  Clear  Meconium  Blood Stained  
 Presenting Part:  Vertex  Breech  Others  
 Sutton:  -3  -2  -1  0  +1  +2  
 Pelvis:  Adequate  Doubtful

Height: 154 cm  
 Weight: 70.80 kg  
 Allergies: Nil  
 Breast:  Normal  Abnormal  
 General Examination: pt is c/c/c  
 Consciousness: (+) Pallor:  
 Icterus: (-) Edema: (+)  
 Temp: Afebr. PR: 89 bpm  
 BP: 118/72 mmHg. DTR: (+)  
 CVS: S1S2 (+) RS BAE (+)  
 Liver/Spleen: NAD. Urine Output: Adeq.

## DIAGNOSIS

Primigravida @ 38 + 6 weeks

for induction of labour.



<p>Family History:          Husband - Hypothyroid.          Father - DM, HTN, CAD.</p>	<p>Surgical History:          Rt. foot skin cyst excision          in 2020.</p>
<p>Medical History:          Nil</p>	<p>Medication History:</p>
<p>Plan of Care:  <u>C/I to Dr. Bhavana mam</u></p> <ul style="list-style-type: none"> <li>- Admission consent</li> <li>- past preparation.</li> <li>- Tab. miso 25 mg po 2 doses only 6th hourly.</li> <li>- Ambulation</li> <li>- Biting ball exercises</li> <li>- Follow drug chart</li> <li>- FHR monitoring</li> <li>- NST 4th hourly.</li> <li>- Jufom sos.</li> <li>- send CBP.</li> </ul> <p><i>note by Sharun 25/6/26</i></p>	<p>Investigations: <span style="border: 1px solid black; padding: 2px;">BLT: 'A' POSITIVE</span></p> <p> <span style="font-size: 2em;">}</span>         HbA1c } NR.          HbSAg }          HcW }          VDRL }       </p> <p>• <u>Growth scan</u>          18/6/2026.          SLUF          37+6 wks.          Cephalic.          PL- post-high.          AFI - 16.7 cm.          AC - 76-1.          EFW - 3416 gm.          Doppler - (N).</p> <p>• <u>TIFFA scan</u>          18/2/2026          SLUF          20+5 wks.          PL- post-high.          CL - 34 mm.          No anomalies.</p> <p>• <u>NT scan</u>          24/12/25          SLUF          12+5 wks.          NT - 2.4 mm.</p> <p style="border: 1px solid black; padding: 5px; display: inline-block;">FTS - low risk</p>

Doctor Name: Dr. Nishita

Signature:

Date & Time: 25/6/2026 4 PM

Consultant Name: Dr. Bhavana K.

Signature:

Date & Time: 25/6/2026



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 4:30 PM	<p>olept dlc            cejaie            dybroie            BP - 115/70 mmg            PR - 826 PM            KENAD            PIA ut ~ TU            started            cephalic            FUR @ 1406 PM            PU - CX - lang            OS - 1cm            PPOX - 3/</p>	<p>Ado            - (N) diet            - NST 4th way            - Tab. Misoprostol            25 mcg PO            4 doses only            - DO birthing            ball exercises            monitor vitals            - follow drug            chart            - inform SOS.</p>
NST reactive		
T. miso 25mcg kept PO at 4:30 PM		
<i>noted by a shanvi 25/6/26 4 pm</i>		
25/6/26 6:40 PM	CBP - 129 / 7.81 / 1.72.	
		<p><i>[Signature]</i></p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	O/E Pt is alert	
8:30 PM	GC - fair	Adv
	Afebrile	- (N) S/S
	BP - 117/76 mmHg	- NCT usually
	PR - 78 bpm	- Biting Ball Exercises
NCT Reactive	S/E - NAD	- Monitor vitals
	PIA - U/W TG	- Follow drug chart
	Cephalic	- System ok
	Relaxed	
	FHR @ 150 bpm	
	Noted by practitioner	Dr. Bhavana K
		@ 8:30 pm
25/6/26	O/E Pt is alert	
10:30 PM	GC - fair	Adv
	Afebrile	- Clear liquids
	BP - 117/74 mmHg	- WIF POL
2nd dose	PR - 82 bpm	- NCT usually
TIMOLOLOL	S/E - NAD	- Biting Ball Exercises
25mg kept	PIA - U/W TG	- Monitor vitals
IV @ 10:30 PM	Cephalic	- Follow drug chart
	Relaxed	- System ok
	FHR @ 155 bpm	
	V/E - Ce-long	
	O/E	
	PPV 1-3	Dr. Bhavana K



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	O/E Pt is c/c	
2:30 AM	GC - fair	Adv
	Afebrile	- Clear Wounds
	BP - 118/76 mmHg	- WIF POL
	PR - 81 bpm	- NST utm help
NST Reactive	S/C - NAD	- Birthing Ball Exercises
	PIA - utm TG	- Monitor vitals
	Cephalic	- Follow drug chart
	Relaxed	- Inform ses
	FHR ⊕ 148 bpm	
	Noted by Prathyusha @ 2:30 Am	
	O/E Pt is c/c	
26/6/26	GC - fair	Adv
6:30 AM	Afebrile	- NBM
	BP - 117/81 mmHg	- WIF POL
	PR - 83 bpm	- NST utm help
	S/C - NAD	- Birthing Ball Exercises
	PIA - utm TG	- Monitor vitals
	Cephalic	- Follow drug chart
	Relaxed	- Inform ses.
	FHR ⊕ 150 bpm	
	Noted by Prathyusha @ 6:30 Am	

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26		
7AM	O/E - Gc fair, afeb	R
	80/min	4 attendants
NST (6:30AM)	BP - 100/70 mm Hg	counselled regarding
= Reactive	S/E - NAD	non-progress of labour,
Misoprostol	PIA - ut - FT	non-descent of head
2 doses	visitable	Risk of msl, foetal
given	cephalic	distress told
	FHS ⊕ 140/min	Decided for Em. LSCS
	Plv - 1cm dilated	Foley's catheterisation
	Cox 1 inch, soft	- PAC
	Humb ⊕, Vx 1-3/FA	
		@ Dr. Madhumita
	noted by	@
	progress	



3

PROGRESS NOTES AND DOCTOR'S ORDER

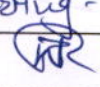
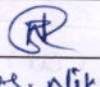
Date & Time	Progress Notes	Doctor's Order
26/06/26 10:15 AM	<p><u>POD-0 (LSCS)</u></p> <p>O/E Pt is c/d/c                      Gc fair                      Afebrile                      BP-115/100 mmHg                      PR-66 bpm                      S/E - NAD                      P/A - UT+WR                      Soft BS -/-</p>	<p><u>Adv</u></p> <p>- NBM x 4hr.                      - W/F bleeding pv                      - Monitor vitals                      - I/O charting                      - Rest                      - Follow drug chart                      - Inform sos</p>
<p>Vo - 210ml                      clear                      adequate</p>	<p>4E - NAB                      Baby <sup>A</sup>ms BCF ⊕</p>	<p>Dr. Yogeshwari</p>
26/6/26 2:15 PM	<p><u>POD-0 (LSCS)</u></p> <p>O/E Pt is c/d/c                      Gc fair                      Afebrile                      BP-108/67 mmHg                      PR-60 bpm                      S/E - NAD                      P/A - UT+WR                      Soft BS +/+</p>	<p><u>Adv</u></p> <p>- sips of water f/b clear liquids                      - soft diet at 8pm                      - W/F bleeding pv                      - Monitor vitals                      - Follow drug chart                      - I/O charting                      - Inform sos</p>
<p>Vo - 250ml                      clear                      adequate</p> <p>Pt can be shifted to room</p>	<p>4E - NAB                      Baby <sup>A</sup>ms BCF ⊕</p>	<p>Dr. Yogeshwari</p>

26/6/26 2:15 PM

Dr. Yogeshwari

VIH-00199072 IP-00060484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 25 D (F)  
 Dr. BHAVANA K

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	POD-0 (LSCS)	
9 pm	O/E - pt is c/c/c	Adv:
P/L	Gc - Fair	- soft diet
	Afebrile	- Adeq. Hydration
U/O	BP - 104 / 62 mmHg	- Ambulation
1300 ml clear, adeq.	PR - 64 bpm	- w/f bleeding pu
	S/E - NAD	- monitor vitals
	P/A - w - w/r	- Follow drug chart
	soft, BS (+)	- Infom Sas
	L/E - NAB	- No chstng
	Baby ← <sup>A</sup> <sub>M</sub> BF (+)	
		Dr. Nikhita
27/6/26	POD-1 (LSCS)	
8 AM	O/E - pt is c/c/c	Adv:
P/L	Gc - Fair	- soft diet
	Afebrile	- Adeq. Hydration
U/O	BP - 99 / 63 mmHg	- Ambulation
2650 ml clear, adequate	PR - 71 bpm	- monitor vitals
	S/E - NAD	- w/f bleeding
	P/A - w - w/r	- Follow drug chart
	soft, BS (+)	- Infom Sas
	L/E - NAB	
	Baby ← <sup>A</sup> <sub>M</sub> BF (+)	
		Dr. Nikhita

Nikhita  
 27/6/26  
 @ 8a

VIH-00199072 IP-00080484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 26 D (F)  
 Dr. BHAVANA K

(W)



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8pm	POD-1 (Post C/SCS)	
<del>UP - MNP</del>	o/e pt is d/c yc fair Afab BP- 101/70mmHg PR- 76bpm S/E NAD	Adv - Soft diet - w/f bleeding PV - Adeq Hydration - Monitor Vitals - Follow dry chart
	P/A soft BS(+) ut w/R CLENAB Baby MS B(+) MS	- Ambulation - Infom 800
		<del>Dr Nausheen</del>
27/6/26 7:45pm	POD-1 (Post C/SCS)	Note by Dr Nausheen 27/6/26 02pm
<del>urine passed</del> <del>Motion not passed</del>	o/e pt is d/c yc fair Afab BP- 116/72mmHg PR- 76bpm S/E NAD P/A soft BS(+) ut w/R CLENAB Baby B(+) MS	Adv - (N) Diet - w/f bleeding PV - Monitor Vitals - Follow dry chart - Ambulation - Hydration - Infom 800
noted by Dr Nausheen 28/6/26 @ 12am		<del>Dr Nausheen</del>





**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <i>Skimigallida 238+6 Wks</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure: <i>Skimigallida 238+6 Wks</i>		Post OP Day:				
BACKGROUND	Date		<i>25/6</i>	<i>26/6</i>	<i>26/6</i>	<i>26/6</i>	
	Shift		<i>2PM-8PM</i>	<i>N</i>	<i>MY</i>	<i>M</i>	
	Medical Condition (Any special condition to be noted):		-	-	-	-	
Diet:		<input checked="" type="checkbox"/>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		<i>RIA</i>	<i>RA</i>	<i>R/A</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:		<i>98.6 F</i>	<i>95.2 F</i>	<i>98.6 F</i>	<i>98.6 F</i>
		Res:		<i>19 blm</i>	<i>20 blm</i>	<i>20 blm</i>	<i>20 blm</i>
		SpO <sub>2</sub> :		<i>100%</i>	<i>96%</i>	<i>99%</i>	<i>99%</i>
		Pulse:		<i>65 blm</i>	<i>78 blm</i>	<i>84 blm</i>	<i>87 blm</i>
		BP:		<i>118/77/81</i>	<i>110/50/70</i>	<i>110/60</i>	<i>110/40/70</i>
	LOC:		<i>Responsive</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:		<i>nil</i>	<i>nil</i>	-	-	
Pain Score:		<i>0/1</i>	<i>0</i>	<i>1</i>	<i>15</i>		
Skin Integrity		<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
RECOMMENDATIONS	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:		<i>nil</i>	<i>nil</i>	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		<i>soft diet</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	
	Critical Lab Test / Values:		-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):		<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:		<i>w/f</i>	-	-	<i>w/f</i>		
Handed Over By Name :		<i>Shamli</i>	<i>Deepika</i>	<i>Azad</i>	<i>K. Sushu</i>	<i>Deepika</i>	
Signature / ID :		<i>S</i>	<i>016133</i>	<i>2607895</i>	<i>020177</i>	<i>607469</i>	
Date:		<i>25/6</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	
Time:		<i>@ 8PM</i>	<i>@ 8AM</i>	<i>11am</i>	<i>3:30pm</i>	<i>@ 8pm</i>	
Taken Over By Name :		<i>Teja</i>	<i>Jyothi</i>	<i>Sushu</i>	<i>Deepika</i>	<i>Aneek</i>	
Signature / ID :		<i>010977</i>	<i>016116</i>	<i>020177</i>	<i>607469</i>	<i>606607</i>	
Date:		<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	
Time:		<i>at 5:00 PM</i>	<i>8:00 AM</i>	<i>10:30 AM</i>	<i>@ 3:30pm</i>	<i>@ 8pm</i>	



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Primigravida c 38+6 weeks</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure: <u>-</u>	Post OP Day: <u>-</u>					
BACKGROUND	Date	<u>26/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>N</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	<u>Liquids</u>	<u>Liquids</u>	<u>-</u>	<u>-</u>	<u>-</u>	
ASSESSMENT	Diet:	<u>Liquids</u>	<u>Liquids</u>	<u>3 diet</u>	<u>3 diet</u>	<u>3 diet</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.7°F</u>	<u>98.6</u>	<u>98.1°F</u>	<u>98.1°F</u>
		Res:	<u>25b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>19b/m</u>	<u>19b/m</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>104 b/m</u>	<u>108 b/m</u>	<u>110/74</u>	<u>85 b/m</u>	<u>80 b/m</u>
		BP:	<u>112/63 mmHg</u>	<u>119/61</u>	<u>114/74</u>	<u>111/70 (99)</u>	<u>110/70</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
		Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		<u>Liquids</u>	<u>Liquids</u>	<u>3 diet</u>	<u>3 diet</u>	<u>3 diet</u>	
Critical Lab Test / Values:		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Handed Over By Name :	<u>Akanksha</u>	<u>Deepika</u>	<u>Maala</u>	<u>Akanksha</u>	<u>Deepika</u>		
Signature / ID :	<u>606607</u>	<u>014924</u>	<u>016457</u>	<u>606607</u>	<u>607469</u>		
Date:	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>		
Time:	<u>@ 8pm</u>	<u>@ 8pm</u>	<u>@ 8pm</u>	<u>@ 8pm</u>	<u>@ 2pm</u>		
Taken Over By Name :	<u>Roja</u>	<u>Spide</u>	<u>Akanksha</u>	<u>Deepika</u>	<u>File Sender on</u>		
Signature / ID :	<u>014924</u>	<u>016457</u>	<u>606607</u>	<u>607469</u>	<u>File Sender on</u>		
Date:	<u>27/6/26</u>	<u>27/6/26</u>	<u>27/6/26</u>	<u>28/6/26</u>	<u>28/6/26</u>		
Time:	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>28/6/26</u>		

VIH-00199072 IP-00060484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 24 D (F)  
 Dr. BHAVANA K



1

# NURSING CARE RECORD

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm 7pm	Assessed the Patient Received Patient safety	3pm 7pm	Practical said. Rails Prevent infection	Vitals is Normal	Patient is ok Patient is	Shama 25/6 @8pm
Night	10pm 6am	maintain fluid Balance monitor vitals	10pm 6am	Encourage to take oral fluids Checked vitals	Provided oral fluids Vitals are normal	Patient was dehydrated Patient was Stable	Shama 10pm 25/6 @GAN 26/6/26

# NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	ensure safety	10 AM	provided side rails	prevent fall	patient safe	} 26/6/26 18m
	11pm	maintain fluid balance	1pm	prevent dehydration	RL 100ml/hr	patient well hydrated	
Afternoon	2pm	Relieve Pain	2pm	Analgesic given	Pain relief	patient calm	} 26/6/26 2pm Dusika 26/6/26 @ 8pm
	5pm	Maintain fluid balance	8pm	To give oral liquids	To prevent dehydration	vitals checked	
Night	8pm	- Ensure safety - maintain fluid balance.	8pm	- To give oral liquids	- vitals are normal	patient is stable	Akanish 27/6/26 @ 8pm

# NURSING CARE RECORD

Date: 2/16/26

VIH-00199072 IP-00060484  
Mrs GANTA SUSHMITHA  
01-05-1995 31 Y 1 M 25 D (F)  
Dr. BHAVANA K



Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Maintain fluid balance	11am	* Encourage to take oral fluids	* Provided oral fluids	* Re-Assessment was done every 4th hourly vitals checked.	Pooja 2/16/26 @ 9pm
Afternoon	3pm	Maintain fluid balance ensure safety	3:30pm	Maintained oral intake provided side rails	monitored for dehydration monitored for fall risk	Re assessment done every 4th hourly vital checked pt is stable	Dial 2/16/26 @ 8pm
Night	10 pm	* maintain personal hygiene. * Ensure Safety.	11 pm	* Maintained good personal hygiene. * floor should be clean & dry.	* Prevented Cross Infection * Reduced falls Risk.	* Re-Assessment Done. pt condition is stable.	Abankha 2/16/26 @ 8pm



# NURSING CARE RECORD

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure safety	2pm	To provide side rails	To provide safety	Re-Assessment was done patient is stable	Durika 28/6/26 @ 2pm
Afternoon				<u>Discharge Notes</u> Doctor came for rounds patient is safe Doctor said patient to get discharge			Durika 28/6/26 @ 9am
Night				Noted by Durika 28/6/26 @ 9pm			

**GENERAL CONSENT FOR TREATMENT**

<b>Patient Name:</b>	<b>Mrs GANTA SUSHMITHA</b>	<b>Age :</b>	<b>31 Y 1 M 24 D</b>
<b>IP No:</b>	<b>IP-00060484</b>	<b>Sex:</b>	<b>Female</b>
<b>Consultant:</b>	<b>Dr. BHAVANA K</b>	<b>Ward/Bed No:</b>	<b>N 2F-LABOUR WARD/LW 219</b>

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the re of the patient.

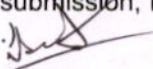
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

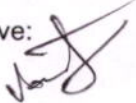
"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

**Note:**

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: 


Name: ~~Mrs Ganta~~ N. Jagan Reddy


Relationship: Husband

Date: 25-06-2020

Time:

Patient Address:  
 OLD ALWAL, KISTAMMA ENCLAVE  
 Secunderabad Hyderabad Telangana  
 INDIA 500003

Wittness Name: 

Wittness Signature: 

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mrs. Ganta Sushmitha Gender:  Male  Female Age : 31 yrs

UHID No : 199072/60484 Date : 26/6/26

### 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 CAESAREAN SECTION

upon MRS. GANTA SUSHMITA  
(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.

INFECTION, INJURY TO BOWEL, BLADDER  
BLEEDING, NEED FOR BLOOD TRANSFUSION

### 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. BHAVANA K.

### Consentee :

Signature : G. Suf

Name : Mrs. Sushmitha

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

Witness : (Mother)

Signature : G. Jyothi Rani

Name : Mrs. Jyothi Rani

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

### Patient Attendant :

Signature : N. Lakshman Rao

Name : N. Lakshman Rao

Relationship with Patient : Husband

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

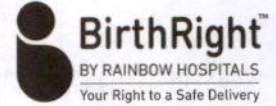
### Doctor (who is taking the consent) :

Signature : (Signature)

Name : A. Madhumita

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

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



Patient Name : Mr. G. Sushanth Age : 31 Gender : Male  Female

UHID NO: ..... Surgeon Name: Dr. Bhavana K.

Anaesthesiologist : Dr. S. S. / Dr. Bhavana K.

Operative procedure planned : Emergency

## 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 anaesthetics 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 : ASA II, Blood loss, Blood transfusion

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mr. Sushanth K. the above mentioned operation / Diagnostic / Therapeutic procedures Emergency.

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 : G. Sushmita

Name : Ganta Sushmita

Relationship with Patient: .....

Date & Time : 26/6/26 @ 7:30am

**Witness :**

Signature : N. Ganman Rao

Name : .....

Date & Time : .....

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

Signature : SAC B. RAGAVI

Name : SAC B. RAGAVI

Date & Time : 26/6/26 / 7:30am

A-00199072 IP-00060484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 25 D (F)  
 Dr. BHAVANA K



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. BHAVANA K.	Date of Delivery: 26/06/2026
Assistant Surgeon: DR MOUNIKA	Time of Delivery: 9:12:02 AM
Anaesthetist's Name: DR BRUNDA	Gender of Baby: MALE
Type of Anaesthesia: SPINAL	Weight of Baby: 3.937 kg
Neonatologist: DR VISHAL	AGPAR Score: 8/10, 10/10
Scrub Nurse: SJ MARIA,	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

- Elective       Emergency      Indication: Non progress of Labour.
- Urgency
- Immediate Threat to life of woman or fetus
  - Maternal or fetal compromise not immediately life threatening
  - No maternal or fetal compromise but needs early delivery
  - Delivery timed to suit woman and staff

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

CTG Description: .....

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

Surgical Procedure: Emergency lower segment caesarean section under spinal anaesthesia

### Post Operative Diagnosis:

### Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

VIH-00199072 IP-00080484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 26 D (F)  
 Dr. BHAVANA K



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 26/6/26

**To Be Filled In By Assigned Nurse:**

Department: HLW Duration of Procedure: 1hr  
 Name of Surgeon: Dr. Bhavana Date of Admission: 25/6/26

**Bundle Care Criteria: (Tick (✓) if done)**

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Dry. cefotaxime 1gm</u>	
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: <u>S.S. Kishore</u> Date & Time of antibiotic administration: <u>26/6/26 8:00am</u> Date & Time procedure started: <u>26/6/26 at 8:55am</u>	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. GANTA SUSHMITHA Age : 31 Y Gender :  M  F

UHID / IP No. : VH-00199072 / 60484 Date : 25/6/2026 Time : 3:15 PM

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

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

**Consentee :**

Signature : G. Suf

Name : Mrs. GANTA SUSHMITHA

Date & Time : 25/6/2026

**Patient Attendant :**

Signature : N. Laxman Rao

Name : Nimmala Laxman Rao

Relationship with Patient : Husband

Date & Time : 25/6/2026 3:15 PM

**Witness:**

Signature : \_\_\_\_\_

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

Date & Time : \_\_\_\_\_

**Doctor :**

Signature : H

Name : Dr. Ashwini

Date & Time : 25/6/2026 3:15 PM

## Induction of Labor Consent

Name: Mrs. GANTA SUSHMITHA.

Date of Birth: 2/05/1995.

ANC No: 10295/0/25.

Consultant: Dr. BHAVANA K.

Registration Number: UH-00199072

You are scheduled for an induction of labor on 25/6/2026 (date) at 38+6 (weeks of gestation).

The reason for your induction is TERM GESTATION

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

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

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

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

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

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

G. S.

Parents Signature

25/6/2026

Date

N. Lakshman Red.

Husband's Signature

25/6/2026

Date

Dr. Ashwin

Doctor's Signature

25/6/2026

Date

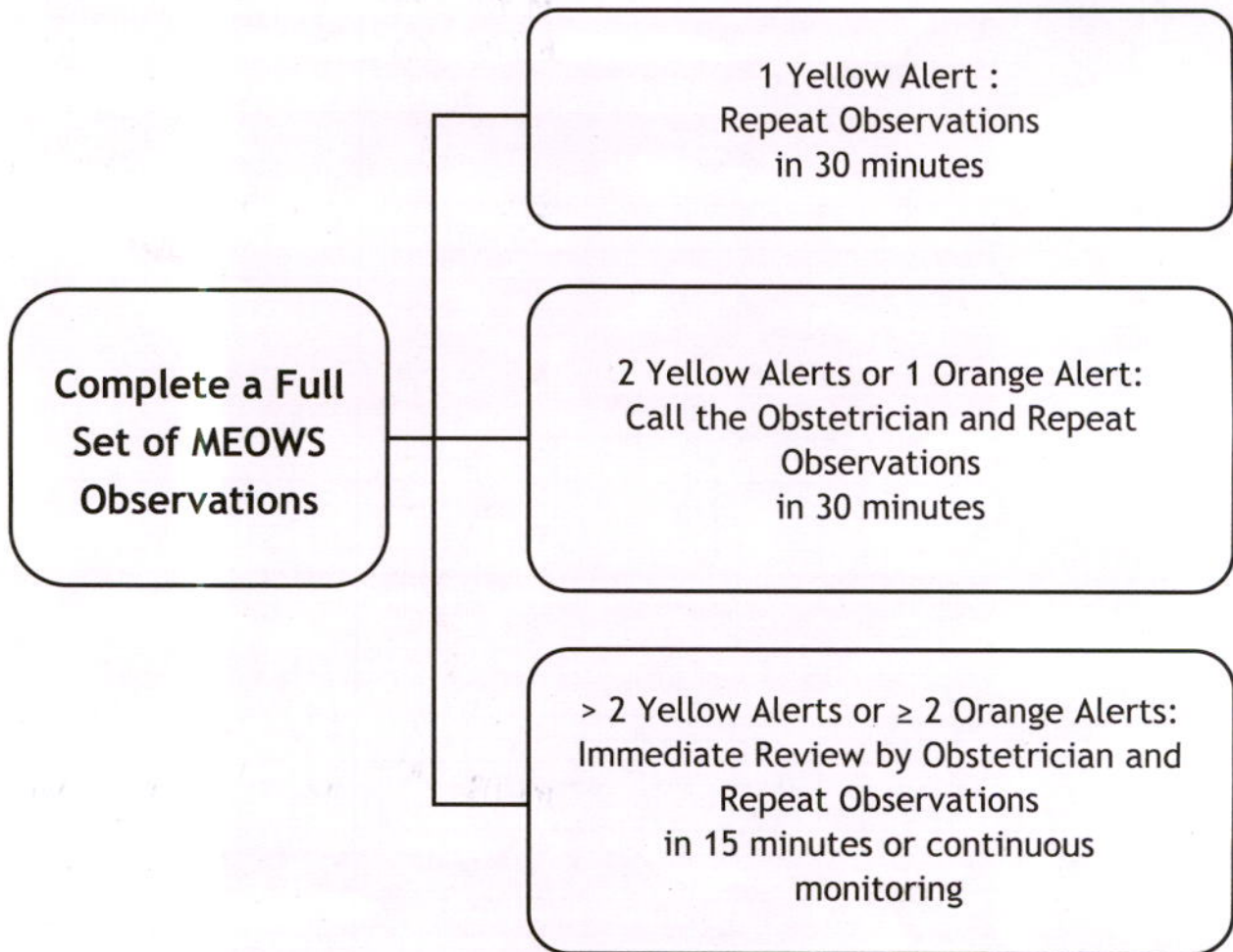


# Early Warning Observation Score Chart - Obstetrics

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

		Date																										
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20														19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																											
Saturations	94 - 100 %														60	100	99	99	99	99	99	99	99	99	99	99		
	< 94 %																											
Administered O <sub>2</sub> (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36														36.5	36	36	36	36	36	36	36	36	36	36	36	36	
	< 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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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)



2

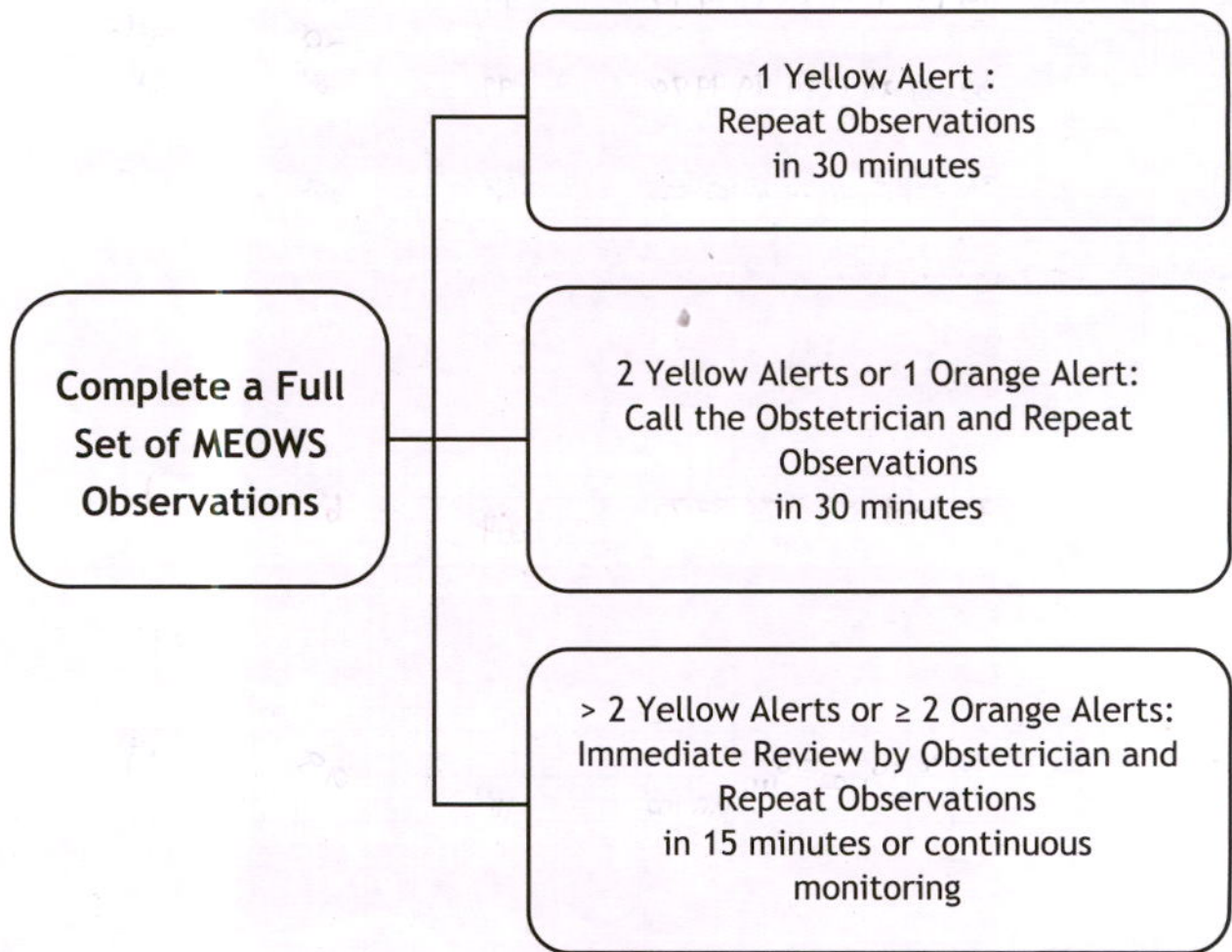


# Early Warning Observation Score Chart - Obstetrics

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	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O <sub>2</sub> (L/min.)		99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
Temp °C	40																									
	39																									
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	37	36	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
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	110																									
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	80																									
	70	71	80	80	83	84	80	87	70	64	65	71	81													
	60																									
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Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
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	130																									
	120	120	110	110	112	106	110	105	102	104	93	99	86													
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Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70	65	60	87	82	70	60	60	62	64	68	61													
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		D	D	E	E	E	E	E	E	D	D	E	E	E	E	E	E	E	E	E	E	E	E			

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

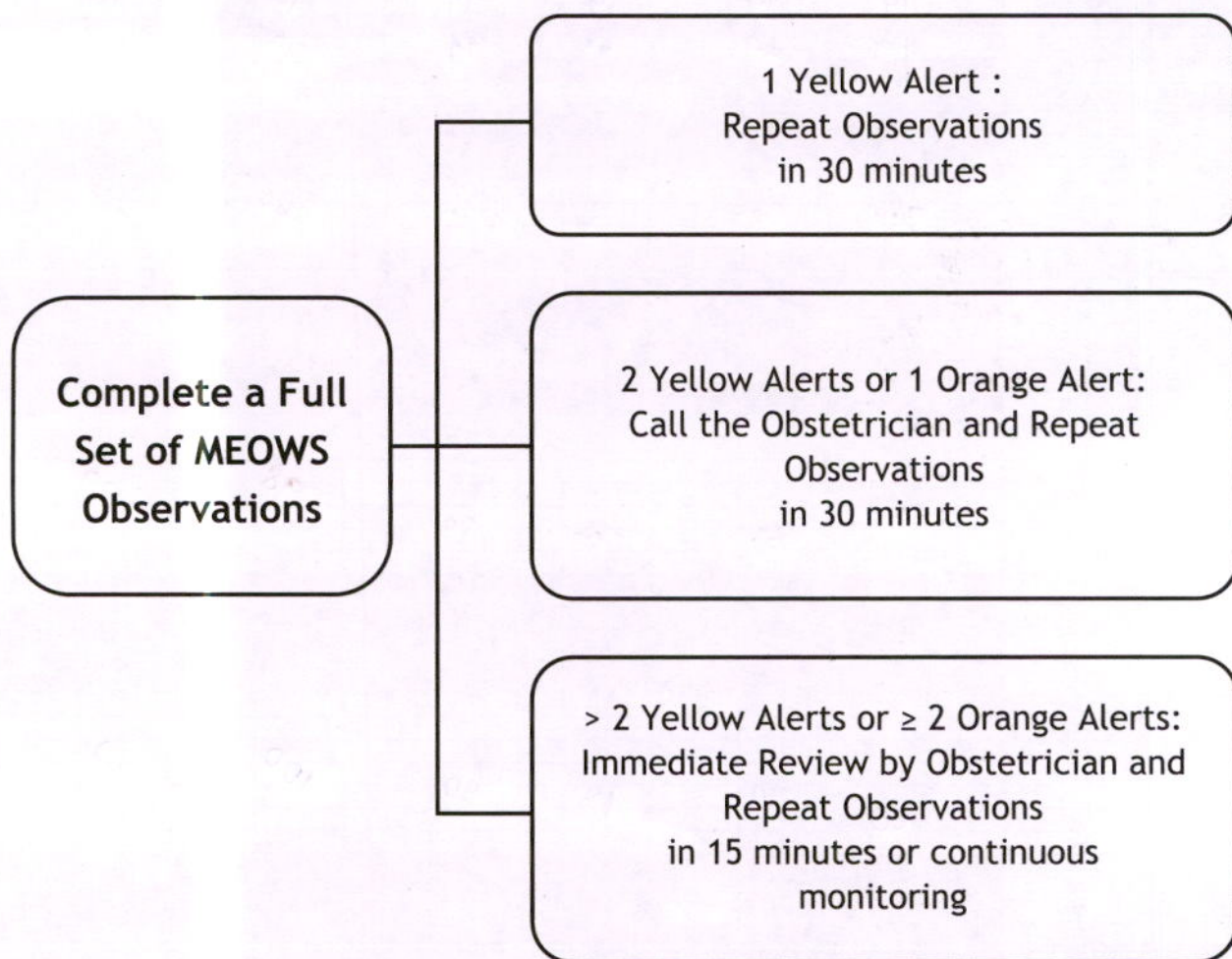


## Early warning Observation Score Chart - Obstetrics

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		19			19			19				19				19				19			19			
Saturations	0 - 10																														
	94 - 100 %				99		99			99			99				99				99				99			99			
< 94 %																															
Administered O <sub>2</sub> (L/min.)																															
Temp °C	40																														
	39																														
	38																														
	37																														
	36				36C		36C			36C			36C				36C				36C				36C			36C			
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70				75		67			72			80				98				89				88						
60																															
50																															
40																															
Systolic Blood Pressure	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100				100		111			105			110				100				102				111						
	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				NA		NA			m		m			NA					NA			NA						NA		
	Heavy / Foul																														
Liquor	Clear / Pink				NA		NA			m		m			NA					NA			NA						NA		
	'Green																														
TOTAL YELLOW SCORES				0		0			0			0			0				0			0			0				0		
TOTAL ORANGE SCORES				0		0			0			0			0				0			0			0				0		
Nurse Initial				AB		AF			N			2			2				2			2			2				2		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00199072 IP-00080484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 25 D (F)  
 Dr. BHAVANA K



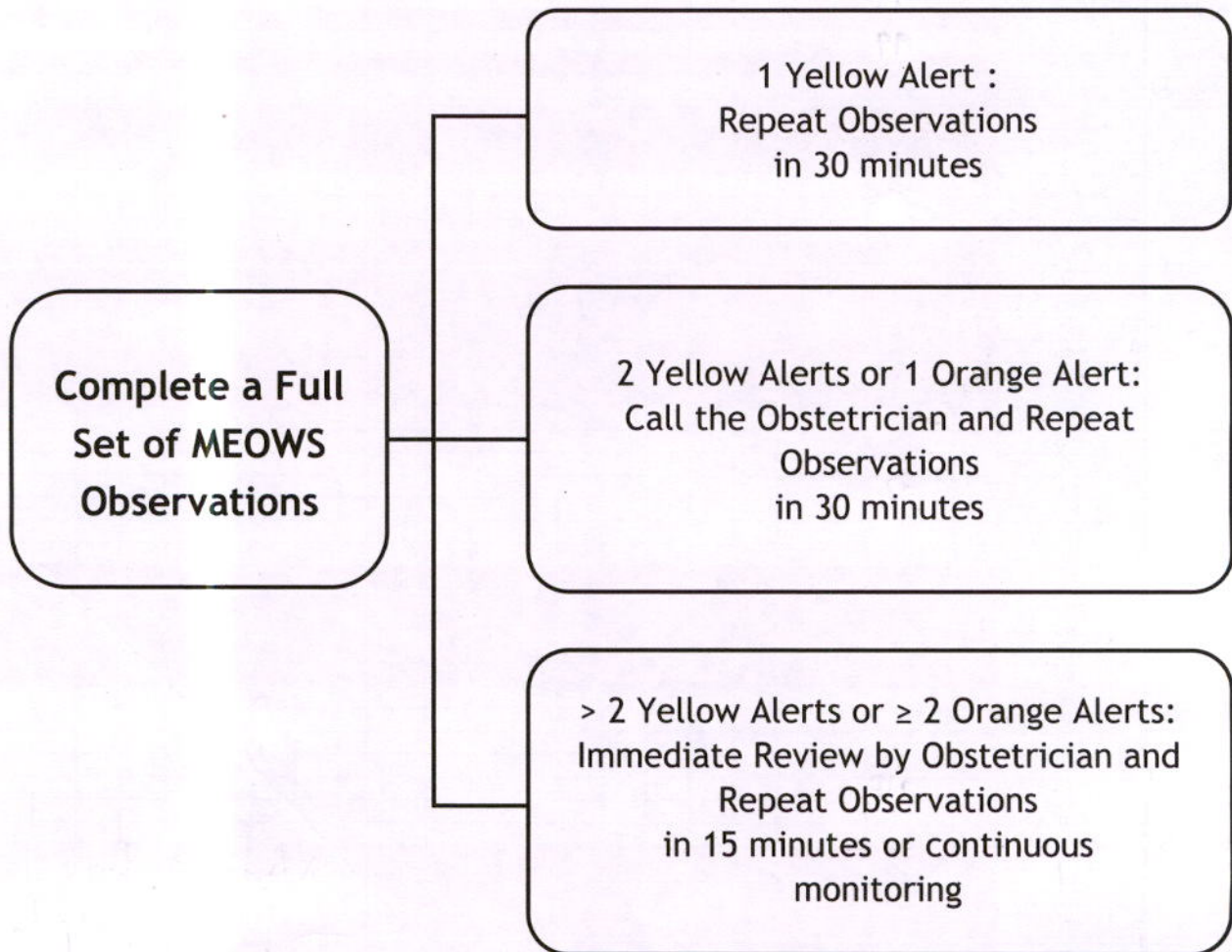
## Early Warning Observation Score Chart - Obstetrics

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			19																					
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			37.6																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82																					
	70																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			110																					
	90																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40			65																					
	NEURO RESPONSE [✓]	Alert			✓																				
Voice																									
Pain																									
Unresponsive																									
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul			NA																					
Liquor	Clear / Pink																								
	Green			NA																					
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				D																					

Noted by  
 Deepika, 28/6/26  
 @ 10AM

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

# FLUID CHART

Sheet No. : 1

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		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											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm											
	04:00 pm	H <sub>2</sub> O 50ml										
	05:00 pm	H <sub>2</sub> O 50ml										
	06:00 pm	H <sub>2</sub> O 100ml										
	07:00 pm	H <sub>2</sub> O 100ml										
<b>Total Intake : 300 ml</b>					<b>Total Output : Passed</b>							
	08:00 pm	H <sub>2</sub> O 100ml										
	09:00 pm	H <sub>2</sub> O 50ml										
	10:00 pm	H <sub>2</sub> O 100ml										
	11:00 pm	H <sub>2</sub> O 100ml										
	12:00 am	H <sub>2</sub> O 100ml										
	01:00 am	H <sub>2</sub> O 50ml										
<b>Total Intake : 500ml</b>					<b>Total Output : Passed</b>							
	02:00 am	H <sub>2</sub> O 50ml										
	03:00 am											
	04:00 am	H <sub>2</sub> O 100ml										
	05:00 am											
	06:00 am	H <sub>2</sub> O 50ml										
	07:00 am	H <sub>2</sub> O 50ml										
<b>Total Intake : 250ml</b>					<b>Total Output : Passed</b>							
<b>Total 24 hrs. Intake</b>		<b>1050ml</b>			<b>Total 24 hrs. Output</b>					<b>Passed</b>		

# For Montoy chart

Date	Time	For	Contraactions	Time	FHR	Contract
25/6/20	4pm	- 140 b/mt		7AM	141 b/mt	
	4 <sup>30</sup> pm	- 138 b/mt		7:30AM	146 b/mt	
	5pm	- 136 b/mt		8AM	136 b/mt	
	5 <sup>30</sup> pm	- 142 b/mt	- nil	8:30AM		
	6pm	- 141 b/mt		9AM		
	6 <sup>30</sup> pm	- 130 b/mt		9:30AM		
	7pm	- 136 b/mt				
	7 <sup>30</sup> pm	- 140 b/mt				
	8pm	- 144 b/mt				
	8:30pm	- 138 b/mt				
	9pm	- 140 b/mt				
	9:30pm	- 152 b/mt				
	10pm	- 146 b/mt				
	10:30pm	- 150 b/mt	- nil			
	11pm	- 142 b/mt				
26/6/26	11:30pm	- 136 b/mt				
	12am	- 138 b/mt				
	12:30am	- 148 b/mt				
	1am	- 151 b/mt				
	1:30am	- 146 b/mt	- nil			
	2am	- 139 b/mt				
	2:30am	- 134 b/mt				
	3am	- 151 b/mt				
	3:30am	- 136 b/mt				
	4am	- 132 b/mt				
	4:30am	- 136 b/mt				
	5am	- 142 b/mt				
	5:30am	- 138 b/mt				
6am	- 147 b/mt					
6:30am	- 136 b/mt					

VIH-00199072 IP-00080484  
 Mrs GANTA SUSHMITHA  
 01-05-1995 31 Y 1 M 26 D (F)  
 Dr. BHAVANA K



# FLUID CHART

Sheet No. : 3

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

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							
28/6/26	08:00 am						✓			✓		Deepika 28/6/26 @ 2pm
	09:00 am	Tilly										
	10:00 am	+										
	11:00 am											
	12:00 pm	H <sub>2</sub> O								✓		
	01:00 pm	H <sub>2</sub> O										
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>												
<b>Total 24 hrs. Output</b>												



# 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
29/6/26	08:00 am											
	09:00 am	RL	NBM	FP						0		RA
	10:00 am	RL	NBM	in 800 ml					400ml	0		RA
	11:00 am	RL	100ml						100ml	0		RA
	12:00 pm	RL	100ml						50ml	0		RA
	01:00 pm		NBM + RL	100ml					200ml	0		26/6/26
<b>Total Intake :</b>			1300ml			<b>Total Output :</b>					750ml	
26/6/26	02:00 pm	H <sub>2</sub> O	50ml						50	0		RA
	03:00 pm	H <sub>2</sub> O	50ml						50ml	0		26/6/26
	04:00 pm	H <sub>2</sub> O							100ml	0		3PM
	05:00 pm								100ml	0		RA
	06:00 pm	H <sub>2</sub> O	30ml						100ml	0		Dupileg
	07:00 pm	H <sub>2</sub> O	50ml						100ml	0		26/6/26
<b>Total Intake :</b>						<b>Total Output :</b>					500ml	
26/6/26	08:00 pm		Soft						150ml	0		RA
	09:00 pm		dry						150ml	0		RA
	10:00 pm								100ml	0		RA
	11:00 pm								100ml	0		RA
	12:00 am		H <sub>2</sub> O						100ml	0		RA
	01:00 am								100ml	0		RA
<b>Total Intake :</b>						<b>Total Output :</b>					700ml	
26/6/26	02:00 am								100ml	0		RA
	03:00 am								100ml	0		RA
	04:00 am		H <sub>2</sub> O						100ml	0		RA
	05:00 am								100ml	0		RA
	06:00 am								100ml	0		RA
	07:00 am								200ml	0		RA
<b>Total Intake :</b>						<b>Total Output :</b>					700ml	
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>					2650ml	



# FLUID CHART

Sheet No. : .....

27/6/26

- 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					
27/6/26	08:00 am											} 27/6/26 @ 8am			
	09:00 am										} 27/6/26 @ 8am				
	10:00 am								✓				} 27/6/26 @ 8am		
	11:00 am													} 27/6/26 @ 8am	
	12:00 pm														} 27/6/26 @ 8am
	01:00 pm														
<b>Total Intake :</b>			<b>Total Output :</b>												
27/6/26	02:00 pm											} 27/6/26 @ 8am			
	03:00 pm										} 27/6/26 @ 8am				
	04:00 pm								✓				} 27/6/26 @ 8am		
	05:00 pm													} 27/6/26 @ 8am	
	06:00 pm														} 27/6/26 @ 8am
	07:00 pm														
<b>Total Intake :</b>			<b>Total Output :</b>												
28/6	08:00 pm											} 28/6/26 @ 8am			
	09:00 pm										} 28/6/26 @ 8am				
	10:00 pm								✓				} 28/6/26 @ 8am		
	11:00 pm													} 28/6/26 @ 8am	
	12:00 am								✓						} 28/6/26 @ 8am
	01:00 am														
<b>Total Intake :</b>			<b>Total Output :</b>												
28/6	02:00 am											} 28/6/26 @ 8am			
	03:00 am										} 28/6/26 @ 8am				
	04:00 am								✓				} 28/6/26 @ 8am		
	05:00 am													} 28/6/26 @ 8am	
	06:00 am								✓						} 28/6/26 @ 8am
	07:00 am								✓						
<b>Total Intake :</b>			<b>Total Output :</b>												

**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: ..... 99 ..... Shifted to: ..... 4m .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB . IRON .	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB . CALCIUM .	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB . FOLIC ACID	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input 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. NISHITA .....

Date & Time : ..... 25/6/2026 . 5 PM .....

Nurse Name & Signature: .....  C. Shanu .....

Date & Time : .....  25/6/26 5pm .....



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: ..... 210 ..... Shifted to: ..... 207 .....

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	INS CEFOTAXIME	1gm	IV	12TH HOURLY	26/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1gm	PO	6TH HOURLY	26/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50mg	PO	8TH HOURLY	26/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. TRAMADOL	100mg	PO	2TH HOURLY	26/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	26/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. YOUNESHWARI .....

Date & Time : ..... 26/6/2026 2:15 PM .....

Nurse Name & Signature : ..... K. Subashini .....

Date & Time : ..... 26/6/26 2:15 PM .....

VIH-00199072 IP-00060484

Mrs GANTA SUSHMITHA

01-05-1995 31 Y 1 M 25 D (F)

Patient Name: Dr. BHAVANA K

I.P. No.

Sheet No. (1)

Wards: MICU-

Weight (kg): 70.50 kg

**REGULAR PRESCRIPTIONS**

*Dr. Dandekar*

<b>DRUG : T. PANTOPRAZOLE</b>				Date/Time															
Dose	Route	Frequency	Start Dt.	26/6/26	8 AM														
40 mg	PO	ONCE DAILY	26/6/26																
Name & Signature of the Doctor starting the Drugs:																			
<i>Dr. Yashwanth</i>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

*Dr. Dandekar*

<b>DRUG : T. CEFIXIME</b>				Date/Time															
Dose	Route	Frequency	Start Dt.	26/6/26	10 AM														
200mg	PO	12th Hourly	26/6/26																
Name & Signature of the Doctor starting the Drugs:																			
<i>Dr. Nausheen</i>																			
Additional Instructions:				10 PM															
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-00199072 IP-00060484  
Mrs GANTA SUSHMITHA  
01-05-1995 31 Y 1 M 26 D (F)  
Dr. BHAVANA K

Patient Name



I.P. No.

Sheet No.

Wards

Weight (kg)

**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.																			





# DRUG CHART

Date of Admission: 25/6/2026 Drug Allergies: Nil  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

<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 ..... Signature .....



I.V. FLUIDS CHART

Weight: 70.80kg Ward: 410

26/6/26

7 AM

RINGER LACTATE

IV

100 ml/hr

(N)

[Signature]

26/6

[Signature]

[Signature]

26/6

9 AM

RINGER LACTATE

IV

FF

[Signature]

[Signature]

26/6

[Signature]

[Signature]

26/6

9:30 AM

RINGER LACTATE

IV

800ML HR

[Signature]

[Signature]

26/6

[Signature]

[Signature]

26/6/26

10 AM

RINGER LACTATE

I.V.

FIF

[Signature]

[Signature]

26/6

[Signature]

[Signature]

26/6/26

12 PM

RINGER LACTATE

I.V.

100 ML HR

[Signature]

[Signature]

26/6  
3 PM

[Signature]

Signature .....

VERIFIED BY : Name .....



Weight. 70.80kg Ward. 21W

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	4:30 PM	TAB. MISOPROSTOL	25 MCG	PV	[Signature]	[Nurses]
26/6/26	8:00 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	[Nurses]
25/6/26	10:30 PM	TAB. MISOPROSTOL	25 MCG	PV	[Signature]	[Nurses]
26/6/26	8 AM	INJ. PANTOPRAZOLE	40 MG	IV	[Signature]	[Nurses]
26/6/26	8 AM	INJ. METOCLOPRAMIDE	10 MG	IV	[Signature]	[Nurses]
26/6/26	8:10 AM	PROCTOCLYSIS ENEMA	100 ML	PR	[Signature]	[Nurses]
26/6/26	9 AM	INJ. ATROPINE	0.6 MG	N	[Signature]	[Nurses]
26/6/26	9:12 AM	INJ. CARBETOLIN	100 µg	W	[Signature]	[Nurses]
26/6/26	9:55 AM	SUPP. TRAMADOL	100mg	PR	[Signature]	[Nurses]

Signature  
VERIFIED BY: N...



REGULAR PRESCRIPTIONS

Weight: 70.80kg Ward: 113

S. m. c. r. y. t. o. m. a. &  
26/6/26

DRUG : INJ. CEFOTAXIME				Date Time	26/6	27/6														
Dose	Route	Frequency	Start Date	9 AM	9 AM	9 AM														
1Gm	IV	12 <sup>th</sup> HRLY	26/6/26																	
Name & Signature of the Doctor Starting the Drugs: DR. MADHUMITA																				
Additional Instructions: AFTER TEST DOSE				9 PM																
Daily Doctor's Endorsement by a Sign																				

STOP  
DR. MADHUMITA  
27/6/26

B. de  
26/6/26

DRUG : TAB. PARACETAMOL				Date Time	26/6	27/6	28/6													
Dose	Route	Frequency	Start Date	6 AM	6 AM	6 AM														
1Gm	PO	6 <sup>th</sup> HOURLY	26/6/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				6 AM																
Additional Instructions:				12 PM																
Daily Doctor's Endorsement by a Sign				6 PM																

B. de  
26/6/26

DRUG : TAB. DICOFENAC				Date Time	26/6	27/6	28/6													
Dose	Route	Frequency	Start Date	7 AM	7 AM	7 AM														
50MG	PO	8 <sup>th</sup> HOURLY	26/6/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				3 PM																
Additional Instructions:				11 PM																
Daily Doctor's Endorsement by a Sign																				

B. de  
26/6/26

DRUG : TAB. TRAMADOL				Date Time	26/6	27/6														
Dose	Route	Frequency	Start Date	6 AM	6 AM	6 AM														
100MG	PO	8 <sup>th</sup> HOURLY	26/6/26																	
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA				2 PM																
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign																				

STOP  
DR. NIKHITA  
27/6/26  
8 AM.