

ACT
IP-00198316
Mrs T SAANVI REDDY (F)
3-11-2000 25 Y
Jr. BHAVANA K
Name

LING

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____
Date of Admission : 9/6/26 Time : 10:47 AM Date of Discharge : 12/6/26 Time : 8 A
Room / Bed No : 219 Ward : 2LW Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	10:44 AM	LCO	OT	[Signature]
12 pm	12:10 PM	OT	MICU	[Signature]
10/6/26	6:00 PM	MICU	Room (208)	[Signature]

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/26	IV placement	(1)	3088611	SM
10/6/26	catheterization	1	3088692	SM
10/6/26	PAC	1	3088691	SM
checked				
by Nurse 10/6/26 at 5:56 PM				

ANY OTHER INFORMATION

Date: 12/6/26

Time: 12 AM

Prepared By:

Smolue
12/6/26
2:12 PM

<p>Staff Nurse</p> <p><i>Smolue</i></p>	<p>Shift / Ward</p> <p>2nd floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060285 Admit Date : 09-Jun-2026 Admit Time : 10:47 AM UHID : VIH-00198316

Patient Details :

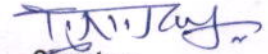
Patient Name	: Mrs T SAANVI REDDY	Age	: 25 Y
Guardian	: Mr T NAVEEN REDDY	DOB	: 13-11-2000
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: maithri vanam Siddipet Bus Stand Medak Telangana INDIA 502103	Phone No	: 7032243430/
		E-mail	: na@gmail.com

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 T NAVEEN REDDY Relationship : W/O
Contact Address : maithri vanam Siddipet Bus Stand Medak
Telangana INDIA 502103 Phone No : 7032243430 / 9492029404


Signature


Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SBI General Insurance Company Ltd

PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00198316 IP-00060285 Mrs T SAANVI REDDY (F) 13-11-2000 25 Y Dr. BHAVANA K 		Date & Time of Admission 9/6/26 @ 10:47 AM	Date & Time of Transfer Order 10/6/26 @ 12:10 PM
		Transfer ordered by Dr. Madhavi	Reason for Transfer Postop care
From Unit OT	To Unit MCCU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films NIST-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 :

Name & Signature of Person who is Transferring S. Bhavani	Name of Person Ordered Transfer Dr. Madhavi
--	--

Patient & Clinical records received by :

Naval
10/6/26
12:30 PM

Date & Time of Patient Received:

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

- Unavailable bed Nurse not available Available bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 23/9/2025. EDD: _____
 Corrected EDD: 30/6/2026. GA: 37 weeks.

Obstetric Formula: primigravida
 ML- 5 1/2 yrs NCM.
 Obstetric History:

Menstrual History: Regular: Yes No

Obstetric Examination

G1 - present pregnancy / spontaneous conception.
 Fundal Height: - T61.

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Booked to

Liquor: Adequate Oligo Poly

Ru at 5+1 weeks. H/o itching & rash over body at 30+2 weeks IFT & bite acids done - Normal. H/o ? Fungal infection at.

PP: Cephalic Breech Others _____

RISK FACTORS: 30+4 weeks, Dermato-FHS: 142 bpm. Normal Tachy Brady Absent

Head Fifths Palpable: _____

logist review done & managed conservatively.

FHS: 142 bpm. Normal Tachy Brady Absent

H/o recurrent UTI, klebsiella pneumoniae isolated at 35+3 weeks, managed conservatively.

Per Speculum Examination

Not done.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

placental lakes.
 Recurrent UTI
 small for gestational age

Vaginal Examination

Cervix: Long Partially effaced Effaced

Height: ...154... cm

Os: Closed Dilated _____

Weight: 73.50 kg

Allergies: Fish, chicken allergy.

Membranes: Present Absent

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination: pt is c/c/c

Presenting Part: Vertex Breech Others

Consciousness: (+) Pallor: (-)

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

Icterus: (-) Edema: (+)

Pelvis: Adequate Doubtful

Temp: Afebr. PR: 93

BP: 98/69 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD. Urine Output: Adeq.

DIAGNOSIS

primigravida with 37 weeks with small for gestational placental lakes with recurrent urinary tract infections.

for induction of labour.

<p>Family History: Nil</p>	<p>Surgical History: open appendectomy 2020. Tonsillectomy 2020.</p>
<p>Medical History: Nil</p>	<p>Medication History: No allergies.</p>
<p>Plan of Care: <u>C/R to Dr. Bhavana mam</u></p> <ul style="list-style-type: none"> - Admission - Consent - (N) diet - post preparation - FHR monitoring - monitor vitals - NST 4th hourly - Tab. misoprostol 25 mcg PU 6th hourly. - Birthing ball exercises. - Ambulation. - Follow drug chart. - Inform SOS. <p><u>Noted by. Subhina</u> 9/6/26 at 11AM</p>	<p>Investigations:</p> <p>HEU HBs Ag } NR. HCU VDRL }</p> <p><u>UTI: '0' POSITIVE</u> <u>29/5/2026</u></p> <p>CBP - 12.7 / 9050 / 2006 L CUE - pus cells 2-3 Ep cells - 5-6 Bacteria ++</p> <p>• <u>Growth scan -</u> 2/6/2026. SLIUF 36 weeks. Cephalic PL - Aut. high. placental lakes noted. AFF - 12.1 cm. AC - 6.1. EFW - 2451 gm. Dopplez - (N)</p> <p>• <u>TIFFA Scan -</u> 19/2/2026. SLIUF 20+6 wkls. PL - Aut. high. placental lakes (+) CL - 30 mm. No anomalies.</p> <p><u>29/5/2026</u> UCS - Klebsiella pneumoniae</p> <p><u>FTS - low risk</u></p> <p>Fetal Echo - (N) EIF in LV</p>

Doctor Name: Dr. Nilchita
 Signature: (Signature) 11 AM
 Date & Time: 9/6/2026

Consultant Name: Dr. Bhavana K.
 Signature:
 Date & Time: 9/6/2026



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 11:10 AM	O/E - pt is c/c/c GC - fair Afebrile	Adv: - (N) diet
↓ 1st dose Tab. miso 25 mg	BP - 100/70 mmHg. PR - 98 bpm.	- Adeq. Hydration - Ambulation
kept PV at 11:10 AM	S/E - NAD. PIA - ut - TG.	- Birthing ball exercise - FHR monitoring
NST reactive	cephalic relaxed	- monitor vitals - NST qth hourly
FHR ⊕ 150 bpm.	N/E - cx - long.	- Follow drug chart - w/F POC
Noted by Subasini 9/6/26 11:10 AM	os - closed. PPUx - high up.	- Inform SOS. Dr. Nikhita
9/6/26 3:00 PM.	O/E pt is c/c/c GC - fair Afebrile	Adv: - (N) diet
NST Reactive	BP - 110/75 mmHg. PR - 88 bpm	- Adequate hydration - Ambulation
	S/E - NAD PIA - ut - TG	- Birthing ball exercise - w/F POC
	cephalic relaxed	- FHR monitoring - NST qth hourly
	FHR ⊕ 140 bpm	- Monitor vitals - Follow drug chart
	Noted by Meghna 9/6/26 at 3:00 pm	- Inform SOS Dr. Meghna



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 5:10 PM	O/E - pt is c/c GC - Fair	Adv: - (N) diet
2nd dose	BP - 118/76 mmHg PR - 86 bpm	- Adeq. Hydration - Ambulation
Tab. Miss 25 mg	S/E - NAD. PIA - ut - TG	- Biting ball exercise - W/E POL
Kept PU at 5:10 PM	Cephalic relaxed.	- monitor vitals - FHR monitoring
NST reactive	FHR - 146 bpm. V/E - G - long OS - closed PPV x (-3)	- Follow drug chart - Inform SOS.
Noted by Meghana 9/6/26 at 5:10 PM		DR. Nikhita
9/6/26 9:10 PM	O/E pt is c/c GC - fair Afebrile	Adv - (N) diet
	BP - 106/70 mmHg PR - 86 bpm	- W/E POL - Ambulation
NST reactive	S/E - NAD PIA - ut - TG	- Biting ball exercise - FHR monitoring
	Cephalic Relaxed	- Monitor vitals - Follow drug chart
	FHR (+) 152 bpm	- NST ambulatory - Inform SOS
Noted by Pooja at: 9:10 PM 9/6/26		DR. Pooja

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Ref No: E / HW / PGN / INPR / 15
VIH-00198316 IP-00060285
Pat: Mrs T SAAJINI REDDY
13-11-2000 25 Y (F)
Ag: Dr. BHAVANA K
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/10/26	11 PM	<p>OLE pt is d/c</p> <p>GC fair</p> <p>Afebrile - (N) diet</p> <p>BR 108/72 mmHg - WIF POL</p> <p>PR - 88 bpm. - Ambulation</p> <p>S/E - NAD - Rishig hall exercise</p> <p>P/A - U/W TG - Continuous FHR</p> <p>Cephalic monitoring</p> <p>Relaxed - NOT ym hly</p> <p>FHR ⊕ 150 bpm - Monitor vitals</p> <p>V/E - Cx long - Follow dry diet</p> <p>Os - closed - Refuse food.</p> <p>PPV x1-31.</p>
		<p>Noted by Pratyusha @ 11pm</p> <p style="text-align: right;"><i>[Signature]</i></p>
10/6/26	12:15 AM	<p>C/I to Dr. Bhavana Mann</p> <p>Vitals stable</p> <p>P/A - U/W TG</p> <p>Cephalic - (N) NBM</p> <p>Relaxed - WIF POL</p> <p>FHR ⊕ 150 bpm - Monitor vitals</p> <p>- Follow dry diet</p> <p>- Continuous FHR</p> <p>- Refuse food</p>
		<p>Noted by Pratyusha @ 12:15 AM</p> <p style="text-align: right;"><i>[Signature]</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10/6/26
3 AM

one pt is old

ac-fair
Afebrile

BP- 110/71 mmHg
PE- 82 bpm

S/E- NAD

PA- Utas TG
capsule

Relaxed.

FHR @ 140 bpm

ADU

- NBM

- 101 FOL

- Ambulation

- Spiking Ball steadily

- Monitor vitals

- Release drug chart

- Continuous PR monitoring

- Siforms

Dr. Sarguwan

Noted by Pratheekha @ 3am

10/6/26
5 AM

Min dose

T. MICOPROSTOL

25mg qpt IV

@ 5 AM

NBT reactive

one pt is old

ac-fair

Afebrile

BP- 107/74 mmHg

PR- 84 bpm

S/E- NAD

PA- Utas TG
capsule

Relaxed

FHR @ 145 bpm

VE- ex long

OS- checked

PRV 1-31

ADU

- NBM

- 101 FOL

- Ambulation

- Adequate hydration

- Spiking ball steadily

- Monitor vitals

- Release drug chart

- Siforms

Dr. Sarguwan

Noted by mang @ 16/26 @ 5 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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Ref. No. F / IP-00060285
VIH-00198316
Patient Mrs T SAANVI REDDY (F)
13-11-2000 25 Y
Age : .. Dr. BHAVANA K
I.P. No.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	8 AM	<p>o/e pt is c/c e.</p> <p>gc - fair</p> <p>Afebrile.</p> <p>BP - 108/78 mmHg</p> <p>PR - 81 bpm.</p> <p>S/E - NAD</p> <p>PIA - ut & TG</p> <p>Cephalic.</p> <p>Invisible.</p> <p>FHR ⊕ 150 bpm.</p>
		<p>Adv</p> <p>- NBM</p> <p>- WIF POL</p> <p>- Ambulation</p> <p>- Adequate hydration</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- Inform doc</p>
		<p>NST Reactive</p>
		<p>V/E - Cx long</p> <p>Os - closed.</p> <p>PPVx 1-31.</p>
<p>Noted by Karal - 10/6/26 @ 8 AM</p>		
10/6/26	9:30 AM	<p>C/SIB Dr. Bhavana Mam</p> <p>o/e pt is c/c e</p> <p>gc - fair</p> <p>Afebrile</p> <p>BP - 110/78 mmHg</p> <p>PR - 80 bpm</p> <p>PIA - ut & TG</p> <p>Cephalic</p> <p>Invisible.</p> <p>FHR ⊕ 148 bpm</p>
		<p>Adv</p> <p>- NBM</p> <p>- Ambulation</p> <p>- WIF POL</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- Inform doc</p>
		<p>V/E - Cx long, Os - closed</p> <p>PPVx - High Up.</p>
<p>Noted by Karal 10/6/26 @ 9:30 am</p>		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

COUNSELLOR NOTE

10/12/26
9:30 AM

Patent and Attender. have been explained regarding the risks of Non Progression of labour and chances of fetal distress. Need for emergency lower segment cesarean section has been explained and they opted for it.

T. N. Vijay
Husband

Dr. Ganesan

Dr. Ganesan

100-0

014

HTS CC, uterine

Aflexible

BP - 110/70 mm

HR - 80 bpm

ST - normal

PIA - uterine

Soft (B) ~~(H)~~

C/L - normal

Baby 2 + BF ~~(H)~~

10/16/26 12 PM

Assisted by Koral

Out
Amalika.

HTS
normal uterine
to lower ribs chest
monitoring vitals
inform SOS

using 2 room
output of clear

10/16/26
12:00 PM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

U

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26	4pm	POD - 0 (post LSCS)	
P/L	u/o	O/E - pt is c/c/c	Adv:
400ml	clear, adequate	Gc - Fair	- Allow water sips
pt. can be shifted to room		BP - 110/80 mmHg	fb clear liquids
		PR - 80 bpm	- passive Ambulation
		S/E - NAD	- monitor vitals
		PIA - ut - w/R	- w/F bleeding PV
		soft, NT	- Follow drug chart
		BS (+)	- Inform sos
		L/E - NAB	- No charting
		Baby <sup>A</sup> <sub>M</sub> BF (+)	
Noted by Kerala 10/6/26 @ 4pm		Dr. Nikhita	
10/6/26	9pm	POD - 0 (LSCS)	
		O/E	Adv
		pt is c/c/c	- clear liquids
		Gc fair	- soft diet at 10pm
		Afebrile	- w/F bleeding PV
		BP - 110/70 mmHg	- Monitor vitals
		PR - 79 bpm	- Follow drug chart
		S/E - ut - w/R	- No charting
		soft BS (+)	- Adequate hydration
		L/E - NAB	- Inform sos
		Baby ^A _H BF (+)	
Noted by Dr. Ashwin 10/6/26 @ 9pm		Dr. Yogeshwari	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



11/6/26
2am

P14

No. 01950ml
adeq. diet
Remove foley's

[Signature]
(Bhavana)

O/E
pt is c/c/c
uc fair
Afebrile
BP - 113/65 mmHg
PR - 76 bpm
S/E - NAD
PIA - ut w/r
Soft BS (+)
L/E - NAB
Baby (A, H) BF (+)

- Adv
- Soft diet
 - Adequate hydration
 - W/F bleeding pv
 - Monitor vitals
 - Ambulation
 - Follow drug chart
 - Inform SOS

H Dr Ashwin

note by
Rajesh
11/6/26
@ 7:45

11/6/26
1:30 PM

P14

Urine Paused
Catheter Not Paused

POD - 1 (Post Ucs)

ore pt is c/c/c
uc fair
Afebrile
BP - 116/73 mmHg
PR - 83 bpm
S/E - NAD
PIA - ut w/r
Soft BS (+)
L/E - NAB
Baby (A, H) BF (+)

- Adv
- Soft diet
 - W/F Bleeding pv
 - Ambulation
 - Adequate hydration
 - Monitor vitals
 - Follow drug chart
 - Inform SOS

[Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>11/6/26</u>	<u>POD-1 (Post Us)</u>	
<u>8 PM</u>	o/e Rt As c/clo	<u>Adv</u>
<u>PLU</u>	GC - fair	- Soft diet - (N) diet
<u>Urine Paused</u>	Aphitic	- WIF Bleeding IV
<u>Motion Paused</u>	BP - 110/70 mmHg	- Ambulation
	PR - 85 bpm	- Adequate hydration
	GE - NAD	- Monitor vitals
	P/A - U/W W/R	- Follow drug chart
	Soft BS (+)	- Inform car
	GE - NAB	
	Baby T _A , BF (+)	
		Noted by Deepika 11/6/26 @ 8pm
<u>12/6/26</u>	<u>POD-2 (Post Us)</u>	
<u>PLU</u>	o/e Rt As c/clo	<u>Adv</u>
<u>Urine Paused</u>	GC - fair	- (N) diet
<u>Motion Paused</u>	Aphitic	- WIF Bleeding IV
	BP - 119/65 mmHg	- Ambulation
	PR - 70 bpm	- Adequate hydration
	GE - NAD	- Monitor vitals
	P/A - U/W W/R	- Follow drug chart
	Soft BS (+)	- Inform car
<u>Aseptic Wound Dressing Done</u>	GE - No abnormal bleeding	
	PIV done	
<u>Patient can be discharged.</u>	Baby T _A , BF (+)	
		Noted by Deepika 12/6/26 @ 3pm

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>primis with 3 weeks SGA for labor with placental abruption with induction of labor</i>						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:						Post OP Day:					
BACKGROUND	Date	9/6/26 M		9/6/26 E		9/6/26 N		10/6/26 OT		10/6/26 M		
	Shift	M		E		N		OT		M		
	Medical Condition (Any special condition to be noted):	-		-		-		-		-		
ASSESSMENT	Diet:	Normal		N diet		NBM		NBM		NBM		
	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):	RA		RA		RA		RA		RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Vital Signs:	Temp:	98.6F		98.6F		98.6F		98.6F		98.1F	
		Res:	18b/m		19b/m		20b/m		19b/m		18b/m	
	SpO ₂ :	99%		99%		96%		99%		99%		
	Pulse:	82b/m		86b/m		80b/m		80b/m		88b/m		
	BP:	100/68mmHg		109/70mmHg		110/80mmHg		110/80mmHg		113/76mmHg		
	LOC:	conscious		conscious		conscious		conscious		conscious		
Fall Risk Score:	15		15		15		15		15			
Pain Score:	0		0		0		0		0			
Skin Integrity	Intact		Intact		Intact		Intact		Intact			
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Physiotherapy:	-		-		-		nil		nil		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Special Diet:	Normal diet		N diet		NBM		NBM		NBM		
	Critical Lab Test / Values:	-		-		-		-		-		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	PU Prophylaxis:	<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		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ADL (Dependent / Non Dependent):	dependent		dependent		dependent		dependent		dependent			
Post Operative Procedure Special Orders:	w/f POL		w/f POL		w/f POL		w/bm Em-ALL		w/bm			
	POL		POL		POL		Em-ALL		POL			
Handed Over By Name :	K. Suman		Meghane		prathika		Rishi		Renuka			
Signature / ID :	020477		M/020232		620533		10/020232		015003			
Date:	9/6/26		9/6/26		10/6/26		10/6/26		10/6/26			
Time:	2pm		8pm		@8am		10:30 AM		@2:30 PM			
Taken Over By Name :	Meghane		prathika		Rishi		Renuka		Kamal			
Signature / ID :	M/020232		9050150		10/020232		10/020232		020573			
Date:	9/6/26		9/6/26		10/6/26		10/6/26		10/6/26			
Time:	@2pm		@8pm		10:15 AM		10:30 AM		@2PM			



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Primigravida & 37 weeks scan for gestin & gestational age baby & placental lake & Encouragement urinary tract infections for IOL.</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: Post OP Day: <i>1</i>					
BACKGROUND	Date	<i>10/6/26</i>	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>		
	Shift	<i>E</i>	<i>N</i>	<i>N</i>	<i>E</i>	<i>N</i>		
	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>-</i>	<i>-</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
Diet:	<i>slips of water</i>	<i>clear liq</i>	<i>clear liq</i>	<i>S. diet</i>	<i>S diet</i>	<i>nil</i>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.1f</i>	<i>98.6f</i>	<i>98.7f</i>	<i>98.2f</i>	<i>98.6f</i>	<i>98.2f</i>
		Res:	<i>18b/m</i>	<i>19b/m</i>	<i>20b/m</i>	<i>19b/m</i>	<i>19b/m</i>	<i>20b/m</i>
	SpO ₂ :	<i>99</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>99%</i>	
	Pulse:	<i>86b/m</i>	<i>99b/m</i>	<i>75b/m</i>	<i>82b/m</i>	<i>79b/m</i>	<i>80b/m</i>	
	BP:	<i>113/72mmHg</i>	<i>100/70</i>	<i>100/65mmHg</i>	<i>106/60</i>	<i>110/70</i>	<i>110/70</i>	
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>nil</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>slips of water</i>	<i>clear liq</i>	<i>clear liq</i>	<i>S. diet</i>	<i>S diet</i>	<i>nil</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>Nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>Depend</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:			<i>w/p bleeding</i>	<i>w/p Bleedy</i>	<i>w/p Bleedy</i>	<i>w/p Bleeding</i>		
Handed Over By Name :	<i>Kamal</i>	<i>padma</i>	<i>Raj</i>	<i>Nagmani</i>	<i>padma</i>	<i>Deepika</i>		
Signature / ID :	<i>020573</i>	<i>606329</i>	<i>606329</i>	<i>606329</i>	<i>606329</i>	<i>607469</i>		
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>12/6/26</i>		
Time:	<i>@ 6:00pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>		
Taken Over By Name :	<i>padma</i>	<i>Raj</i>	<i>Nagmani</i>	<i>padma</i>	<i>Deepika</i>	<i>Deepika</i>		
Signature / ID :	<i>606329</i>	<i>606329</i>	<i>606329</i>	<i>606329</i>	<i>607469</i>	<i>607469</i>		
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>		
Time:	<i>@ 7 pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8AM</i>		



NURSING CARE RECORD

Date: 9/6/26

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	11am	Ensure safety	11am	provided side rails	To prevent falls	patient is safe	Sakshi 9/6/26
	1pm	Maintain fluid balance	1pm	provided oral fluids	To prevent dehydration	patient is hydrated	
Afternoon	2pm	Maintain good Nutritional Status	2pm	Normal diet given	To maintain good Nutritional Status	patient took No diet	Megha Ns 9/6/26 @ 7:30 pm
	4pm	Maintain fluid Balance	4pm	Encourage oral fluids	To prevent dehydration	patient is well hydrated	
	6pm	Monitor NST with hourly	6pm	NST monitored	NST is Good	NST is Normal	
Night	8pm	Ensure safety		provided side rails	To prevent bed fall	patient is safe	Pooja 9/6/26 @ 7pm
	12am	Maintain fluid balance		provided oral fluids	To prevent dehydration	patient is hydrated	
	7am	Monitor NST with hourly		NST monitored	NST is Good	NST is normal	



NURSING CARE RECORD

Date: 10/6/20

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	9 AM	Ensure safety	9 AM	To provide side rails.	To prevent fall	Baby is good Patient	[Signature] 10/6/20 @ 2 PM
	12 PM	Maintain fluid Balance	12 PM	provided RL 100ml/hr	To prevent dehydration	Patient is safe	
Afternoon	3 PM	Ensure safety	3 PM	To provide side rails.	To prevent fall	Patient is good	[Signature] 10/6/20 @ 4:30 PM [Signature] 10/6/20 @ 8 PM
	6 PM	Maintain Fluid Balance,	7 PM	* maintained the fluid Balanced. Nutritional.	* prevent to the dehydration.	* Re - Assessment Done - every with hourly vitals.	
Night	9 PM	to Relieve Pains Discomfort	9:30 PM	to Analgesics given as per doctor order	to reduce pain	to Re-assessment was done every 4th hourly vital monitor	[Signature] 10/6/20 @ 8 PM



NURSING CARE RECORD

Date: 11/6/20

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	9Am	Ensure safety	9Am	side rails kept	Prevent from falls	Patient is stable	11/6/20 Nagesh E. P.
	10Am	Maintain fluid balance	10Am	Advised to take plenty of fluids	To maintain hydration.		
Afternoon	4pm	* maintain fluid Balance. * Ensure safety.	6pm	* Maintained the fluid Balanced. Nutritional status. * provided the side Rails.	* Prevent to the dehydration, * provided the fall Risk.	* Re-Assessment every with hourly vitals.	Radma 11/6/20 @8pm
Night	7pm	* Ensure safety * Maintain fluid Balance	11pm	* provided the side rails * Advised to take plenty of fluids	* to prevent Risk of falls * prevent dehydration	* Re-assessment done, patient is stable & comfortable	Deepika 11/6/20 @8AM



NURSING CARE RECORD

Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<u>Discharge Notes</u>			
				Doctor came for rounds Patient is safe	Doctor said patient to be discharged	} Deepika 12/6/26 @ 12:30 AM	
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs T SAANVI REDDY **Age :** 25 Y
IP No: IP-00060285 **Sex:** Female
Consultant: Dr. BHAVANA K **Ward/Bed No:** N 2F-LABOUR WARD/LW 219

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.

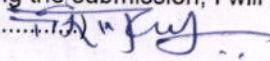
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned so consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality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

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

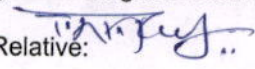
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:
 1 We do not allow use of medication brought from outside by the patient.
 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill 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: Naveen Reddy

Relationship: Husband

Date: 09/06/20

Witness Name: Shiny

Witness Signature: 

Time: 10:47 AM

Patient Address:
 maithri vanam Siddipet Bus Stand
 Medak Telangana INDIA 502103

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

IH-00198316 IP-00060285
Mrs T SAANVI REDDY (F)
3-11-2000 25 Y
r. BHAVANA K



Name: Mrs. T. Saanvi Reddy Age: 25 yr. Sex: female UHID.No: VII-00198316
Date: 10/06/2020 Time: 9:20 AM Proposed Operation: Emergency caesarean section
Diagnosis: Pimi E 27 wks E SGA
B.P / CRT: 108/78 H.R: 81/m Weight: 73.5 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.7 Glucose: Protein: HIV: X-Ray:
PCV: 39.5 Urea: Alb: HBS Ag: 2 NR ECG:
WBC: 9050 Creat: Total Bil: HCV: 3 2D Echo:
Plate: 2.06L Na: Dir. Bill: Blood group: O Positive Stress/Angio:
PT: K: LDH: T3: Other:
PTT: Ca++: Alk phos: T4:
INR: Mg++: Amylase: TSH:
Cl-: SGOT/SGPT:

Allergies: food = fishy, LACKEN allergy.
PI - anterior, High.

Medical History: CVS: no active cardio respiratory complaints Diabetes:
RESP:
CNS:
Renal: Physical Activity: METS 74
Hepatic / GE:
Others:

Past Anaesthetic History:

Physical Exam:
Airway: MP 1 (2) 4 Mouth Opening: 24 Mentohyoid Distance: (N) Neck: (N) Teeth: Subset
Lungs: R/LAE (+), clear
Heart: S16 (+)
CNS: Half (+)
Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
1. DVT Prophylaxis: last fed - milk @ 9am yesterday, water @ night
2. NIL ORAL: Water / ORS 2 Hours (explained), Others 6 Hours
3. Informed Consent: Standard High Risk
4. Post Operative Pain Management: Discussed with Patient
5. Other Instructions:

Signature: Name: DR. M. VINAYAKH



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 72/min B.P / CRT: 117/58 SpO₂: 100% R.R: 23/min Last Feed: > 6hr

Pre-OP Diagnosis: Primi Operation: Emergency LSCS Date: 10/04/21

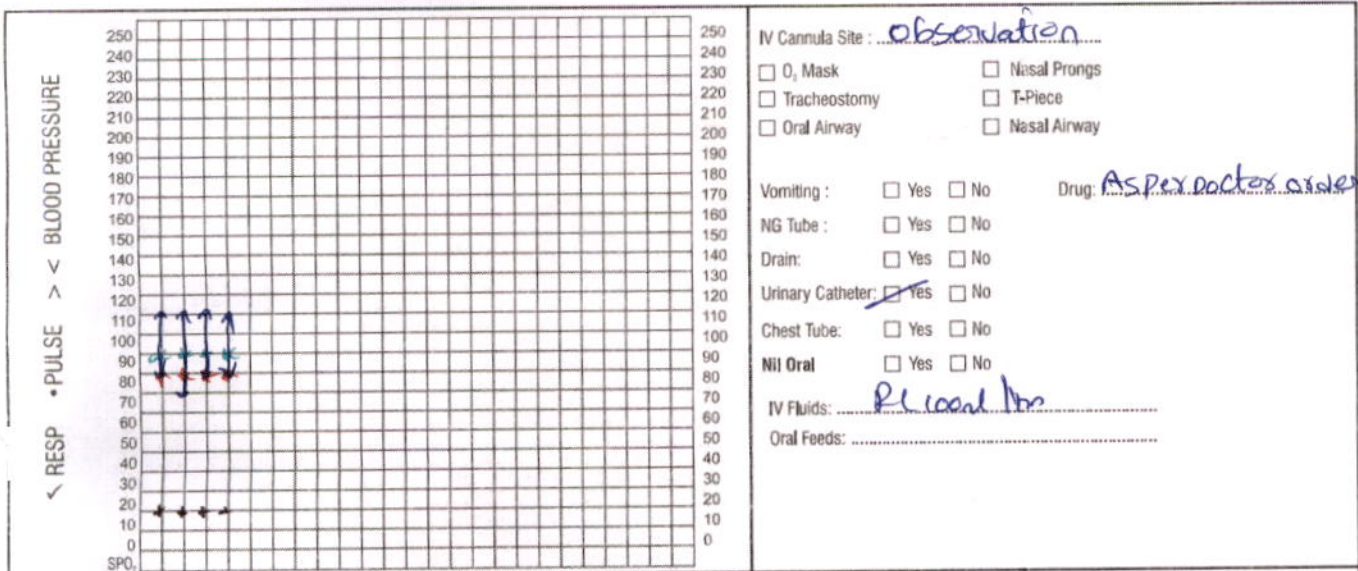
Surgeon: Dr. Bhavana / Dr. Manika Anaesthesiologist: Dr. Madhan Technician: Vatshnavi

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POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : 12:30pm Kanak Time Received : 12:30pm Time Discharged : 6:00pm



IV Cannula Site : observation
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting : Yes No Drug: ASPERDOX 500mg
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: Pl. local Nm
 Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/26	3pm	2 score	Tab:- Tranadol given	<i>[Signature]</i>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name : DR. M. VINETHA

Anaesthesiologist Signature: *[Signature]*

Date & Time: 10/6/26 2 PM

PACU Nurse Name : Kanak

PACU Nurse Signature: *[Signature]*

Date & Time: 10/6/26 1 PM

Transferred to Unit by (PACU): Room (208) Kanak

Date & Time: 10/6/26 @ 6:00pm

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Bhavana K
 Asst. Surgeon: Dr. Mounika
 Anaesthetist: Dr. Madhav
 Scrub Nurse: Manimala

VIH-00198316 IP-00060285
 Mrs T SAANVI REDDY
 13-11-2000 25 Y (F)
 Dr. BHAVANA K

Age: 25y Gender: Female
 Name: Am. SCS
 Out-time: 12:10pm



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>11:00 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr Madhav</u> <u>10/06/26</u>	

TIME OUT	Time: <u>11:10 AM</u>
Confirm all team members have introduced themselves by Name and Role	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>EM. SCS</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding</u> <u>Mer Scomb</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<u>Yes</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Bhavani</u>	

SIGN OUT	Time: <u>12:10 PM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Mounika</u>	

VIH-00198316 IP-00060285
Mrs T SAANVI REDDY
13-11-2000 25 Y (F)
Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. K Bharang	Date of Delivery: 10/8/26
Assistant Surgeon: Dr. Mounika	Time of Delivery: 11:23:25 Am
Anaesthetist's Name: Dr. Madhar	Gender of Baby: Female.
Type of Anaesthesia: Spinal	Weight of Baby: 2.540 kgs.
Neonatologist: Dr. Vishal.	AGPAR Score: 7/10, 9/10, 10/10
Scrub Nurse: Sis Manimala	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective Emergency

Indication: Non progression 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 C/S under spinal anaesthesia.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300-400ml

Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

-

Examination Findings when Appropriate:

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

Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: (2) Cord around the neck Yes No
 Appearance of placenta: (2) Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers VICRYL Suture
 Peritoneal Closure: Pelvic Abdominal None VICRYL Suture
 Sheath Closure: VICRYL Suture
 Fat Closure: Yes No Suture
 Skin Closure: Subcuticular Mattress MONACRYL Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes: NBM x 4 hours

 No chasting
 WIF Bleeding PV
 Follow drug chart
 monitor vitals
 In forms

Doctor Name: Dr K Bharana Doctor Signature:
 Date & Time: 10/8/26, 12:00pm

Induction of Labor Consent

Name: Mrs. T. SAANVI REDDY
Date of Birth: 09/06/2026
ANC No: 10280/V/25

Consultant: Dr. BHAVANA K.
Registration Number: VM-00198316

You are scheduled for an induction of labor on 9/6/26 (date) at 37 (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.

[Signature]

Parents Signature

9/6/26 10:40 AM.

Date

[Signature]

Husband's Signature

9/6/26 10:40 AM.

Date

[Signature]

Doctor's Signature

9/6/26 10:50 AM.

Date

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MU. T. SAANVI REDDY Age : 25yrs Gender : M F
UHID / IP No. : VHM-00198316 Date : 9/6/26 Time : 10:40 AM

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 : [Signature]
Name : T. Saanvi Reddy
Date & Time : 9/6/26, 10:40 AM

Witness:
Signature :
Name :
Date & Time :

Patient Attendant :
Signature : [Signature]
Name : T. Naveen Reddy
Relationship with Patient : Husband
Date & Time : 9/6/26, 10:40 AM

Doctor :
Signature : [Signature]
Name : Dr. Ashwini
Date & Time : 9/6/26, 10:40 AM

INFORMED CONSENT FOR VAGINAL BIRTH

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



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

UHD / IP No. : Date : Time : Patient Name : Age : Gender : M F

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 regarding the procedure of vaginal birth is pregnancy.

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

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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 :

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name :

Relationship with Patient :

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor :

Signature :

Name :

Date & Time :

VIH-00198316 IP-00060285

Mrs T SAANVI REDDY

13-11-2000 25 Y

Dr. BHAVANA K

(F)



①

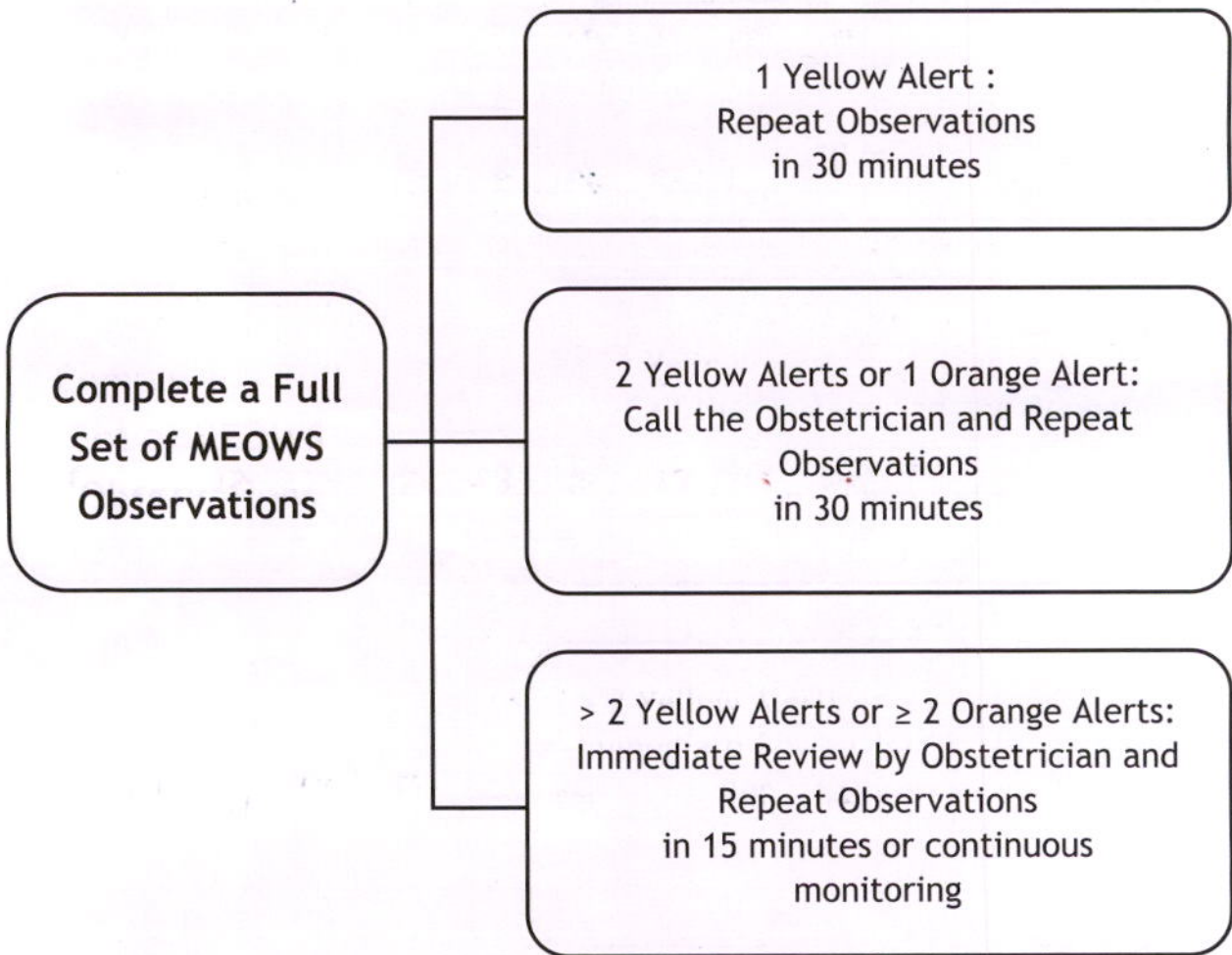


ning Observation Score Chart - Obstetrics

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

09/06/26		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	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20				19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																										
Saturations	94 - 100 %				99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37				37		37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36					36																					
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80				86	85	88	82	86	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100				100	100	110	109	106	112	114	109	110	112	115												
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60				69	70	75	71	70	71	76	77	77	70	76													
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	
	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	
	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	
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	
Nurse Initial					MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	MB	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IH-00198316 IP-00060285

Mrs T SAANVI REDDY
13-11-2000 25 Y
Dr. BHAVANA K

(F)

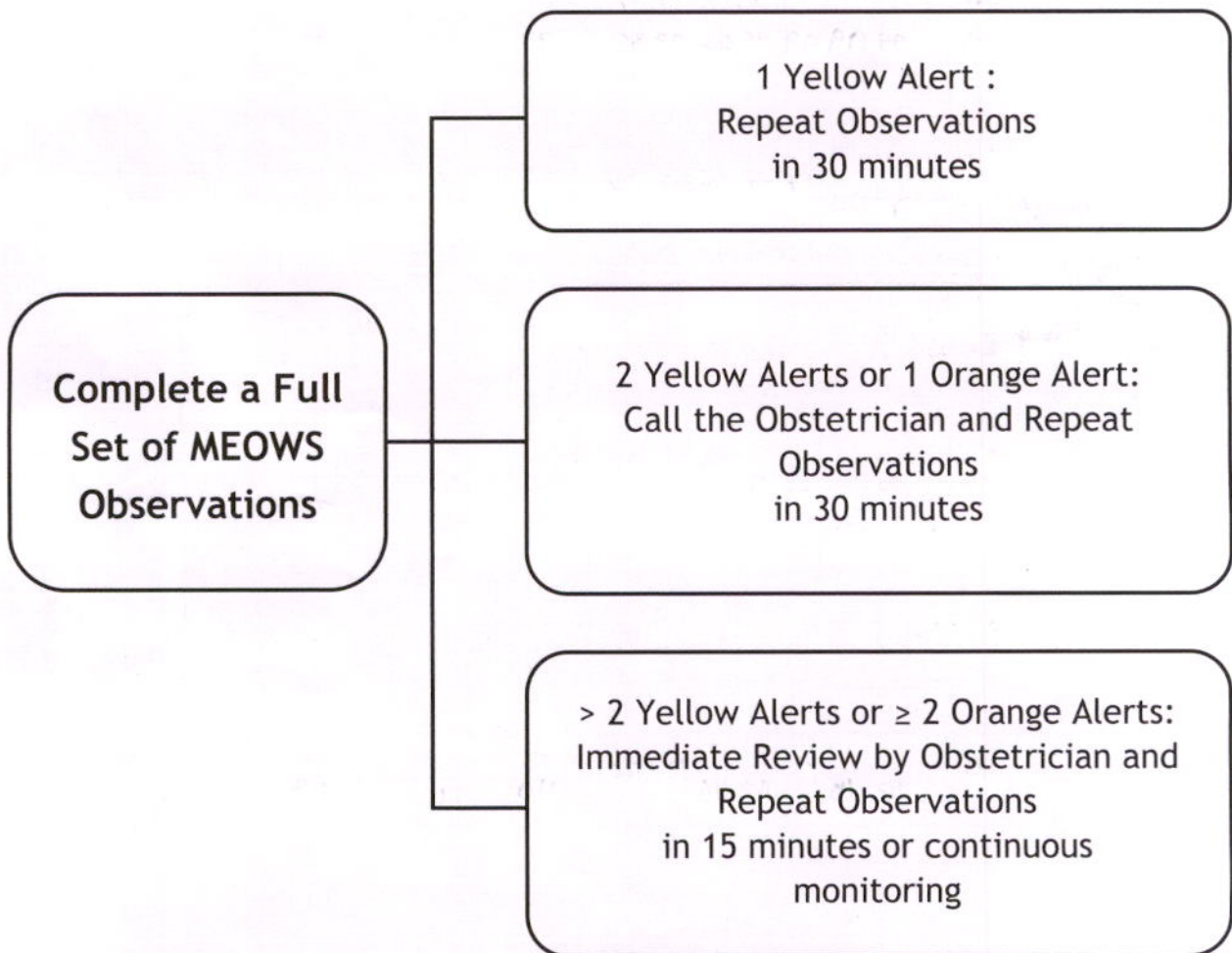


Early Warning Observation Score Chart - Obstetrics

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	18	19	19	19	18	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
Saturations	94 - 100 %	98	99	99	99	98	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37				37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	36																								
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	120	120				120			123	120															
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	70	70	72	60	73	76	83	80	80	70	70														
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Voice		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Pain Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	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		L	K	W	K	W	G	G	M	L	P	AL	AR	AR											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



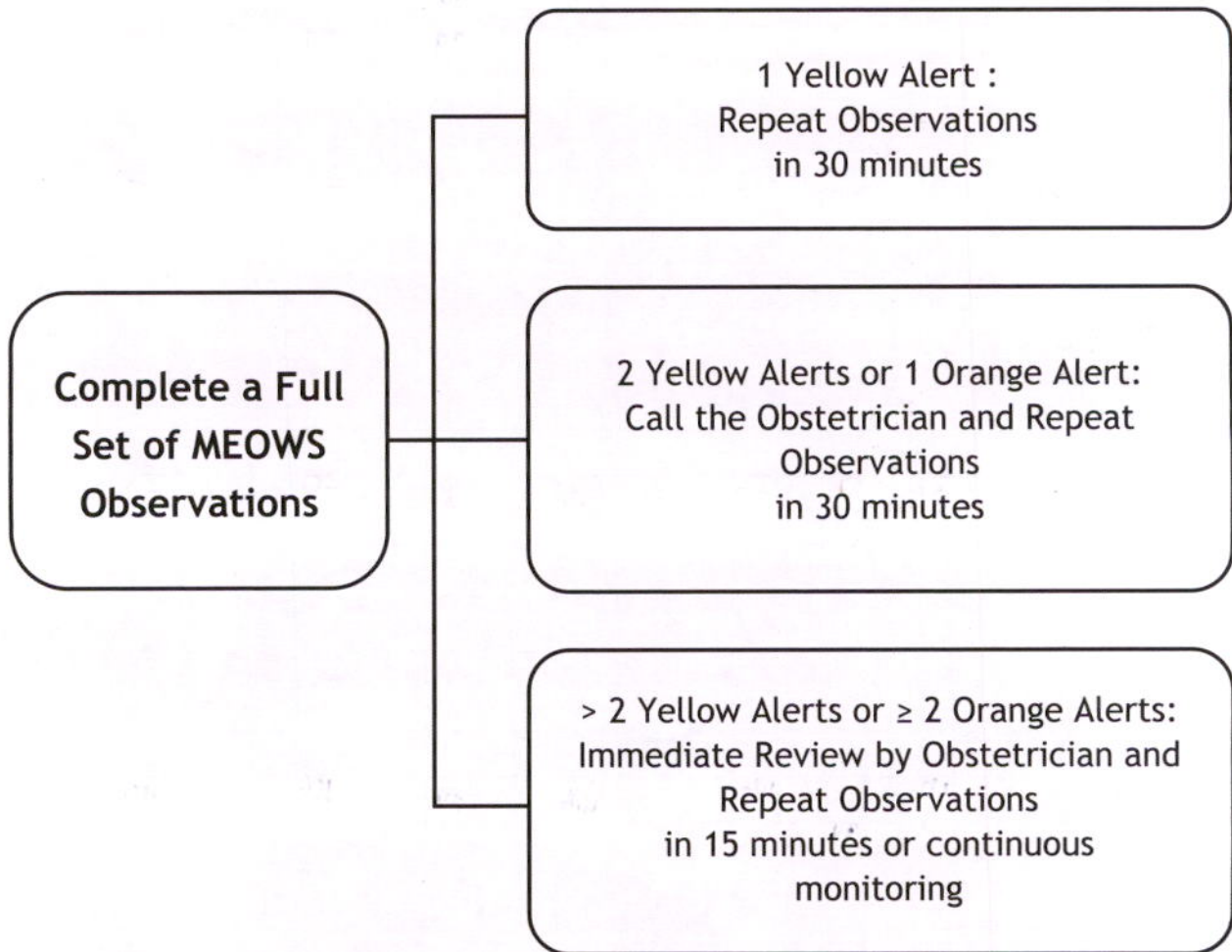
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Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7
Time		8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30												
	21 - 30	19	19	19									
	11 - 20	98	98	98									
	0 - 10												
	94 - 100 %												
Saturations	< 94 %												
	Administered O ₂ (L/min.)												
Temp °C	40												
	39												
	38												
	37	37.2	37.2	37.2									
	36												
	35												
	< 35												
Heart Rate	170												
	160												
	150												
	140												
	130												
	120												
	110												
	100												
	90												
	80	82	81	83									
	70												
Systolic Blood Pressure	190												
	180												
	170												
	160												
	150												
	140												
	130												
	120												
	110	112		116									
	100		94										
	90												
Diastolic Blood Pressure	130												
	120												
	110												
	100												
	90												
	80												
	70	75		73									
60		58											
NEURO RESPONSE [✓]	Alert	✓	✓	✓									
	Voice												
	Pain												
	Unresponsive												
URINE mls / hour	> 30	✓	✓	✓									
	< 30												
Proteinuria	Protein ++												
	Protein > ++												
Lochia	Normal	NA	NA	NA									
	Heavy / Foul												
Liquor	Clear / Pink	NA	NA	NA									
	Green												
TOTAL YELLOW SCORES		0	0	0									
TOTAL ORANGE SCORES		0	0	0									
Nurse Initial		CI	CI	CI									

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
9/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O	50ml							✓	0	} 9/6/26
	01:00 pm	H ₂ O	100ml								0	
Total Intake :		150ml				Total Output :					passed	
a/b/26	02:00 pm	H ₂ O	100ml								0	} a/b/26
	03:00 pm	H ₂ O	100ml							✓	0	
	04:00 pm	H ₂ O	50ml								0	
	05:00 pm	H ₂ O	150ml							✓	0	
	06:00 pm	H ₂ O	100ml							✓	0	
	07:00 pm	H ₂ O	50ml								0	
Total Intake :		550ml				Total Output :					passed	
	08:00 pm	H ₂ O	50ml								0	} a/b/26 @ 4pm
	09:00 pm	H ₂ O	100ml							✓	0	
	10:00 pm	H ₂ O	50ml								0	
	11:00 pm	H ₂ O	100ml								0	
	12:00 am	H ₂ O	50ml								0	
	01:00 am	H ₂ O	100ml								0	
Total Intake :		450ml				Total Output :					passed	
	02:00 am	NBM	100ml							✓	0	} a/b/26 @ 2am 10/6/26
	03:00 am	NBM	100ml								0	
	04:00 am	NBM	100ml								0	
	05:00 am	NBM	100ml							✓	0	
	06:00 am	NBM	100ml								0	
	07:00 am	NBM	100ml							✓	0	
Total Intake :		800ml				Total Output :					passed	
Total 24 hrs. Intake		1600ml				Total 24 hrs. Output		passed				

Date Time FHR contractions

16/26 11am 155 b/min
 12pm 148 b/min Nil
 1pm 152 b/min
 2pm 150 b/min
 3pm 146 b/min
 4pm 149 b/min
 5pm 152 b/min Nil
 6pm 149 b/min
 7pm 150 b/min
 8pm 156 b/min
 9pm 149 b/min
 10pm 150 b/min Nil
 11pm 153 b/min

10/6/26 12am 143 b/min
 1am 146 b/min Irritable
 2am 148 b/min
 3am 140 b/min
 4am 138 b/min
 5am 141 b/min
 6am 146 b/min Nil
 7am 138 b/min
 8am 130 b/min
 9am 136 b/min
 10am 138 b/min
 11am 140 b/min

11:30 delivered

H-00198316
 rs T SAANVI REDDY (F)
 11-2000 25 Y
 BHAVANA K



IP-00060285

FLUID CHART

Sheet No. :

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 Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
10/6	08:00 am	NBM + RL FF							50ml	0	10/6/20 @CPM	
	09:00 am	NBM + RL 100ml/hr							5	0		
	10:00 am	NBM + RL 100ml/hr							50ml	0		
	11:00 am	NBM + RL 100ml/hr							100ml	0		
	12:00 pm	NBM + RL 100ml/hr							50ml	0		
	01:00 pm	NBM + RL 100ml/hr							100ml	0		
Total Intake :		1000ml			Total Output :					320ml		
10/6	02:00 pm	NBM + RL 100ml/hr					✓		100ml	0	10/6/20 @CPM	
	03:00 pm	NBM + RL 100ml/hr							50ml	0		
	04:00 pm	H2O + RL 100ml/hr							50ml	0		
	05:00 pm	H2O + 50ml					✓		50ml	0		
	06:00 pm	H2O + 50ml							50ml	0		
	07:00 pm								100ml	0		
Total Intake :					Total Output :					400ml		
11/6/20	08:00 pm	H2O							150ml	0	11/6/20 @CPM	
	09:00 pm								50ml	0		
	10:00 pm	Jelly							50ml	0		
	11:00 pm								50ml	0		
	12:00 am								50ml	0		
	01:00 am	H2O							100ml	0		
Total Intake :					Total Output :					450ml		
11/6/20	02:00 am								100ml	0	11/6/20 @CPM	
	03:00 am	H2O							100ml	0		
	04:00 am								100ml	0		
	05:00 am								100ml	0		
	06:00 am	H2O							200ml	0		
	07:00 am								200ml	0		
Total Intake :					Total Output :					800ml		

Total 24 hrs. Intake

Total 24 hrs. Output 1,950ml



FLUID CHART

Sheet No. : 3

11/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6/26			Mouth	I.V	N.G					100ml			
	08:00 am		2ddy water								1	Sailsh naeg 22	
	09:00 am		water								0		
	10:00 am		water							✓	1		
	11:00 am		water										
	12:00 pm		water										
01:00 pm		water											
Total Intake :						Total Output :							
11/6	02:00 pm									✓		} Padmg 11/6/26 @ 8pm	
	03:00 pm		③ diet										
	04:00 pm		1/20										
	05:00 pm		water.							✓			
	06:00 pm									✓			
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm											} Dupilca 11/6/26 @ 8AM	
	09:00 pm												
	10:00 pm		H ₂ O							✓			
	11:00 pm												
	12:00 am		water							✓			
	01:00 am												
Total Intake :						Total Output :							
	02:00 am		water									} Dupilca 11/6/26 @ 8AM	
	03:00 am												
	04:00 am									✓			
	05:00 am												
	06:00 am		H ₂ O										
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: _____

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- IRON	1 TAB	PO	ONCE DAILY	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T- CALCIUM	1 TAB	PO	ONCE DAILY	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T- FOLIC ACID	1 TAB	PO	ONCE DAILY	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T- NITROFURANTOIN	100 MG	PO	12th hly	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	L- ARGININE SACHETS	1	PO	8th hly	8/6/26	<input type="checkbox"/> C <input checked="" 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. G. Sreedhara

Date & Time : 8/6/26, 10:40 AM

Nurse Name & Signature : K. Subasini

Date & Time : 8/6/26 at 10:40pm



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: ICU Shifted to: Room (208)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PARACETAMOL	1 GM	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. DICLOFENAC	50 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. TRAMADOL	100 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		<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. NIKHITA

Date & Time: 10/6/2026 4 PM.

Nurse Name & Signature: [Signature]

Date & Time: 10/6/26 @ 4 PM



7

DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight: 73.99kg Ward: L1W

Dr. Jadhav

Dr. Jadhav

Dr. Jadhav

Dr. Jadhav

DRUG : Tab. PARACETAMOL

				Date	10/6	11/6	12/6
				Time			
Dose	Route	Frequency	Start Date	12 AM		PT	PT
1gm	PO	6 hourly	10/06				
Name & Signature of the Doctor Starting the Drugs: <i>Dr. P. Madhav</i>				6 AM		PT	PT
				12 PM		PT	PT
				6 PM		PT	PT
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Tab. TRAMADOL

				Date	10/6	11/6	12/6
				Time			
Dose	Route	Frequency	Start Date	12 AM		PT	PT
100mg	PO	8 hourly	10/06				
Name & Signature of the Doctor Starting the Drugs: <i>Dr. P. Madhav</i>				8 AM		PT	PT
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Tab. DICLOFENAC

				Date	10/6	11/6	12/6
				Time			
Dose	Route	Frequency	Start Date	7 AM		PT	PT
50mg	PO	8 hourly	10/06				
Name & Signature of the Doctor Starting the Drugs: <i>Dr. P. Madhav</i>				3 PM		PT	PT
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : FOLIC ACID

				Date	10/6	11/6
				Time		
Dose	Route	Frequency	Start Date	6 AM		PT
10m	or	12TH HOURLY	10/06/06			
Name & Signature of the Doctor Starting the Drugs: <i>Dr. J. or Madhukar</i>						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP
11/6/26 1:30 PM
[Signature]

H-00198316 IP-00060285
T SAANVI REDDY (F)
11-2000 25 Y

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

Dr. J. S. Reddy

DRUG : TAB PANTOPRAZOLE				Date	11/6	11/6													
				Time	11/6	11/6													
Dose	Route	Frequency	Start Dt.																
40MG	PO	ONCE DAILY	10/6	6 AM															
Name & Signature of the Doctor starting the Drugs:				P.J.															
Additional Instructions:				ON EMPTY STOMACH															
Daily Doctor's Endorsement by a Sign.																			


Chaitu 11/6/24

DRUG : T. CEFIXIME				Date	11/6														
				Time	11/6														
Dose	Route	Frequency	Start Dt.																
200MG	PO	12 AM DAILY	11/6	10 AM															
Name & Signature of the Doctor starting the Drugs:				Dr. S. Srinivas															
Additional Instructions:				10 PM															
Daily Doctor's Endorsement by a Sign.																			

DRUG :				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 :				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-00198318 IP-00060285
Mrs T SAANVI REDDY
 13-11-2000 26 Y (F)
 Dr. BHAVANA K



Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
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GULAR PRESCRIPTIONS

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



Weight. 72.99kg 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
9/6/26	11:10 AM	T. MISOPROSTOL	25 mcg	PR	[Signature]	[Signature]
9/6/26	5:10 PM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
9/6/26	11 PM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
9/6/26	5 AM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Signature]
10/6/26	10:30 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	ZV	[Signature]	[Signature]
10/6	10:15 AM	INJ PANTOPRAZOLE	40mg	ZV	[Signature]	[Signature]
10/6	10:15 AM	INJ METOCLOPRAMIDE	10mg	ZV	[Signature]	[Signature]
10/06	11:24 AM	2j. CARBETOCIN	100mcg	ZV	[Signature]	[Signature]
10/06	12:00 PM	2j. TRAMADOL	400mg	PR	[Signature]	[Signature]
10/06	12:00 PM	Sup. DICLOFENAC	100mg	PR	[Signature]	[Signature]

Signature

VERIFIED BY : Name

Dr. Jyoti 9/6/26
Dr. Jyoti 5/11/26
Dr. Jyoti 9/6/26
Dr. Jyoti 9/6/26



I.V. FLUIDS CHART

Weight: 73.9 kg Ward: L10

Date	Time	Position of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6	1 AM	RINGER LACTATE	IV 100ml/hr	100ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6	11:26 AM	RINGER LACTATE + 10U OXYTOCIN	IV	500 ml/hr	[Signature]	[Signature]	10/6	[Signature]	[Signature]
10/6	1:30 PM	RINGER LACTATE	IV	100ML HR	[Signature]	[Signature]	10/6	[Signature]	[Signature]

VERIFIED BY : Name Signature

VIH-00198316 IP-00060285
Mrs T SAANVI REDDY
13-11-2000 25 Y (F)
Dr. BHAVANA K



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 9/6/26 Time: 12PM

Origin: Indian Height: 154 cm Weight: 43.50 BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies: ^{all}

Diagnosis: Primigravida with 37 weeks with small for gestational age with placental lakes with DOL

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: P. R. N. Reddy

Name: Navveen Reddy T

Date & Time: 9/6/26 12pm

Dietician's

Signature: [Signature]

Name: [Signature]

Date & Time: 9/6/26 12pm

ESTIMATION SLIP



Date : 02/06/26 UHID/IP No.: VH-198316 Sl. No.: 12609
 Name of Patient : MS. T. Saanvi Reddy Age: 25 Gender: F
 Husband's Name : MR. Naveen Reddy Corporate/Occupation : _____
 Address: _____ Phone: @ 7032243430 Email : _____
 Procedure/Plan: NVD / LSCS EDD/DOS: 30/06/26

MODE OF PAYMENT : SELF TPA : SBI GIPSA : _____ OTHER

TARIFF INFORMATION : Dr. Bhavana. K

ARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward	<u>1,20,000/-</u>	<u>1,30,000/-</u>
Private Room	<u>1,45,000/-</u>	<u>1,60,000/-</u>
Deluxe Room		
Super Deluxe Room		
Package Includes	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
	Length of Stay for : <u>2 Day (48 hrs)</u>	Length of Stay for : <u>3 Day (72 hrs)</u>
	Pharmacy up to : <u>12,000/-</u>	Pharmacy up to : <u>12,000/-</u>
	Investigations up to : <u>3,000/-</u>	Investigations up to : <u>3,000/-</u>
Others	<u>IPM-10,000/-</u>	<u>NHA-1,000/-</u>
	<u>IPF-1,500/-</u>	<u>MRD-2,500/-</u>
	<u>5/DA</u>	<u>5/DA</u>
	<u>LAC-2,000/-</u>	<u>Diet -1,000/day</u>
		<u>Massage-850/-</u>
		<u>5/hr</u>

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

Minimum Deposit : 20,000/-

- REMARKS :**
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
 - Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc. INCL baby care 25 to 30k
 - In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
 - For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
 - Tariffs are subject to revision.
 - Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

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

Signature of the Client _____ Signatory Relationship _____ Signature of the Financial Counselor _____