

1

ACTIV VIH-00199429 IP-00060330 **NG**

Mrs GAUTHAMI
05-06-1999 27 Y 0 M 7 D (F)
Dr. BHAVANA K

Name: -----

UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 12/6/26 Time: 8:45pm Date of Discharge: ----- Time: -----

Room / Bed No: 220 Ward: C/W Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/6/26	9:26 AM	C/W	OT	[Signature]
13/6/26	10:55 am	OT	MICU	[Signature]
13/6/26	4:50 pm	MICU	Room (208)	[Signature]

Cross Consultation Visit

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

VIH-00199429 IP-00060330
Mrs GAUTHAMI
05-06-1999 27 Y 0 M 7 D (F)
Dr. BHAVANA K

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 13/06/26
Patient Name: Mrs. Gauthami Date of Birth: 05.06.1999 Age: 27yr
Gender: Female Ward: OT UHID No.: 0199429
Date of Surgery: 13/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery : Emergency LSCS + SA

Time in : 9:45am Time Out : 10:45am

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT Charges
2. Anaesthetist	Dr. Brunda	
3. Assistant Surgeon	Dr. Naushen / Dr. Yogeshwar	
4. OT Technician	Tub. Rakesh / vaishnavi	
5. Circulating Nurse	Sr. Prasanna / Swetha	
6. Assistant Nurse	Sr. Bharani	

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


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 3089896/95 Order by: Bhavana K

3089896.1as



CONSUMABLES OF OT 13/6/26

Patient
Gende
Date :

VIH-00199429 IP-00060330 Age :
Mrs GAUTHAMI
05-06-1999 27 Y O M 8 D
Dr. BHAVANA K



Circulating Staff : Sheela Technician : Mairamasi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack		1	Inj. Vit. K		1
LMA			Sutures 2346		2	Cord Clamp		1
ECG leads : A/P/N		3	2364		1	Suction Catheter		
HME filter : A/P/N			1326		2	Feeding Tube		
Syringe 10 cc		6				Vaccum Suction Set		
05 cc		6	Gloves PF 6 + 6 1/2	2	2	Surgical Gloves PF 6 + 7 1/4		1
02 cc			R.G. 6 1/2 + 7	1	3	Gauze Pack		
01 cc		3				Syringe 1ml/2 ml		1
Cautery Plate : A/P/N			Surgical blade NO	22	1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil			Cap + mask	2	2
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Latex gloves		1
Rilival		1	Ointments			Photo gowns		2
			Suction Catheter					
Fentanyl			Cap. Mask	10	10			
Morphine			Gauze Pack		2			
Ketamine			Mop Pack		2	ECG leads		1
Propofol			Steristrip Alesorb		1			
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate		2	Abgel					
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22		2	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet 9/A		5			
Tab. Misoprost : 200 mg			Betadine Solution		1			
			Microshield		1			
			Cotton Balls		1			
			Latex Gloves		1			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavana K Anaesthesiologist Dr. Brunda Nurse Bhavani OT Technician
 Order No. : 3089896 Ordered by : Blavani Sheela



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060330	Ward	N 2F-MICU
Patient Name	Mrs GAUTHAMI	Bed Name	MICU 226
Age/Sex	27 Y 0 M 8 D / Female	Order No	0003089891
Date	13/06/2026 11:45	Prescription No	PRIP-1291139
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	13/06/2026 11:46
UHID	VIH-00199429		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	1	103.95	103.95
5	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	5	120.00	600.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	6	28.13	168.78
7	DSYRINGE 1ML (BD)	BECTION DICKINSON (BD)	GENERAL	5344207	11/30	3	24.00	72.00
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	Encore Microptic gloves- 6.5		H	2510072605	10/28	3	117.00	351.00
11	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
12	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	2	123.00	246.00
14	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
15	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
16	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	2	997.00	1,994.00
17	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
18	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	2	140.20	280.40
19	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	1C261641	02/29	1	44.93	44.93
20	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	2	469.69	939.38
22	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
24	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
25	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
26	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
27	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
29	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00
30	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
31	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	2	951.00	1,902.00

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060334	Ward	N 2F-MICU
Patient Name	Baby B/O GAUTHAMI	Bed Name	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	Order No	0003089892
Date	13/06/2026 11:51	Prescription No	PRIP-1291141
Payor	SELF PAY	Dispensed Date	13/06/2026 11:52
UHID	VIH-00205862		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	2	10.00	20.00
5	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI20052026	12/30	2	450.00	900.00
6	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
8	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	2	10.00	20.00
9	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							756.42	1,226.42

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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VAT TIN : 36920283145

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DL NO :

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



INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060334	Ward	N 2F-MICU
Patient Name	Baby B/O GAUTHAMI	Bed Name	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 2 H / Male	Order No	0003089909
Date	13/06/2026 12:28	Prescription No	PRIP-1291146
Payor	SELFPAY	Dispensed Date	13/06/2026 12:29
UHID	VIH-00205862		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	E.C.G LEADS	Philips	GENERAL	528825	04/27	1	792.00	792.00
Total :							792.00	792.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Pharmacist Name : SHEEPA PALANI

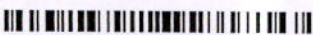
Authorized Signature

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Total : 9,954.42 15,254.54

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060330	Ward	N 2F-MICU
Patient Name	Mrs GAUTHAMI	Bed Name	MICU 226
Age/Sex	27 Y 0 M 8 D / Female	Order No	0003089891
Date	13/06/2026 11:45	Prescription No	PRIP-1291139
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	13/06/2026 11:46
UHID	VIH-00199429		

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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DL NO :

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



Name	Mrs GAUTHAMI	UHID	VIH-00199429
Father/Guardian	Mr M ANANTH KUMAR	Age/Gender	27 Y 0 M 8 D/Female
Address	h no-11-1-420 to 426, flat no-101, susheelas padma enclave,mylargadda, Secunderabad, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060330	Admission Date	12-06-2026
Ref Doctor	Self	Discharge Date	15-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+3 weeks with Large for Gestational Age Baby with High BMI admitted for Induction of labour

EMERGENCY LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 13.06.2026

History:

LMP: 28/9/2025

Obstetric formula: Primigravida

EDD: 30/6/2026

Gestation at admission: 37+3 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Father- HTN, DM

Mother- Hypothyroidism

Surgical History: Nil

Allergies: Nil

Name

Mrs GAUTHAMI

UHID

VIH-00199429

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 19/06/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 19/06/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 19/06/2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 19/06/2026 (7am) before food.
5. Inj. Enoxaparin 60mg subcutaneously once daily till 15/6/2026.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 18/06/2026 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

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

For Women Who Have Had a Cesarean Section

Name

Mrs GAUTHAMI

UHID



Care of the wound:

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

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

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

PatientName : Mrs GAUTHAMI

Age/Gender : 27 Y 0 M 7 D/ Female

Ward/Bed : N 2F-LABOUR WARD/ LW 220

Inpatient No. : IP-00060390

Admit Date : 12-06-2026

Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :12-06-2026 21:10	
HEMOGLOBIN (Colorimetry)	11.9	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.80	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	33.5	VOL%	33 - 51
MCV (Calculated)	88.4	fL	80 - 100
MCH (Calculated)	31.3	pg/cells	26 - 34
MCHC (Calculated)	35.4	g/dL	32 - 36
RDW-CV (Calculated)	12.6	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	258	10 ⁹ /L	150 - 450
MPV (Calculated)	9.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.04	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	81	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	14	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHILIC LEUCOCYTOSIS PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060330

Admit Date : 12-Jun-2026

Admit Time : 08:09 PM UHID : VIH-00199429

Patient Details :

Patient Name : Mrs GAUTHAMI

Age : 27 Y 0 M 7 D

Guardian : Mr M ANANTH KUMAR

DOB : 05-06-1999

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : h no-11-1-420 to 426, flat no-101, susheelas
padma enclave,mylargadda Secunderabad
Hyderabad Telangana INDIA 500003

Phone No : 9490626351/ 9966123099

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr M ANANTH KUMAR

Relationship : W/O

Contact Address : h no-11-1-420 to 426, flat no-101, susheelas
padma enclave,mylargadda Secunderabad
Hyderabad Telangana INDIA 500003

Phone No : 9490626351 / 9966123099


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 : MEDI ASSIST INSURANCE TPA PVT
LTD

PATIENT TRANSFER FORM

VIH-00199429 IP-00060330 Mrs GAUTHAMI 05-06-1999 27 Y O M 8 D (F) Dr. BHAVANA K 		Date & Time of Admission 12/6/26 @ 8:9pm	Date & Time of Transfer Order 13/6/26 @ 4:50pm
Treating Consultant Name		Transfer Ordered by Dr. Greeshma	Reason for Transfer For observation
From Unit MICU	To Unit Room (209)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films u	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.	Saraal - ① Underpad - ①, Baccirub - ①		
2.	TAB:- PARITAPRAZOLE - ①		
3.	TAB:- PARACETOMOL - ①		
4.	TAB:- DICLOFENAC - ①		
5.	TAB:- TRAMADOL - ①		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Greeshma			
Name & Signature of Person who is Transferring Sr. Prathyusha		Name of Person Ordered Transfer Dr. Greeshma	
Patient & Clinical Records Received by : sushila			
Date & Time of Patient Received : sushila 13/6/26 at 5pm			

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

1

PATIENT TRANSFER FORM

VIH-00199429 IP-00060330

Mrs GAUTHAMI

05-06-1999 27 Y 0 M 7 D (F)

Dr. BHAVANA K



Date & Time of Admission 12/6/26 8:09pm		Date & Time of Transfer Order 13/6/26 @ 9:26Am
Treating Consultant Name DR. Bhavana.k	Transfer Ordered by DR. Gauthma	Reason for Transfer Em. LSCS
From Unit chw	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	Number of Imaging Films NST 4	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.		

Nil

Shifting Summary / Notes Written by Doctor : Yes No

DR. Gauthma

Name & Signature of Person who is Transferring Sis. manny	Name of Person Ordered Transfer DR. Gauthma
--	--


Patient & Clinical Records Received by :
Sr. Prabhakar

Date & Time of Patient Received : 13/6/26 @ 9:30 am

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-00199429 IP-00060330 Mrs GAUTHAMI 05-06-1999 27 Y 0 M 7 D (F) Dr. BHAVANA K 		Date & Time of Admission 12/6/26 @ 8:09 pm	Date & Time of Transfer Order 12/06/26 @ 11:00 am
		Transfer Ordered by Dr. Brunda	Reason for Transfer Post op Care
From Unit OI	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 39	Number of Imaging Films NIST-4	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"/>			
Name & Signature of Person who is Transferring Dr. Prasoon		Name of Person Ordered Transfer Dr. Brunda	
Patient & Clinical Records Received by : Pradheesha			
Date & Time of Patient Received : 12/6/26 @ 11:30 am			

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

STENT BRASS FOR TUBING

STENT BRASS FOR TUBING

STENT BRASS FOR TUBING

18/11/50

18/11/50

18/11/50

18/11/50

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18/11/50

Dr. B. B. B.

Dr. B. B. B.

Dr. B. B. B.

Dr. B. B. B.

Dr. B. B. B.

Dr. B. B. B.

Dr. B. B. B.

VIH-00199429 IP-00060330
 Mrs GAUTHAMI 27 Y O M 7 D (F)
 05-06-1999
 Dr. BHAVANA K

1



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L1w
 Primary Language: Telugu English Hindi Others, specify _____
 Do you require an interpreter? Yes No if Yes specify _____
 Source of Information: Patient Family Others, specify _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____
 If yes, identify _____

Chief Complaints: Admitted for IOL Doctor Notified on Admission: Yes No
 Name of the Doctor: DR. FANAZ
 Time Notified: 6:50 PM

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

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

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>28/9/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G _____ Paini L _____ A _____

Previous LSCS: _____

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

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other Father - DM, HTN, mother - Hypothyroidism

Vital Signs / Measurements: Temp: 98.4 HR: 80b/min RR: 19b/min
 BP: 119/70mmHg Weight: 96kgs Height: 165cm BMI: 35.36

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 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. Gowthami

Name of Person Orientation was given to: Mrs. Gowthami

Orientation not given Reason: -

Nurse Signature: (Signature)

Nurse Name: Manga Devi

Date & Time: 12/6/20 @ 6:55 PM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 28/9/25 EDD: -
 Corrected EDD: 30/6/26 GA: 37 + 3 weeks
 Menstrual History: Regular: Yes No

Obstetric Formula: *Primi*
 MS-3ys NCM
 Obstetric History:
 G1 - PP - spontaneous conception
 Booked to RCH at 8+6 weeks.
 H/O Psoriasis Nodularis, managed
 Present Pregnancy Record: conservatively
 by Dermatologist.
 H/O fever at 35+4 weeks -
 managed conservatively.

Obstetric Examination

Fundal Height: *Ut ~ TCG*
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable: _____
 FHS: Normal Tachy Brady Absent

RISK FACTORS: She was high risk,
 Nuchal fold increased value (7.2mm) at 20+6 weeks → Amniocentesis
 done → Normal.

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced
 Os: Closed Dilated _____
 Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

- Large for gestational Age baby
 - High BMI (LGA)

Height: 165 cm
 Weight: 96 kg
 Allergies: -
 Breast: Normal Abnormal
 General Examination:
 Consciousness: *cl/c* Pallor: *(-)*
 Icterus: *(-)* Edema:
 Temp: *Afebrile (98.6°F)* PR: *88 bpm*
 BP: *106/65 mmHg* DTR: *(+)*
 CVS: *S1S2 (+)* RS *BAE (+)*
 Liver/Spleen: *NAD* Urine Output: *Adequate*

DIAGNOSIS

*Primi with 37 + 3 weeks with Large for Gestational Age
 Baby with High BMI for Induction of Labour.*

Family History:

Father - HTN, DM
 Mother - Hypothyroidism

Surgical History:

Nil

Medical History:

Nil

Medication History:

Nil

Plan of Care: CI to Dr Bhavana Malam

- Admission
- Normal diet
- Part preparation
- NST - 4th hourly
- FHR monitoring
- Ambulation
- Birthing ball exercise
- consents
- send CBP
- follow drug chart
- monitor vitals
- Inform SOS - Tab misoprostol 25ug PR - 4th hourly

noted by mangra
 12/6/26 @ 7pm

Investigations: BG - 'O' POSITIVE

HIV }
 HBsAg }
 HCV } NR. 17/5/26
 VDRL } CBP - 11.8/9720/12.24L
 FBS - 78
 PPBS - 83

12/6/26 - AFI doppler

- SLIUF
- 37 + 3 weeks
- cephalic
- PL - Ant High
- AFI - 16.3cm
- Dopplers - (N)

17/2/26 - TIFPA

- SLIUF - No anomalies
- 20 + 6 weeks CL - 30mm
- PL - Ant - LL
- Nuchal fold ↑ (7.2mm)

27/12/25 (7.2mm)

NT scan

- SLIUF
- 12 + 6 weeks
- NT - 1.70mm
- CL - 30mm

1/6/26 - Growth scan

- SLIUF
- 35 + 6 weeks
- cephalic
- PL - Ant, High
- AC - 997
- EFW - 3.366kg
- AFI - 15.8cm
- Dopplers - (N)

Doctor Name: Dr. farnaz

Signature: [Signature]

Date & Time: 12/6/26 6:50 pm

Consultant Name: Dr Bhavana Kasu

Signature: [Signature]

Date & Time: 12/6/26 6:50 pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

VIH-00199429 / HW / PGN / INPR / 15
Mrs GAUTHAM IP-00060330
05-06-1999 27 Y O M 7 D (F)
Dr. BHAVANA K
Barcode

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/6/26	8:30 AM	<p>CTI to Dr Bhavana maam</p> <p>Pt is c/c</p> <p>GtC favo</p> <p>Afebrile</p> <p>BP - 118/76 mmHg</p> <p>PR - 86 bpm.</p> <p>S/E - NAD</p> <p>P/A - soft</p> <p>Ut - UTG</p> <p>Relaxed</p> <p>⊙ FHR ⊕ 158 bpm</p> <p>v/c - cx - long, mid, soft</p> <p>os - closed</p> <p>PPR (3)</p> <p>Adm</p> <ul style="list-style-type: none"> - Normal diet - Ambulation - Hydration - Birthing ball exercise - w/ POL - follow drug chart - monitor vitals - Inform SOS - NST - 4th hourly <p>Phan Dr. Farooz</p>
12/6/26	12:30 AM	<p>Pt is c/c</p> <p>GtC favo</p> <p>Afebrile</p> <p>BP - 110/70 mmHg</p> <p>PR - 72 bpm.</p> <p>S/E - NAD.</p> <p>P/A - UT-UTG</p> <p>⊙ FHR ⊕ 142 bpm.</p> <p>v/c - cx - long, soft</p> <p>os - 1 finger ppr (3)</p> <p>Adm</p> <ul style="list-style-type: none"> - Normal diet - Ambulation - Birthing ball - NST - 4th hourly - FHR monitoring - continuous - w/ POL - follow drug chart - monitor vitals - Inform SOS <p>Phan Dr. Farooz</p>

ChP - 11.9 / 12.04 / 2.55L

~~NST-reactive~~

~~Tab misoprostol 25 ug kept @ 8:30pm~~

Noted by Dr. Farooz 12/6/26 8:30pm

Noted by Subhu 12:30 AM 13/6/26

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

13/6/26
4:30 AM

3rd dose
T. Niro 25mg
Kept p/vat
4:30am

o/e pt as c/cle
eye fair
Afebrile
BP - 115/70 mmHg
PR - 85 bpm.
S/E - NAD

P/A w/ NTG
Irritable.
FHR @ 152 bpm.

v/e cx - long soft
es - 1 cm.
PPVx - 3

- Adv
- (N) Diet
 - W/F POL
 - Monitor Vitals
 - Follow drug chart
 - FHR monitoring
 - NST 4th hourly
 - Ambulation
 - Biting ball exercises
 - Inform SOS

Noted by
Subashini
13/6/26
4:30 AM

~~AS~~
Dr Naushreen

13/6/26
8 AM

CI to Dr Bhavara Ma'am

pt is c/cle
GC fair
Afebrile
BP - 115/70 mmHg
PR - 84 bpm.
S/E - NAD
P/A - w/ NTG
Relaxed.
FHR @ 148 bpm.

v/e - cx - long, soft
es - 1 finger
PPVx - 3

- Adv
- NBM
 - Ambulation
 - Hydration
 - follow drug chart
 - w/f POL
 - Biting ball exercises
 - Monitor vitals
 - NST - 4th hourly
 - FHR monitoring
 - Inform SOS

NST - non reactive
↓
stimulation
↓
NST - reactive

Noted by
Subashini
13/6/26
8 AM

Dr. Kumar

②

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
13/6/26	9 am	Counselling Notes Patient and attenders have been explained regarding the non progress of labour and the risks of continuity with vaginal delivery and need for emergency LSCs and they opted for it
		Gauthami pt Anually pt husband Dr Nausher
		Noted by Prathysa Le @ 9 am
13/6/26	11:15 Am	POD-0 (LSCs)
		OCE
		pt is c/c/c Adv
		Gc fair - NBM x 4hr
		Afebrile - W/F bleeding p
		BP- 109/68 mmHg - Monitor vitals
		PR- 60 bpm - TEDD stocking
		S/E - NAD - follow drug chart
		A/A - U+NR - I/O charting
		soft Bs = 1= - Rest
		L/E - NAB - Inform SoS
		Baby ^A / _H BF ⊕
		Noted by Prathysa Le @ 11:55 am ^y Dr Yogeshwar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

13/6/26
4 PM

P, L, E High BMSE

U/O - 500ml
Adequate, clear

Shift to Room

POD-0 (Post Ues)

o/e Pt is clear
cc - fair
Afebrile

BP - 111/74 mmHg
PR - 80 bpm
S/E - NAD

PIA - utw wlr
Soft, BS $\begin{matrix} + & + \\ | & | \\ + & + \end{matrix}$

U/E - NAD

Baby mother side $\begin{matrix} A \\ H' \end{matrix} BF \oplus$

Adv

- Sips of Oral fluids Feb Clear liquids
- Soft diet after 9 PM
- Rest
- I/O charting
- Adequate hydration
- WIF Bleeding PV
- Monitor vitals
- Follow drug chart
- TEDD stockings
- Inform SOS

Dr. Green

Noted by Prathyasha @ 4 PM

13/6/26
9:00 PM

POD-0 (SIP Ues)

O/E

Pt is cc, clear
Afebrile

BP 120/70
PR - 68 bpm
S/E - NAD

PIA - utw wlr
Soft (BS \oplus)

U/E - NAD

Baby $\begin{matrix} A \\ ms \end{matrix} BF \oplus$

Adv

- Soft diet
- Ambulation
- I/O charting
- WIF Bleeding PV
- TEDD stockings
- Follow drug chart
- Monitor vitals
- Inform SOS

AU
Urine output $\begin{matrix} \} \\ \} \end{matrix}$ Adequate
clear

Noted by Deepika
13/6/26 @ 9 PM

Dr. Green

3

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Ref. No.: F / HW / PGN / INPR / 15

VIH-00199429

IP-00060330

Patient

Mrs GAUTHAMI

05-06-1999

27 Y 0 M 8 D

(F)

Age:

Dr. BHAVANA K

I.P. No



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
14/6/2026	7:30 AM		
		POD-1 (SIP LSCs)	
		Nil	
		PT is cc, ac-fair	
		Afebrile	
		BP- 116/69 mmHg	Adv
		PR- 68 bpm	soft diet
		SIG NAD	Ambulation
		PIA- ut w/	w/ bleeding PV
		soft BS ⊕	Di chaiting
		ut NAD	Follow drug chart
		Baby \checkmark A BF ⊕	monitors vitals
		ms	Inform ses
		Noted by Deepika	
		14/6/2026 @ 7:30 AM	
		Adv Anamika	
14/6/26	1 PM P/L	POD-1 (Post ces)	
		nil PT is cc	Adv
		ac-fair	- (N) diet
		Afebrile	- Ambulation
		BP- 110/67 mmHg	- Adequate hydration
		PR- 82 bpm	- w/ bleeding PV
		SIG NAD	- Di chaiting
		PIA- ut w/ w/	- Monitor vitals
		soft BS ⊕	- Follow drug chart
		LIE- WAD, Baby \checkmark A BF ⊕	- Inform ses

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr Ashu
Dr Anamika

14/6/26
2:30 PM

P/L ~~E Hypothyroidism~~

Umbil Pained
Motion Not Pained

no dry cough
B/L chest clear.

POD-1 (Post Ucs)

O/E Pt is c/d/c

cc-fair

Afebrile

BP- 112/80 mmHg

PR- 22 bpm

S/E-NAD

PIA-U/W/W/R

Soft BS (+)

L/E-NAD

Baby $\left\{ \begin{array}{l} A \\ H \end{array} \right.$, BF (+) At Dr Ashwin

Adv

- (N) diet
- Ambulation
- Adequate hydration
- W/O Bleeding PV
- Monitor vitals
- Follow dry chest
- Mouthwater gargles, TUS & lozenges
- Infants

Dr. Gredler

noted by
Sethi
14/6/26
at 9 PM

15/6/26
7:30 am

P/L ~~E Hypothyroidism~~

UP
MP
MSD done
wound healthy

Pt can be
discharged

POD - (Post Ucs)

O/E Pt is c/d/c

cc-fair

Afebrile

BP- 116/62 mmHg

PR- 70 bpm

S/E-NAD

PIA-U/W/W/R

Soft BS (+)

L/E-
PV examination done
no active bleeding

Baby $\left\{ \begin{array}{l} A \\ H \end{array} \right.$, BF (+)

Adv


- (N) diet
- Ambulation
- Adequate hydration
- W/O Bleeding PV
- Monitor vitals
- Follow dry chest
- Infants

At Dr Ashwin

noted by
Sethi
14/6/26
at 9 AM

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Bharan K
 Asst. Surgeon: Dr. Naushan / Yojanwar
 Anaesthetist: Dr. Brunda
 Scrub Nurse: Rhevan

VIH-00199429 IP-0006031
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 7 D (F)
 Dr. BHAVANA K

 Date: 13/10/20 In-time: 9:45 am Out-time: 10:45 am

Age: 24 Gender: F
 Name: Em. Kes.



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN Time: 9:25 AM

Patient Has Confirmed

Identity Yes No

Site Yes No

Procedure Yes No

Consent Yes No

Site Marked Yes No NA

Anaesthesia Safety Check Completed Yes No

Pulse Oximeter on Patient & Functioning Yes No

Does Patient have a:

Known Allergy? Yes No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available Yes No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned Yes No NA

Blood Units Reserved Yes No NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? Yes No NA

Signature: B Brunda
 Name: Dr Brunda 13/10/20

TIME OUT Time: 9:45 am

Confirm all team members have introduced themselves by Name and Role Yes No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm

Correct Patient (Check ID Band) Yes No

Correct Site Yes No

Correct Procedure Yes No

Anticipated Critical Events

Surgeon Reviews: → Bleeding

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? the small Yes No NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Yes No NA none

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? → Yes & Tridecta are there Equipment issues or any Concerns? Yes No NA

Is Essential Imaging Displayed? Yes No NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. Yes No

Signature: [Signature]
 Name: S. Prasad

SIGN OUT Time: 10:45 am

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded Yes No

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA

The Specimen is Labelled (including patient name) Yes No NA

Whether there are any Equipment Problems to be addressed Yes No NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? Yes No

Signature: [Signature]
 Name: Dr Naushan

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. GAUTHAMI Age : 26 Gender : M F
 UHID / IP No. : VH-00199429 Date : 12/6/26 Time :

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 : Gauthami
Signature :

Name : Gauthami
Date & Time : 12/06/26 7:45

Patient Attendant : Shruti
Signature :

Name : N. Anurag Kumar
Relationship with Patient : Husband
Date & Time : 12/6/26 7:45

Witness: Jyothi
Signature :

Name : Jeevan Jyothi (mother)
Date & Time : 12/6/26 7:45 pm

Doctor : Phan
Signature :

Name : Dr. Phan
Date & Time : 12/6/26 7:45 pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. GAUTHAMI Gender: Male Female Age : 27 YRS

UHID No : VH-00199429 / IP-00060330 Date : 13/6/26

Instruction:

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

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

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

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

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

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

BLEEDING, BOLOEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE

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 : Gauthami

Name : Gauthami

Date & Time : 13/6/2026 9:20 AM

Witness :

Signature :

Name :

Date & Time :

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

Patient Attendant :

Signature : Shanti

Name : Shanti Kumar

Relationship with Patient: Husband

Date & Time : 13/6/2026 9:20

Doctor (who is taking the consent) :

Signature : AS

Name : DR. NAUSHEEN

Date & Time : 13/6/2026 ; 9:20am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. Gauthami Age : 27y Gender : Male Female
 UHID NO: VH-00199429 Surgeon Name: Dr. Bhavank
 Anaesthesiologist : Dr. Sunidhara
 Operative procedure planned : Emergency Caesarean delivery.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Bleeding

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Gauthami the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Caesarean delivery

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

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

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

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

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

I understand that the above mentioned consultant 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 : Gowthami
Name : Gowthami
Relationship with Patient : self
Date & Time : 13/6/26

Witness :

Signature : Anjali
Name : Anjali Kumar
Date & Time : 13/6/26

Doctor (who is taking the consent) :

Signature : B. Brunda
Name : Dr. Brunda
Date & Time : 13/6/26, 9:15 am.

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Gauthami Age: 27y Sex: F UHID.No: VH-00199429
 Date: 13/6/26 Time: 9:17am Proposed Operation: Emergency C/S
 Diagnosis: Primi 37th wks @ LGA Baby @ high Bm)
 B.P / CRT: 106/65mm Hg H.R: 88bpm Weight: 96kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.9g/l</u>	Glucose:	Protein:	HIV: <u>+</u>	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>+</u>	ECG:
WBC: <u>12,000 cells</u>	Creat:	Total Bill:	HCV: <u>+</u>	2D Echo:
Plate: <u>2.58lacks</u>	Na:	Dir. Bill:	Blood group: <u>O⁺</u>	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NADA

Medical History: CVS :

RESP : Diabetes : -

CNS : Nil significant.

Renal :

Hepatic / GE : Physical Activity: Moderate

Others :

Past Anaesthetic History: Nil

Physical Exam:

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

Lungs: B/L AE (+) clear

Heart: 88 (+)

CNS: NAD

Pregnant: Yes No NA Venous Access Site: (P) Spine Exam for regional: Mildly

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

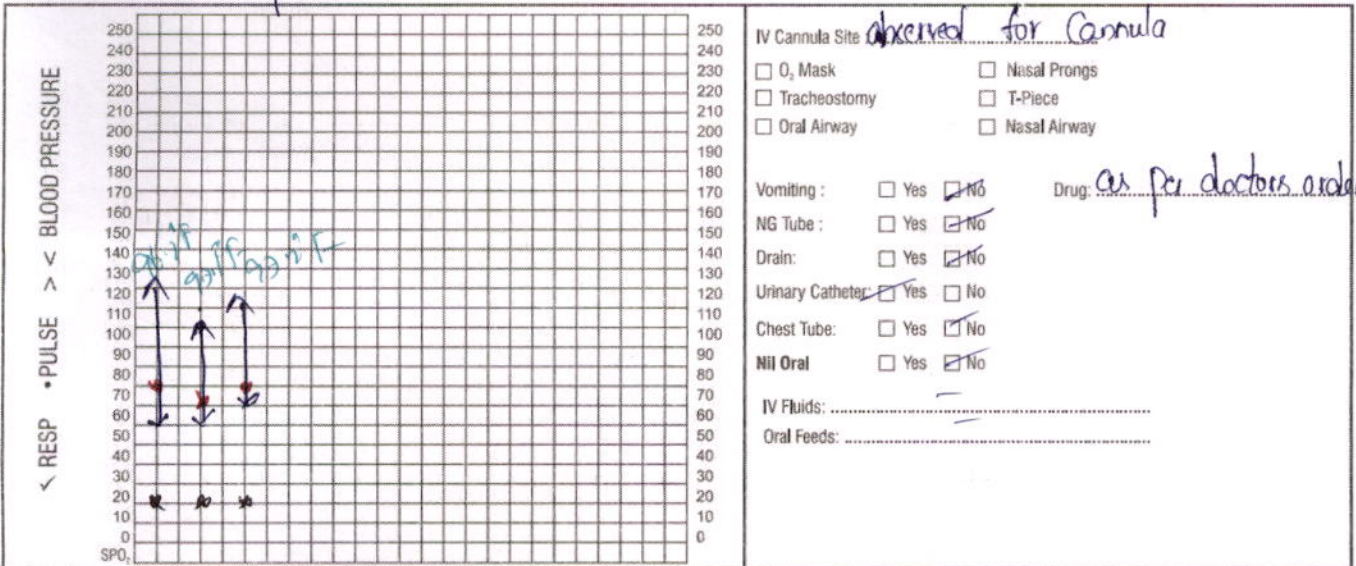
- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Brundh



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Prathyusha Time Received : 11:30Am Time Discharged : 4:50pm



PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
13/6/26	3pm	score 2	TAB:- DICLOFENAC Given	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

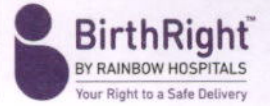
- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Brunda
 Anaesthesiologist Signature: [Signature]
 Date & Time: 13/6/26 @
 PACU Nurse Name : Prathyusha
 PACU Nurse Signature: [Signature]
 Date & Time: 13/6/26 @ 3pm

Transferred to Unit by (PACU): Prathyusha
 Date & Time: 13/6/26 @ 4:50pm

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 7 D (F)
 Dr. BHAVANA K

1

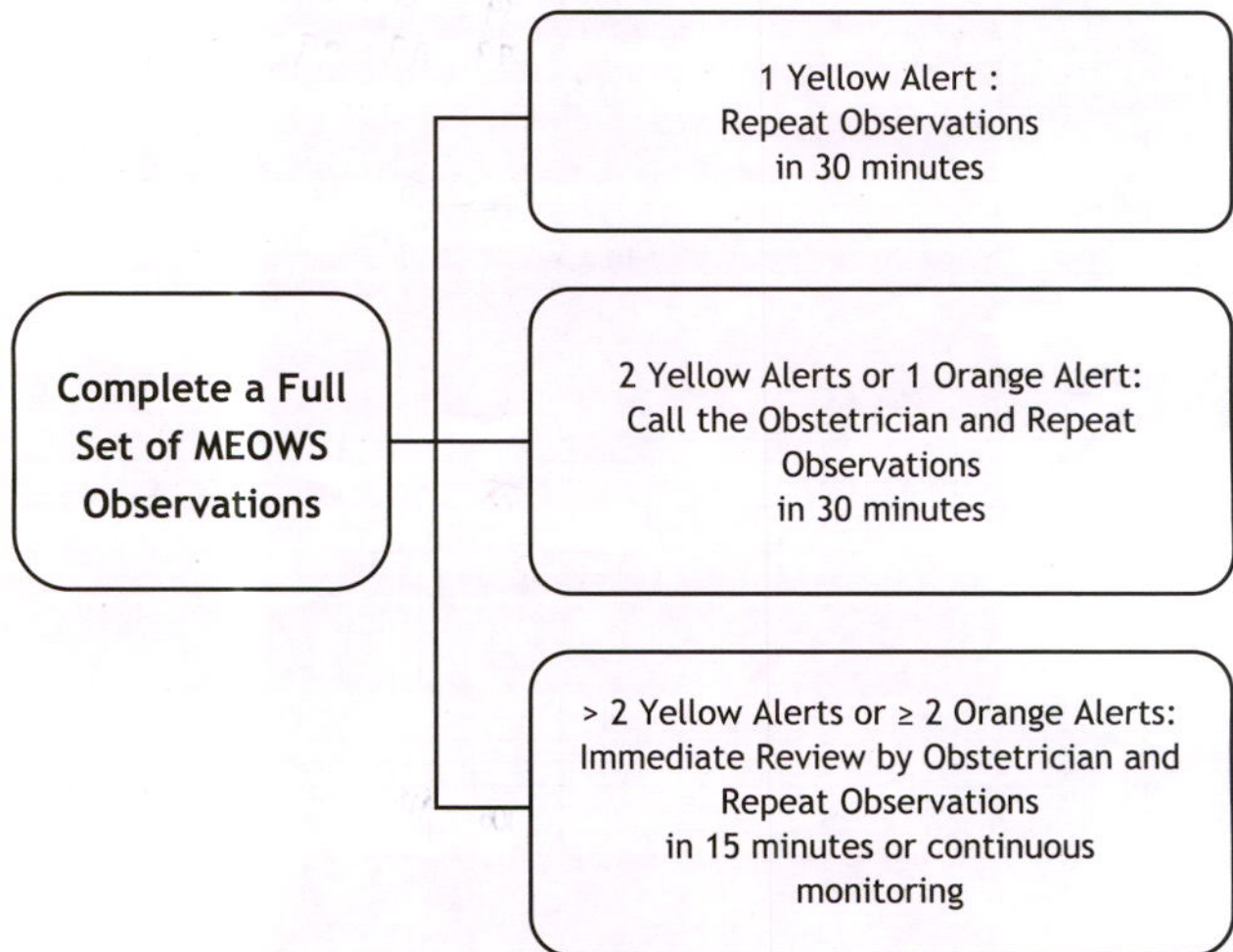


Early Warning Observation Score Chart - Obstetrics

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	
12/6/26																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 7 D (F)
 Dr. BHAVANA K



2

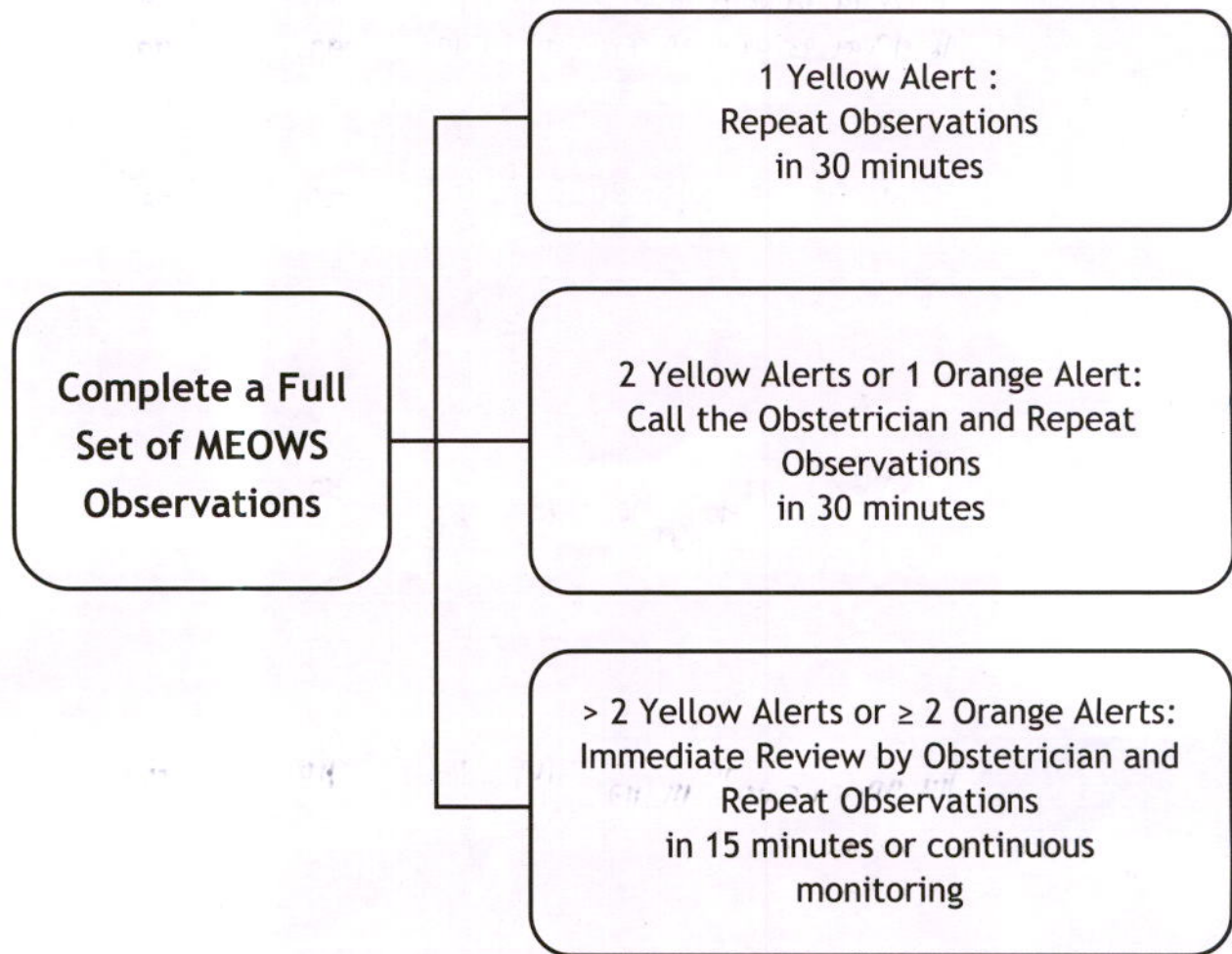


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																								
13/6/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	20	19	19	20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																									
Saturations	94 - 100 %	98	99	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	37.2	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	92	89	88	89	87	70	69	76	69	68	72	65	62												
	80																									
	70																									
	60																									
	50																									
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	114	110	110	115	110	111	111	113	118	116	110	109	110												
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80																										
70	70	69	70	70	73	71	69	70	70	69	70	65	79													
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	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	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	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	0	
Nurse Initial		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y 0 M 8 D (F)
 Dr. BHAVANA K

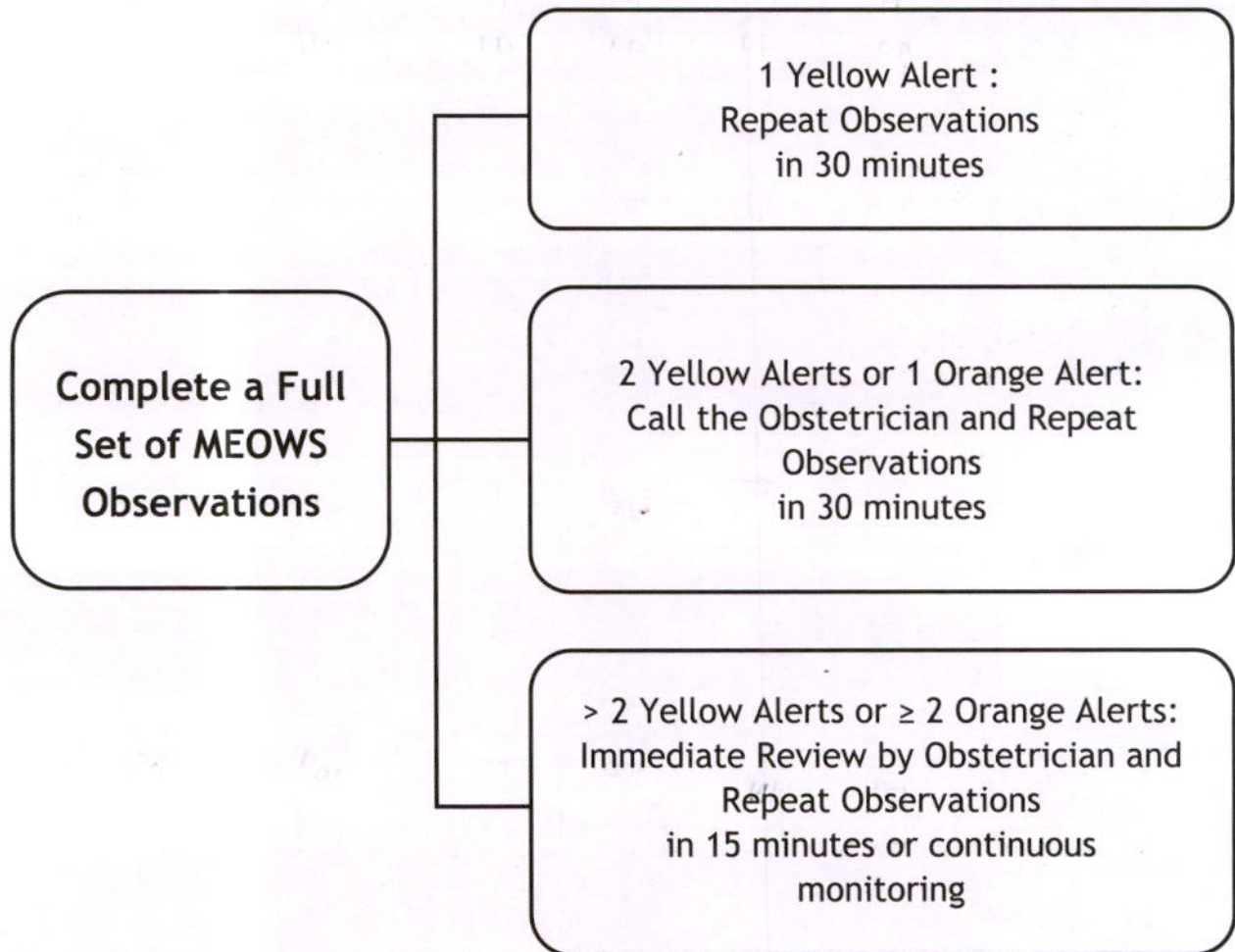


Early warning Observation Score Chart - Obstetrics

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

14/6/26		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		19				19				19				19				19				19	
	0 - 10																										
Saturations	94 - 100 %			99		99				99				99				99				99				99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			36		36				36				36				36				36				36	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			78		78				78				78				78				78				78	
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			110		101				120				112				104				112				111	
	100																										
	90																										
80																											
70																											
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70			67		69				65				70				59				61				62	
	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		
	Heavy / Foul																										
Liquor	Clear / Pink			NA		NA			NA			NA			NA			NA			NA				NA		
	Green																										
TOTAL YELLOW SCORES				0		0			0			0			0			0			0				0		
TOTAL ORANGE SCORES				0		0			0			0			0			0			0				0		
Nurse Initial				g		g			R			u			g			g			g				g		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 8 D (F)
 Dr. BHAVANA K



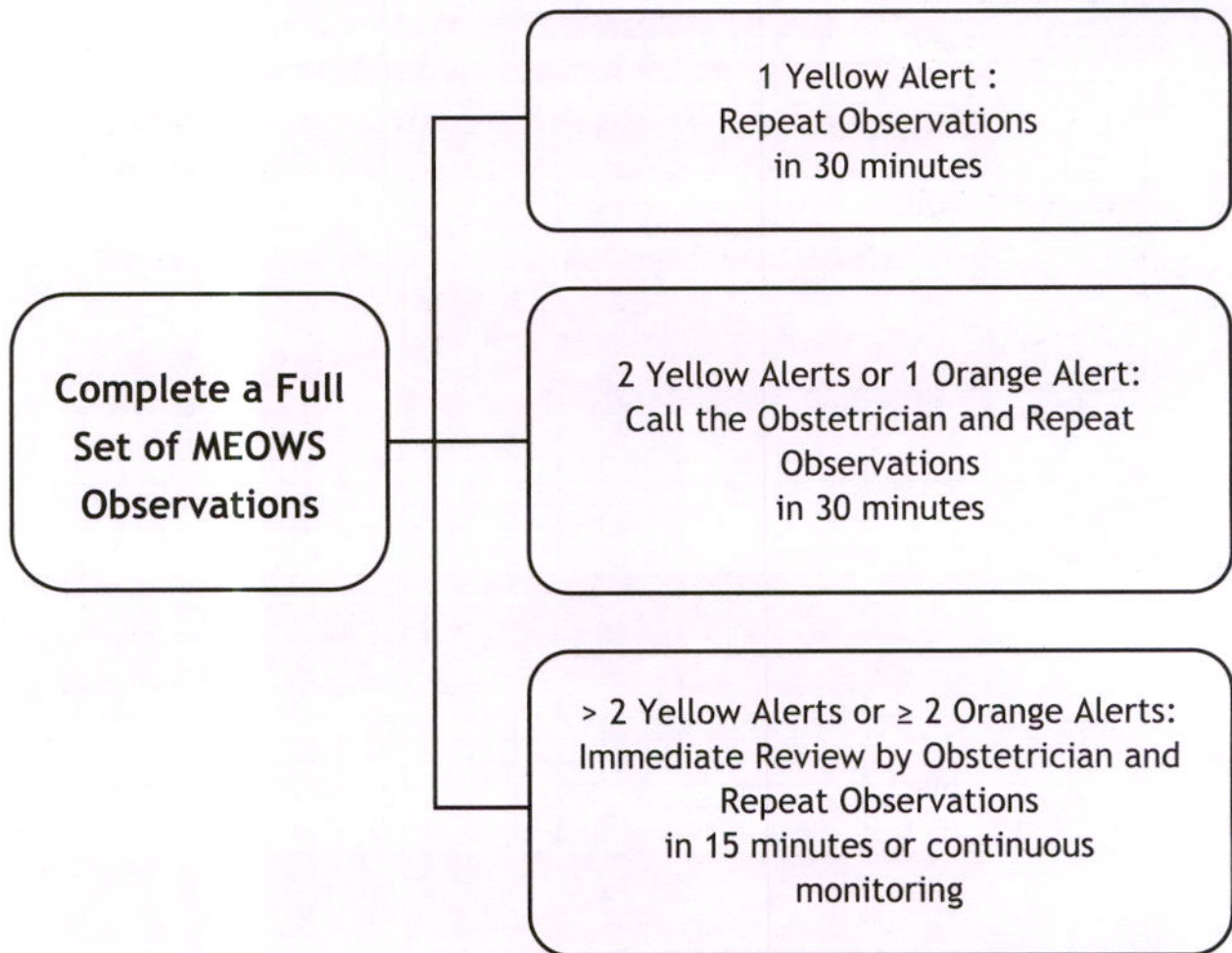
Early Warning Observation Score Chart - Obstetrics

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 ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36		36																							
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		73																							
	70																									
	60																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110			110																							
100																										
90																										
80																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	70		67																							
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert		✓																						
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30		✓																							
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal		NA																							
	Heavy / Foul																									
Liquor	Clear / Pink		NA																							
	Green																									
TOTAL YELLOW SCORES			0																							
TOTAL ORANGE SCORES			0																							
Nurse Initial			g																							

*Noted by
Gauthami
15/6/26
at 10 AM*

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	H ₂ O 100ml										
	07:00 pm	H ₂ O 100ml										
Total Intake : 200ml						Total Output : passed						
	08:00 pm	H ₂ O 100ml										
	09:00 pm	H ₂ O 100ml										
	10:00 pm	H ₂ O 100ml										
	11:00 pm	H ₂ O 100ml										
	12:00 am	H ₂ O 100ml										
	01:00 am	H ₂ O 100ml										
Total Intake : 600 ml						Total Output : passed						
	02:00 am	H ₂ O 50ml									0	
	03:00 am	H ₂ O 100ml									0	
	04:00 am	H ₂ O 100ml									0	
	05:00 am	H ₂ O 50ml									0	
	06:00 am	H ₂ O 50ml									0	
	07:00 am	H ₂ O 50ml									0	
Total Intake : 400 ml						Total Output : passed						
Total 24 hrs. Intake			1200 ml			Total 24 hrs. Output			passed.			

Date

Time

FAR

12/6/26

6:30pm

150 blms

7pm - 142 blms

7:30pm - 139 blms

8pm - 140 blms

8:30pm - 146 blms

9pm - 129 blms

9:30pm - 135 blms

10pm - 146 blms

10:30pm - 149 blms

11pm - 155 blms

13/6/26 → 12 AM - 140 blms

12:30 AM - 142 blms

1 AM - 152 blms

1:30 AM - 154 blms

2 AM - 142 blms

2:30 AM - 144 blms

3 AM - 146 blms

3:30 AM - 145 blms

4 AM - 152 blms

4:30 AM - 154 blms

5 AM - 143 blms

5:30 AM - 142 blms

6 AM - 145 blms

6:30 AM - 146 blms

7 AM - 152 blms

7:30 AM - 154 blms

8 AM

Patier

VIH-00199429
 Mrs GAUTHAMI
 05-06-1999
 Dr. BHAVANA K

IP-00060330

27 Y O M 7 D (F)



FLUID CHART

Sheet No. : 9

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							
3/6/26	08:00 am	NBM+RLFF	500ml							✓	0	
	09:00 am	NBM+RL	100ml								0	
	10:00 am	NBM + RL	500 FF + 150ml							250ml	0	ma Seena 13/6/26
	11:00 am	NBM RL	100ml							50ml	0	
	12:00 pm	NBM RL	100ml + Inf. oxytocin 100ml							50ml	0	Mathura 13/6/26 @ 1pm
	01:00 pm	NBM RL	500ml + Inf. oxytocin 100ml							50ml	0	
Total Intake : 2500ml					Total Output : 400ml							
	02:00 pm	NBM RL	100ml + Inf. oxytocin 100ml							50ml	0	Mathura 13/6/26 @ 3pm
	03:00 pm	NBM RL	100ml + Inf. oxytocin 100ml							50ml	0	
	04:00 pm	H ₂ O	50ml							50ml	0	
	05:00 pm	H ₂ O	50ml							50ml	1	Mathura 13/6/26 @ 7pm
	06:00 pm									50ml	0	
	07:00 pm									50ml	1	
Total Intake :					Total Output : 260ml							
13/6	08:00 pm									50ml		
	09:00 pm									30ml		
	10:00 pm	Inf								100ml		
	11:00 pm	+								100ml		
	12:00 am	H ₂ O								50ml		
	01:00 am									50ml		
Total Intake :					Total Output : 390ml							
14/6	02:00 am	H ₂ O								50ml		
	03:00 am									50ml		
	04:00 am									50ml		
	05:00 am									50ml		
	06:00 am	Water								50ml		
	07:00 am									50ml		
Total Intake :					Total Output : 300ml							

Total 24 hrs. Intake

Total 24 hrs. Output 950ml

VIH-00199429 IP-00060330
 Mrs GAUTHAM
 05-06-1999 27 Y O M 8 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
17/6/26	08:00 am								100ml		Solid 14/6/26 @ 1pm	
	09:00 am		1kg water						100ml			
	10:00 am								✓			
	11:00 am											
	12:00 pm								✓			
	01:00 pm											
	Total Intake :					Total Output : 200ml + 2time						
17/6/26	02:00 pm										Solid 14/6/26 @ 7pm	
	03:00 pm											
	04:00 pm		Rice						✓			
	05:00 pm		water									
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
14/6/26	08:00 pm		Rice								Solid 15/6/26 @ 2am	
	09:00 pm		+ H ₂ O									
	10:00 pm											
	11:00 pm						✓		✓			
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
15/6/26	02:00 am										Solid 15/6/26 @ 8am	
	03:00 am											
	04:00 am		H ₂ O									
	05:00 am								✓			
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							



FLUID CHART

Sheet No. :

- 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								
15/6/23	08:00 am										1	Sushil 15/6/23 at 10 AM	
	09:00 am									✓	1		
	10:00 am		10ml										
	11:00 am		water										
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 8 D (F)
 Dr. BHAVANA K



1



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: CW Shifted to: OT

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	12/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY	12/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY	11/6	<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 : Phari Dharmae

Date & Time : 12/6/26 6:50 PM

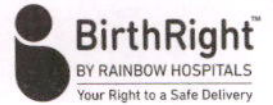
Nurse Name & Signature : Manga Devi, (Signature)

Date & Time : 12/6/26 @ 6:50 PM

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 8 D (F)
 Dr. BHAVANA K



2



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: MICU 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	INI- CEFOTAXIME	1GM	IV	12th hly	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INI- ENOXAPARIN	60MG	SC	ONCE DAILY	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T- PARACETAMOL	1GM	PO	8th hly	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T- DICLOFENAC	50MG	PO	8th hly	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T- TRAMADOL	100MG	PO	8th hly	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	T- PANTOPRAZOLE	40MG	PO	ONCE DAILY	13/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Guethma

Date & Time : 13/6/26, 3PM

Nurse Name & Signature : Prathysa

Date & Time : 13/6/26, 3pm



DRUG CHART

Date of Admission: 12/6/26 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

VIH-00199429 IP-00060330
 Mrs GAUTHAMI
 05-06-1999 27 Y O M 7 D (F)
 Dr. BHAVANA K

Weight: 96kgs Ward: 11us



		Date	Nurse Sig.	Date	Nurse Sig.	Date	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

		Date	Nurse Sig.	Date	Nurse Sig.	Date	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
12/6/26	8:30 PM	TAB MISOPROSTOL	25mcg	PV	R.	Prasoon
13/6/26	12:30 AM	TAB MISOPROSTOL	25mcg	PV	R.	Prasoon
13/6/26	4:30 AM	TAB MISOPROSTOL	25mcg	PV	R.	Prasoon
13/6/26	9:50 AM	INS CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	Y.	Prasoon
13/6/26	9:10 AM	INS PANTOPRAZOLE	40mg	IV	Y.	Prasoon
13/6/26	9:10 AM	INS METOCLOPRAMIDE	10mg	IV	Y.	Prasoon
13/6/26	10 AM	INS. CARBETACIN	100mcg	IV	B. de	Prasoon, Rakesh
13/6/26	10:45 AM	SUPP TRAMADA	100mg	PR	B. de	Prasoon, Rakesh
13/6/26	10:45 AM	SUPP DICLOFENAC	100mg	PR	B. de	Prasoon, Rakesh

VERIFIED BY: Name: Signature



I.V. FLUIDS CHART

Weight: 96kgs Ward: L110

VERIFIED BY : Name Signature

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/6/26	9AM	RINGER LACTATE	IV	FF	Y	(M) S	13/6	Y	(M) Y
13/6/26	9:20 AM	RINGER LACTATE	IV	100ml 4R	Y	(M) S	13/6	B	Rakesh Prasanna
13/6/26	10AM	RINGER LACTATE	IV	FF	B	Rakesh Prasanna	13/6	B	Rakesh Prasanna
13/6/26	10:25AM	RINGER LACTATE	IV	500ml HR	B	Rakesh Prasanna	13/6	Y	Prathya Manga
13/6/26	10:45 am	RINGER LACTATE	IV	100ml 4R	Y	A (M)	13/6	Y	A (M)
13/6/26	1:45 pm	RINGER LACTATE	IV	100ml 4R	Y	A (M)	13/6	Y	A (M)
13/6/26	12:25 pm	INS OXYTOCIN 20 UNITS IN 500ML OF RINGER LACTATE	IV	100ml HR	Y	A (M)	13/6	Y	A (M)
13/6/26	12:25 PM	RINGER LACTATE	IV	FF	Y	A (M)	13/6	Y	A Teja

Patient Name : **MRS G**



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

Do D... 13/6/26

DRUG : INT CEFOTAXIME				Date Time	13/6/26	9 AM														
Dose	Route	Frequency	Start Dt.																	
1gm	IV	12th HOURLY	13/6/26																	
Name & Signature of the Doctor starting the Drugs:				<p>DR. YOGESHWARI</p> <p>Additional Instructions: STOP 14/6/26, 1 PM</p>																
Daily Doctor's Endorsement by a Sign.																				

Do D... 14/6/26

DRUG : T. PANTOPRAZOLE				Date Time	14/6/26	6 AM														
Dose	Route	Frequency	Start Dt.																	
40mg	PO	ONCE DAILY	13/6/26																	
Name & Signature of the Doctor starting the Drugs:				<p>DR. YOGESHWARI</p>																
Daily Doctor's Endorsement by a Sign.																				

Do D... 14/6/26

DRUG : T. CEFIXIME				Date Time	14/6	10 AM														
Dose	Route	Frequency	Start Dt.																	
200mg	PO	12th hly	12/6/26																	
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Geethamma</p>																
Daily Doctor's Endorsement by a Sign.																				

Do D... 14/06/26

DRUG : TUS-Q LOZENGES				Date Time	14/6	8 AM														
Dose	Route	Frequency	Start Dt.																	
1 TAB	PO	12th hly	14/6/26																	
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Geethamma</p>																
Daily Doctor's Endorsement by a Sign.																				

Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR 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.																			

2014/04/01

1. 49 - 200000 - 100000 - 100000 - 100000

2. 100000



RESULT SHEET

Date	12/6/26				
Time					
Hb	11.9				
PCV					
RBC	3.80				
WBC	12.04				
N/L					
Platelets	2.58				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	O positive					
HIV	} non Reactive					
HbsAg						
Hcv						
VDRL						

ME

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

ESTIMATION SLIP



Date: 21/05/26 UHID/IP No.: VM-199426 Sl. No.: 12578
 Name of Patient: MS. Gayathami Age: 26 Gender: F
 Husband's Name: MR. Ananth kumar Corporate/Occupation: pyt
 Address: Serbad Phone: 9966123099 Email: _____
 Procedure/Plan: NVD LSCS EDD/DOS: 30/06/26

MODE OF PAYMENT: SELF TPA : M.A GIPSA : NW OTHER

TARIFF INFORMATION: Dr. Bhavana. Ic

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
1 Shared Ward		
Private Room	<u>81,000/-</u> <u>90,000/-</u>	<u>90,000/-</u> <u>1,00,000/-</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>BASIC</u>	Pharmacy up to : <u>BASIC</u>
Others	Investigations up to : <u>1 CBP, NST, PBS</u>	Investigations up to : <u>1 CBP, NST, PBS</u>

OT Dispo-10,000/-, NHA-1,000/- IPF-1,500/- MRD-2,500/-
LAC-2,000/-, Diet-1,000/day, Massage-850/- 5/1st
 Neonatologist Charges: Covered Not Covered Epidural/Entonox: Covered Not Covered

Initial 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. Well 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

Ananth Kumar have attended the Financial Counseling desk and understood the estimated 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: _____