

FDH-00038034 IP-00060382
Mrs MBSG LAJTHA
13-11-1999 26 Y 7 M 5 D (F)
Dr. BHAVANA K



SURGERY DETAILS

Date : 18/6/26

Patient Name: Mrs. Lalitha MBSG Date of Birth: 13/11/1999 Age: 26 yrs.

Gender: Female Ward: OT UHID No.: FDH-00038034

Date of Surgery: 18/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: EMERGENCY LOWER SEGMENT CAESAREAN SECTION

Time in : 11:30 Am

Time Out : 12:30 Pm

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana	OT-Charge
2. Anaesthetist	Dr. Sumithara	
3. Assistant Surgeon	Dr. Mounika	
4. OT Technician	Vaishnavi	
5. Circulating Nurse	Bharani	
6. Assistant Nurse	Ruby.P / Arif	

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

Signature of the Surgeon *Dr. Bhavana*

Signature of Circulating Nurse *[Signature]*

Order No: 3091669/18 Order by: *[Signature]*

1

ACTIVE FDH-00038034 IP-00060382
Mrs MBSG LALITHA
13-11-1999 26 Y 7 M 5 D (F)
Dr. BHAVANA K

NG

Name: -----

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

Date of Admission: 18/6/16 Time: 5:2pm Date of Discharge: ----- Time: -----

Room / Bed No: 223 Ward: 4th Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6	11:08 AM	LW	OT	[Signature]
18/6/16	12:30pm	OT	MCU	[Signature]
18/6/16	7pm	MCU	Room (207)	[Signature]

Cross Consultation Visit

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

Name	Mrs MBSG LALITHA	UHID	FDH-00038034
Father/Guardian	Mr HARSHA	Age/Gender	26 Y 7 M 5 D/Female
Address	plot no 127-2-4-974, samata puri colony road no 4,, New Nagole, Hyderabad, Telangana, INDIA, 500035		
IP No	IP-00060382	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	20-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 38+2 weeks with Rh negative pregnancy with Gestational Diabetes Mellitus (M) with polyhydramnios with Asthma with Small for gestational age baby for Induction of labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 18.06.2026.

History:

LMP: 17.09.2025

Obstetric formula: Primigravida

EDD: 29.06.2026

Gestation at admission: 38+2 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Father- DM, HTN.

Mother- Hypothyroidism.

Surgical History: Nil

Allergies: Mushroom, brinjal & coloured food allergy.

Name	Mrs MBSG LALITHA	UHID	FDH-00038034
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Antenatal Details: Mrs. MBSG LALITHA was booked to Rainbow Hospital at 29+4 weeks of gestation. Previous ANC's done at RCH financial district. She had regular antenatal checkups and investigations as advised. She was diagnosed with asthma at 24+3 weeks, pulmonologist review done & managed with inhaler. Injection Anti-D taken at 27+5 weeks. She was diagnosed with GDM at 29+4 weeks, diabetologist review done & was managed on Tab. Metformin 500 mg in the morning & 250 mg at night. She was admitted at 38+2 weeks with Rh negative pregnancy with Gestational Diabetes Mellitus (M) with polyhydramnios with Asthma with Small for gestational age baby for Induction of labour.

Investigations: Enclosed

Blood group: '**B**' **NEGATIVE**

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long & 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 3 doses of PGE1. Artificial rupture of membrane done at 2-3 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Further augmentation of labour done with oxytocin infusion. Patient & attenders decided to go ahead with LSCS on maternal request and they opted to emergency LSCS.

She was decided for emergency C-section in view of maternal request, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name	Mrs MBSG LALITHA	UHID
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Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 18.06.2026
Time of Delivery: 11:43:20 AM
Type of Delivery: Emergency LSCS
Indication: Maternal request.
Analgesia: Spinal

Baby Details:

Date: 18.06.2026
Time: 11:43:20 AM
Sex: Male
Weight: 2.815 kg
Apgar: 7/10 , 9/10.
Gestational Age: 38+3 weeks.
NICU Admission: No

Name	Mrs MBSG LALITHA	UHID	FDH-00038034
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Post-Operative Notes: Post Operative Period:

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

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 24.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 24.06.2026 (9am-2pm-9pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 24.06.2026 (7am) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
6. Repeat OGTT after 6 weeks & review with reports.
7. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 24.06.2026 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

Name	Mrs MBSG LALITHA	UHID
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FDH-00038034

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

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name:
Relationship:

Signature:

This summary was explained by:
Summary prepared by: Dr.

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

Registrar/Resident/C.M.O

PatientName : Mrs MBSG LALITHA
 Age/Gender : 26 Y 7 M 4 D/ Female
 Ward/Bed : N 2F-LABOUR WARD/ LW 223

Inpatient No. : IP-00060382
 Admit Date : 17-06-2026
 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :17-06-2026 18:46
HEMOGLOBIN (Colorimetry)	12.5	g/dL	12 - 16
RBC COUNT (DC detection method)	4.28	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	34.4	VOL%	33 - 51
MCV (Calculated)	80.4	fL	80 - 100
MCH (Calculated)	29.1	pg/cells	26 - 34
MCHC (Calculated)	36.2	g/dL	H 32 - 36
RDW-CV (Calculated)	13.2	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	165	10 ⁹ /L	150 - 450
MPV (Calculated)	8.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.58	10 ⁹ /L	4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	70	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	25	%	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 - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

FDH-00038034 IP-00080382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 7 D (F)
 Dr. BHAVANA K

LIST OF MEDICAL CASE SHEET

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

IP.No:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	01	-	-	
4	Patient Trasfer Forms	03	-	-	
5	In-patient Medical Record	01	-	-	
6	Doctors Progress Sheets	05	-	-	
7	Nurses Progress notes	03	-	-	
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	01	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	01	-	-	
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist	01	-	-	
23	Operation Theatre notes	01	-	-	
24	Nurses Clinical Presentation				
25	TPR & BP chart	04	-	-	
26	Intake and Output chart (fluid Chart)	03	-	-	
	Drug Chart (Regular prescription)	01	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Education of labor	1	-	-	
	formed order for vaginal birth	01	-	-	
	obstetric Prilage	01	-	-	
	medical consultation	02	-	-	
	pan Anamnat	03	-	-	
	Bradem q	2	-	-	
	others	13	-	-	
	Total No. of Pages	55			

noelga
 Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060382

Admit Date : 17-Jun-2026

Admit Time : 05:02 PM UHID : FDH-00038034

Patient Details :

Patient Name : Mrs MBSG LALITHA

Age : 26 Y 7 M 4 D

Guardian : Mr HARSHA

DOB : 13-11-1999

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : plot no 127-2-4-974, samata puri colony road
no 4, New Nagole Hyderabad Telangana
INDIA 500035

Phone No : 9494858736

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 223

Ward Name : N 2F-LABOUR WARD

Room No : LW 223

Admission Type : First Visit

Contact Details :

Name : Mr HARSHA

Relationship : W/O

Contact Address : plot no 127-2-4-974, samata puri colony road
no 4, New Nagole Hyderabad Telangana INDIA
500035

Phone No : 9494858736



Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ERICSON INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

FDH-00038034 IP-00060382
Mrs MBSG LAUTHA
13-11-1999 28 Y 7 M 5 D (F)
Dr. BHAVANA K



Date & Time of Admission <i>18/6/26 at 5:2pm</i>	Date & Time of Transfer Order <i>18/6/26 at 7pm</i>
Treating Consultant Name <i>Dr. Nikhita</i>	Transfer Ordered by <i>Dr. Nikhita</i>
Reason for Transfer <i>observation</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
From Unit <i>mico</i>	To Unit <i>207</i>
Number of Sheets in Clinical File <i>34</i>	Number of Imaging Films <i>5 RUST</i>
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.	<i>Tab:- Pam uomy - (15)</i>	<i>under pad - (1)</i>
2.	<i>Tab:- Diclofenac - 10</i>	<i>sterilizam - (1)</i>
3.	<i>Tab:- Tramadol - (10)</i>	
4.	<i>Tab:- paracetamol - (13)</i>	
5.	<i>Seral - (1)</i>	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Nikhita

Name & Signature of Person who is Transferring <i>Sis Subhina</i>	Name of Person Ordered Transfer <i>Dr. Nikhita</i>
--	---

Patient & Clinical Records Received by :

Akash


Date & Time of Patient Received :

18/6/26 @ 7:30pm

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

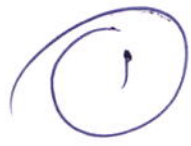
- Unavailable Bed Nurse not Available Available Bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No.		Date & Time of Admission	Date & Time of Transfer Order
FDH-00038034 IP-00060382 Mrs MBSG LALITHA 13-11-1999 26 Y 7 M 5 D (F) Dr. BHAVANA K 		17/6/26 @ 5:02 pm	18/6/26 @ 12:30 pm
		Transfer ordered by	Reason for Transfer
		Dr. Sunidhara	Postop care
From Unit	To Unit	Information to attendant	
OT	MICU	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant	
	RIST - 5	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, what ?			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor :			
Dr. Greshma			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Bhanu		Dr. Sunidhara	
Patient & Clinical records received by :			
Suhasini			
Date & Time of Patient Received:			
18/6/26 @ 12:30 pm			

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

Unavailable bed
 Nurse not available
 Available bed not ready



PATIENT TRANSFER FORM

FDH-00038034 IP-00060382
Mrs MBSG LALITHA
13-11-1999 26 Y 7 M 5 D (F)
Dr. BHAVANA K



	Date & Time of Admission <i>12/6/26 @ 6:20pm</i>	Date & Time of Transfer Order <i>12/6/26 @ 10:08AM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Goushma</i>	Reason for Transfer <i>EM-LSCS</i>
From Unit <i>2100</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>40</i>	Number of Imaging Films <i>NST-5</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Goushma

Name & Signature of Person who is Transferring <i>Sir manager</i>	Name of Person Ordered Transfer <i>Dr. Goushma</i>
--	---

Patient & Clinical Records Received by :
[Signature]
12/6/26 @ 10:08AM

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



1

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 17/9/2025 EDD:
 Corrected EDD: 29/6/2026 GA: 38+2 wks

Obstetric Formula: Primigravida
 ML-14r NCM

Menstrual History: Regular: Yes No

Obstetric History:
 I- PP, spontaneous conception

Obstetric Examination

Fundal Height: TG

Booked to RCH at 28+4 weeks,
 previous ANC at RCH financial district.

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Diagnosed with
 Gestational diabetes mellitus at
 29+4 wks diabetologist reviewed

Liquor: Adequate Oligo Poly

Managed conservatively on Tab Metformin 500mg morning
 2mg at Night. Diagnosed Asthma
 at 27+4 wks on Inhaler

Head Fifths Palpable: Cephalic Breech Others

RISK FACTORS: Anti D injection

FHS: Normal Tachy Brady Absent

taken at 27+5 weeks
 Diagnosed asthma at 24+3 wks
 Pulmonologist review taken
 Rh Negative
 Polyhydramnios
 Gestational diabetes mellitus (M)
 SGA baby
 Asthma.

⊕ 148bpm

Per Speculum Examination - Not done

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

Vaginal Examination

Cervix: Long Partially effaced Effaced

Height: 160 cm

Os: Closed Dilated 1 finger

Weight: 72 kg

Allergies: with Mushroom, brinjal, coloured food

Membranes: Present Absent

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination:

Presenting Part: Vertex Breech Others

Consciousness: c/c/c Pallor: ⊖

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

Icterus: ⊖ Edema: ⊖

Pelvis: Adequate Doubtful

Temp: Afebrile PR: 86bpm

BP: 114/70mmHg DTR: ⊕

CVS: S1, S2 ⊕ RS BAE ⊕

Liver/Spleen: ⊖ Urine Output: Adequate

DIAGNOSIS

Primigravida with 38+2 wks with Rh Negative pregnancy
 with Gestational diabetes mellitus (M) with polyhydramnios
 with Asthma with small for gestational age baby
 for Induction of labour



<p>Family History:</p> <p>Father - DM, HTN Mother - Hypothyroidism</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Tab Metformin 500mg morning 250mg Night.</p>
<p>Plan of Care: <u>C/I to DR BHAVANA MAM</u></p> <ul style="list-style-type: none"> - Admission GRBS-116mg/dl - Diabetic diet - Part preparation - consent - Monitor FHR - Monitor vitals - NST 4th hrly - Tab Misoprostol 25mcg q 4th hrly - Follow drug chart - send CBp. - 10 PRBC Reserved at Venu lab. <p><u>Noted by Rani 17/6/26 @ 5:30pm</u></p>	<p>Investigations:</p> <p>BG- 'B' NEGATIVE Husband- 'B' POSITIVE</p> <p>17/6/26 CBp- 12.5/10.5/10.65</p> <p><u>11/6/2026</u> HIV } NR HBsAg } HCV } VDRL }</p> <p><u>2/6/2026</u> AFI/Doppler 37+3 weeks SLIUF Cephalic AFI- 17.3cm Doppler-normal PI- post High</p> <p><u>24/12/25</u> Growth scan 36+1 weeks SLIUF, cephalic EFW- 2568gms AC- 87. AFI- 16.3cm PI- post High Doppler-normal</p> <p><u>12/2/2026</u> TIFFA 20+3 wks SLIUF CL- 35mm No anomalies PI- post High</p> <p>FTS - Low Risk</p>

Doctor Name: DR. YOGESHWARI

Consultant Name: DR. BHAVANA K

Signature: [Signature]


Signature:

Date & Time: 17/6/2026 5:30pm

Date & Time: 17/6/2026

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

1

Ref. No. : F/1111/1301
FDH-00038034 IP-00060382
Patient : Mrs MBSG LALITHA
13-11-1999 26 Y 7 M 5 D (F)
Age :
Dr. BHAVANA K
I.P. No. : 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	5:45pm	O/E pt is c/c/c
		Gc fair <u>Adv</u>
		Afebrile - Diabetic diet
		BP - 114/70mmHg - Monitor vitals
		PR - 86bpm - W/F POL
		S/E - NAD - Ambulation
		P/A - Ut - TRG - Birthing ball exercise
		Relaxed - Adequate hydration
		Cephalic FHr @ 148bpm - Monitor FHr
		P/V - Cx long - NST 4th hourly
		OS - 1 finger - Follow drug chart
		PPVx 1-3 - Inform SOS
		M ⊕
		Noted by <u>Rani</u> <u>Dr Yogeshwaran</u>
17/6/26	9:45pm	ad: 5:45pm
		pt is c/c/c 17/8/26
		Gc fair <u>Adv</u>
		Afebrile - Diabetic diet
		BP - 109/76mmHg - Ambulation
		PR - 92bpm - Hydration
		S/E - NAD - W/F POL
		P/A - 2c/15section/min - NST - 4th hourly
		Ut - TRG - FHr monitoring
		⊙ FHr @ 132bpm OS - 1 finger - Follow drug chart
		c/c - Cx - 3/4th long PPE (-3) - monitor vitals

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Rani Dr Yogeshwaran 17/6/26

18/6/26
1:45am

NST active

T. W/S 0.25mg
this dose kept
at 1:45am

Orientable
clear
apnoeic

BP - 115/79 mmg
PR - 83 bpm
AENAD
PIA ut nry
cephalic
2 dls seeloni
FUR @ 1606 PM
PU - CX 3/4 thium
OS - 1um
| PPUX 21 |
BOM @

Adv
- diabetic
dnt
- NST 4thly
- WIF POL
- Bixing 6 all
- monitor
vitaly
- follow along
unit
- inform sos
H Dr. Ashwin

Noted by pooja
18/6/26

2 AM

18/6/26
5:20am

ATI to Dr. Bhavana
mam

↓
NST non-reassuring
↓
ALFF
↓
100% oxygen.
Reassuring

PA - 3d 2sseel
1omui
FUR @ 145 bpm
cephalic.

PU - CX 3/4 thium
OS - 1um
BOM @
| PPUX - 21

Adv
- NBM
- continue
FUR monitoring
H Dr. Ashwin

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6am	slept well again approx BP - 100/70 mmg PR - 82 bpm STENAD PIA ut - 24 cmndic FUR @ 160 bpm PU - CX 3/4th inch OS - 1cm BOM @ PP 2x-2	Adv - NBM - continue - FUR monitoring - NST 4th day - monitor vitals - following drug chart - WIPOL in form sec Adv Dr. Alvin
18/6/26 6:30am	noted by Prathysa @ 6AM UI to Dr. Bhavana mam PIA ut - 24 cmndic FUR @ 137 bpm - 30308u-110mm PU - CX 7/2 inch OS - 2-3cm SPP 2x-2 - m @ liq @	Adv - NST stat Adv Dr. Alvin
ARM done up @	noted by prathysa @ 6:30am	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	9:30 AM to 10:30 AM	
9:30 AM	<p>9:30 AM to 10:30 AM</p> <p>CC - pain</p> <p>Afebrile</p> <p>S/E - VAD</p> <p>BP - 118/72 mmHg</p> <p>PR - 81 bpm.</p> <p>P/A - Ut - TG</p> <p>Cephalic</p> <p>4C/40cc/10mm</p> <p>FHR ⊕ 142 bpm.</p>	<p>Adv</p> <p>- NBM</p> <p>- W/F POL</p> <p>- Continue FHR monitoring</p> <p>- NST 4th hly</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- Insulin 5cc</p>
<p>Noted by Meghana 18/6/26 @ 9:00 AM</p>		<p>Dr. Gredhna</p>
18/6/26	10 AM	
10 AM	<p>10 AM</p> <p>10:15 Dr. Bhavana Mann</p> <p>PA - ut TG</p> <p>4C/35cc/10mm</p> <p>cephalic FHR ⊕ 140 bpm</p> <p>PU - CX soft effused</p> <p>OS - 3cm</p> <p>m ⊕ U9 ⊙</p> <p>PPU 2-2</p> <p>caput ⊕</p>	<p>Adv</p> <p>5mg oxytocin</p> <p>sumits</p> <p>SML/UR</p> <p>- 5mg Drotaremic</p> <p>f epidacin</p> <p>1/2 usy</p> <p>- fhr monitoring</p>
<p>Noted by Meghana 18/6/26 @ 10 AM</p>		<p>Dr. Arshini</p>

FDH-00038034
 Mrs MBSG LALITHA IP-00060382
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 10:30 AM	<u>Counselling Notes</u>	
	Patient wants c-section, patient and attenders have decided to go ahead with LSCS on maternal consent.	
	<p><u>Husband</u> <u>HUSBAND.</u> <u>Dr. P. Bhavana</u></p> <p><u>M. Bhavna</u> <u>Pt. self</u> <u>MBSG LALITHA</u></p>	<p><u>Dr. Nausheen</u></p>
Noted by Sahini 10:30 AM 18/6/26		
18/6/26 12:30 PM	POD-0 (Post UC)	
<p>U/O - 200ml</p> <p><u>Adequate, Clear</u></p> <p>Trace baby blood group</p>	<p>O/C Pt is c/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>BP - 117/80 mmHg</p> <p>PR - 74 bpm</p> <p>S/C - NAD</p> <p>PIA - ut w/wk</p> <p>Soft, BS ⊕</p> <p>HE - NAB</p> <p>Baby - Observation</p>	<p>Adv</p> <ul style="list-style-type: none"> - NBM x 4hrs - Rest - I/O charting - W/P Bleeding PV - Monitor vitals - Follow drug chart - Inform S&C
	Noted by Meghana 18/6/26 12:30pm	<p><u>[Signature]</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	POD-0 (LSCS)	Doctor's Order
18/6/2026	O/E - pt is d/c/c		Adv:
4:30 pm	GC - fair		- water sips f/b
P/L	Afebrile		- clear liquids
GDM (M)	Bp - 118/80 mmHg		- soft diet after 10:30 pm
Asthma	PR - 75 bpm		- Adeq Hydration
U/O	S/E - NAD		- monitor vitals
300 ml	PIA - ut - w/r		- w/f bleeding pv
clear, adequate	Soft, BS (+)		- I/O charting
shift to	L/E - NAB		- Follow drug chart
300 ml	Baby - A BF (+)		- Inform sos
<p>per vaginal examination done No active bleeding</p>			
<p>Noted by Subhina 4:30 pm 18/6/26</p>			Dr. Nikita
18/6/2026	POD-0 (LSCS)		
9 pm	O/E pt is d/c/c		Adv
P/L	GC - fair		- soft diet at 10:30 pm
GDM (M)	Afebrile		- Adequate hydration
Asthma	Bp - 110/74 mmHg		- Monitor vitals
UO - clear	PR - 84 bpm		- w/f bleeding pv
adequate	S/E - NAD		- I/O charting
Baby blood	PIA - ut - w/r		- follow drug chart
group	Soft BS (+)		- Inform sos
B positive	L/E - NAB		
Inj Anit D 30mg	Baby - A BF (+)		
at 11:30 pm			
			Dr. Yogeshwar



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	POD-1 (LSCs)	
2:00pm	o/e	
P/L (40m cm) Asthma	Pt is c/c/c	<u>Adv</u>
	u/c fair	- Soft diet
	Afebrile	- Monitor vitals
Antid given	BP- 109/72 mmHg	- Follow drug chart
	PR- 82 bpm	- Adequate hydration
Vo- 220ml clear adequate	S/E- NAD	- Ambulation
	P/A- utw/r	- Inform SOS
	soft BS ⊕	
Remove foley's	LIE NAB.	
	Baby BH BF ⊕	
		Dr Yogeshwaran
Noted by padma 19/6/26 @ 1pm		
19/6/26	POD-1 (Post LSCs)	
2:30pm	o/e pt is c/c/c	<u>Adv</u>
	u/c fair	- Soft diet
	Afeb	- w/f bleeding PV
P/L 40m (M) Asthma	BP- 116/72 mmHg	- Monitor vitals
Urine passed Motion Not passed	PR- 73 bpm	- Follow drug chart
	S/E NAD	- Ambulation
	P/A soft	- Hydration
itching reduced	utw/r	- Inform SOS
	BS ⊕	
	LIE NAB	
	Baby BH BF ⊕	
		Dr Nausheen



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/16/26	POD-1 (SIP (SCS))	
9:00pm	OK	
	PT is c/c, c/c fails	
	Afebrile	ADY
(10mm) Asthma	BP - 110/70 mmHg	(N) Diet
	PR - 88 bpm	Ambulation
	SIF - NAD	WLF Bleeding PV
U-P m-NP.	PIA - ut wr	Follow nurse chart
	soft BS (N)	monitor vitals
	UF - NAD	Inform SCS
	Baby & A BF (N) ms	Call Dr. Anantha
20/16/26	POD-2 (SIP (SCS))	
7am	OK	
	PT is c/c, c/c fails	ADY
	Afebrile	(N) Diet
	BP - 118/70 mmHg	Ambulation
	PR - 82 bpm	WLF Bleeding PV
	SIF - NAD	Follow nurse chart
U-P m-NP.	PIA - ut wr	monitor vitals
	soft BS (N)	Inform SCS
ASD done successfully Atcombe discharged	UF - NAD, PV examination done	Call Dr. Anantha
	Baby & A BF (N) ms	

noted by
 Abanthesha
 20/16/26 @ 10 am



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>primie @ 38+2 wks @ Rh-Neg</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	<i>crp m (m) @ polyhydram</i>		If Yes Specify:					
BACKGROUND	Surgery / Procedure: <i>TOL</i>		Post OP Day:					
	Date	Shift	<i>17/6/26</i> <i>Even</i>	<i>17/6</i> <i>N</i>	<i>18/6/26</i> <i>M</i>	<i>18/6/26</i> <i>OP</i>	<i>18/6/26</i> <i>AM</i>	<i>18/6/26</i> <i>E</i>
ASSESSMENT	Medical Condition (Any special condition to be noted):		-	-	-	-	-	-
	Diet:		<i>Di-diet</i>	<i>diabetic</i>	<i>diabetic</i>	<i>NBM</i>	<i>NBM</i>	<i>1</i>
RECOMMENDATIONS	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>
	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:	<i>98.6F</i>	<i>96.2F</i>	<i>96F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>
		Res:	<i>18 b/m</i>	<i>19.5</i>	<i>18 b/m</i>	<i>19 b/m</i>	<i>19 b/m</i>	<i>19 b/m</i>
		SpO ₂ :	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>97%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>86 b/m</i>	<i>80</i>	<i>76 b/m</i>	<i>80 b/m</i>	<i>96 b/m</i>	<i>92 b/m</i>
		BP:	<i>110/70</i>	<i>109/60</i>	<i>110/70</i>	<i>120/80</i>	<i>118/80</i>	<i>112/80</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>		
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>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>Diabetic</i>	<i>Diabetic</i>	<i>Diabetic</i>	<i>NBM</i>	<i>NBM</i>	<i>diabetic</i>	
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	<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>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:		<i>NSF + 4 hours</i>	-	-	<i>NBM</i>	-	<i>w/o bleeding</i>	
Handed Over By Name:		<i>Dani</i>	<i>pradipal</i>	<i>mang</i>	<i>Bhanu</i>	<i>Subasini</i>	<i>Suhini</i>	
Signature / ID.:		<i>020527</i>	<i>020533</i>	<i>020522</i>	<i>020523</i>	<i>020527</i>	<i>020527</i>	
Date:		<i>17/6/26</i>	<i>18/6</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	
Time:		<i>8pm</i>	<i>8pm</i>	<i>11:30 AM</i>	<i>12:40 PM</i>	<i>2pm</i>	<i>3pm</i>	
Taken Over By Name:		<i>pradipal</i>	<i>pradipal</i>	<i>Bhanu</i>	<i>Subasini</i>	<i>Subasini</i>	<i>mang</i>	
Signature / ID.:		<i>020533</i>	<i>020533</i>	<i>020523</i>	<i>020527</i>	<i>020527</i>	<i>020527</i>	
Date:		<i>17/6</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	<i>18/6/26</i>	
Time:		<i>8pm</i>	<i>8 AM</i>	<i>11 AM</i>	<i>12:40 pm</i>	<i>2pm</i>	<i>4pm</i>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Primie with 38+2 weeks with Rh-ve</u> <u>GDM & Polyhydramnios</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure: _____		Post OP Day: <u>1</u>					
BACKGROUND	Date	<u>18/6/26</u>	<u>19/6/26</u>	<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>		
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>		
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
Diet:	<u>S.diet</u>	<u>Ⓢ diet</u>	<u>Ⓢ diet</u>	<u>S.diet</u>	<u>Ⓢ diet</u>			
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 type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>		
	Tubes/Drains/Catheter:	<input 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 type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6F</u>	<u>98.6F</u>	<u>98.5F</u>	<u>98.6F</u>	<u>98.0F</u>	
		Res:	<u>20b/m</u>	<u>19b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>19b</u>	
	SpO ₂ :	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>		
	Pulse:	<u>75b/m</u>	<u>91b/m</u>	<u>75b/m</u>	<u>78b/m</u>	<u>81b</u>		
	BP:	<u>112/58/84</u>	<u>107/91</u>		<u>116/72/74</u>	<u>110/72/91</u>		
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>		
	Fall Risk Score:	<u>10</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>15</u>		
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>			
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
	Special Diet:	<u>S.diet</u>	<u>Ⓢ diet</u>	<u>Ⓢ diet</u>	<u>S.diet</u>	<u>Ⓢ diet</u>		
	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>-</u>		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>Dependent</u>	<u>Dependent</u>		
Post Operative Procedure Special Orders:	<u>Nil</u>			<u>Nil</u>	<u>ok</u>			
Handed Over By Name :	<u>Nagmani</u>	<u>Padma</u>	<u>Padma</u>	<u>Nagmani</u>	<u>Ashu</u>			
Signature / ID :	<u>[Signature]</u>	<u>606329</u>	<u>606329</u>	<u>[Signature]</u>	<u>606609</u>			
Date:	<u>19/6/26</u>	<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>			
Time:	<u>8pm</u>	<u>@ 1pm</u>	<u>@ 3pm</u>	<u>8AM</u>	<u>@ 10a</u>			
Taken Over By Name :	<u>padma</u>	<u>padma</u>	<u>nagmani</u>	<u>Ashu</u>	<u>file</u>			
Signature / ID :	<u>606329</u>	<u>606329</u>	<u>[Signature]</u>	<u>606609</u>	<u>606609</u>			
Date:	<u>19/6/26</u>	<u>19/6/26</u>	<u>19/6/26</u>	<u>20/6/26</u>	<u>20/6/26</u>			
Time:	<u>@ 8AM</u>	<u>@ 2pm</u>	<u>8pm</u>	<u>@ 8a</u>	<u>8a</u>			

Noted by
 Nagmani
 20/6/26 @ 10 am



NURSING CARE RECORD

Date: 12/6/26

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- 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							
Afternoon	5pm	maintain fluid balance	5:15 pm	provided plenty of oral fluids	maintained fluid balance	Re-Assess maintained fluid balance	Ravi 12/6/26 ESP
Night	10pm	Ensure Safety	9pm	provide side rails	to prevent fall from bedside	Patient was safe	Medhul 12/6/26 ESP
	6am	monitored vitals	6am	checked vitals	vitals are normal	Patient was stable	

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K

NURSING CARE RECORD

Date: 18/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	⇒ Ensure safety	9:10	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	Omanga 18/6/26 @1m
	1pm	⇒ Any others, specify	1:10 N	⇒ Check FHR & NST 4th hourly	⇒ Checked FHR NST	⇒ FHR & NST good	
Afternoon	2pm	Maintain fluid Balance	2pm	2L fluids administered as per doctor order	TO prevent dehydration	patient is well hydrated	Subashini 18/6/26 5pm
	4:30 pm	Maintain personal Hygiene	4:30 pm	personal Hygiene given	TO prevent infection	patient is Comfortable	
Night	9pm	Ensure safety	9pm	side rails kept up	Prevent from falls.	Patient is Stable and no fresh complaints	19/6/26 Naejy CSA
	11pm	Maintain fluid balance	11pm	Advice to take plenty of fluids.	Maintain hydration		

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K

NURSING CARE RECORD



Date: 19/6/26

- 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	10Am	* maintain fluid Balance. * Ensure safety.	1pm	* maintained the fluid Balanced. Nutritional status. * provided the sied Rails.	* prevent to the fall Risk. * prevent to the duty of iron.	* Re-Assessment Done - every with hourly vitals.	Dadma 19/6/26 @ 1pm
Afternoon	4pm	* Ensure safety.	7pm	* provided the sied Rails.	* prevent to the fall Risk.	* Re-Assessment Done - every with hourly vitals.	Dadma 19/6/26 @ 4pm
Night	9pm	maintain personal hygiene.	9pm	Educated about personal hygiene	Prevent infection	Patient is stable	20/6/26 Naga csh
	11pm	maintain fluid balance	11pm	Advice to take plenty of fluids	maintain hydration		



NURSING CARE RECORD



Date: 20/6/26

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
Goals	Morning			<u>Discharge notes</u> Doctor came for rounds & advice @ Discharge			Alesh 20/6/26 10 am
	Afternoon			noted by Alesh 20/6/26 @ 10 am			
	Night						

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs MBSG LALITHA

Age : 26 Y 7 M 4 D

IP No: IP-00060382

Sex: Female

Consultant: Dr. BHAVANA K

Ward/Bed No: N 2F-LABOUR WARD/LW 223

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

Patient, be deemed advisable or necessary.

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

Name: Dr. P. Harsha .

Relationship: HUSBAND .

Date: 17/6/2026 .

Time: 5:02 PM

Witness Name:

Witness Signature: Shreyas

Patient Address:

plot no 127-2-4-974, samata puri colony road no 4, New Nagole Hyderabad Telangana INDIA 500035

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. BHAVANA K	Date of Delivery: 18/6/26
Assistant Surgeon: Dr. MOUNICA	Time of Delivery: 11:43:20 Am
Anaesthetist's Name: Dr. SUNIDHARA	Gender of Baby: BOY (Male)
Type of Anaesthesia: SPINAL	Weight of Baby: 2.59 kg 2.815 kg
Neonatologist: Dr. HARISH	AGPAR Score: 7/10, 9/10
Scrub Nurse: Sis. RUBY.F / Bro ARIF	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Auto Fetal distress

Pre-Operative Diagnosis:

Elective Emergency

Indication: **MATERNAL REQUEST**

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: **Reactive**

If there was a delay give the reasons:

Surgical Procedure: **EMERGENCY LOWER SEGMENT CESAREAN SECTION.**

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: **~ 150ml**

Blood Transfused (in ML): **-**

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Uterine Closure: One Layer Two Layers VICRYL 1-0 Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: VICRYL 1-0 Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress MONOCRYL 3-0 Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in 12 Hours days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No
Post-Operative Notes: ABM x 4hs, Rest, Flo charting, Monitor vitals,
Follow drug chart, Inform SOS

Doctor Name: Dr. BHAVANA K
Date & Time: 19/6/20

Doctor Signature: Dr. G. Srinivas

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
 Asst. Surgeon : Dr. Mounika
 Anaesthetist : Dr. Sunidhara
 Scrub Nurse : Ruby P / Anif

FDH-00038034 IP-00060382
 F Mrs MBSG LAJTHA
 13-11-1999 26 Y 7 M 5 D (F)
 U Dr. BHAVANA K
 D

Age : 26y Gender : Female
 Name : Em-ds
 Out-time : 12:30pm



Before Induction of Anaesthesia >>>

SIGN IN		Time: <u>11:30 AM</u>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input 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. Sunidhara</u>		

Before Skin Incision >>>

TIME OUT		Time: <u>11:35</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-ds</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>Bldg</u>		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <u>bronchial Asthmatic</u>		
	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed?		
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>[Signature]</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>12:30pm</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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature: <u>[Signature]</u>		
Name: <u>Dr. Geethma</u>		

Induction of Labor Consent

Name: MRS. MBSCU LALITHA
Date of Birth: - 13/11/1999
ANC No:

Consultant: DR. BHAVANA K
Registration Number:

You are scheduled for an induction of labor on 17/6/26 (date) at 38+2 (weeks of gestation).

The reason for your induction is TU + R/Negative pregnancy + POLYHYDRO + SCABABY MINOS

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.

M. Bhargava
Parents Signature

17/6/26
Date

Harsh
Husband's Signature

17/6/26
Date

Dr. Ashwini
Doctor's Signature

17/6/26
Date

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. MBSG LALITHA UHID No : FDH-00038034
Gender: Male Female Date : 17/6/2026 Time : 5:30 PM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal 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, benefits, alternatives 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 : M. Bhavana

Name : MBSG LALITHA

Date & Time : 17/6/26, 5:30pm

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : Havsha

Name : Dr. P. Harsha

Relationship with Patient: HUSBAND

Date & Time : 17/6/26, 5:00PM

Doctor (who is taking the consent) :

Signature : A

Name : Dr. As hini

Date & Time : 17/6/26 5:30PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.బి.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకము
పేరు పేరు
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము

సంతకము
పేరు

CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K



Patient Name : Mrs. MBSG Lalitha Age : 26 y Gender : Male Female
 UHID NO: FDH-38034 Surgeon Name: Dr. K. Bhavana
 Anaesthesiologist : Dr. Subramanyam
 Operative procedure planned : Em. Uter.

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 : hypertension, bradycardia, PDPH, PPH

Comments : Total spinal itching, shivering

• 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. MBSG Lalitha the above mentioned operation / Diagnostic / Therapeutic procedures
Em. Uter

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 : M. Bhargava

Name : MRS G. LALITHA

Relationship with Patient: HUSBAND

Date & Time : 18/6/26

Witness :

Signature : Hansha

Name : Dr. P. Hansha

Date & Time : 18/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Keema Bhandu

Date & Time : 18/6/26, 7:10 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. MBSG LALITHA Gender: Male Female Age : - 26 YR

UHID No : FDU-38034 IIP-60382 Date : - 18/6/26

Instruction:

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION upon MRS. MBSG LALITHA
(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URGENT INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTION, INFECTION, 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 : [Signature]
Name : MBSG LALITHA
Date & Time : 18/6/26, 10:00am

Patient Attendant :

Signature : [Signature]
Name : Dr P. Haesha
Relationship with Patient: HUSBAND
Date & Time : 18/6/26, 10:00am

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Ashwini
Date & Time : 18/6/26 10AM

FDH-00038034 IP-00060382
 Mrs MBSG LAJITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K

7) Allergy: No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria , cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 5:30 pm

Nurse Name: Rani Nurse Signature: [Signature]

Date: 12/6/20 Time: 4:30 pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify ER

Primary Language: Telugu English Hindi Others, specify _____

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

Source of Information: Patient Family Others, specify _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____

If yes, identify _____

Chief Complaints: _____ Doctor Notified on Admission: Yes No

pain - c 35th wks Rh-Neg Name of the Doctor: Dr. Yogeshwari

Time Notified: 5:30 pm

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

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

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche: _____</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>17/9/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
---	--	---

Obstetric History: G prim P _____ L _____ A _____

Previous LSCS: nil

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 - Hypothyroid

Vital Signs / Measurements: Temp: 98.6 HR: 86 RR: 18

BP: 110/70 Weight: 72 kg Height: 160 BMI: 32.1

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

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

Social History: Lives With family

Orientation has been given regarding the following aspects:

- Call Bell in Reach: Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump: Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given to Mrs. Lalitha

Name of Person Orientation was given to: Mrs. Lalitha

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Pami

Date & Time: 12/6/26 @ 4:30p

FDH-00038034 IP-00060382
 Mrs MBSG LAUTHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K

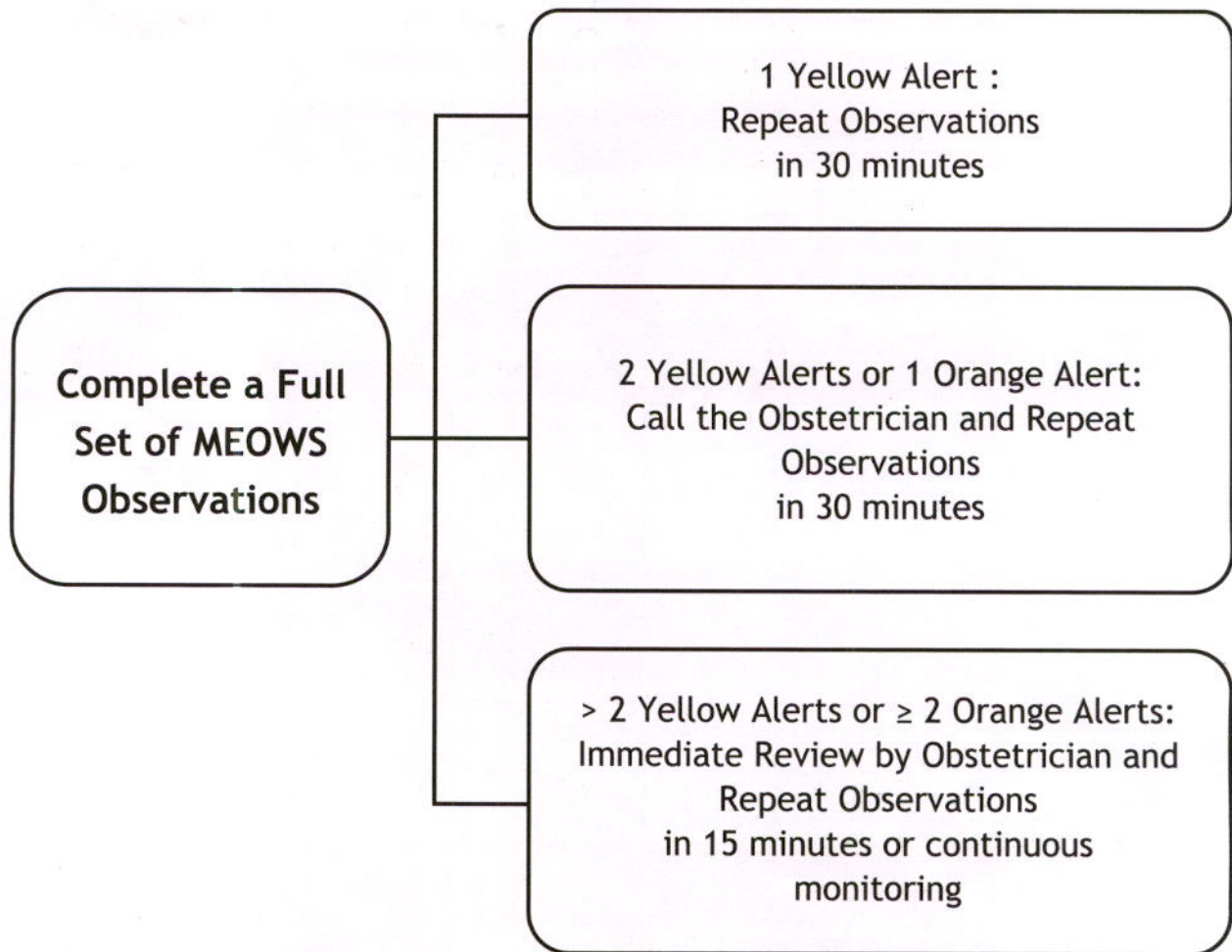


Early warning Observation Score Chart - Obstetrics

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

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
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)

FDH-00038034 IP-00060382
 Mrs MBSG LAUTHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K



2

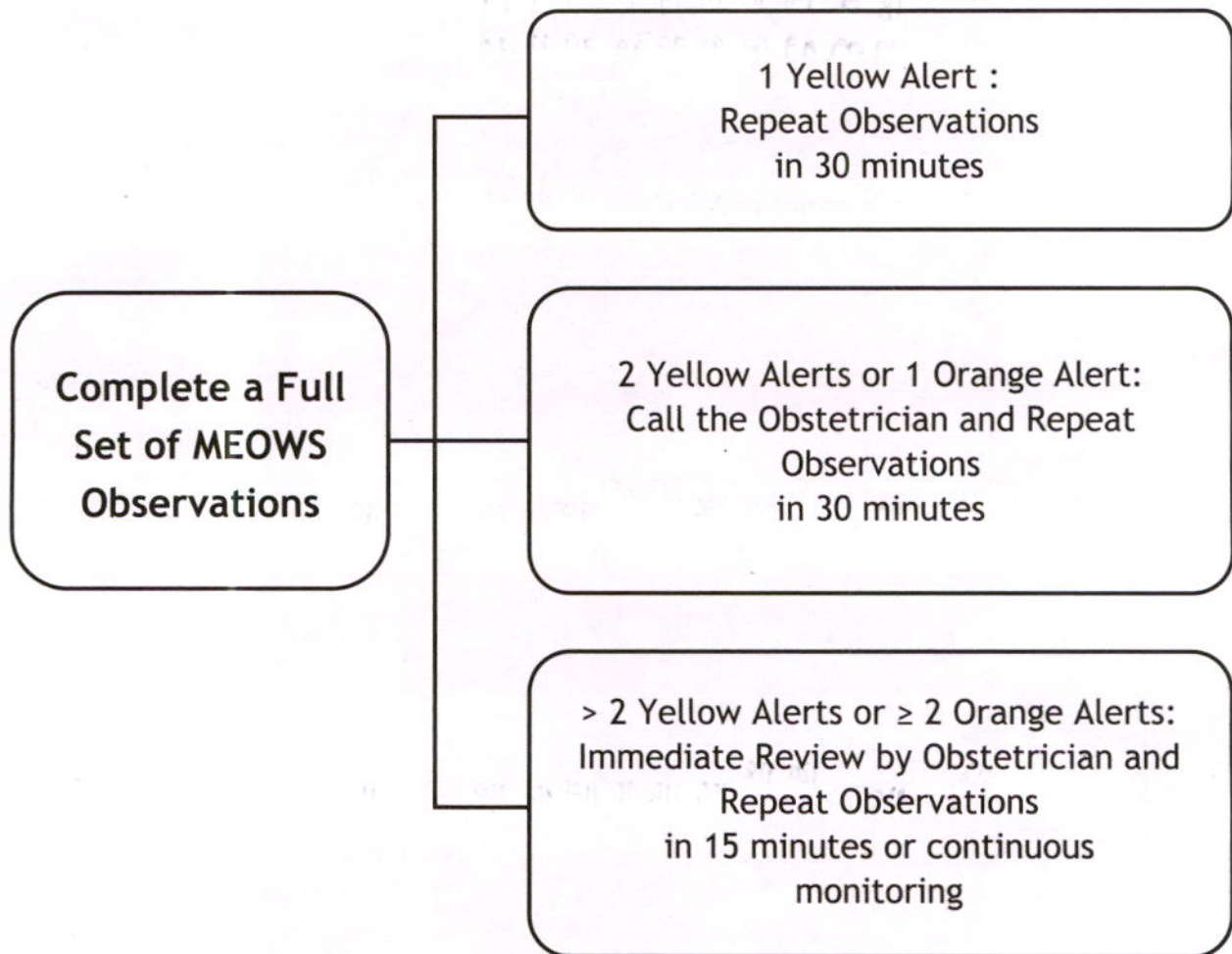


Lumpy Warming Observation Score Chart - Obstetrics

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		18	18	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		99	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		36.2	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	76		80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
	70																								
	60																								
	50																								
40																									
Systemic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	118		110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	72		71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	
	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		
	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		l	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et	et		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



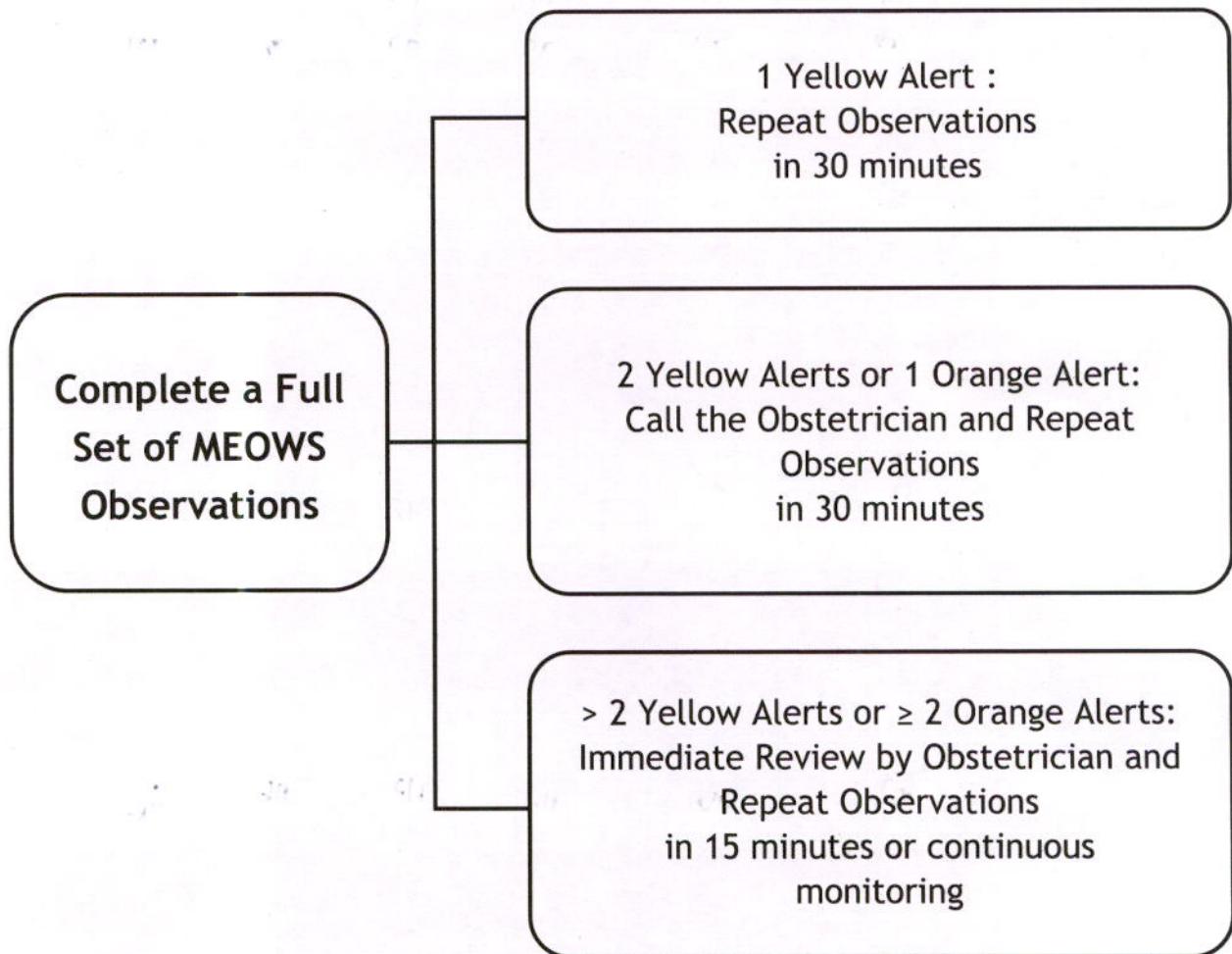
3

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	
		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			91				75					80			78			72			82				85	
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	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			NA				NA				NA			NA			NA			NA				NA		
	Heavy / Foul																										
Liquor	Clear / Pink			NA				NA				NA			NA			NA			NA				NA		
	Green																										
TOTAL YELLOW SCORES				0				0				0			0			0			0				0		
TOTAL ORANGE SCORES				0				0				0			0			0			0				0		
Nurse Initial				D				D				P			C			C			C				G		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00038034
 Mrs MBSG LALITHA
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 Dr. BHAVANA K

IP-00060382

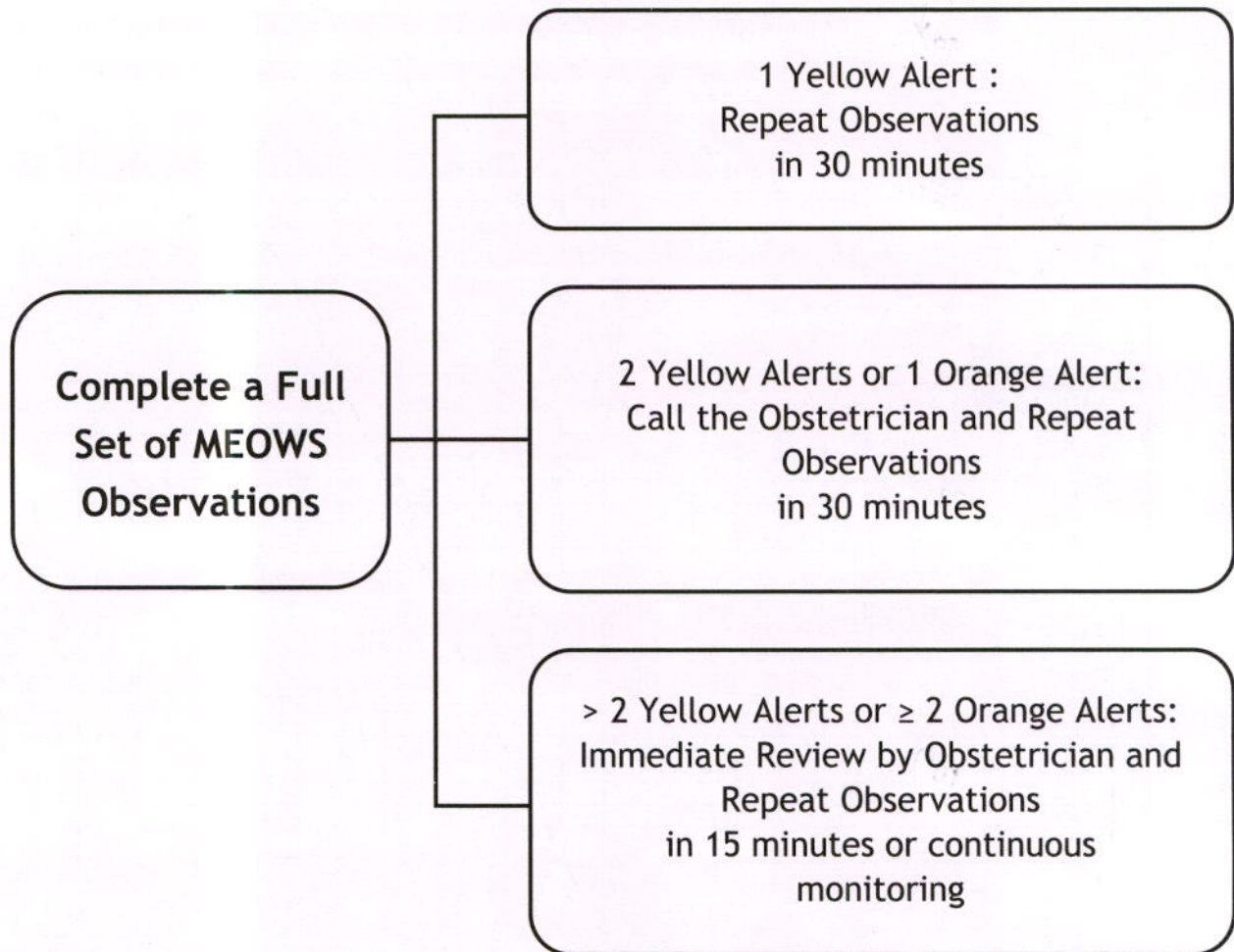


Early Warning Observation Score Chart - Obstetrics

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°C																							
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		81																							
	70																									
	60																									
	Systemic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
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	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			0																							
TOTAL ORANGE SCORES			1																							
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

18/6

12:30pm — 1396 lit
 1pm — 1406 lit
 1:30pm — 1386 lit
 2pm — 1426 lit
 2:30pm — 1366 lit
 3pm — 1376 lit
 3:30pm — 1326 lit
 4pm — 1406 lit
 4:30pm — 1496 lit

12pm — 1426 lit
 12:30pm — 1286 lit
 1pm — 1326 lit
 10:30pm — 1356 lit
 10pm — 1406 lit
 9:30pm — 1296 lit
 9pm — 1386 lit
 8:30pm — 1426 lit
 8pm — 1356 lit
 7:30pm — 1466 lit
 7pm — 1426 lit
 6:30pm — 1466 lit
 6pm — 1506 lit
 5:30pm — 1426 lit
 5pm — 1406 lit

All

18/6

5am — 1496 lit
 5:30am — 1406 lit
 6am — 1496 lit
 6:30am — 1496 lit
 7am — 1426 lit
 7:30am — 1406 lit
 8am — 1496 lit
 8:30am — 1406 lit

Date

Time

lit

lit



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	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/6/20	08:00 am	RLT 100ml								✓	0	M	
	09:00 am	NBM + RL 100ml									0	Mangy	
	10:00 am	NBM + RL 100ml									0	18/6/20	
	11:00 am	NBM + RL 100ml									0	CHAM	
	12:00 pm	NBM + RL 100ml/hr								200ml	0		
	01:00 pm	NBM + RL 100ml/hr								100ml	0		
Total Intake : 650ml						Total Output : 300ml							
18/6	02:00 pm	NBM + RL 100ml/hr								100ml	0	off	
	03:00 pm	NBM + RL 100ml/hr								100ml	0	18/6/20	
	04:00 pm	NBM + RL 100ml/hr								50ml	0	5pm	
	05:00 pm	H ₂ O 50ml + RL 100ml								100ml	0		
	06:00 pm	H ₂ O 50ml								50ml	0		
	07:00 pm	H ₂ O 100ml								50ml	0	18/6/20	
Total Intake : 600ml						Total Output : 400ml							
18/6/20	08:00 pm									100ml	1		
	09:00 pm									100ml	1		
	10:00 pm	Bice								200ml	0	18/6/20	
	11:00 pm	H ₂ O 100ml								100ml	1	Mangy	
	12:00 am									100ml	1		
	01:00 am									100ml	1	CHAM	
Total Intake :						Total Output : 700ml							
19/6/20	02:00 am	H ₂ O 100ml								100ml	1		
	03:00 am									100ml	1		
	04:00 am	H ₂ O 100ml								150ml	0	18/6/20	
	05:00 am									150ml	1	Mangy	
	06:00 am	H ₂ O 100ml								100ml	1	CHAM	
	07:00 am									200ml	1		
Total Intake :						Total Output : 800ml							

Total 24 hrs. Intake

Total 24 hrs. Output 2250

FLUID CHART

Sheet No. : 3

19/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6/26	08:00 am										✓	} Padma 19/6/26 a2pm	
	09:00 am	Dikey H2O											
	10:00 am												
	11:00 am												
	12:00 pm	Supp											
	01:00 pm	H2O											
Total Intake :						Total Output :							
19/6	02:00 pm										✓	} Padma 19/6/26 a2pm	
	03:00 pm	Dikey H2O											
	04:00 pm												
	05:00 pm												
	06:00 pm	H2O									✓		
	07:00 pm												
Total Intake :						Total Output :							
19/6	08:00 pm											} Padma 19/6/26 a2pm	
	09:00 pm	Dikey									✓		
	10:00 pm	H2O 10ml											
	11:00 pm												
	12:00 am	H2O 10ml									✓		
	01:00 am												
Total Intake :						Total Output :							
20/6	02:00 am											} Padma 20/6/26 a2pm	
	03:00 am												
	04:00 am	H2O 10ml									✓		
	05:00 am												
	06:00 am												
	07:00 am	Water											
Total Intake :						Total Output :							

Total 24 hrs. Intake : _____

Total 24 hrs. Output : _____



FLUID CHART

Sheet No. :

20/6/26

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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/6/26	08:00 am										✓	20/6/26
	09:00 am		Oral									
	10:00 am		150									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	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

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 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: ICU Shifted to: DT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. METFORMIN	500 mu	PO	OD	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. METFORMIN	500 mu	PO	OD	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. IRON	1 TAB	PO	OD	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. CALCIUM	500 mg	PO	OD	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	T. FOLIC ACID	5mu	PO	OD	17/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6	FORMOTEROL FUMARATE + BODESONIDE INHALER	5mcg + 200mcg	PN	BD	17/6	<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: H. Dr. Ashini

Date & Time: 17/6/2017

Nurse Name & Signature: Prathiba

Date & Time: 17/6/2017 @ 6pm

FDH-00038034 IP-00060382
 Mrs MBSG LALITHA
 13-11-1999 26 Y 7 M 5 D (F)
 Dr. BHAVANA K



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

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	INJ. CEFOTAXIME	1 GM	Iv	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PARACETAMOL	1 GM	PO	6TH 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						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. NIKHITA

Date & Time: 18/6/2026 4:30 PM

Nurse Name & Signature: K. Subasree

Date & Time: 18/6/2026 4:30 PM

Patient Name	I.P. No.	Sheet No. (1)	Wards (M10)	Weight (kg) (72 kgs)
--------------	----------	---------------	-------------	----------------------

REGULAR PRESCRIPTIONS

DRUG : T-TRAMADOL				Date										
				Time										
Dose	Route	Frequency	Start Dt.											
100 mg	PO	TID	18/6											
Name & Signature of the Doctor starting the Drugs:				STOP										
Dr. Sumantana														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign.														

DRUG : T. PANTOPRAZOL				Date										
				Time										
Dose	Route	Frequency	Start Dt.											
40 mg	PO	OD	18/6											
Name & Signature of the Doctor starting the Drugs:				STOP										
Dr. Sumantana														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign.														

DRUG : TAB. PARACETAMOL				Date										
				Time	18/6	19/6	20/6							
Dose	Route	Frequency	Start Dt.											
1Gm	PO	6TH HOURLY	18/6	12 AM										
Name & Signature of the Doctor starting the Drugs:				STOP										
Dr. Brunda														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign.														

DRUG : TAB. TRAMADOL				Date										
				Time	18/6	19/6	20/6							
Dose	Route	Frequency	Start Dt.											
60mg	PO	6TH HOURLY	18/6	6 AM										
Name & Signature of the Doctor starting the Drugs:				STOP										
Dr. Brunda														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign.														

No. 18/6/26
 Dr. Brunda
 18-06-26
 MERCY
 18-06-26
 MERCY

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		7		21 kg

REGULAR PRESCRIPTIONS

Do not take
Meriy
18/6/16

DRUG : TAB. PANTOPRAZOLE				Date	19/6	Time	9 AM
Dose	Route	Frequency	Start Dt.				
40mg	PO	ONCE A DAY	18/6				
Name & Signature of the Doctor starting the Drugs:							
Dr. BRUNDA.							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign.							

Do not take
11 AM

DRUG : T-CEFIXIME				Date	19/6	Time	11 AM
Dose	Route	Frequency	Start Dt.				
200mg	PO	12TH HOURLY	19/6/16				
Name & Signature of the Doctor starting the Drugs:							
Dr. YOUNGESHWAR							
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.							

FDI-00038034
 Mrs MBSG LAUTHA
 13-11-1988
 26 Y 7 M 5 D
 DR. BHAYANAK
 (F)

I.V. FLUIDS CHART

Weight: 22kg Ward: 2/W

Date	Composition of I.V. Fluid <small>(Composition, mention ml/hr = Mcg/kg/min, etc)</small>	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	A		Hold		
18/6	INSULIN	IV	100 ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		
18/6	INSULIN + SODIUM 500ML	IV	5ml/hr	H		18/6		

VERIFIED BY : Name

Signature



Weight: 72kg Ward: L10

VARIABLE DOSE		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
17/6/26	5:45 AM	T. MISOPROSTOL	25mcg	PV	[Signature]	[Signature]
17/6/26	9:45 PM	T. MISOPROSTOL	25mcg	PV	[Signature]	[Signature]
17/6/26	1:45 AM	T. MISOPROSTOL	25mcg	PV	[Signature]	[Signature]
18/6/26	6:50 AM	PROCTOLYSIS ENEMA	100ML	PR	[Signature]	[Signature]
18/6/26	9:50 AM	INT-DROTAVERINE	40MG	IV	[Signature]	[Signature]
18/6/26	10:20 AM	INT-VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]
18/6/26	10:50 AM	INT-DROTAVERINE	40MG	IV	[Signature]	[Signature]
18/6/26	11:20 AM	INT-VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]

VERIFIED BY : Name Signature

Chik 17/6/26
Chik 18/6/26
Chik 18/6/26



REGULAR PRESCRIPTIONS

Weight 72kg Ward 2/w

Top Doctor
 Chitra 17/6/26

DRUG : T. METFORMIN				Date Time
Dose 500mg	Route PO	Frequency MORNING	Start Date 17/6/26	9 AM HOLD
Name & Signature of the Doctor Starting the Drugs: Dr. YOGESHWARI				STOP Dr. YOGESHWARI 18/6/26
Additional Instructions: AFTER BREAKFAST				
Daily Doctor's Endorsement by a Sign				

Top Doctor
 Chitra 17/6/26

DRUG : T. METFORMIN				Date Time
Dose 250mg	Route PO	Frequency AT NIGHT	Start Date 17/6/26	9 PM
Name & Signature of the Doctor Starting the Drugs: Dr. YOGESHWARI				STOP Dr. YOGESHWARI 18/6/2026
Additional Instructions: AFTER DINNER				
Daily Doctor's Endorsement by a Sign				

Top Doctor
 Chitra 18/6/26

DRUG : INJ CC FOTAXIME				Date Time
Dose 1gm	Route IV	Frequency 12TH HOUR	Start Date 18/6	10 AM
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwin				STOP Dr. YOGESHWARI 19/6/2026
Additional Instructions: AFTER TEST PAC				
Daily Doctor's Endorsement by a Sign				

DRUG : T. PARACETAMOL				Date Time
Dose 1g	Route P/O	Frequency QID	Start Date 18/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Sumanth				STOP
Additional Instructions: -				
Daily Doctor's Endorsement by a Sign				