

VIH-00198590 IP-00060402

Mrs MADDI GOWTHAMI

ACTIV 12-09-1992 33 Y 9 M 6 D (F) NG

Dr. BHAVANA K



Name: --

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

Date of Admission : 18/6/26 Time : 9:5pm Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6	10:25am	Leo	Room 218	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/6	NST @ 9 Pm - (1)	R26-009800 ✓	ph
19/6	NST @ 1 Am - (2)	R26-009806 ✓	ph
19/6	NST @ 5 Am - (3)	R26-009807 ✓	ph
19/6	GSP	V126020807 ✓	ph
19/6	<hr/>		
<p>cross checked by Raja 20/6/20 @ 10:30am</p>			
<p>cross checked by Raja 20/6/20 @ 10:30am</p>			
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Name	Mrs MADDI GOWTHAMI	UHID	VIH-00198590
Father/Guardian	Mr M SAINATH	Age/Gender	33 Y 9 M 7 D/Female
Address	30-647/6/36,JAIN MANDIR,SHIVA GOWRI ENCLAVE,East Anandbagh Malkajgiri, Chengicherla, Hyderabad, Telangana, INDIA, 500039		
IP No	IP-00060402	Admission Date	18-06-2026
Ref Doctor	Self	Discharge Date	20-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: G2P1L1 with 38+1 weeks with Previous NVD with Hypothyroidism with Oligohydramnios with Umbilical Vein Varix for Induction of Labour.

SPONTANEOUS VAGINAL DELIVERY DONE ON 19.06.2026.

History:

LMP: 25.09.2026

Obstetric formula: 38+1 weeks

EDD: 1.07.2026

Gestation at admission: 38+1 weeks

Obstetric History:

G1- Male / 4 years / FTNVD / Basant sahney hospital / 2.8 kg / Uneventful / A & W / BF- 2 m

G2 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Mother- Hypothyroidism

Name	Mrs MADDI GOWTHAMI	UHID	VIH-00198590
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Brother- DM type 1.

Surgical History: Nil

Allergies: Nil

Antenatal Details: Mrs MADDI GOWTHAMI was booked to Rainbow hospital at 8 weeks of gestation. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism at 12 weeks & was managed on Tab. Thyroxine 25 mcg. She was admitted at 38+1 weeks with Previous NVD with Hypothyroidism with Oligohydramnios with Umbilical Vein Varix for Induction of Labour.

Investigations: Enclosed.

Blood group:" B" POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch long and 2 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Artificial rupture of membrane done at 5 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 6.20 AM. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled

Name	Mrs MADDI GOWTHAMI	UHID	VIH-00198590
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cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 19.06.2026

Time of Delivery: 6.34 AM.

Type of Labour: Induced

Type of Delivery: Spontaneous

Analgesia: Local

Baby Details:

Date: 19.06.2026

Time: 6.34 AM.

Sex: Male

Weight: 2.672 kg

Apgar: 7/10 ,9/10.

Gestational Age: 38+2 weeks

NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. 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.

Name	Mrs MADDI GOWTHAMI	UHID	VIH-00198590
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Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 25.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 25.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 25.06.2026 (10am-4pm-10pm) after 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) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 25.06.2026 (7am) before food.
7. Tab. Thyroxine 25 mcg once daily on empty stomach (6 am) till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Betadine ointment and lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. 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

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

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

102 (F)

02 (F)

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060402

Admit Date : 18-Jun-2026

Admit Time : 09:05 PM UHID : VIH-00198590

Patient Details :

Patient Name : Mrs MADDI GOWTHAMI

Age : 33 Y 9 M 6 D

Guardian : Mr M SAINATH

DOB : 12-09-1992

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 30-647/6/36,JAIN MANDIR,SHIVA GOWRI ENCLAVE,East Anandbagh Malkajgiri Chengicherla Hyderabad Telangana INDIA 500039

Phone No : 9392109724/ 8121780319

E-mail : sindhusunny1228@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

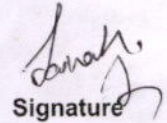
Contact Details :

Name : Mr M SAINATH

Relationship : W/O

Contact Address : 30-647/6/36,JAIN MANDIR,SHIVA GOWRI ENCLAVE,East Anandbagh Malkajgiri Chengicherla Hyderabad Telangana INDIA 500039

Phone No : 9392109724 / 8121780319


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 : SELFPAY



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / 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: 10pm

Nurse Name : Madhucala Nurse Signature: [Signature]

Date: 18/6/26 Time: 9:40am

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/6/26

Baseline Information:
 Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Yogeshkumar
 Time Notified: 10pm

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>Yes</u>

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

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS: NO

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other: Mother - Hypothyroidism, Brother - DM Type 1

Vital Signs / Measurements: Temp: 96.2°F HR: 98bpm RR: 20bpm
 BP: 121/81 mmHg Weight: 59.9kg Height: 154cm BMI: 24.8

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

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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 0 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

2. Social 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

Additional information given to Mrs. MADDI Gowthami

Name of Person Orientation was given to: Mrs. MADDI Gowthami

Orientation not given Reason:

Nurse Signature: A

Nurse Name: Prathapale

Date/Time: 12/6/26 @ 6:20pm

PATIENT TRANSFER FORM

1



VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 6 D (F)
 Dr. BHAVANA K



Date & Time of Admission 18/6/26 @ 9:5pm		Date & Time of Transfer Order 19/6/26 @ 10:25 AM
Treating Consultant Name	Transfer Ordered by Dr. Yogeshwari	Reason for Transfer Observation
From Unit 210	To Unit Room (218)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 39	Number of Imaging Films MRI - (3)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- Paracetamol - (13)	
2.	Tab:- Diclofenac - (10)	
3.	Tab:- par womy - (15)	
4.	Tab:- cefixime - (15)	
5.	Saral - (1) under pad - (1)	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Yogeshwari

Name & Signature of Person who is Transferring B+	Name of Person Ordered Transfer Dr. Yogeshwari
--	---

Patient & Clinical Records Received by :

Dadma

Date & Time of Patient Received :

19/6/26 @ 10:30 AM

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

- Unavailable Bed Nurse not Available Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Nil

LMP: 25/9/25 EDD: 16/12/25
 Corrected EDD: 16/7/26 GA: 38+1 weeks

Obstetric Formula: G2P14

Menstrual History: Regular: Yes No

Obstetric History: M.L 5Y, NCM
 I - m) 4Y / FTND / Basant Sahney /
 2.8 kg / uneventful / 1A1W / BF x 2m

Obstetric Examination

Fundal Height: TG

II - PP, 4p. conception
 Present Pregnancy Record:
 - Booked at 8 wks
 - Hypothyroidism (12 wks) on Tab
 thyroxine 25mcg OD.
 d/o (8.9) TT inj two doses
 taken.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

⊕ 148 bpm

RISK FACTORS:

- Hypothyroidism (25)
- oligohydramnios (8.9)
- Umbilical vein varix

Per Speculum Examination not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long ^{4.2 inch} Partially effaced Effaced

Os: Closed _____ Dilated 2 cms

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 156 cm

Weight: 56.9 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 86 bpm

BP: 112/70 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAC ⊕

Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

G2P14 with 38+1 weeks with previous NVD with
 Hypothyroidism with oligohydramnios with
 Umbilical vein varix
 for induction of labour



<p>Family History:</p> <p>Mother - Hypothyroidism Brother - DM Type 1</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Tab Thyroxine 25mcg OD</p>
<p>Plan of Care: <u>CI to DR. Bhavana mam</u></p> <ul style="list-style-type: none"> - Admission - Post preparation - Diet - Consent - Monitor FHR - NST 4th hrly - T. Misoprostol 25mcg PV 4th hrly - Monitor vitals - Send CBP - Follow drug chart - Inform SOS <p><i>noted by Pradyumn</i></p>	<p>Investigations: BG - B' POSITIVE</p> <p>HIV } NR HBsAg } HCV } CBP - 11.4/9.01/ VDRL } 1.99L</p> <p><u>18/6/2026</u></p> <p>Growth scan 38 + 1 wks SLIUF Cephalic AFI - 8.9cm EFW - 2933 gm AC - 181.</p> <p>PI - Post High Doppler - Fetal doppler normal Umbilical vein Vmax - 9.1 mm 1.6 cm/s velocity</p> <p><u>19/2/26 (out side)</u> TIFFA SLIUF 21 wks CL - 28.5 mm No anomalies</p> <p><u>29/12/25</u> NT scan 14 + 3 wks NT - 1.6 mm CL - 34 mm</p>

Doctor Name: DR YOJESHWARI
 Signature: [Signature]
 Date & Time: 18/6/2026 10pm

Consultant Name: DR BHAVANAK
 Signature: [Signature]
 Date & Time: 18/6/2026



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9:30pm	O/C pt is c/c/c Gc fair Afebrile	Adv - Normal diet
1st dose	BP- 112/72mmHg	- W/F POL
Tab miso postprandial	PR- 84bpm	- Monitor FHR
25mcu PV	S/E - NAD	- NST 4th hdy
Kept at 9:30pm	PIA - Ut ~ TG relaxed Irritable	- Ambulation
NST reactive	⊙ FHR ⊕ 150bpm	- Adequate hydration
	P/V - G ₁ - 1/2 inch long	- Follow drug chart
	OS - 2-3cm	- Birthing ball exercise
	PPVx 1-2l	- Monitor vitals
	M ⊕	- Inform SOS
19/6/26 11:30am	noted by practitioner O/C pt is c/c/c Gc fair	Dr Yogeshwar @ 9:30pm Adv
NST reactive	Afebrile	- Normal diet
2nd dose	BP- 114/72mmHg	- W/F POL
Tab miso postprandial	PR- 86bpm	- Ambulation
25mcu PV	S/E - NAD	- Adequate hydration
Kept at 11:30pm	PIA - Ut ~ TG Irritable	- NST 4th hdy
	⊙ FHR ⊕ 148bpm	- Birthing ball exercise
	P/V - G ₁ 1/2 inch long	- Monitor vitals
	OS - 2-3cm	- Follow drug chart
	PPVx 1-2l	- Monitor FHR
	M ⊕	- Inform SOS

@ 1:30pm

Dr Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 4:45 AM	O/E	
	PT is c/c/c	Adv
	Uctair	- Clear liquids
	Afebrile.	- FHR monitoring continue
	BP- 114/70 mmHg	- Monitor vitals
	PR - 86 bpm.	- Enema
	S/E - NAD	- Inj oxytocin 5 units
	P/A - UT ~ TG	in Ringer lactate
ARM down clear liquor	3C/20sec/10min	- Follow drug chart
	Cephalic FHR ⊕	- NST 4th hly
	PIV - Cp - 50% effaced	- Birthing ball exercise
	OS - 5 cm	- Ambulation
	PPVx 1-11	- Adequate hydration
	M ⊕ clear	- Inform SOS
		- W/F POL
	Noted by Prathysa @ 6:45 AM	Dr Yogeshwar
19/6/26 6:20 AM	O/E	
	PT is c/c/c	Adv
	Vitals stable	- clear liquids
	P/A - UT ~ TG	- W/F POL
	4C/30sec/10min	- monitor FHR
	Cephalic FHR ⊕ 126 bpm	- Monitor vitals
	PIV - Cp - fully effaced	- Adequate hydration
	OS - fully dilated	- NST
	PPVx 1-11 → 01	- follow drug chart
	M ⊕ clear liquor	- Inform SOS

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Patient



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order						
19/6/26 6:35 AM	<u>Delivery Notes</u>							
		Dr. Bhavana K.						
		Dr. madhukrita, Dr. yogeshwari						
		Sis. resu						
		Sis. pooja						
	<p>under strict aseptic conditions perineum painted & draped. At the time of crowning at peak of contraction Right medio lateral episiotomy given under 2% lignocain.</p> <p>A male baby of weight 2.672 kg of APGAR 7/10, 9/10 delivered at 6:34 AM on 19/6/2026</p> <p>Baby cried immediately cord clamped & cut baby handed over to pediatrician.</p> <p>placenta & membranes expelled.</p> <p>Episiotomy sutured in layers, No perineal tears or extensions noted. Hemostasis secured.</p> <p>PR done NAD.</p>							
	<table border="1"> <tr> <td>Male</td> <td>19/06/2026</td> </tr> <tr> <td>2.672kg</td> <td>6:34 AM</td> </tr> <tr> <td>7/10</td> <td>9/10</td> </tr> </table>	Male	19/06/2026	2.672kg	6:34 AM	7/10	9/10	
Male	19/06/2026							
2.672kg	6:34 AM							
7/10	9/10							
		 DR. Yogeshwari						

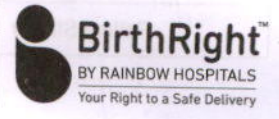
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 7 AM	<p><u>PND-0</u></p> <p>OCG</p> <p>PT is c/c/c</p> <p>C/C fair</p> <p>Afebrile</p> <p>BP- 114/70 mmHg</p> <p>PR- 86 bpm</p> <p>S/E- NAD</p> <p>P/A- UT ~ WR</p> <p>soft</p> <p>L/E NAB</p> <p>Baby - $\frac{A}{4}$ BFD</p>	<p><u>Adv</u></p> <p>- soft diet</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- W/F bleeding pv</p> <p>- Rest</p> <p>- Adequate hydration</p> <p>- Inform SOS</p>
<p>Noted by Subini 19/6/26 7 AM</p>		<p>Dr Yogeshwari</p>
<p>19/6/26 10 AM</p> <p>some passed</p> <p>Baby $\frac{A}{4}$ BFD</p> <p>soft to stool</p>	<p><u>PND-0</u></p> <p>PT is c/c/c</p> <p>C/C fair</p> <p>Afebrile</p> <p>BP- 118/76 mmHg</p> <p>PR- 84 bpm</p> <p>S/E- NAD</p> <p>P/A- soft</p> <p>Ut ~ WR</p> <p>L/E - No active bleeding</p> <p>vaginal examination - done.</p>	<p><u>Adv</u></p> <p>- soft diet (N) diet</p> <p>- Ambulation</p> <p>- Hydration</p> <p>- W/F PIC bleeding</p> <p>- follow drug chart</p> <p>- monitor vitals</p> <p>- Inform SOS</p>

Dr. James

WIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI 33 Y 9 M 7 D (F)
 12-09-1992
 Dr. BHAVANA K


3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/8/26 2:30pm	<u>PND-0</u>	<u>Adv</u>
<u>P2L2</u> <u>Hypothyroid</u>	o/e pt is clec gc fair afeb	- (N) Diet - w/f bleeding PV
<u>urine passed.</u>	BP-111/70mmHg PR-82bpm s/e NAD	- Monitor Vitals - follow dry chart
	PIA soft ut w/r LE no active bleeding	- Ambulation - Hydration - Inform SOS
Noted by padma.		
	19/8/26 @ 4pm	NS <u>Di Naushreen</u>
19/8/26 8:30pm	<u>PND-0</u>	<u>Adv</u>
<u>P2L2</u> <u>UP</u> <u>M-NP</u>	o/e pt is clec gc fair afeb	- (N) diet - w/f bleeding PV
	BP-116/70mmHg PR-85bpm s/e NAD	- adq hydration - ambulation - monitor vitals
	PIA soft ut w/r PIA NAB	- follow dry chart - inform SOS
Noted by Deepika		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G₂ P₄ @ 38+ weeks - Previous LMP @ Hypothyroidism @ oligohydramnios</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <i>umbilical vein varize for 20c</i>		Post OP Day:				
BACKGROUND	Date	<i>18/6/26</i>	<i>19/6</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Diet:	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	
RECOMMENDATIONS	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.7F</i>
		Res:	<i>19b/m</i>	<i>19b/m</i>	<i>19b/m</i>	<i>20b/m</i>	<i>19b/m</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>85b/m</i>	<i>85b/m</i>	<i>99b/m</i>	<i>79b/m</i>	<i>75b/m</i>
		BP:	<i>115/70</i>	<i>112/70</i>	<i>112/70</i>	<i>112/70</i>	<i>116/75mmHg</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>10</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>		
Skin Integrity	<i>integrity intact</i>	<i>integrity intact</i>	<i>integrity intact</i>	<i>integrity intact</i>	<i>integrity intact</i>		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>N/A</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		
Special Diet:	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>		
Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>Nil</i>		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	<i>-</i>	<i>w/ F bleeding</i>	<i>-</i>	<i>-</i>	<i>-</i>		
Handed Over By Name :	<i>Pooja</i>	<i>K. Suku</i>	<i>Padma</i>	<i>Dupika</i>	<i>Raja</i>		
Signature / ID :	<i>P</i>	<i>020477</i>	<i>606329</i>	<i>607469</i>	<i>607044</i>		
Date:	<i>18/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>		
Time:	<i>@ 8 AM</i>	<i>@ 2 PM</i>	<i>@ 3 PM</i>	<i>@ 8 AM</i>	<i>@ 9 AM</i>		
Taken Over By Name :	<i>K. Suku</i>	<i>Padma</i>	<i>Dupika</i>	<i>Raja</i>	<i>-</i>		
Signature / ID :	<i>020477</i>	<i>606329</i>	<i>607469</i>	<i>607044</i>	<i>-</i>		
Date:	<i>19/6/26</i>	<i>19/6/26</i>	<i>19/6/26</i>	<i>20/6/26</i>	<i>-</i>		
Time:	<i>@ 8 AM</i>	<i>@ 10 AM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>	<i>-</i>		

Discharge No / Send Fill bill / papers

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 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 7 D (F)
 Dr. BHAVANA K



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day: **						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



NURSING CARE RECORD

Date: 18/10/26

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							
Afternoon							
Night	11pm	Ensure safety	11pm	provide side rails	To prevent fall	pt's safe	<p>18/10/26</p> <p>@ 11pm</p> <p>@ 6am</p> <p>18/10/26</p>
	6am	maintain fluid balance	6am	encourage intake and fluid	To prevent infection	pt's well hydrated	



Patient

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	8 AM	Relieve Pain & Discomfort	8 AM	Analgesic given.	Pain relief	Patient good	19/6/26 10 AM
Afternoon	2 PM	Maintain personal Hygiene.	4 PM	Maintained personal hygiene of the patient.	patient free from infection	Re assessment is done patient is safe	19/6/26 09 PM
Night	8 PM	Ensure Safety	11 PM	To provide side rails	To provide Safety	Re-Assessment was done	Dupika 19/6/26 @ 8 AM
	12 AM	Maintain personal hygiene	8 AM	To give hand rub	To prevent Infection	patient is safe	

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 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 7 D (F)
 Dr. BHAVANA K



NURSING CARE RECORD

Date: 20/6/6

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify: Assess the patient
- 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	9 AM	Relieve pains Discomfort		Discharge Note Dr. come for sound patient's Stable. Dr. advice send Pin billing progress			Raj 20/6/6 egk
Afternoon							
Night							

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 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 0 M 7 D (F)
 Dr. BHAVANA K



NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs MÄDDI GOWTHAMI

Age : 33 Y 9 M 6 D

IP No: IP-00060402

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: *[Signature]*)

3 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:

[Signature]

Name: *M. Saravathi*

Relationship: *Husband*

Date: *18/06/2026*

Time: *09:09 PM*

Wittness Name: *[Signature]*

Wittness Signature: *[Signature]*

Patient Address:

30-647/6/36, JAIN MANDIR, SHIVA
GOWRI ENCLAVE, East Anandbagh
Malkajgiri Chengicherla Hyderabad
Telangana INDIA 500039

Induction of Labor Consent

Name: Ms. Maddi Gowthami
Date of Birth: 12/9/92
ANC No: 10324/v/25

Consultant: D. Bhavani
Registration Number: 98590 / 60402

You are scheduled for an induction of labor on 18/6/26 (date) at 38w1d (weeks of gestation).

The reason for your induction is oligohydramnios = term gestation

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

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

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

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

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

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

Gowthami

Parents Signature

18/6/26

Date

Sarath

Husband's Signature

18/6/26

Date

D

Doctor's Signature

18/6/26

Date

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. Maddi Gowthami UHID No : VIM-00198590/60402
Gender: Male Female Date : 18/6/26 Time : 9.15 PM

I hereby authorized the performance of the following procedure:

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

Consentee :

Signature : Gowthami

Name : Mrs - Gowthami

Date & Time : 18/6/26 9.15 PM

Witness :

Signature : T. Sandhya . (Mother)

Name : Mrs. Sandhya

Date & Time : 18/6/26 9.15 PM

Patient Attendant :

Signature : Salle

Name : M. Sallu

Relationship with Patient: Husband

Date & Time : 18/6/26 9.15 PM

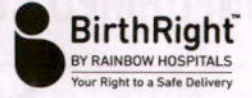
Doctor (who is taking the consent) :

Signature : (M)

Name : Dr. Madhumita

Date & Time : 18/6/26 9.15 PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : వయస్సు లింగం పు స్త్రీ
యు.హెచ్.ఐ.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, ఎపిసియొటమీ (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 పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసాకర్యం, 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

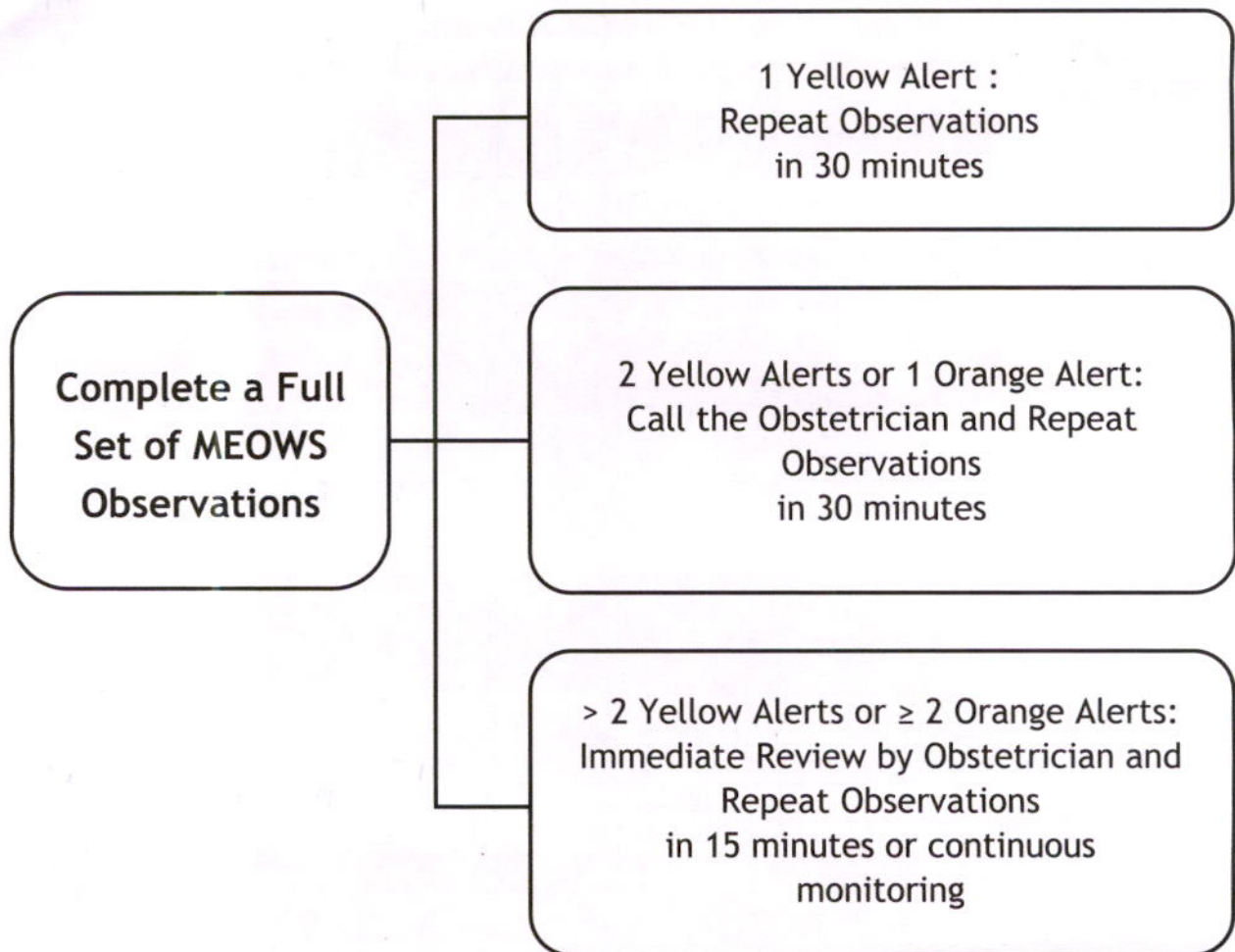


Early Warning Observation Score Chart - Obstetrics

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																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
Systemic Blood Pressure ↑	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
80																												
70																												
60																												
50																												
Diastolic Blood Pressure ↓	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert																											
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30																											
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 6 D (F)
 Dr. BHAVANA K



②

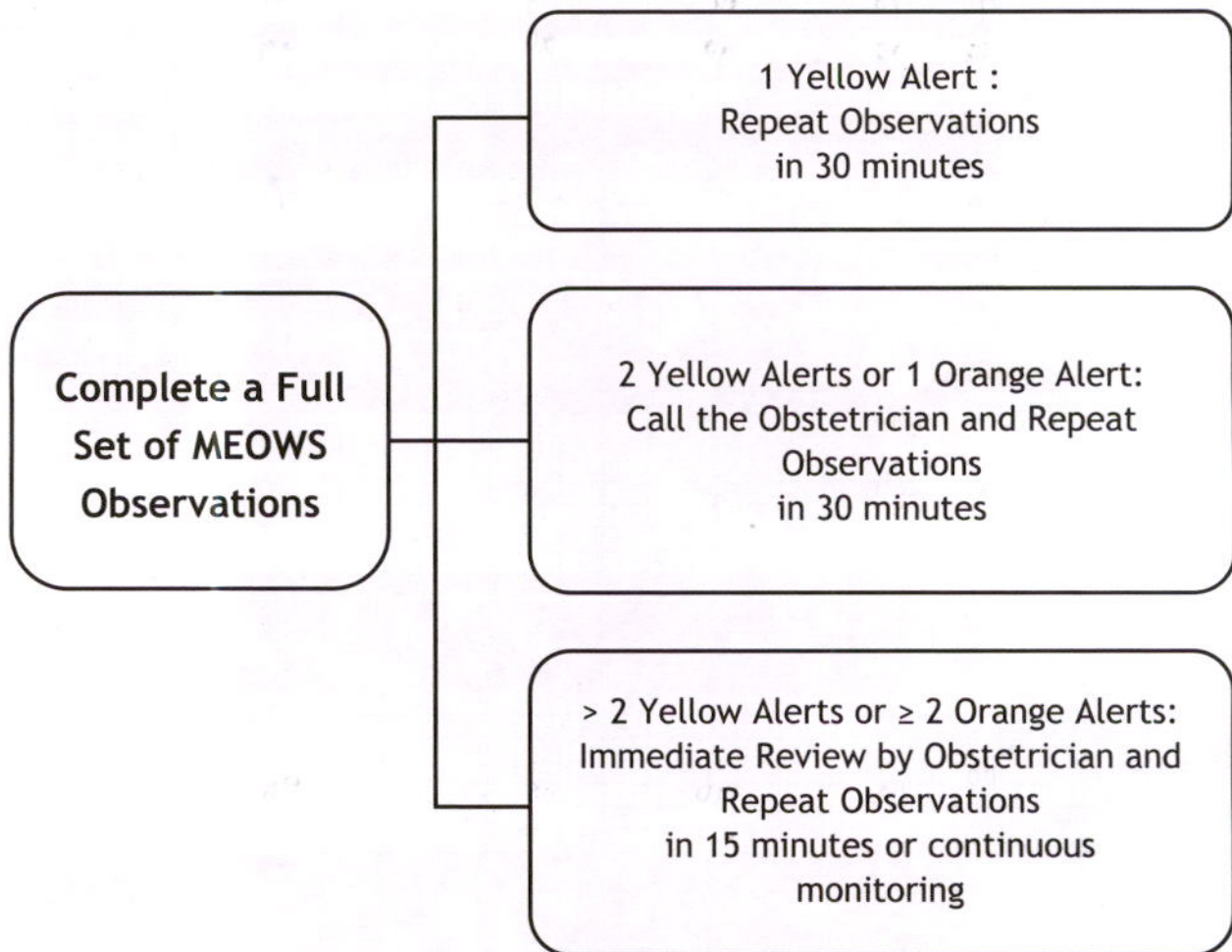


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		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	9	19				19					19						19						19	
	0 - 10																								
Saturations	94 - 100 %	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	
	35																								
< 35																									
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	83				85					84						80						78	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
70																									
60	70	73				70					72						70						72		
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓				✓				✓						✓						✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓				N/A				N/A						N/A						N/A		
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	N/A	N/A				N/A				N/A						N/A						N/A		
	Heavy / Foul																								
Liquor	Clear / Pink	N/A	N/A				N/A				N/A						N/A						N/A		
	Green																								
TOTAL YELLOW SCORES		0	0				0				0						0						0		
TOTAL ORANGE SCORES		0	0				0				0						0						0		
Nurse Initial		B	B				P				P						D						D		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

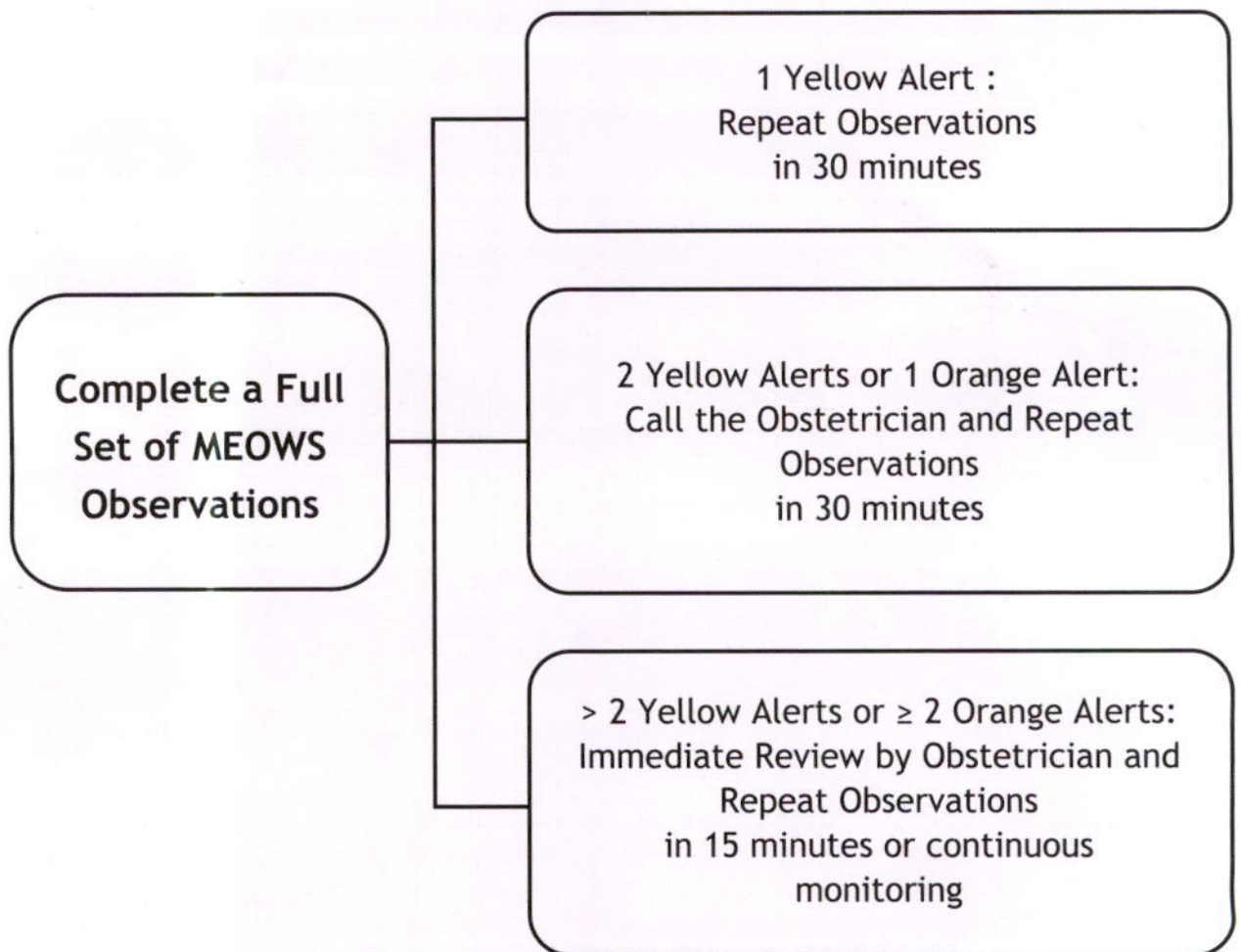


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198590 IP-00060402

Mr. MADDI GOWTHAMI
 Patient 12-09-1992 33 Y 9 M 6 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	H ₂ O 100ml											
	09:00 pm	H ₂ O 100ml											
	10:00 pm	H ₂ O 100ml											
	11:00 pm	H ₂ O 100ml											
	12:00 am	H ₂ O 100ml											
	01:00 am	H ₂ O 100ml											
Total Intake : 600ml						Total Output : Passed							
	02:00 am	H ₂ O 100ml											
	03:00 am	H ₂ O 50ml											
	04:00 am	H ₂ O 100ml											
	05:00 am	H ₂ O 50ml + RL AF 50ml											
	06:00 am	H ₂ O 100ml + RL AF 50ml											
	07:00 am	H ₂ O 100ml											
Total Intake : 1600 ml						Total Output : Passed							
Total 24 hrs. Intake			2200 ml			Total 24 hrs. Output			Passed				

Date

FTR

12/6

19/6

FTR

Time

6:00pm	1206 hrs
10:30pm	1426 hrs
11pm	1386 hrs
11:30pm	1506 hrs
12Am	1486 hrs
12:30Am	1926 hrs
1Am	1396 hrs
1:30Am	1466 hrs
2Am	1356 hrs
2:30Am	1306 hrs
3Am	1296 hrs
3:30Am	1356 hrs
4Am	1396 hrs
4:30Am	1336 hrs
5Am	1326 hrs
5:30Am	1296 hrs
6Am	1296 hrs
6:30Am	1296 hrs

~~6:30Am delivery~~



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/6/26	08:00 am	H ₂ O	100ml									0/8 0/8 0/8 10/10 AM	
	09:00 am	H ₂ O	100ml										
	10:00 am	H ₂ O	100ml										
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
19/6/26	02:00 pm	H ₂ O	100ml									0/8 0/8 0/8 19/6/26 @ 8 pm	
	03:00 pm		(N) diet										
	04:00 pm	H ₂ O	100ml										
	05:00 pm												
	06:00 pm		SUPP										
	07:00 pm		H ₂ O										
Total Intake :						Total Output :							
19/6	08:00 pm	H ₂ O										} Deepika 19/6/26 @ 8 AM	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am		Water										
	01:00 am												
Total Intake :						Total Output :							
20/6	02:00 am	H ₂ O										} Deepika 19/6/26 @ 8 AM	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am		Water										
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	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	
-----------------------------	--

Patient Sticker

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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 6 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: BB-I

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	25mcg	PO	ONCE DAILY	18/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. IRON	1TAB	PO	ONCE DAILY	18/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CALCIUM	1TAB	PO	ONCE DAILY	18/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. FOLIC ACID	1TAB	PO	ONCE DAILY	18/6/26	<input type="checkbox"/> C <input checked="" 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 YOGESHWARI

Date & Time : 18/6/2026 10PM

Nurse Name & Signature: pathya

Date & Time : 18/6/26 @ 10pm



2

MEDICATION RECONCILIATION FORM

Drug Allergies: 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: R/W Shifted to: 218

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB CEFIXIME	200 mg	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB PARACETAMOL	1GM	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB DICLOFENAC	50mg	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB PANTOPRAZOLE	40mg	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYRUP LACTULOSE (DUPHALAC)	15ML	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB THYROIDINE	25MCG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	BETADINE OINTMENT & LOTION		LA			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Farmer

Date & Time: 19/6/26 10 AM

Nurse Name & Signature: K. Subhina

Date & Time: 19/6/26 10 AM

VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 6 D (F)
 Patient Dr. BHAVANA K



DRUG CHART

Date of Admission: 18/6/2026 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. 56.9kg Ward. 130

Tender 18/6/26 at 10 PM
 Dr. P. S. Babu
 19/6/26
 Dr. P. S. Babu
 19/6/26
 Dr. P. S. Babu
 19/6/26

DRUG : TAB. THYROXINE

Date/Time 19/6/26

Dose	Route	Frequency	Start Date
25MG	PO	ONCE DAILY	18/6/26

Name & Signature of the Doctor
 Starting the Drugs:
 DR. MADHUMITA

Additional Instructions:
 ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFIXIME

Date/Time 19/6/26

Dose	Route	Frequency	Start Date
200mg	PO	12TH HOURLY	19/6/26

Name & Signature of the Doctor
 Starting the Drugs:
 DR. YOGESHWARI

Additional Instructions:
 6 PM

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Date/Time 19/6/26

Dose	Route	Frequency	Start Date
14m	PO	8TH HOURLY	19/6/26

Name & Signature of the Doctor
 Starting the Drugs:
 DR. YOGESHWARI

Additional Instructions:
 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Date/Time 19/6/26

Dose	Route	Frequency	Start Date
50mg	PO	8TH HOURLY	19/6/26

Name & Signature of the Doctor
 Starting the Drugs:
 DR. YOGESHWARI

Additional Instructions:
 4 PM

Daily Doctor's Endorsement by a Sign

Patient Na		I.P. No.	Sheet No. ①	Wards new	Weight (kg) 56.9 kg
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REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE				Date	19/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	19/6/2016																
Name & Signature of the Doctor starting the Drugs:				DR YOUNGSHWART															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP LACTULOSE				Date	19/6														
				Time															
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	19/6/2016																
Name & Signature of the Doctor starting the Drugs:				DR YOUNGSHWART															
Additional Instructions:				AT BEDTIME															
Daily Doctor's Endorsement by a Sign.																			

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

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

VIH-00198590 IP-00060402
Mrs MADDI GOWTHAMI
12-08-1992 33 Y 9 M 7 D (F)
Dr. BHAVANA K

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

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

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

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

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

VAF



Day 18/6/26

19/6

Signature

Name

VERIFIE

DRUG : BETADINE OINTMENT	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
Route LOCAL Start Date APPLICATION 19/6/26	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Dr. YOUNGSHWARI	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date Time	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG : BETADINE LOTION		Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
Route LOCAL Start Date APPLICATION 19/6/26		Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Dr. YOUNGSHWARI		Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	9:30 PM	TAB. MISOPROSTOL	25MCG	PV	@	[Signature]
19/6/26	1:30 AM	TAB. MISOPROSTOL	25MCG	PV	[Signature]	[Signature]
19/6/26	6:20 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[Signature]	[Signature]
19/6/26	5:20 AM	INJ DROTAVERINE	40mg	IV	[Signature]	[Signature]
19/6/26	5:55 AM	INJ VALETHAMATE BROMIDE	8mg	IV	[Signature]	[Signature]
19/6/26	5 AM	PROCTOCYCLE ENEMA	100 ML	PR	[Signature]	[Signature]
19/6/26	6:40 AM	SUPPOSITORY DICLOFENAC	100 MG	PR	[Signature]	[Signature]
19/6/26	6:30 AM	INJ OXYTOCIN	10 UNITS	IM	[Signature]	[Signature]
19/6/26	6:50 AM	T. MISOPROSTOL	400 MCG	PR	[Signature]	[Signature]

19/6/26 at 18:00
 19/6/26 at 18:00
 19/6/26 at 18:00

VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 6 D (F)
 Dr. BHAVANA K



RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	: 'B' Positive					
HIV	}					
HBSAG		Non				
HCV						
VDRL		Reactive				

duy

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



SURGERY DETAILS

VIH-00198590 IP-00060402
 Mrs MADDI GOWTHAMI
 12-09-1992 33 Y 9 M 7 D (F)
 Dr. BHAVANA K

Date : 19/6/26

Sl.No.



Patient Name Age : 33 Sex: F

UHID No. VIH-00198590 IP No: 60402

Date of Surgery : 19/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Normal delivery

Time in : 6:30AM Time Out : 7:30AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Bhavana K	
2. Anaesthetist		
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse		
6. Asst. Nurse	Tu	

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon Signature of Circulating Nurse

Order No. : 3092003 Ordered by :