

VIH-00198713 IP-00060451
 Mrs M TEJASWINI 34 Y 2 M 4 D (F)
 19-04-1992
 Dr. KAPPAGANTULA APARNA



SURGERY DETAILS

Date : 23/06/26

Patient Name: Mrs. M. Tejaswini Date of Birth: 19.04.1992 Age: 34yr

Gender: Female Ward: OT UHID No.: 0198713

Date of Surgery: 23/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective Lower segment cesarean section done under spinal anaesthesia

Time in : 09:18 am Time Out : 10:18 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. K. Aparna</u> ✓	<u>OT charges</u>
2. Anaesthetist	<u>Dr. Manoharan / Dr. Vineetha</u>	
3. Assistant Surgeon	<u>Dr. Ashwini</u>	
4. OT Technician	<u>Tej. Rakesh</u>	
5. Circulating Nurse	<u>Ben. Azad / Sr. Parsons</u>	
6. Assistant Nurse	<u>Sr. Jyothi / Sr. Vanitha</u>	

- Special Equipment:
- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Bronchoscope | <input type="checkbox"/> Harmonic | <input type="checkbox"/> Morcelator |
| <input type="checkbox"/> C-ARM | <input type="checkbox"/> Cystoscopy | <input type="checkbox"/> Versa Point | <input type="checkbox"/> Liver Cusa |
| <input type="checkbox"/> Neuro Cusa | <input type="checkbox"/> Others | | |

YI
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 3093536 / 35

Order by: Reby, F

INSURANCE COPY


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs M TEJASWINI	UHID	VIH-00198713
Father/Guardian	Mr Rama SHESHANK	Age/Gender	34 Y 2 M 4 D/Female
Address	10-4-b/686, addaguta, East Maredpalli, Hyderabad, Telangana, INDIA, 500026		
IP No	IP-00060451	Admission Date	23-06-2026
Ref Doctor	Self	Discharge Date	25-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: G2P1L1 with 38+1 weeks with Previous Preterm LSCS with Cerclage in situ with Small for Gestational age baby Admitted for Elective Lower Segment Cesarean Section.

ELECTIVE LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 23.06.2026

History:

LMP: 29/9/2025

Obstetric formula: G2P1L1

EDD: 6/7/2026

Gestation at admission: 38+1weeks

Obstetric History:

G1 - Male/8yrs/Preterm LSCS/33wks/PPROM/Vijaya Hospital/1.75kg/NICU-1 week/Bf-2yrs/A&H/Uneventful

G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Mother- Hypothyroidism, HTN

Name

Mrs M TEJASWINI

UHID

VIH-00198713

Father- DM

Surgical History: Previous LSCS in 2017

Allergies: Nil

Antenatal Details: Mrs M TEJASWINI was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. Prophylactic Cerclage was done at 13+3 weeks. She had h/o UTI at 25 weeks with Urine C/S Klebsiella positive managed conservatively. Two doses of TT was taken. She was admitted at 38+1 weeks with Previous Preterm LSCS with Cerclage in situ with Small for Gestational age baby Admitted for Elective Lower Segment Cesarean Section.

Investigations: Enclosed

Blood group: 'A' **POSITIVE**

Management: Course in hospital:

She was prepared for elective C-section 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.

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Previous scar thinned out. A lower segment curvilinear incision given on the uterus. 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. Antibiotic prophylaxis with Inj.

Name

Mrs M TEJASWINI

UHID



Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Cervical Cerclage stitch removed. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 23/6/2026

Time of Delivery: 9:27:51AM

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

Baby Details:

Date: 23/6/2026

Time: 9:27:51AM

Sex: Male

Weight: 2.771 kg

Apgar: 7/10, 9/10

Gestational Age: 38+1 weeks

NICU Admission: NO

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.

Name

Mrs M TEJASWINI

UHID

VIH-00198713

Advice:

1. Tab. Ceftum 500mg (Cefuroxime-500mg) twice daily till 29/6/2026 (9am-9pm) after food.
2. Tab. Dolo 650mg (Paracetamol 650mg) twice daily till 29/6/2026 (12pm-5pm) after food.
3. Tab. Hifenac P twice daily till 29/6/2026 (8am-9pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 29/6/2026 (7am) before food.
5. Tab. Fur XT once daily for three months at (11 am).
6. Tab. C Dense 1 tablet once daily (2pm) till breast feeding after food.
7. Neomycin ointment for local application.
8. Contraception advised.
9. HPV vaccine after 6 weeks of delivery.

Review after 5 days on 29/6/2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

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

For Women Who Have Had a Cesarean Section.

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.

Name Mrs M TEJASWINI UHID



- 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: R. Sheshank

Signature: [Handwritten Signature]

Relationship: Husband

This summary was explained by:

Summary prepared by: Dr.

Dr. KAPPAGANTULA APARNA
MD
OBSTETRICIAN & GYNAECOLOGIST
43142

Registrar/Resident/C.M.O

PatientName : Mrs M TEJASWINI Inpatient No. : IP-00060451
Age/Gender : 34 Y 2 M 4 D/ Female Admit Date : 23-06-2026
Ward/Bed : N 2F-LABOUR WARD/ LW 219 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 08:12	
HEMOGLOBIN (Colorimetry)	11.6	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.87	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	33.9	VOL%	33 - 51
MCV (Calculated)	87.9	fL	80 - 100
MCH (Calculated)	30.1	pg/cells	26 - 34
MCHC (Calculated)	34.3	g/dL	32 - 36
RDW-CV (Calculated)	11.8	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	238	10 ⁹ /L	150 - 450
MPV (Calculated)	10.3	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	11.56	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	71	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	23	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 00:32	
HEMOGLOBIN (Colorimetry)	10.6	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.36	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	29.4	VOL%	L 33 - 51
MCV (Calculated)	87.3	fL	80 - 100
MCH (Calculated)	31.5	pg/cells	26 - 34
MCHC (Calculated)	36.0	g/dL	32 - 36
RDW-CV (Calculated)	12.3	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	252	10 ⁹ /L	150 - 450
MPV (Calculated)	8.5	fL	6.5 - 10
WBC COUNT (DC Detection Method)	16.57	10 ⁹ /L	H 4.5 - 11

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ACTIVITY
VIH-00198713 IP-00060451
Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA

Name: -----



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

Date of Admission: 23/6/26 Time: 7:20AM Date of Discharge: ----- Time: -----

Room / Bed No: 11W 219 Ward: 11W Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	9:09AM	MICU	OT	
23/6/26	10:30 am	OT	MICU	
23/6/26	8:50PM	MICU	Room (213)	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6/26	Dw-placement	①	3093506	}
23/6/26	PAC	①	3093536	}
23/6/26	catheterization	①	3093506	}
cross checking by		subomi	23/6/26	upm

ANY OTHER INFORMATION

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Date : 25.06.26

Time : 1pm

Prepared By : MEHRY

<p>Staff Nurse</p> <p>Deepika.</p>	<p>Shift / Ward</p> <p><i>[Signature]</i> 25.06.26 1pm</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00198713
 Mrs M TEJASWINI IP-00060451
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



Patient Name :

IP.No: 60451

Ward:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	1			
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓		
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	4	✓	✓	
	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	medical Reconciliation	2	✓	✓	
	pain Assesmet	2	✓	✓	
	Braden's	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Morse fall	2	✓	✓	
	Others	8	✓	✓	
	Total No. of Pages	53 pages			

*Noted by Deepika
 gshah @ 2pm*

Signature and Date :

*Alexis
 25/6/26
 @Sa*

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060451

Admit Date : 23-Jun-2026

Admit Time : 07:20 AM UHID : VIH-00198713

Patient Details :

Patient Name : Mrs M TEJASWINI

Age : 34 Y 2 M 4 D

Guardian : Mr Rama SHESHANK

DOB : 19-04-1992

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 10-4-b/686, addaguta East Maredpalli
Hyderabad Telangana INDIA 500026

Phone No : 8639043644/ 9603246425

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr Rama SHESHANK

Relationship : W/O

Contact Address : 10-4-b/686, addaguta East Maredpalli
Hyderabad Telangana INDIA 500026

Phone No : 8639043644 / 9603246425


Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : STATE BANK OF INDIA

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PATIENT TRANSFER FORM

VIH-00198713 IP-00060451
Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA



Date & Time of Admission 23/6/26 @ 7:20 AM		Date & Time of Transfer Order 23/6/26 @ 9:09 AM
Treating Consultant Name	Transfer Ordered by DR. Greshma	Reason for Transfer EL. LSG
From Unit MICU	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Number of Sheets in Clinical File 36	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

DR. Greshma

Name & Signature of Person who is Transferring Sis. Karah	Name of Person Ordered Transfer DR. Greshma
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Patient & Clinical Records Received by :
Parvathi
23/6/26 @ 9am

Date & Time of Patient Received : 23/6/26 @ 9am

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00198713 IP-00060451 Mrs M TEJASWINI 19-04-1992 34 Y 2 M 4 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 23/06/26 @ 7:20 am	Date & Time of Transfer Order 23/06/26 @ 10:25 am
		Transfer Ordered by Dr. Madhavi	Reason for Transfer Post op care
From Unit OT	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Madhavi	
Patient & Clinical Records Received by : 23/6/26 @ 12:00 PM			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

PATIENT TRANSFER FORM

VIH-00198713 IP-00060451

Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA



Date & Time of Admission <i>23/6/26 @ 7:20 AM</i>	Date & Time of Transfer Order <i>23/6/26 @ 5:50 PM</i>	
Treating Consultant Name	Transfer Ordered by <i>Dr. K. Aparna</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>Room C 213</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>38</i>	Number of Imaging Films <i>—</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.	<i>Under pad</i>	<i>1</i>
2.	<i>soil</i>	<i>1</i>
3.	<i>SUPPOSITORY DICLOFENACE</i>	<i>1</i>
4.	<i>Tabl FANTOPRAZOLE</i>	<i>15</i>
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Sis. Anand</i>	Name of Person Ordered Transfer <i>Dr. K. Aparna</i>
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Patient & Clinical Records Received by : *Dupika 23/6/26 @ 5:00 PM*

Date & Time of Patient Received :

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

- Unavailable Bed Nurse not Available Available Bed not ready

VIH-00198713
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

IP-00060451

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify CU

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: hp. p.c.c. 38H wks =
prev - 1st & 2nd in c/
el-USC

Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Gredshun
 Time Notified: 8 AM

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>prev USC</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>29/9/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p>Gynecological History:</p> <p>Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 2 P 1 L 1 A 1

Previous LSCS: yes

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 - Hypertension - HTN, Father - DM

Vital Signs / Measurements: Temp: 98.6 F HR: 86 bpm RR: 18 bpm
 BP: 110/70 Weight: 78.3 Height: 168 BMI: _____

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

No pain.

VIH-00198713

IP-00060451

Mrs M TEJASWINI

19-04-1992

34 Y 2 M 4 D

(F)

Dr. KAPPAGANTULA APARNA



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score29..... (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 Withfamily.....

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 toMrs. Tejaswini.....

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

Orientation not given Reason:Mrs. Tejaswini.....

Nurse Signature: [Signature]

Nurse Name: [Name]

Date & Time: 23/6/26 0

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/6/26 Time of Arrival: Time Seen by Nurse:

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) VITAL Signs: Temperature: 98.6°F Pulse: 86b/min RR: 18b/min SpO₂: 99% BP: 110/70 Weight: 78.3kg

1) Gestational Criteria:

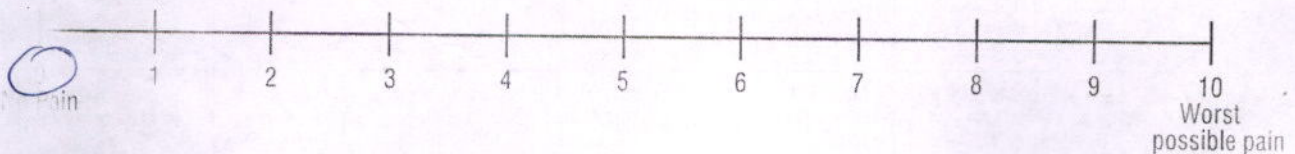
Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>—</u>
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LMP: 29/9/25 EDD: 6/7/26 Gestational Age: 38+1 weeks

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

Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- (a) Surgeries: previous LSCS in 2017
- (b) Medical: nil

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)

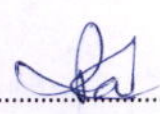
Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- 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: 8 AM

Nurse Name : Rani Nurse Signature: 

Date: 28/6/20 Time: 8 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 29/9/25 EDD:
 Corrected EDD: 6/7/26 GA: 38+1 weeks.

Obstetric Formula: G₂P₁L₁
 ML-11yrs NCM

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

G₁ - Male / 8yrs / Preterm LSCS / PPRM / @ 33 wks

Wijaya Hospital / 11.75kg / BFX 2 years / ACH / Uneventful
 Fundal Height: ~ T4 Nilcv x 2 week.

G₂ - PP, Spontaneous conception

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Liquor: Adequate Oligo Poly

Booked to RCH since conception.

PP: Cephalic Breech Others _____

Had UTI at 25 weeks and was managed conservatively, urine c/o - Klebsiella.

Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

Prophylactic cerclage. 1y. TT two dose taken.

FHS: 152 bpm

- Previous Preterm LSCS
- Cervical Cerclage - In-situ
- SGA

Per Speculum Examination Not done.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Height: 168 cm

Membranes: Present Absent

Weight: 78.3 kg

Liquor: Clear Meconium Blood Stained

Allergies: Nil

Breast: Normal Abnormal

Presenting Part: Vertex Breech Others

General Examination:

Consciousness: d/d/c

Pallor: (+)

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

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR:

Pelvis: Adequate Doubtful

BP:

DTR: (+)

CVS: S₁ S₂ (+)

RS DAE (+)

Liver/Spleen: (+)

Urine Output: Adequate.

DIAGNOSIS

G₂P₁L₁ with 38+1 weeks with Previous Preterm LSCS with Cerclage in-situ with Small for gestational age baby for elective lower segment caesarean section.



<p>Family History: Mother - Hypothyroid, HTN Father - DM</p>	<p>Surgical History: - Previous USCS in 2017</p>
<p>Medical History: Nil</p>	<p>Medication History: Allergies - Nil</p>
<p>Plan of Care: <u>CI to Dr Aparna Mann</u></p> <ul style="list-style-type: none"> - Admission - Consent - ABM ✓ PAC - Pains preparation - FHR monitoring - Monitor vitals - Follow drug chart - Inform SOS - Send CBP - 10 PRBC reserve at Rudhika Blood Bank, Tanaka 	<p>Investigations: BLOOD GROUP - 'A' POSITIVE</p> <p>23/3/26 HIV } Tebs Ag } NR HCV } VDRL } 23/6/26 CBP - 11.6 / 11.56 / 2038L</p> <p>Growth scan (12/6/26) SLIUF 36+4 weeks Cephalic. PL Ant. High AFI - 11.7cm AC - 34. EPW - 214. • AFI in fetal heart Doppler - (NF)</p> <p>23/12/26 CBP - 11.1 / 11.500 / 2163L CUE - leukocyte +++ Rbc cell: 15-20 FC: 3-4 TSH - 2.31</p> <p>TIFP scan (19/12/26) SLIUF 20+5 weeks CL - 31.7cm • Cervical cerclage (+) • Echogenic focus in fetal heart (+) • No anomalies NT scan (27/12/26) SLIUF 12+5 weeks NT - 1.9mm Nasal bone (+) CL - 30mm</p>
<p>Noted by mangra 23/6/26 @ 7:15 AM</p>	<p style="border: 1px solid black; padding: 5px;">Fetal 2D-Echo: Echogenic focus in left ventricle.</p> <p style="border: 1px solid black; padding: 5px;">FIS - low risk</p>

Doctor Name: Dr. Geetha
 Signature: [Signature]
 Date & Time: 23/6/26, 8 AM

Consultant Name: Dr. K. APARNA
 Signature: [Signature]
 Date & Time: 23/6/26, 8 AM

VIH-00198713 IP-00060451
 Mrs M TEJASWINI 34 Y 2 M 4 D (F)
 19-04-1992
 Dr. KAPPAGANTULA APARNA



①

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PROGRESS NOTES AND DOCTOR'S ORDER

Date Time	Progress Notes	Doctor's Order
23/6/2026 10:30 AM	POD - 0 (LSCe)	
	O/G	Adv
	PT is c/c	- NBM x 6hrs
	Gc fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
VO - 300ml Clear adequate	BP - 102/57 mmHg	Follow drug chart
	PR - 64 bpm	- I/O charting
	S/E NAD	Rest
	PIA - Ut ~ WR	- Inform SOS
	Soft BS =	
	L/E - NAB	
	Baby ^A Ms BFC	Dr Yogeshwar
Noted by Kanak 23/6/26 @ 10:30 AM	POD - 0 (LSCe)	
2:30 PM	O/G	
	PT is c/c	Adv
	Gc fair	- NBM x 2hrs
VO - clear ^{500ml} adequate	Afebrile	- W/F bleeding PV
	BP - 109/60 mmHg	- monitor vitals
	PR - 74 bpm	- Follow drug chart
	S/E NAD	- I/O charting
	PIA - Ut ~ WR	- Rest
	Soft BS =	- Inform SOS
	L/E - NAB	
Noted by Kanak 23/6/26 @ 2:30 PM	Baby ^A Ms BFC	Dr Yogeshwar

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2026 4:30pm.	POD-0 (LSCS)	
	O/E pt is c/c/c	Adv
P2L2	Cec-fair Afebrile	- sips of water flb clear liquids
Vo - 450ml clear adequate	BP-102/76 mmHg PR- 80bpm S/E NAD P/A - utw/r	- Soft diet after passing flatus - w/f bleeding pv - monitor vitals
patient can be shifted to room	soft BS (+) L/E - NAB Baby $\leftarrow \begin{matrix} A \\ H \end{matrix}$ BF (+)	- Follow drug chart - Adequate hydration - I/O charting - Inform SAs
Noted by <u>Manide</u> 23/6/26 @ 4:30pm		
23/6/26 9pm	POD-0 (LSCS)	Adv:
	O/E - pt is c/c/c	- clear liquids
P2L2	Cec-fair Afebrile	- soft diet after passing flatus.
Vo - 500ml clear, adeq.	BP- 118/60 mmHg PR - 82 bpm. S/E - NAD. P/A - utw/r.	- w/f bleeding pv - monitor vitals - Follow drug chart
	Soft, BS (+) L/E - NAB.	- Adeq. hydration - I/O charting
	Baby $\leftarrow \begin{matrix} A \\ M \end{matrix}$ BF (+)	- Inform SAs.

DR. NIKHITA
 (P.T.O)

VIH-00198713
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

IP-00060451



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026 7 AM	POD-1 o/e - pt is c/c/c C/c - Fair Afebrile	(LSCS) Adv: - soft diet. - Adeq. hydration - Ambulation
P2L2	BP - 118/68 mmHg PR - 87 bpm S/E - NAD PIA - ut - w/r soft, BS (+) LE - NAB.	- w/f bleeding pv - monitor vitals - Follow drug chart - Infuse SAS
U/O 2050 ml Clear, adeq Remove Foley's.	Baby < A M BF (+)	DR. Nikhita
Noted by Dr. Anubha 24/6/26 @ 8am.		
24/6/26 2:30 pm	POD-1 o/e pt is c/c/c c/c fair afeb	(Post LSCS) Adv - Soft diet - w/f bleeding pv - Monitor vitals - Follow drug chart - Ambulation - Hydration - Infuse SAS
P2L2 Urine passed	BP - 106/69 mmHg PR - 72 bpm S/E NAD f/a ut w/r soft BS (+) LE NAB Baby M S BF (+)	
Note by Dr. Anubha 24/6/26 @ 2pm		

VIH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 8.30pm	<u>POD-1 (LSCS)</u>	
	O/E Pt is c/c	<u>Adv</u>
	Uc fair	- soft diet
	Afebrile	- W/F bleeding pv
Pz/z	BP - 118/65mmHg	- Monitor vitals
Urine passed	PR - 70bpm	- Follow drug chart
Motion Not passed	S/E - NAD	- Adequate hydration
CBP tomorrow	P/A - Utvwr	- Ambulation
	Soft BS (+)	- Inform SOS
	Uc - NAB	
	Baby - A BF (+)	
<p>Noted by Akanksha 24/6/26 @ 10pm</p> <p style="text-align: right;">Dr Yogeshwar</p>		
25/6/26 8am	<u>POD-2 (Post LSCS)</u>	
	O/E Pt is c/c	<u>Adv</u>
	Uc fair	- Normal diet
	Afebrile	- W/F bleeding pv
Urine passed	BP - 110/78mmHg	- Monitor vitals
Motion Not passed	PR - 72bpm	- Follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - Utvwr	- Ambulation
CBP - 10.6/16.570/2.52	Soft BS (+)	- Inform SOS
	Uc - NAB	
	Baby - A BF (+)	
		D. Nauseen



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	87th Ton. Apoc	
10 AM	PT - comfortable nil complaints PR 80ml BM/24hrs Mictur	
25/6/26	POD-2 (LSCS)	
1 PM	O/E PT P s c/c	Adv
	ac fair	- Normal diet
	Afebrile	- W/F bleeding PV
	BP - 114/74mmHg	- Monitor vital
	PR - 84bpm.	- Follow drug chart
	S/C - NAD	- Adequate hydration
	P/A - UT ~ WR	- Ambulation
	SOFT BS ⊕	- Inform SOC
	Baby - A BF ⊕	

Urine passed

Motion passed

Supp kept. Aseptic dressing done - Tegaderm

PT can be discharged

Do Yogeshwar

Noted by Dupiles
 25/6/26 @ 1 PM

VIH-00198713
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G2P1L1 @ 38+1 wks @ POU USG @ ceulage in-situ @ SUA baby</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <u>POU EC. USG</u>		Post OP Day:				
BACKGROUND	Date	<u>23/6/26</u>	<u>23/6</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	
	Shift	<u>M</u>	<u>M</u>	<u>M</u>	<u>E</u>	<u>E</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liquids</u>	<u>clear liquids</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.1F</u>	<u>98.6F</u>	<u>98.1F</u>	<u>98.0F</u>	<u>98.9F</u>
		Res:	<u>18blmt</u>	<u>19.5blmt</u>	<u>18blmt</u>	<u>17blmt</u>	<u>18blmt</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	
	Pulse:	<u>86blmt</u>	<u>84blmt</u>	<u>85blmt</u>	<u>88blmt</u>	<u>86blmt</u>	
	BP:	<u>110/70mmHg</u>	<u>114/70mmHg</u>	<u>102/50mmHg</u>	<u>110/70mmHg</u>	<u>110/67mmHg</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
Fall Risk Score:	-	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Pain Score:	-	<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 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	
	Physiotherapy:	-	-	-	-	-	
	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:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liquids</u>	<u>clear liquids</u>	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent w/f bleeding</u>	<u>Dependent w/f bleeding</u>	<u>Dependent</u>		
Post Operative Procedure Special Orders:							
Handed Over By Name :	<u>Kamal</u>	<u>Prabone</u>	<u>Kamal</u>	<u>Kamal</u>	<u>Deepika</u>	<u>Skambh</u>	
Signature / ID :	<u>020573</u>	<u>020573</u>	<u>020573</u>	<u>607469</u>	<u>607469</u>	<u>607469</u>	
Date:	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	
Time:	<u>@ 9am</u>	<u>@ 11:00 am</u>	<u>@ 2pm</u>	<u>@ 5:30pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	
Taken Over By Name :	<u>Prabone</u>	<u>Kamal</u>	<u>Kamal</u>	<u>Deepika</u>	<u>Skambh</u>	<u>Pranika</u>	
Signature / ID :	<u>020573</u>	<u>020573</u>	<u>020573</u>	<u>607469</u>	<u>607469</u>	<u>607469</u>	
Date:	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>23/6/26</u>	<u>24/6/26</u>	
Time:	<u>@ 9am</u>	<u>@ 11pm</u>	<u>@ 2pm</u>	<u>@ 5:30pm</u>	<u>@ 8pm</u>	<u>8 Am</u>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2P12 @ 38+ weeks / CPD/CESG @ cordage in situ @ SGA baby for</i>				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known			
	Surgery / Procedure: <i>E2+SCS</i>				If Yes Specify:			
BACKGROUND	Date	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>			
	Shift	<i>M</i>	<i>B</i>	<i>N</i>	<i>N</i>			
	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>			
	Diet:	<i>NBM</i>	<i>NBM</i>	<i>Diet</i>	<i>Diet</i>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>97.8°F</i>	<i>98.7°F</i>	<i>98.0°F</i>	<i>98.7°F</i>		
		Res:	<i>19.6/m</i>	<i>20.1/m</i>	<i>19.6/m</i>	<i>19.6/m</i>		
	SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>			
	Pulse:	<i>80</i>	<i>81</i>	<i>82b/m</i>	<i>82b/m</i>			
	BP:	<i>98/54</i>	<i>111/69</i>	<i>110/57(20)</i>	<i>110/57</i>			
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>			
	Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>			
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>				
RECOMMENDATIONS	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>oil</i>	<i>-</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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>no diet</i>	<i>no diet</i>	<i>Diet</i>	<i>Diet</i>			
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>			
	Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>			
Handed Over By Name :	<i>Deepika</i>	<i>Rosh</i>	<i>Shaksha</i>	<i>Deepika</i>				
Signature / ID :	<i>607469</i>	<i>014924</i>	<i>606602</i>	<i>607469</i>				
Date:	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>				
Time:	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 2pm</i>				
Taken Over By Name :	<i>Rosh</i>	<i>Shaksha</i>	<i>Deepika</i>	<i>Deepika</i>				
Signature / ID :	<i>014924</i>	<i>606602</i>	<i>607469</i>	<i>607469</i>				
Date:	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>				
Time:	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 2pm</i>				

File send to Billing @ 2pm 25/6/26

VIH-00188713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD



Date: 23/6/26

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	8 AM	→ maintain fluid balance	8:15 AM	→ RL. 100 ml per-hourly	→ Maintained fluid balance	→ Re-assess maintain fluid balance	Ran 23/6/26 6M
	12 PM	Ensure safety	12 PM	To provide side rails.	To prevent fall	Patient is Good	Ran 23/6/26 6M
Afternoon	2pm	ENSURE safety	2 PM	To provide side rails	To prevent falls	Patient is Good	Zka 23/6/26 @ 5:50 PM
	6pm	Maintain personal hygiene	8pm	To give hand rub to patient	To prevent infection	Patient is stable	Deepika 23/6/26 @ 8 PM
Night	8pm	to maintain personal hygiene. to ensure safety		- To provide side rails - prevent infection.	- To prevent falls. - To prevent infection.	- vitals checking at hourly.	Shash 24/6/26 @ 8 PM



NURSING CARE RECORD

Date: 24/6/26

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	* Ensure safety	9 AM	* provided side rails.	* prevent fall risk	* Re-Assessment done patient is safe	Dapika 24/6/26 @9am
Afternoon	3pm	* Maintain fluid balance	4pm	* Provide IV fluids & encourage oral fluids.	* To prevent dehydration	* Re-Assessment done patient is safe	Rojas 24/6/26 @3pm
Night	9 pm	* maintain personal hygiene. * Ensure safety	10 pm	* Bedsheet changed & maintained hand hygiene. * provided side rails upside	* prevented cross infections. * Reduced fall's Risk.	* Re-Assessment Done. pt condition is stable.	Abhish 25/6/26 @8am

VIH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAQANTULA APARNA

NURSING CARE RECORD



Date: 25/6/26

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 * Maintain fluid Balance	11am	* provided the side rails * Maintain oral intake	* to prevent Risk of falls * to prevent dehydration	Re-assessment done pt is stable	Deepika 25/6/26 @ 9pm
Afternoon				<u>Discharge Notes</u> Doctor came for rounds patient is safe Doctor said patient to get Discharge.			Deepika 25/6/26 @ 2pm
Night							Noted by Deepika. 25/6/26 @ 2pm

Patient Sticker

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							

PRE - OPE

VIH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



Date: 23/6/20

Patient's Name

Age: 34y Gender: M F

Blood Group: A+ positive UHID:

198713

Planned Surgery: EL. LSCS

Surgeon: DR. K. APARNA

Anesthetist: DR. madhav

Date & Time of Operation: 23/6/20

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No.	INSTRUCTIONS	ER/Ward,Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 78.3 kgs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the patient fasting for over 6 hours Pre-Operatively ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screening, CXR etc) Available before starting the procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Enema given / Bowel Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sterile Gown Given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is Blood arranged as required ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If Blood has been ordered - is Blood bag ready ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	IV Cannula to be placed / IV fluids if Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Pre Anesthetic consultation with anesthesiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pre Medications Given ? (Sedatives / etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Skin Preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Site is marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Implants are available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Equipment is available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Antibiotic Prophylaxis is given within the last 60 minutes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Other (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE : if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : Yes No

Billing Executive Name : OT Nurse Name : *[Signature]* ER/Ward Nurse Name : *mangey*

Billing Executive Signature : Signature of OT Nurse : *[Signature]* Signature of ER/Ward Nurse : *[Signature]*

Date & Time : Date & Time : 23/6/20 Date & Time : 23/6/20 @ 7:15 AM

Doc. No. : RCH / FRM / CLINICAL / 107

[Handwritten signatures and notes]

SURGICAL SAFETY CHECKLIST

VIH-00198713 IP-00060451

Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA



Age: 34yr Gender: F
Marry Name: EL, LCS

Surgeon: Dr. K. Aparna
Asst. Surgeon: Dr. Ashwini
Anaesthetist: Dr. Madhav
Scrub Nurse: Dr. Jyothi/Parthiva

Date: 23/6/26 In-time: 9:15 am Out-time: 10:20 am



Before Induction of Anaesthesia >>>

SIGN IN		Time: 9:10 am
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature:		
Name: DR. M. VINAYKATHA		

Before Skin Incision >>>

TIME OUT		Time: 9:18 AM
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 <i>Dr. Tejaswini</i>		
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 <i>EL, LCS</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews: <i>W. bleeding</i>		
What are the Critical or Unexpected Steps, Operative Duration, <i>2 hrs</i>		
Anticipated Blood Loss? <i>500ml</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:		
Name: Azad		

Before Patient Leaves Operating Room

SIGN OUT		Time: 10:18 AM
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:		
Name: Dr. Ashwini		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MU. M. TEJASWINI Gender: Male Female Age : 34 years
 UHID No : VH-00198713 Date : 23/6/26

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)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon

(Name of the Patient) MU. M. TEJASWINI

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, INFECTION, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE, ADHESIONS

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. APARNA. K

Consentee :

Signature : [Signature]
 Name : M. Tejaswini
 Date & Time : 23/6/26, 7:15 AM

Patient Attendant :

Signature : [Signature]
 Name : R. Sheshank
 Relationship with Patient: Husband
 Date & Time : 23/6/26, 7:15 AM

Witness :

Signature :
 Name :
 Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Geetha
 Date & Time : 23/6/26, 7:15 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. M. Tejapavani Age : 34 yr.
 Gender : M F - IP No : VIA-00060451 Consultant : Dr. K. Aruna
 Ward / Bed No. : Anaesthesiologist : Dr. M. Vinetha
 Operative procedure planned : Elective caesarean section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / RTA
 Incapacitating COPD Others : Hypotension, Bradycardia, PDPH

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. M. Tejapavani the above mentioned operation / Diagnostic / Therapeutic procedures Elective caesarean section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 anesthesiologist 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 / MAC 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 : Tejashree
Name : M. Tejaswini
Relationship with Patient: Self
Date & Time : 23/6/2026

Witness :
Signature : R. Sheshank
Name : R. Sheshank (Husband)
Date & Time : 23/6/2026

Doctor (who is taking the consent) :
Signature : [Signature]
Name : DR. M. VINAYATHA
Date & Time : 23/06/26



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Aparna k</u>	Date of Delivery: <u>- 23/6/26</u>
Assistant Surgeon: <u>Dr. Ashwin</u>	Time of Delivery: <u>9:27 Am 51sec</u>
Anaesthetist's Name: <u>Dr. Vinita</u>	Gender of Baby: <u>- male</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>- 2.771 Kg</u>
Neonatologist:	AGPAR Score: <u>- 7/10.9/10</u>
Scrub Nurse: <u>- sis Jyothi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective

Emergency

Indication: - Previous LSCS

Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS LSA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: - 300ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: 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

previous scar excised
 Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual ECT 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, catgut Suture
 Peritoneal Closure: Pelvic Abdominal None catgut Suture
 Sheath Closure: Prolene Suture
 Fat Closure: Yes No catgut Suture
 Skin Closure: Subcuticular Mattress Monocryl Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in 12-24 hrs 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: cerclage stitch removed
 NB M x 6 hr
 W/F bleeding pv
 Monitor vitals
 Follow drug chart
 No charting
 Inform SA

H. Dr. Ashwin

Doctor Name: DR. APARNA K. Doctor Signature:
 Date & Time: 23/6/2026 10:30 AM

VIH-00198713 IP-00060451

Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

Patie

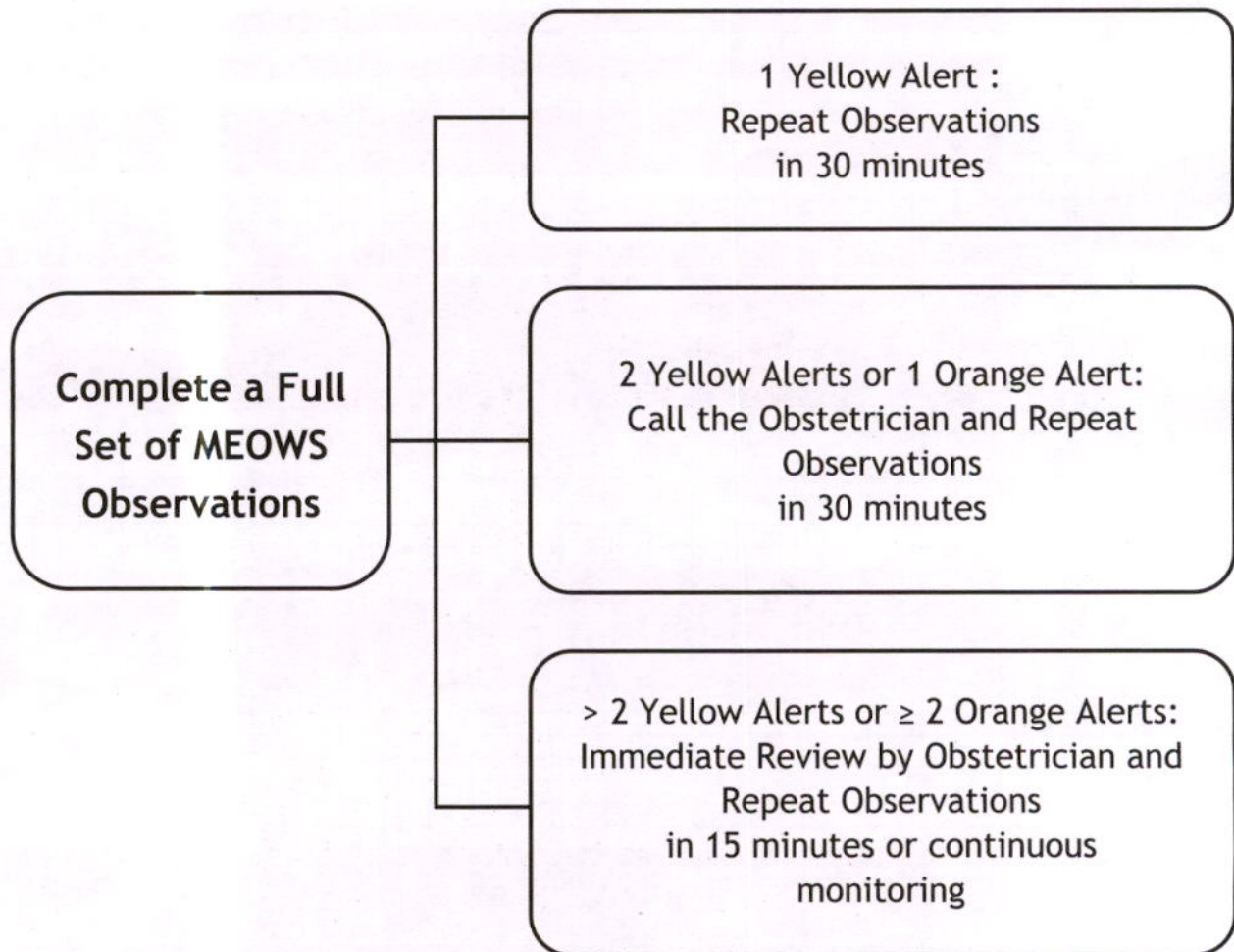


Early Warning Observation Score Chart - Obstetrics

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

Date																									
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								19
Saturations	94 - 100 %																								99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								37.0
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								86
	70																								
	60																								
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								110
	90																								
	80																								
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
70																									
60																									
50																									
40																								80	
NEURO RESPONSE [✓]	Alert																								✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																								✓
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								NA
	Heavy / Foul																								
Liquor	Clear / Pink																								NA
	Green																								
TOTAL YELLOW SCORES																									0
TOTAL ORANGE SCORES																									0
Nurse Initial																									✓

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA

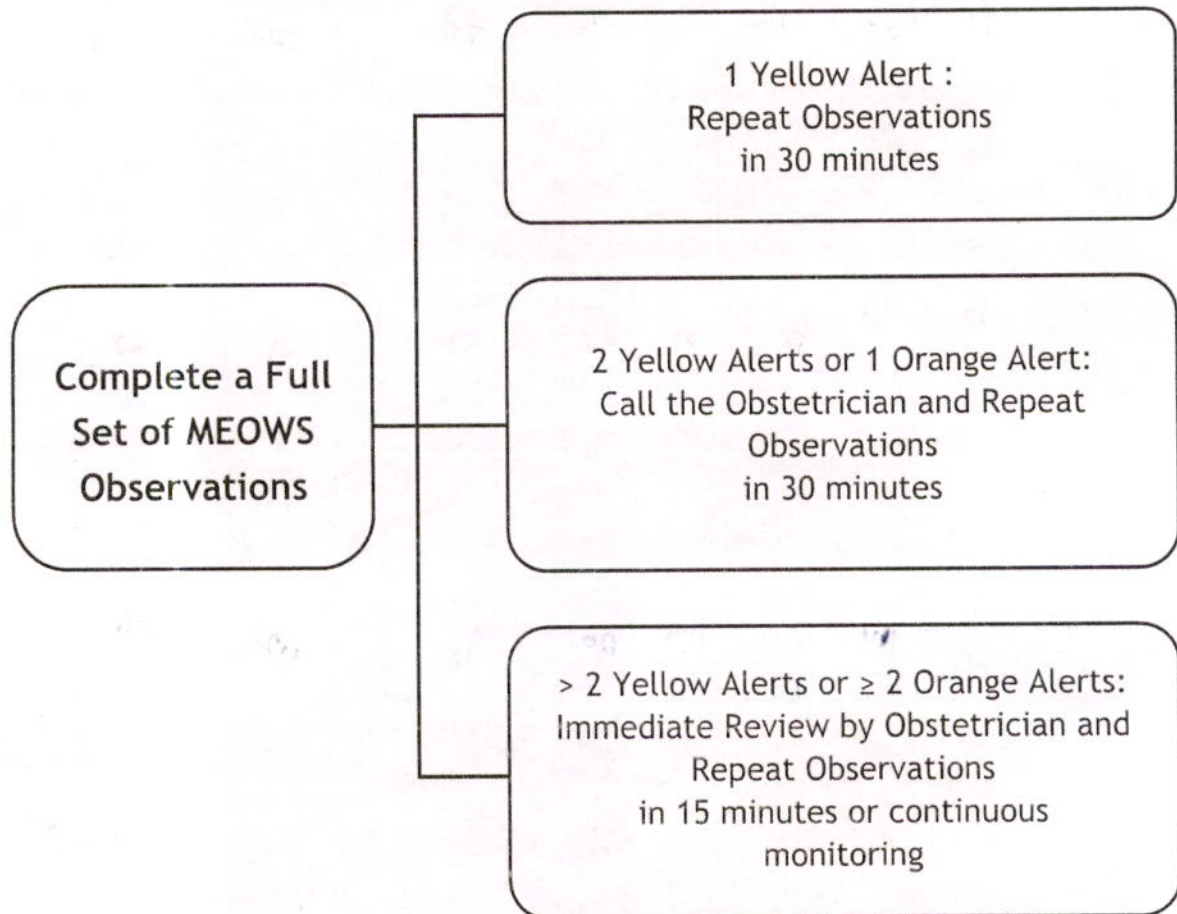


Observation Score Chart - Obstetrics

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	19	19	18																							
	11 - 20					19	19	19	19																		
	0 - 10																										
Saturations	94 - 100 %	99	99	99	99	99	99	99	99																		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90	82	86	81																							
	80				86		80	88	82																		
	70																										
	60																										
	Systolic Blood Pressure	190																									
180																											
170																											
160																											
150																											
140																											
130																											
120																											
110		110	113	114																							
100																											
90																											
80																											
Diastolic Blood Pressure		130																									
	120																										
	110																										
	100																										
	90																										
	80																										
	70	70	72	70																							
60																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198713 IP-00060451

Mrs M TEJASWINI

19-04-1992 34 Y 2 M 4 D (F)

Dr. KAPPAGANTULA APARNA

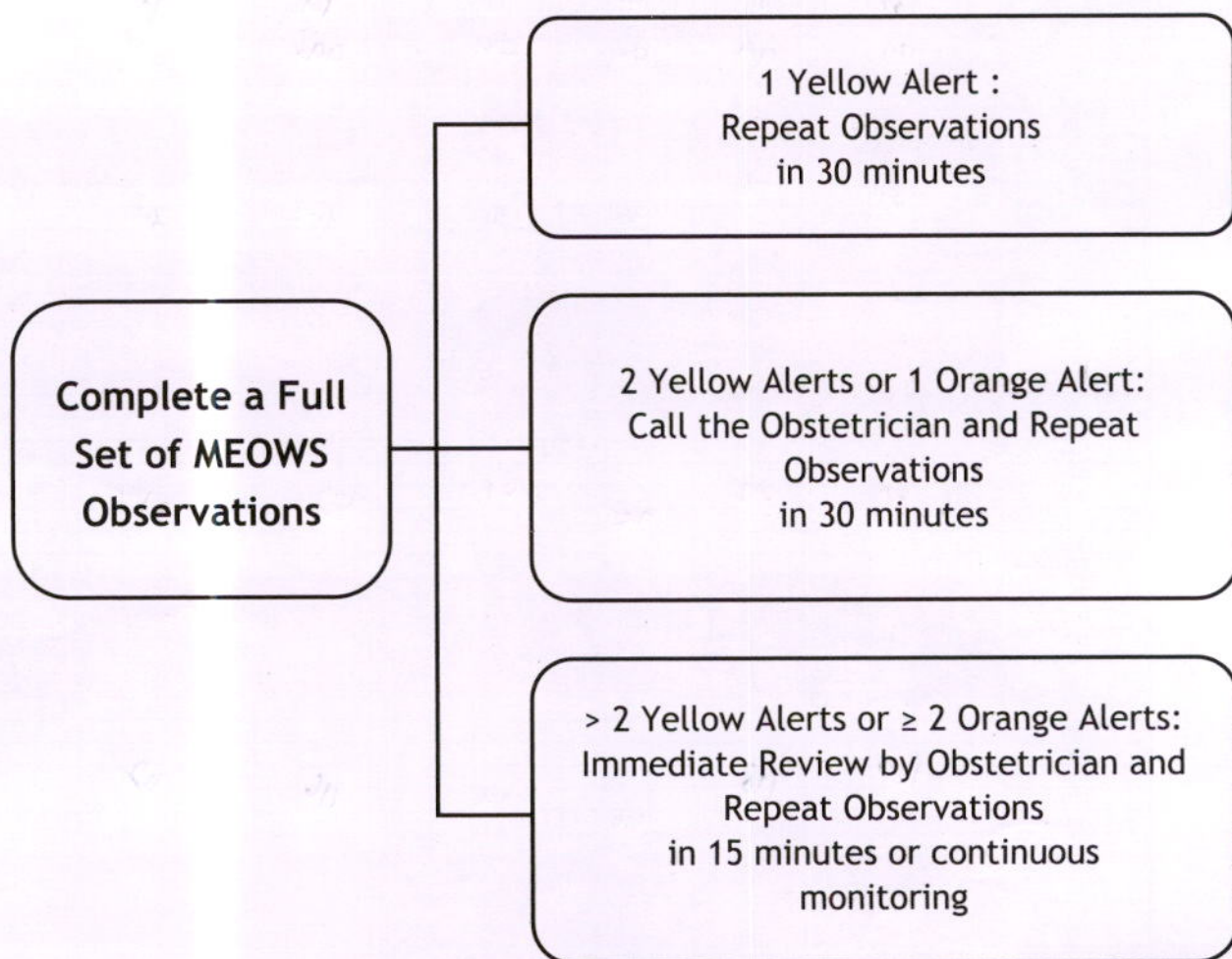


Early warning Observation Score Chart - Obstetrics

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			17		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	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			37.4		37.4																			
	36								35.8		35														
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80		82		75		81		82		81		82		82		82		82		82	
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			120		118				100		109		116		112		110		110		110		110	
	110																								
	100																								
	90																								
80																									
70																									
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70																									
60			60		65		71		69		70		65		65		65		65		65		65		
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	
	Heavy / Foul																								
Liquor	Clear / Pink			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	
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial				AP		AP		AP		AP		AP		AP		AP		AP		AP		AP		AP	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00198713 IP-00080451

Mr. M TEJASWINI

19-04-1992 34 Y 2 M 4 D (F)

Dr. KAPPAGANTULA APARNA



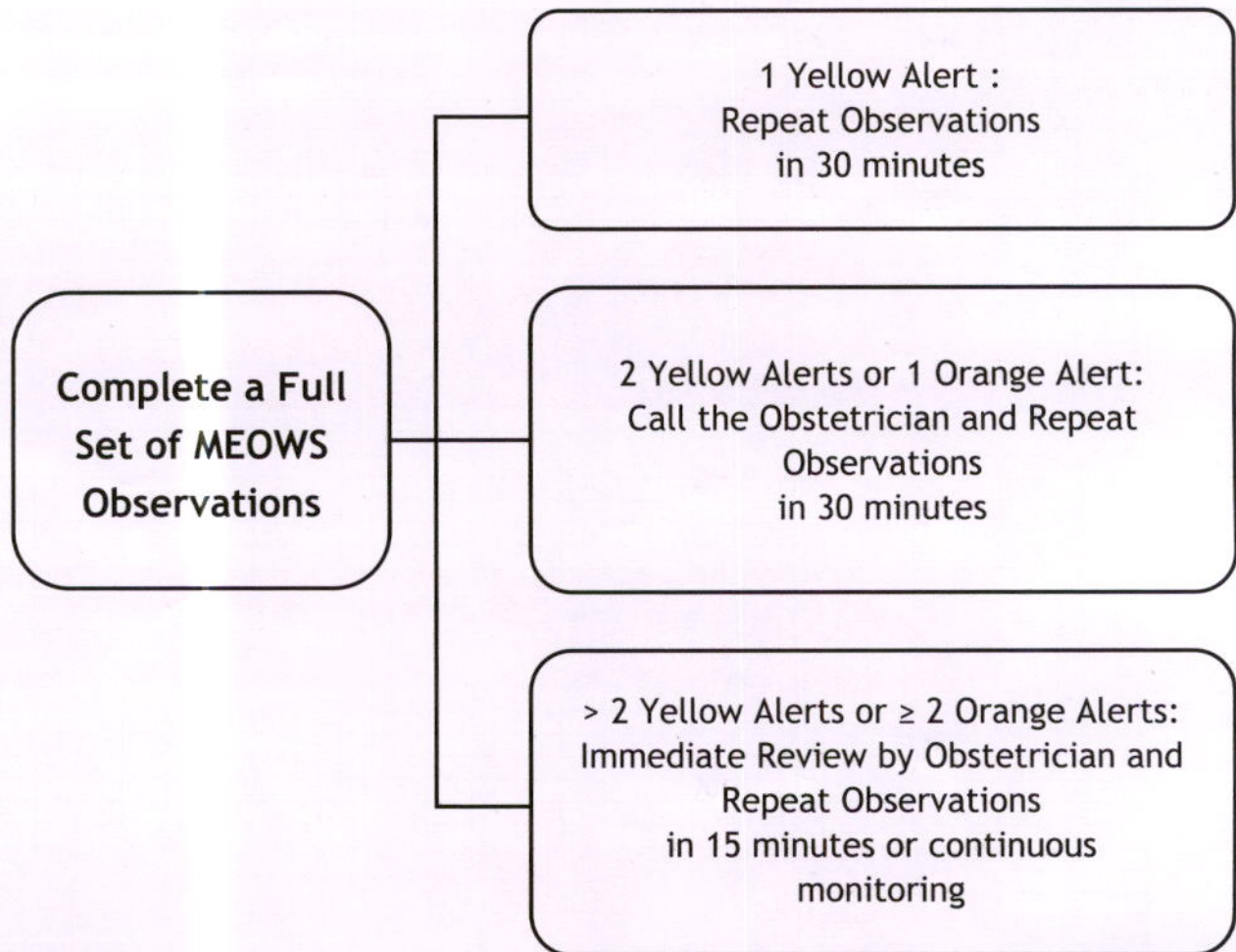
Early Warning Observation Score Chart - Obstetrics

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

Date		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19			19		19																			
	0 - 10																									
Saturations	94 - 100 %	99			99		99																			
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36	36			37		37																			
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	78			80		86																			
60																										
50																										
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	118			121		108																			
	110																									
	100																									
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60	68			70		77																				
50																										
40																										
NEURO RESPONSE [✓]	Alert		✓		✓		✓																			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓																			
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal		nt		nt		nt																			
	Heavy / Foul																									
Liquor	Clear / Pink		nt		nt		nt																			
	Green																									
TOTAL YELLOW SCORES			2		0		0																			
TOTAL ORANGE SCORES			0		0		0																			
Nurse Initial			g		g		g																			

Noted by
Dunika 25/6/26
@ppm

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIP-00120112
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. : 1

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

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	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	NBM										
	07:00 am	NBM + RLFF										
Total Intake : 500ml					Total Output : 500ml							
Total 24 hrs. Intake			500ml		Total 24 hrs. Output			500ml				

23/6/26

✓ = 0
 23/6/26 9:30

Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
23/6/26	08:00 am	NBM + RL 100ml							50ml	0	G	
	09:00 am	NBM + RL 100ml + 90ml/hr							50ml	0		
	10:00 am	NBM + RL + 200ml/hr							100ml	0		
	11:00 am	NBM + RL 100ml/hr							100ml	0		
	12:00 pm	NBM + RL 100ml/hr							100ml	0		
	01:00 pm	NBM + RL 100ml/hr							100ml	0		
Total Intake : 1100 ml.					Total Output : 500ml							
23/6	02:00 pm	NBM + RL 100ml/hr							100ml	0	G	
	03:00 pm	NBM + RL 100ml/hr							100ml	0		
	04:00 pm	NBM + RL 100ml/hr							50ml	0		
	05:00 pm	H2O + 50ml							100ml	0		
	06:00 pm								50ml	0		
	07:00 pm								50ml	0		
Total Intake :					Total Output : 450ml							
23/6	08:00 pm								50ml	0	G	
	09:00 pm								200ml	0		
	10:00 pm								150ml	0		
	11:00 pm								200ml	0		
	12:00 am								50ml	0		
	01:00 am								50ml	0		
Total Intake :					Total Output : 700ml							
24/6	02:00 am								50ml	0	G	
	03:00 am								50ml	0		
	04:00 am								50ml	0		
	05:00 am								50ml	0		
	06:00 am								100ml	0		
	07:00 am								100ml	0		
Total Intake :					Total Output : 400ml							

Total 24 hrs. Intake

Total 24 hrs. Output 2050ml



FLUID CHART

Sheet No. :

24/6/26

- 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			
<i>24/6/26</i>	08:00 am	<i>Rally + H₂O</i>										<i>Deepika 24/6/26 @2pm</i>	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
<i>24/6/26</i>	02:00 pm	<i>Rice + H₂O</i>										<i>Kona 24/6/26 @8pm</i>	
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
<i>24/6/26</i>	08:00 pm	<i>Rice + H₂O</i>										<i>Akash 24/6/26 @8 AM</i>	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
<i>25/6/26</i>	02:00 am	<i>H₂O</i>										<i>Akash 25/6/26 @8a</i>	
	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-00198713 IP-00080451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
25/6/26	08:00 am		Belly									Deepika 25/6/26 @ 2pm	
	09:00 am						✓						
	10:00 am												
	11:00 am									✓			
	12:00 pm												
	01:00 pm			H ₂ O									
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-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



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: L/W Shifted to: O.S

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- IRON	1 TAB	PO	ONCE DAILY	22/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T- CALCIUM	1 TAB	PO	ONCE DAILY	22/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Geetha

Date & Time: 23/6/26, 7:30 AM

Nurse Name & Signature: Rani

Date & Time: 23/6/26, 7:00 AM

VIH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



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: MCCU Shifted to: Room(213)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INS CEFOTAXIME	1gm	IV	12TH HOURLY	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS AMIKACIN	750mg	IV	ONCE DAILY	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	SUPPOSITORY PARACETAMOL	250mg	PR	12TH HOURLY	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	SUPPOSITORY DICLOFENAC	100mg	PR	12TH HOURLY	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESH WARI

Date & Time : 23/6/2026 4:30 PM

Nurse Name & Signature: Namal

Date & Time : 23/6/26 @ 4:30pm

VIH-00198713 IP-00060451
Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA

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

REGULAR PRESCRIPTIONS

Ce S... 23/6/2016 @ 5pm

DRUG : INJ CEFOTAXIME				Date	23/6	24/6
				Time	9 AM	BY
Dose	Route	Frequency	Start Dt.			
1gm	IV	12TH HOURLY	23/6/2016			
Name & Signature of the Doctor starting the Drugs:						
Dr. YOUNESHWARI						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

STOP DR NAWSHOEN 24/6/2016

Ce S... 23/6/2016 @ 5pm

DRUG : INJ AMIKACIN				Date	23/6	24/6
				Time	7 PM	BY
Dose	Route	Frequency	Start Dt.			
750mg	IV	ONCE DAILY	23/6/2016			
Name & Signature of the Doctor starting the Drugs:						
Dr. YOUNESHWARI						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

Ce S... 23/6/2016 @ 5pm

DRUG : SUPPOSITORY PARACETAMOL				Date	23/6	24/6
				Time	12pm	BY
Dose	Route	Frequency	Start Dt.			
250mg	PR	12TH HOURLY	23/6/2016			
Name & Signature of the Doctor starting the Drugs:						
Dr. YOUNESHWARI						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

STOP DR NAWSHOEN 24/6/2016

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

STOP 23/6/2016 10:30 AM DR YOUNESHWARI



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

REGULAR PRESCRIPTIONS

Ce Suman 23/6/26 @ 5pm
 Ce Suman 23/6/26 @ 5pm
 Ce Suman 24/6/26
 Chith 24/6/26
 Ce Suman 24/6/26

DRUG : SUPPOSITORY DICLOFENAC				Date Time	23/6 8am	24/6 9am														
Dose	Route	Frequency	Start Dt.																	
100mg	PR	12TH HOURLY	23/6/26																	
Name & Signature of the Doctor starting the Drugs:				STOP 24/6/2026 DR. NIKHITA 9am.																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. PANTO PRAZOLE				Date Time	24/6 6am	25/6 9am														
Dose	Route	Frequency	Start Dt.																	
40mg	PO	ONCE DAILY	23/6/26																	
Name & Signature of the Doctor starting the Drugs:				DR. YOUGESHWARI																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : TAB. ACECLOFENAC + PARACETAMOL				Date Time	24/6 8am	25/6 9am														
Dose	Route	Frequency	Start Dt.																	
100 + 325mg	PO	12TH HOURLY	24/6																	
Name & Signature of the Doctor starting the Drugs:				DR. NIKHITA																
Additional Instructions:				TAB. NIFENAC P.																
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. PARACETAMOL				Date Time	24/6 12pm	25/6 5pm														
Dose	Route	Frequency	Start Dt.																	
650mg	PO	12TH HOURLY	24/6/26																	
Name & Signature of the Doctor starting the Drugs:				DR. NAUSHEEN																
Additional Instructions:				5pm PM 24																
Daily Doctor's Endorsement by a Sign.																				

VH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAQANTULA APARNA

Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

ULAR PRESCRIPTIONS

G: T. CEFUROXIME				Date															
				Time	24/6	25/6													
Dose	Route	Frequency	Start Dt.																
100mg	PO	12th hourly	24/6/26																
Name & Signature of the Doctor starting the Drugs:																			
DR NAUSHEEN																			
Additional Instructions:																			
T. CEFUM,																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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

VIH-00198713 IP-00080451

Mrs M TEJASWINI
19-04-1992 34 Y 2 M 4 D (F)
Dr. KAPPAGANTULA APARNA



Patient Name

I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

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

VIH-00198713 IP-00060451
 Mrs M TEJASWINI
 19-04-1992 34 Y 2 M 4 D (F)
 Dr. KAPPAGANTULA APARNA



DRUG CHART

Date of Admission: 23/6/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

Weight 72.36g Ward 212

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/6	8:00 AM	RINGER LACTATE	IV	FF	G	[Signature]	23/6/20	[Signature]	[Signature]
23/6	8:40 AM	RINGER LACTATE	IV	100ml/h	G	[Signature]	23/06	[Signature]	[Signature]
23/06	9:30 AM	RINGER LACTATE	IV	900ml/h	[Signature]	[Signature]	23/06	[Signature]	[Signature]
22/06	10:00 AM	RINGER LACTATE	IV	200ml/h	[Signature]	[Signature]	23/6	[Signature]	[Signature]
23/6	1:50 PM	RINGER LACTATE	IV	100ml/h	[Signature]	[Signature]	23/6	[Signature]	[Signature]

Signature
VERIFIED BY : Name



Weight: 78.3kg Ward: 110

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/6/26	9:00 AM	INT. CEFOTAXIME (AFTER TEST Dose)	1GM	IV	[Signature]	[Nurses]
23/6/26	8:09 AM	INT. PANTOPRAZOLE	40MG	IV	[Signature]	[Nurses]
23/6/26	8:00 AM	INT. METOCLOPRAMIDE	10MG	IV	[Signature]	[Nurses]
22/06	9:55 AM	SUPP. TRAMADOL	100 mg	PR	[Signature]	Rakesh [Nurses]
22/06	9:55 AM	SUPP. DILUFENAC	100 mg	PR	[Signature]	Rakesh [Nurses]
22/06	9:28 AM	INT. CARBETOCIN	100 mcg	IV	[Signature]	Rakesh [Nurses]
22/06	9:30 AM	INT. TRANEXAMIC ACID	1gm	IV	[Signature]	[Nurses]
23/6	9:55 AM	T. ME SOPROSTOL	400mg	PR	[Signature]	[Nurses]
23/6	10:30 PM	INT. ONDANSETRON	4 MG	IV	[Signature]	[Nurses]

29/6/26 11:35 AM SUPPOSITORY BISACODYL 20MG PR [Signature] (P.T.O)

VERIFIED BY [Name] Signature

23/6/26

[Signature]



REGULAR PRESCRIPTIONS

Weight. 78.3kg Ward. 2/D

DRUG : TAB. PARACETAMOL				Date Time
Dose 1gm	Route PO	Frequency 6HRLY	Start Date 22/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				STOP DR. M. VINETHA 22/06/26
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. DICLOFENAC				Date Time
Dose 50mg	Route PO	Frequency 8HRLY	Start Date 22/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				STOP 23/6/26 11 AM DR. YOUGESHWARI
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. TRAMADOL				Date Time
Dose 100mg	Route PO	Frequency 8HRLY	Start Date 22/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				STOP 23/6/26 11 AM DR. YOUGESHWARI
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. PARACETAMOL				Date Time
Dose 1gm	Route PO	Frequency 6HRLY	Start Date 22/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				STOP 11 AM DR. YOUGESHWARI
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				