



VIH-00203715 IP-00060422
Mrs K DEVI PRIYANKA
24-07-1998 27 Y 10 M 27 D (F)

ACT

Dr. KOPPULA SIRISHA REDDY

LING



Name: _____

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 20/6/26 Time : at 2:26 AM Date of Discharge : _____ Time : _____

Room / Bed No : 220 Ward : L/W Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	7:05 AM	LW	OT	<i>[Signature]</i>
21/6/26	8:25 AM	OT	MICU	<i>[Signature]</i>
21/6/26	4:20 PM	MICU	Room (208)	<i>[Signature]</i>

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
20/6/26	IV Placement	1	3092568	Tijar
21/6/26	PAC	①	3092808	(Signature)
21/6/26	Catheterization	①	3092807	(Signature)
21/6/26	I.V Placement	①	3092809	Tijar
crossed checked by Tijar 21/6/26 at 12:29pm				

ANY OTHER INFORMATION

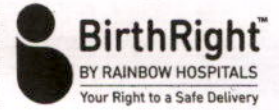
Date: 23/6/26

Time: 9AM

Prepared By: Mishra

Staff Nurse padma	Shift / Ward M/ICU 23/6/26 9AM.	Billing Assistant	Billing Supervisor
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VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 28 D (F)
 Dr. KOPPULA SIRISHA REDDY



SURGERY DETAILS

Date : 21/06/26

Patient Name: Mrs. K. Devi Priyanka Date of Birth: 24/07/1998 Age: 27

Gender: female Ward: OT UHID No.: 203715

Date of Surgery: 21/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Emergency USG J-5A

Time in : 7:20AM

Time Out : 8:20AM

	NAME	AMOUNT
1. Surgeon	Dr. K. Sirisha Reddy	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon	Dr. Farooq	
4. OT Technician	Sr. Vaishnavi	
5. Circulating Nurse	Sr. Ruby P / Sr. Asif	
6. Assistant Nurse	Sr. Bhavani	

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

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: 3092817 / 3092818

Order by: *[Signature]*



CONSUMABLES OF OT

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1996 27 Y 10 M 28 D (F)
 Dr. KOPPULA SIRISHA REDDY

Ref. No. F/CONB/SUR/OT/02

Age :

me : 2.1.6.24

Circulating Staff : sr. Ruby / Br Arup Technician : Varidhawi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LCS		1	Inj. Vit. K		2
LMA			Sutures		1	Cord Clamp		2
ECG leads : A/P/N		3	2347		2	Suction Catheter	88r	2
HME filter : A/P/N			2364		1	Feeding Tube	6r	1
Syringe 10 cc		5	1326 + 4259		1	Vaccum Suction Set		1
05 cc		5	Gloves		1	Surgical Gloves	6PF / 307	2/2
02 cc		5	546 1/2		2	Gauze Pack		
01 cc			PF6 546		1	Syringe 1 ml / 2 ml		2
Cautery Plate : A/P/N		1	Surgical blade 2200		1	Surgical Blade # 20		2
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml			Koochies			porta green		2
Rifampin		1	Ointments			loban		1
Bicaxamic		2	Suction Catheter					
Fentanyl			Mask					
Morphine cleinlon 18g		2	Gauze Pack		1	face mesh		1
Ketamine		1	Mop Pack		2			
Propofol Abropine		2	Steristrip sterizone		1	Resusitab		1
Recuronium Themicol		1	Underpad		1			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel Pilsorb		1	order no		
Ondansetron			Foleys Catheter					
Perican 25g/Spinal Needle 22		1	Urobag			3092940		
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) Anawin		1	Romodrain bag					
Antibiotics			Bandage					
Methoxgin		1	Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet DA		4			
Tab. Misoprost : 200 mg		4	Betadine Solution		2			
PF (F)		1	Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. K. Sirisha Anaesthesiologist Dr. madhav Nurse Bhavani OT Technician Varidhawi
 Order No. : 3092831 / 3092943 Ordered by : Ruby

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060422	Ward	N 2F-LABOUR WARD
Patient Name	Mrs K DEVI PRIYANKA	Bed Name	LW 220
Age/Sex	27 Y 10 M 28 D / Female	Order No	0003092831
Date	21/06/2026 09:09	Prescription No	PRIP-1292372
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	21/06/2026 09:11
UHID	VIH-00203715		

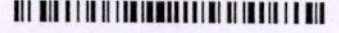
S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			2604181	04/31	1	563.00	563.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	CAUTERY PENCIL (ADVANCE)	The Advanced cadomed	GENERAL	24070610B	08/27	1	1,153.00	1,153.00
7	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	4	120.00	480.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	5	28.13	140.65
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	5	11.25	56.25
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300801T	03/29	2	128.00	256.00
13	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	170724	06/27	1	100.00	100.00
15	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
16	LSCS DRAPE PACK SAFE SECURE			VI16062026	12/30	1	2,000.00	2,000.00
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
18	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
22	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
23	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	2	69.39	138.78
25	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
26	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
27	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
28	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
29	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
30	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A260229S	02/31	1	308.00	308.00
31	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS22	03/28	1	140.00	140.00
32	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

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

VAT TIN : 36920283145**CIN :** L85110TG1998PLC029914**DL NO :**

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060422	Ward	N 2F-MICU
Patient Name	Mrs K DEVI PRIYANKA	Bed Name	MICU 226
Age/Sex	27 Y 10 M 28 D / Female	Order No	0003092943
Date	21/06/2026 14:41	Prescription No	PRIP-1292414
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	21/06/2026 14:42
UHID	VIH-00203715		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ATROPINE INJ1ML	HINDUSTAN LABS		AS1461	01/27	2	6.75	13.50
2	METHERGIN INJ 1 ML	Novartis India Ltd	H	605SPAJ5	05/27	1	15.92	15.92
3	THEMICAR 30MG INJ 10ML		H	TMR24005	11/26	1	331.24	331.24
Total :							353.91	360.66

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060422	Ward	N 2F-LABOUR WARD
Patient Name	Mrs K DEVI PRIYANKA	Bed Name	LW 220
Age/Sex	27 Y 10 M 28 D / Female	Order No	0003092831
Date	21/06/2026 09:09	Prescription No	PRIP-1292372
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	21/06/2026 09:11
UHID	VIH-00203715		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VENFLON I -18 G	BECTON DICKINSON (BD)	GENERAL	5344130	11/30	2	321.00	642.00
34	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
35	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	2	951.00	1,902.00
Total :							13,538.74	17,542.72

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

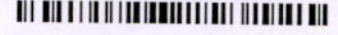
Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospital - Secunderabad****Rainbow
Children's
Hospital**H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

IP No	IP-00060428	Ward	N 2F-MICU
Patient Name	Baby B/O K DEVI PRIYANKA	Bed Name	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 7 H / Male	Order No	0003092940
Date	21/06/2026 14:32	Prescription No	PRIP-1292413
Payor	SELPAY	Dispensed Date	21/06/2026 14:42
UHID	VIH-00206114		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP- ALPHAMEDICARE		GENERAL	UC25E01	04/28	2	41.00	82.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	2	24.00	48.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	2	31.75	63.50
4	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300801T	03/29	2	128.00	256.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
6	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	3	10.00	30.00
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI04042026	12/30	1	10.00	10.00
8	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26C010601	02/31	1	63.00	63.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
10	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115	12/29	3	450.00	1,350.00
11	RESUSCITATIONPIECECIR CUTRD1300(NEOPUF)	Fisher & Pakel		22104113175	11/28	1	783.00	783.00
12	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
13	SURGICAL BLADE 20	Surgeon		20C240226	01/31	2	7.67	15.34
Total :							1,790.85	3,141.56

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Mrs K DEVI PRIYANKA	UHID	VIH-00203715
Father/Guardian	Mr SANDEEP	Age/Gender	27 Y 10 M 28 D/Female
Address	FLAT NO 401, SREE NIVASAM, KONDAPUR, Kondapur, Hyderabad, Telangana, INDIA, 500084		
IP No	IP-00060422	Admission Date	20-06-2026
Ref Doctor	Self	Discharge Date	23-06-2026

DISCHARGE SUMMARY

Consultants: Dr. KOPPULA SIRISHA REDDY, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

Diagnosis: Primigravida with 39 weeks with Hypothyroidism with Small for Gestational age baby admitted for Induction of labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 21.06.2026

History:

LMP: 20/9/2025

Obstetric formula: Primigravida

EDD: 27/6/2026

Gestation at admission: 39 weeks

Obstetric History:

G1 - Present pregnancy ,Spontaneous conception.

Medical History: Nil

Family History: Nil

Surgical History: Nil

Allergies: Nil

Name

Mrs K DEVI PRIYANKA UHID

VIH-00203715

Antenatal Details: Mrs K DEVI PRIYANKA was booked to Rainbow hospital at 27 weeks of gestation. She had Previous antenatal checkups done at Apollo hospital. She was diagnosed with Hypothyroidism at 14 weeks managed on Tab. Thyroxine 50mcg OD. She was on Tab. Ecosprin 150mg since 12 weeks OD and stopped at 37 weeks. She was admitted at 39 weeks with Hypothyroidism with Small for Gestational age baby for Induction of labour.

Investigations: Enclosed

Blood group: 'O' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch long and 1 finger loose dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Under strict aseptic condition foleys induction was done and PGE2 (1 dose) kept followed by PGE1(1 dose). Foleys bulb expelled at 2cm dilatation. Spontaneous rupture of membranes occurred at 2-3cm dilataion. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. There was Drop in fetal heart rate and non reassuring Nst noted . Patient and attenders were explained regarding drop in fetal heart rate and Non reassuring NST and risk of continuing with vaginal delivery and chances of Fetal distress and need for emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view Fetal distress and Non Reassuring NST , prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Ondansetron) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:

Name

Mrs K DEVI PRIYANKA UHID

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

Delivery Details:

Date: 21/06/2026

Time of Delivery: 7:27:13 AM

Type of Delivery: Emergency LSCS

Indication: Fetal distress with Non reassuring NST.

Analgesia: Spinal

Baby Details:

Date: 21/06/2026

Time: 7:27:13 AM

Sex: MALE

Weight: 2.559 KG

Apgar: 8/10, 9/10

Gestational Age: 39+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

Name

Mrs K DEVI PRIYANKA UHID

VIH-00203715

was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Cefixime 200mg twice daily till 27.6.2026 (9am-9pm) after food.
2. Tab Metronidazole 200mg thrice daily 27.6.2026 (8am-3pm-10pm) after food.
3. Tab. Lyser D twice daily till 27.6.2026 after food (10am-10pm)
4. Tab. Pantoprazole 40 mg once daily till 27.6.2026 (7am) before food.
5. Tab. Thyroxine 50 mcg once daily on empty stomach till further orders.
6. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
7. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
8. Repeat TSH after 6 weeks and review with reports.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after One week on 27.6.2026 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

Name Mrs K DEVI PRIYANKA UHID



Care of the wound:

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

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

Name: Sandeep Draksharam

Signature:

Relationship: Husband -
S. Sandeep

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

Registrar/Resident/C.M.O

Dr. KOPPULA SIRISHA REDDY
MBBS,DNB
CONSULTANT OBSTETRICIAN
& GYNECOLOGIST
58977

PatientName : Mrs K DEVI PRIYANKA
Age/Gender : 27 Y 10 M 27 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 220

Inpatient No. : IP-00060422
Admit Date : 20-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 16:06	
HEMOGLOBIN (Colorimetry)	11.9	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.75	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	33.2	VOL%	33 - 51
MCV (Calculated)	88.6	fL	80 - 100
MCH (Calculated)	31.7	pg/cells	26 - 34
MCHC (Calculated)	35.8	g/dL	32 - 36
RDW-CV (Calculated)	12.6	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	197	10 ⁹ /L	150 - 450
MPV (Calculated)	9.6	fL	6.5 - 10
WBC COUNT (DC Detection Method)	16.39	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	76	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	19	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 18:04	
PT (Optical Clot Detection)	14.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	30.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		



Dr. SRUJANA SHYAMALA, MD, DNB

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Mrs K DEVI PRIYANKA	Inpatient No.	: IP-00060422
Age/Gender	: 27 Y 10 M 27 D/ Female	Admit Date	: 20-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 220	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 13:16
---	--	--	---

RANDOM BLOOD GLUCOSE (GOD/POD)	107	mg/dl	70 - 140
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060422

Admit Date : 20-Jun-2026

Admit Time : 02:06 PM UHID : VIH-00203715

Patient Details :

Patient Name : Mrs K DEVI PRIYANKA

Age : 27 Y 10 M 27 D

Guardian : Mr SANDEEP

DOB : 24-07-1998

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : FLAT NO 401, SREE NIVASAM, KONDAPUR
Kondapur Hyderabad Telangana INDIA
500084

Phone No : 8142581461

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

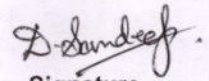
Contact Details :

Name : Mr SANDEEP

Relationship : W/O

Contact Address : FLAT NO 401, SREE NIVASAM, KONDAPUR
Kondapur Hyderabad Telangana INDIA 500084

Phone No : 8142581461 / 9952388400


Signature

Doctor Details :

Doctor Name : Dr. KOPPULA SIRISHA REDDY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 27 D (F)
 Dr. KOPPULA SIRISHA REDDY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify LLW

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: induction of labour Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. GREGS HMA

Time Notified: 20/6/26 at 9:30 P.M.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>hypothyroidism on T. thyroxine 50mcg OD</u>	<u>nil</u>	<u>nil</u>

<p>Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: _____</p> <p>Onset of Menarche: _____</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>20/9/26</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" 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>
--	--	--

Obstetric History: G para 1 P _____ L _____ A _____

Previous LSCS: nil

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other _____

Vital Signs / Measurements: Temp: 98.6 F HR: 80 b/min RR: 10 b/min

BP: 110/70 mmHg Weight: 76.4 kg Height: 154 cm BMI: 32.2 kg (obese class 1)

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

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

Above information given to MRS. K. DEVI PRIYANKA

Name of Person Orientation was given to: MRS. K. DEVI PRIYANKA

Orientation not given Reason:

Nurse Signature: Tia

Nurse Name: Tia

Date & Time: 20/6/26 at 2:40PM



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 20/9/25 EDD: _____
 Corrected EDD: 22/6/26 GA: 39 weeks

Obstetric Formula: Primigravida
 ML-2yrs NCM

Menstrual History: Regular: Yes No

Obstetric History:

G1 (Primigravida) PP, Spontaneous conception.

Obstetric Examination

Fundal Height: ~ T9

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Booked to RCH at 27 weeks. Previous AUCs at Apollo Hospital. She was diagnosed with hypothyroidism at 14 weeks and

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

RISK FACTORS: was on T4 THYROXINE 50mg OD

Ty. TT two doses taken. She was on PEGASPRIN 150mg since 12 weeks and stopped at 37 weeks.

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

⊕ 142 bpm

Per Speculum Examination

Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

- Hypothyroidism (50mcg)
- SGA baby.

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Height: 154 cm

Weight: 76.4 kg

Allergies: NIL

Breast: Normal Abnormal

General Examination:

Consciousness: clear

Pallor: ⊖

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 82 bpm

BP: 116/72 mmHg

DTR: ⊕

CVS: S1S2 ⊕

RS: RAE ⊕

Liver/Spleen: ⊕

Urine Output: Adequate

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

Primigravida with 39 weeks with hypothyroidism with small for gestational age baby
 for Induction of labor



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>- Hypothyroidism on T. THYRONINE 50 mg - OD.</p>
<p>Plan of Care: <u>CPG to Dr. K. Sirisha Reddy</u></p> <ul style="list-style-type: none"> - Admission - Consent - (N) diet - Pains preparation - FHR monitoring - NST 4th hly - Monitor vitals - Follow drug chart - Inform SOS - CERVIPRIME gel 0.5mg PR stat - Send CBP <p>Notes by Anu 20/6/26 at 2:30 PM</p>	<p>Investigations: Blood Group 'O' POSITIVE</p> <p>HIV } HbsAg } NR. 4/4/26 Hcv } CBP - 10.9 / 14200 / 1.81L VDRL } 2/6/26</p> <p>TSH - 3.1103 CUE - Pwals: 0-1 RBC: 0-1 Epi cells: 2-3</p> <p>Growth scan - 16/6/26 SLJUF 38+3 wks. Cephalic. PL - Ant. high. AFI - 14.3 cm. AC - 24. EFW - 2.744 kg. Dopplers - (N).</p> <p>TIFFA scan - 13/2/2026 SLJUF 21+1 wks. PL - Ant. high CL - 31 mm No anomalies.</p> <p>NT scan - 13/12/2025. SLJUF 12+5 weeks. NT - 1 mm. NB ⊕</p> <p>FTS - low risk</p>

Doctor Name: Dr. G. Geetha

Signature: *G. Geetha*

Date & Time: 20/6/2026, 2:30 PM

Consultant Name: Dr. Sirisha Reddy

Signature: _____

Date & Time: 20/6/2026, 2:30 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Date</u> <u>TIME</u> <u>FHR</u> <u>Contraction</u>	
20/6/26	2:00PM 149b/min	
	2:30PM 144b/min	3:00 AM - 140b/min
	3:00PM 147b/min	3:30 AM - 142b/min
	3:30PM 140b/min	4:00 AM - 143b/min
	4:00PM 144b/min	4:30 AM - 150b/min
	4:30PM 146b/min	5:00 AM - 152b/min
	5:00PM 140b/min	5:30 AM - 150b/min
	5:30PM 142b/min	6:00 AM - 142b/min
	6:00PM 149b/min	6:30 AM - 140b/min
	6:30PM 140b/min	7:00 AM - 100b/min
	7:00PM 142b/min	— Delivered —
	7:30PM 147b/min	
	8:00PM 140b/min	
	8:30PM 140b/min	
	9PM 150b/min	
	9:30PM 143b/min	
	10PM 144b/min	
	10:30PM 150b/min	
	11PM 141b/min	
	11:30PM 142b/min	
21/6/26	12AM 136b/min	
	12:30AM 133b/min	
	1AM 141b/min	
	1:30AM 146b/min	
	2AM 142b/min	
	2:30AM 140b/min	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	O/E Pt is clear	
3:30 PM	AC - fair	- Adv
	Afebrile	- Normal diet
	BP - 116/77 mmHg	- NIF POL
	PR - 82 bpm	- FHR monitoring
	S/E - NAD	- Ambulation
TFT done	P/A - Utw TG	- Birthing Ball Exercises
Cerviprine gel	Cephalic	- Adequate hydration
Kept PV @		- Monitor vitals
3:30 PM	FHR @ 146 bpm	- Follow drug chart
	VE - Cx: 1 1/2 inch long	- Tubum sos.
	Os - IF loose	
	PPV x 1 - 21	
Notes	<p>by <i>[Signature]</i> 20/6/26 at 3:30 PM</p> <p><i>[Signature]</i> Dr. Greeshma</p>	
20/6/26	Foley's Induction Notes	
3:30 PM	<ul style="list-style-type: none"> - Under strict aseptic conditions, patient placed in lithotomy position, parts painted and draped. 	
	<ul style="list-style-type: none"> - Anterior and posterior vaginal walls retracted with Sims speculum. 	
	<ul style="list-style-type: none"> - Anterior lip of cervix held with vulsellum. sponge holding forceps. 	
	<ul style="list-style-type: none"> - Foley's inserted into cervix and bulb inflated with 50ml of distilled water. 	
	<ul style="list-style-type: none"> - Patient stable & FHR good 	
	<ul style="list-style-type: none"> - Cerviprine gel kept in posterior fornix 	
	<p><i>[Signature]</i> Dr. Greeshma</p>	



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/22 4:15pm	C/I to Dr Sirisha Reddy Ma'am Patient expelled Foley's bulb.	
	P/A - 4c/35sec/10min FHR (+) 138 bpm Vle - 1/2 inch soft Os - 2cm PPT (+) 2	Adv - Repeat NST at 5:15pm - FHR monitoring - Full + POL - Inform SOS
	Noted by Tej 20/6/22 @ 4:15pm	
20/6/22 5:50pm	C/I to Dr Sirisha Reddy Ma'am NST - reactive	Jhan Dr. Suman
send APTT/ PT/INR CBP-11.9/15390/1.97L	P/A - 4c/35sec/10min FHR (+) 140 bpm Vle - 1/2 inch soft Os - 2cm PPT (+) 2	P/Adv - (M) diet - Hydration - Ambulation - Birthing ball exercise - NST at 9:15pm - Vle at 9:30pm - Full + POL - FHR monitoring - Inform SOS
	Noted by Tej 20/6/22 @ 5:50pm	
		Jhan Dr. Suman

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 27 D (F)
 Dr. KOPPULA SIRISHA REDDY

9

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026 7 pm	C/S/B Dr. Soumya Sri mam PIA - 2c / 40 sec / 10 min. FHR - 138 bpm. (C)	PT is c/c/k GC Fair Afebrile.
PT / APTT / INR 14/30/1	V/F - Cx - 1/2 inch long. soft OS - 2cm PPVx 1-2 BOM (+)	Adu: - Continuous FHR monitoring - Tab. miso 25 mg po at 9:30 pm.
	BP - 118/60 mmHg PR - 84 bpm. noted by Tej 20/6/26 @ 7pm	- Ambulation - Bisthing ball exercise.
		(+) Dr. Nikita
20/6/2026 9:30 pm	O/E - pt is c/c/k GC - Fair Afebrile.	Adu: - (N) diet
Tab. Misoprostol 25 mg kept po at 10 pm.	BP - 115/69 mmHg PR - 79 bpm. S/E - WAD. PIA - Lt - T61. 2c / 35-40 sec / 10 min. FHR - 140 bpm cephalic. V/E - 1/2 inch long. OS - 2 FL PPVx 1-2 BOM (+)	- Adeg. Hydration - Ambulation - Bisthing ball exercise - W/F POL - Continuous FHR monitoring - monitor vitals - NST 4th hzly - Follow drug chart - Infom sas.
	noted by manga 20/6/26 @ 9:30 pm	(+) Dr. Nikita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 12am	C/P to Dr Sirisha Reddy Ma'am	
	NST-reactive	- Adv - Tr Misoprostol 250ug PR at 5am - Repeat NST at 6:30am - continuous FHR monitoring - follow drug chart - monitor vitals - Inform SOS
noted by manga 21/6/26 @ 12AM		
21/6/2026 1:30 Am.	O/E - pt is c/c/c GC - Fair Afebrile BP - 116/78 mmHg PR - 84 bpm S/E - NAD P/A - ut - TG cephalic FHR ⊕ 142 bpm 4c/30-35 sec/10min	Dr. Jhan Prasad Adv: - (N) diet - Adeq. hydration - Ambulation - Birthing ball exercise - Continuous FHR monitoring - NST at 6:30 Am. - monitor vitals - Follow drug chart - Inform SOS
NST reactive		Dr. Nikita
Noted by Manga 21/6/26 @ 1:30 AM		

3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 5:30 AM	C.I.T to Dr Sirisha Reddy Ma'am Pt is c/c GTC fair Afebrile BP - 119/71 mmHg PR - PL - 81 bpm. S/C - NAD P/A - LU/TL	Adm - Soft diet - clear liquids - Ambulation - Hydration - W/F POL - follow drug chart - Continue ATK monitoring - pad for observation - Inj Taxim 1gm - IV - Inj Pantop 40mg - IV - Inj drotin 40mg - IV - Start Inj oxygen Suits in RL. @ 5ml/hr.
5:30 AM GRBS - 107 mg/dl	P/A - LU/TL HR 138 bpm BC/35 sec/10 min v/c - cx - 60-70% effaced. os - 2-3cm.	
Noted by Rami 21/6/26 5:30 AM		
21/6/26 5:30 AM	C.I.T to Dr Sirisha Reddy Ma'am NST - Non reassuring with fetal distress HR - 60 bpm. ↓ Oxygen started, 10 RL given. ↓ HR - 128 bpm.	Adm - NBM - Foley's catheterization - PAC - consents - Foley's catheterization - Shift to OT. - Inform SES
Note by Rami 21/6/26 5:30 AM		

Jhan Dr faoeez



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026 6:20 AM	<u>Counselling notes</u>	
	Patient & attenders explained regarding drop in FHR with presumed fetal distress, Non-reassuring NST & risk of continuing with vaginal delivery & need for emergency LSCS & they opted for emergency LSCS.	
Noted by Rani 21/6/26 @ 6:20 AM	D. Sandeep (Husband)	Dr. Nidheeta
21/6/26 8:30 AM	<u>POD-0</u> Pt is c/c/c GC fair Afebrile BP - 118/61 mmHg PR - 84 bpm S/E - NAD P/A - soft BSO Ct - NR	<u>Adv</u> - NGM x 4 hours - Rest - Foley's x 6 hours - No chesting - Shift room after - Foley's removal - w/f PV bleeding - follow drip chart - monitor vitals - Inform SDS
P.U reported U - social Adeq clear	Ue - NAB Baby T ^A BF ⊕ H	
Noted by Rani 21/6/26 @ 8:30 AM		Dr. James



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/24 12:30pm	POD-0 (LSCG)	
P/L Hypotension	O/E pt is c/d/c u/c fair Afebrile BP- 116/61 mmHg	Adv - sips of water f/b clear liquids - w/f bleeding pv
VO-300ml clear adequate	PR- 84 bpm, S/E-NAD. PIA- uterine	- Monitor vitals - I/O charting - Foley's removal x 2 hrs
foley's removal at 2:30pm,	soft BS + L/E-NAB Baby ^A BF ⁽⁺⁾	- shift to Room after foley's removal & ambulation - Follow drug chart - Inform SOS - Adequate hydration
Noted by prathyusha		4 Dr. Yogeshwari
	@ 12:30pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 3:45pm	<u>POD-0</u>	(Post USCS)
	o/e pt is c/c/c	<u>Adv</u>
	Gc fair	- Clear liquids
<u>Foleys removed</u>	Afebr	- Soft diet at 7pm
	BP- 121/71mmHg	- Monitor Vitals
	PR- 80bpm	- Follow drug chart
<u>Patient</u>	S/E NAD	- W/F bleeding PV
<u>- Ambulated well</u>	P/A Soft	- Hydration
	UT ~ W/R BS ⊕	- Ambulation
<u>Pt can be</u>	L/E NAB	- Inform SOS
<u>shifted to room</u>	Balys MS BS ⊕	
noted by kamala 21/6/26 @ 8:45PM		<u>Dr Nausheen</u>
21/6/26 10 PM	POD-0	
	o/e	<u>Adv</u>
<u>Pill Hypotensoidin</u>	pt is c/c/c	- soft diet
	Gc fair	- Monitor vitals
	Afebrile	- Follow drug chart
<u>Urine passed</u>	BP- 118/80mmHg	- W/F bleeding PV
	PR- 84bpm	- Hydration
<u>Motion Not passed</u>	S/E - NAD	- Ambulation
	PIA - soft	- Inform SOS
	UT ~ W/R BS ⊕	
	L/E - NAB	
	Baby $\frac{A}{H}$ BS ⊕	

5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 7 AM	POD-1 O/E	
	It is c/c	Adv
	Uc fair	- Soft diet
	Afcbnk	- W/F bleeding pv
	BP- 118/70 mmHg	- Monitor vital
Urine passed	PR- 80 bpm	- follow drug chart
Motion Not passed	S/E NAD	- Adequate hydration
	P/A - UT - WR	- Ambulation
	Soft BS ⊕	- Inform SOS
	U/E - NAB	
	Baby - BF ⊕	
		Dr. Yogeshwari
		Noted by Deepika 22/6/26 @ 7 AM
22/6/26 11:00 am	SIB DR. K. SIRISHA REDDY	
	[POD 1]	Ambulation
Alert: Sgt	again, epibute	200mg
no pain @	no partial ped edne	T. TAXIM hd
BP 110/70 mmHg		T. METROGL
no bleeding	BP 110/70 mmHg	200mg hd
no passed	PR 5-11 / BS ⊕	T. EMANSON D
flat	ut well ⊕	50
	ASD dis	T. PAN 200mg
	2CG bleeding W/M	



6

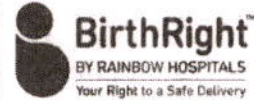
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	POD-1 (Post Uter)	
7:30 PM	O/E Pt is d/c	Adv
	GC-fair	- Soft diet
	Afebrile	- W/F Bleeding PV
Urine Passed	AP- 110/79 mmHg	- Ambulation
Motion not Passed	PR- 2abpm	- Adequate hydration
	S/E-NAD	- Monitor vitals
	P/A- Ut w/wr	- Follows drug chart
	Soft BS (+)	- Inform S.S.
	HE-NAB	
	Baby FA, BF (+)	
		Dr. Ashwin / Dr. Geetha
23/6/26	POD- (Post Uter)	
8am	O/E Pt is d/c	Adv
	GC-fair	- (M) diet
	Afebrile	- W/F Bleeding PV
Urine passed	AP- 123/60mmg	- Ambulation
Motion passed	PR- 88bpm	- Adequate hydration
	S/E-NAD	- Monitor vitals
	P/A- Ut w/wr	- Follows drug chart
	Soft BS (+)	- Inform S.S.
ASD done	HE-NAB	
wound healthy	Baby FA, BF (+)	
Pt can be discharged	PV examination done.	Dr. Ashwin

Noted by Akanksha 23/6/26 @ 8am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

VIH-00203715 IP-00060422
Mrs K DEVI PRIYANKA
24-07-1998 27 Y 10 M 28 D (F)
Dr. KOPPULA SIRISHA REDDY



Name: K. Devi priyanka Age: 27yr Sex: F UHID.No: VIH 00 203715
Date: 21/06/26 Time: 06:30AM Proposed Operation: Emergency LSCS
Diagnosis: Primi
B.P / CRT: 116/77 H.R: 82/min Weight: 56.4kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.9 gm/l Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 1.97 lakhs Na: Dir. Bill: Blood group: Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl-: SGOT/SGPT:

Allergies: NKA

Medical History CVS :

RESP: Hypotension Diabetes:
CNS:
Renal:
Hepatic / GE: Physical Activity: Good
Others:

Past Anaesthetic History: not significant

Physical Exam:

Airway: MP 1 (2)3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
Lungs: BAE clear adequate (N) (N) (N)
Heart: S1+S2
CNS: NAD
Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

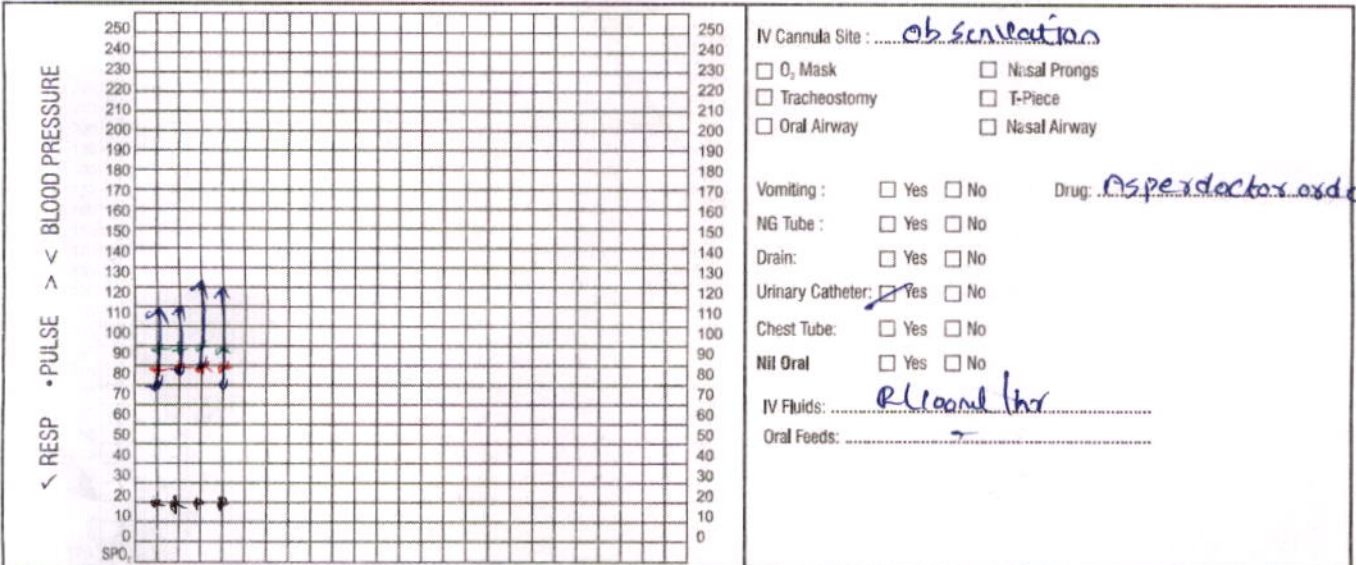
- DVT Prophylaxis :
- NIL ORAL $\begin{cases} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{cases}$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dor Madhav



FUSI-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Kanala Time Received : 8:30 AM Time Discharged : 4:20 PM



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
21/6/26	3:40 PM	2	Par: - 75 amadol 100mg I.V 800mg N.S 4hr	Star

Pain Tool Used: N PASS FLACC Wong Baker NRS
 Anaesthesiologist Name : Dr. Durgabharani
 Anaesthesiologist Signature : [Signature]
 Date & Time : 21/6/26 @ 10 AM
 PACU Nurse Name : Kanala
 PACU Nurse Signature : [Signature]
 Date & Time : 21/6/26 @ 10 AM

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

Transferred to Unit by (PACU): Room (208) Star
 Date & Time : 21/6/26 @ 4:20 PM

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 29 D (F)
 Dr. KOPPULA SIRISHA REDDY



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

VIH-00203715 IP-00060422
Mrs K DEVI PRIYANKA
24-07-1998 27 Y 10 M 28 D (F)
Dr. KOPPULA SIRISHA REDDY



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. K. SIRISHA REDDY	Date of Delivery: 21/06/26
Assistant Surgeon: DR. FARNABZ.	Time of Delivery: 7:27 AM (135eg)
Anaesthetist's Name: DR. MADHAV.	Gender of Baby: MALE
Type of Anaesthesia: SPINAL.	Weight of Baby: 2.559 kg
Neonatologist: DR. BARASHA / DR. SAMEERA.	AGPAR Score: 8/10 9/10
Scrub Nurse: SR. BHAVANI	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency

Indication: Non reassuring NST & fetal distress.

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: Non Knief to rectus:

CTG Description: Reassuring

If there was a delay give the reasons:

Surgical Procedure: Emergency CS CS Jr SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300 ml. Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Skin Incision: Pfannensteil Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: THIN CORD 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 V1 CRYL = 1-0 Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: V1 CRYL - 1 Suture
Fat Closure: Yes No CATGUT Suture
Skin Closure: Subcuticular Mattress MONOCRYL 3-0 Suture

Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter: Yes No Remove in 6 hours days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes: NBM x 4 hours, rest, I/O charting, w/ PT bleeding, monitor vitals, follow drug chart, inform SOS
.....
.....
.....
.....
.....
.....

Doctor Name: Shao D. Farmer Doctor Signature:
Date & Time: 2/16/26 8:15 AM

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 27 D (F)
 Dr. KOPPULA SIRISHA REDDY

①

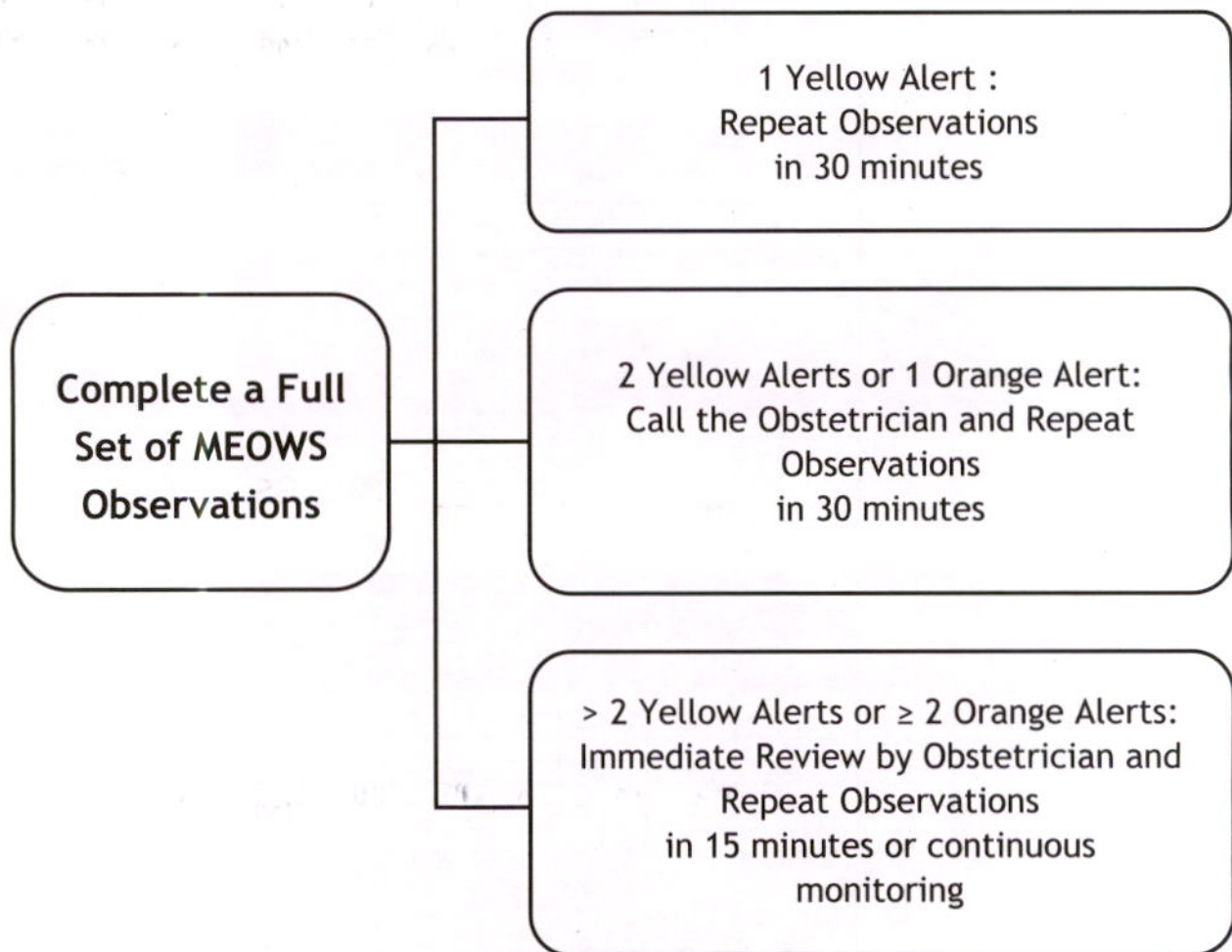


Early warning Observation Score Chart - Obstetrics

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

		Date																										
		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	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19		
	0 - 10																											
Saturations	94 - 100 %							99	99	99	100	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36								36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70								77	76	70	79	88	85	80	82	80	82	80	82	80	82	80	82	80	82	80	
60																												
50																												
40																												
Systolic Blood Pressure ↑	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
80																												
70																												
60																												
50																												
Diastolic Blood Pressure ↓	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert																											
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30																											
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES								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	
Nurse Initial								PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



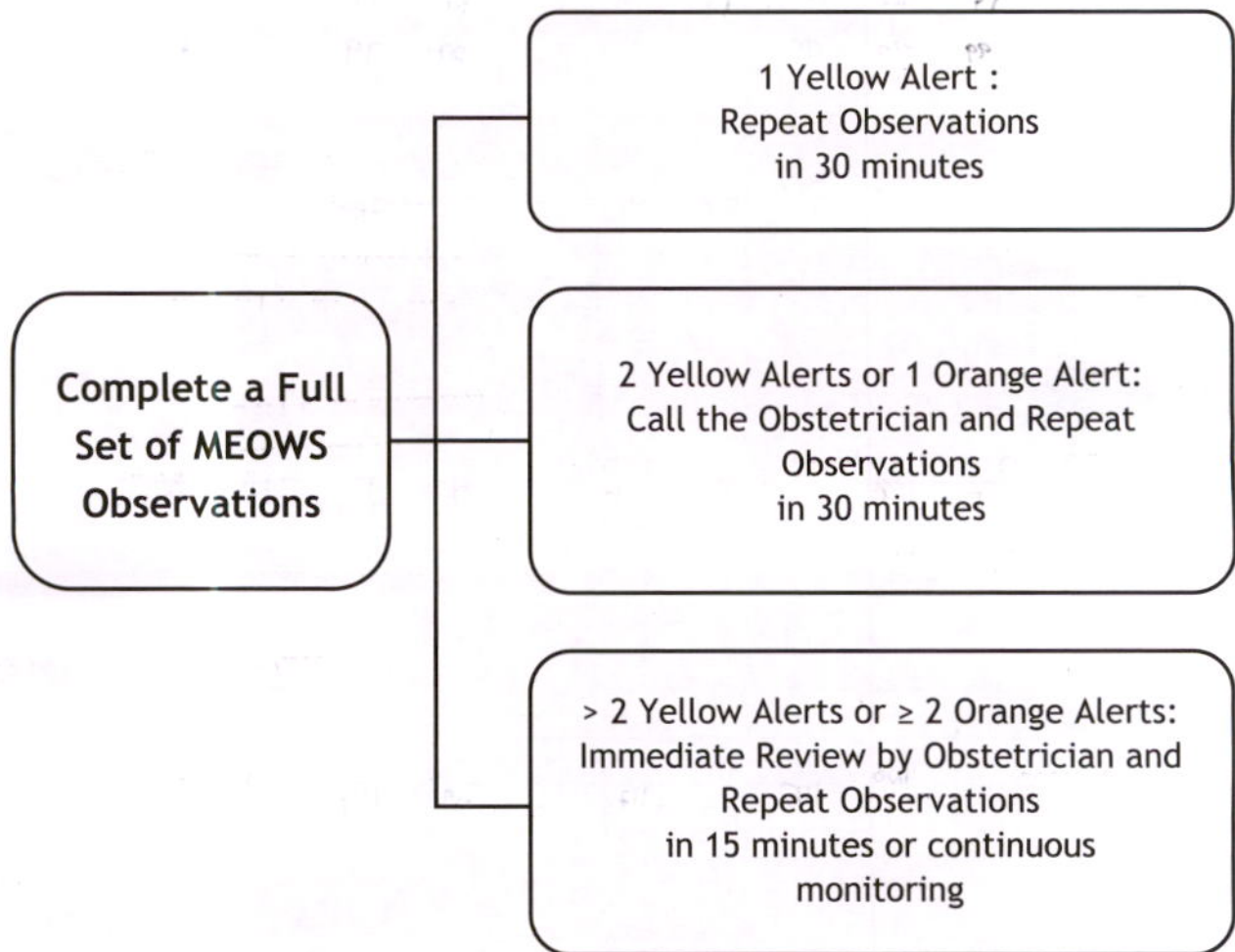
2

Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
21/6/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	18	19	19							19	19				19						19	
	0 - 10																								
Saturations	94 - 100 %	99	99	98	99	99							99	99				98						99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0	37.0	37.0				36.0	36.2				36.0	36.0				37.0						36.0	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	88	92			80	86					80	72				80						72	
	70																								
	60																								
	50																								
40																									
Systemic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	115	120			118	121						118	108				118						112	
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80		80			76	71			82			80	65				70						65	
	70	75																							
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓							✓	✓				✓						✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓							✓	✓				✓						✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA							NA	NA				NA					NA		
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA							NA	NA				NA					NA		
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0							0	0				0						0	
TOTAL ORANGE SCORES		0	0	0	0	0							0	0				0						0	
Nurse Initial		MP	MP	K	MP	A						P	MP				P						P		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



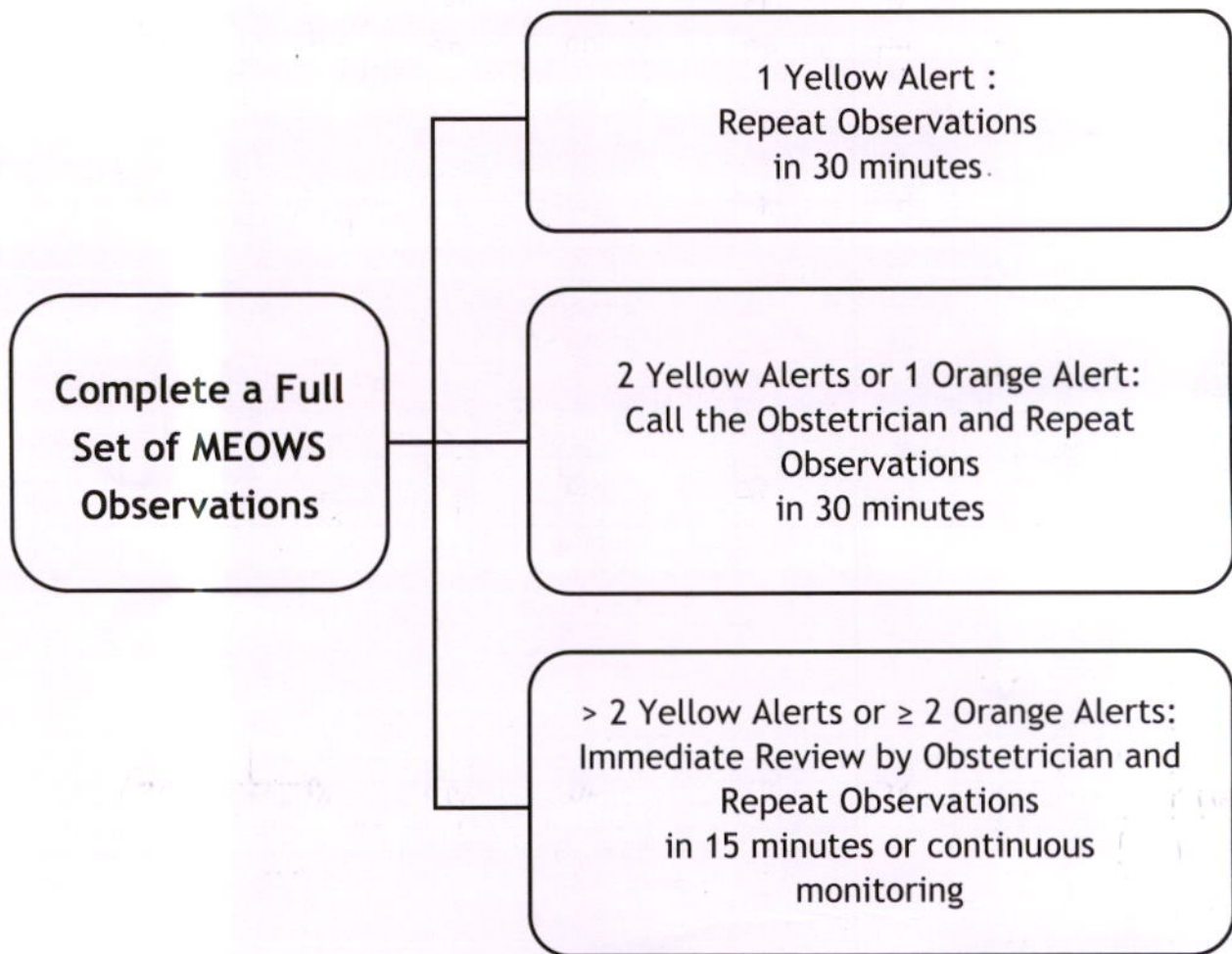
3

Early Warning Observation Score Chart - Obstetrics

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

Date		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				19						19				19
	0 - 10																								
Saturations	94 - 100 %			99			99				99				99					99				99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			36.0			36.0				36.0				36.0					36.0				36.0	
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80						80				80				80					80				80	
	70			75																					
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			110			111				110				123					112				118	
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
70			75																						
60						68				69				60					69				72		
50																									
40																									
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓			✓			✓			✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓			✓			✓			✓			✓		✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA			NA			NA			NA			NA			NA			NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA			NA			NA			NA			NA		NA	
	Green																								
TOTAL YELLOW SCORES				1			0			0			0			0			0			0		0	
TOTAL ORANGE SCORES				0			0			0			0			0			0			0		0	
Nurse Initial				AV			AV			P			P			A			G			J			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00203715 IP-00060422

Mrs K DEVI PRIYANKA

24-07-1998 27 Y 10 M 29 D (F)

Dr. KOPPULA SIRISHA REDDY

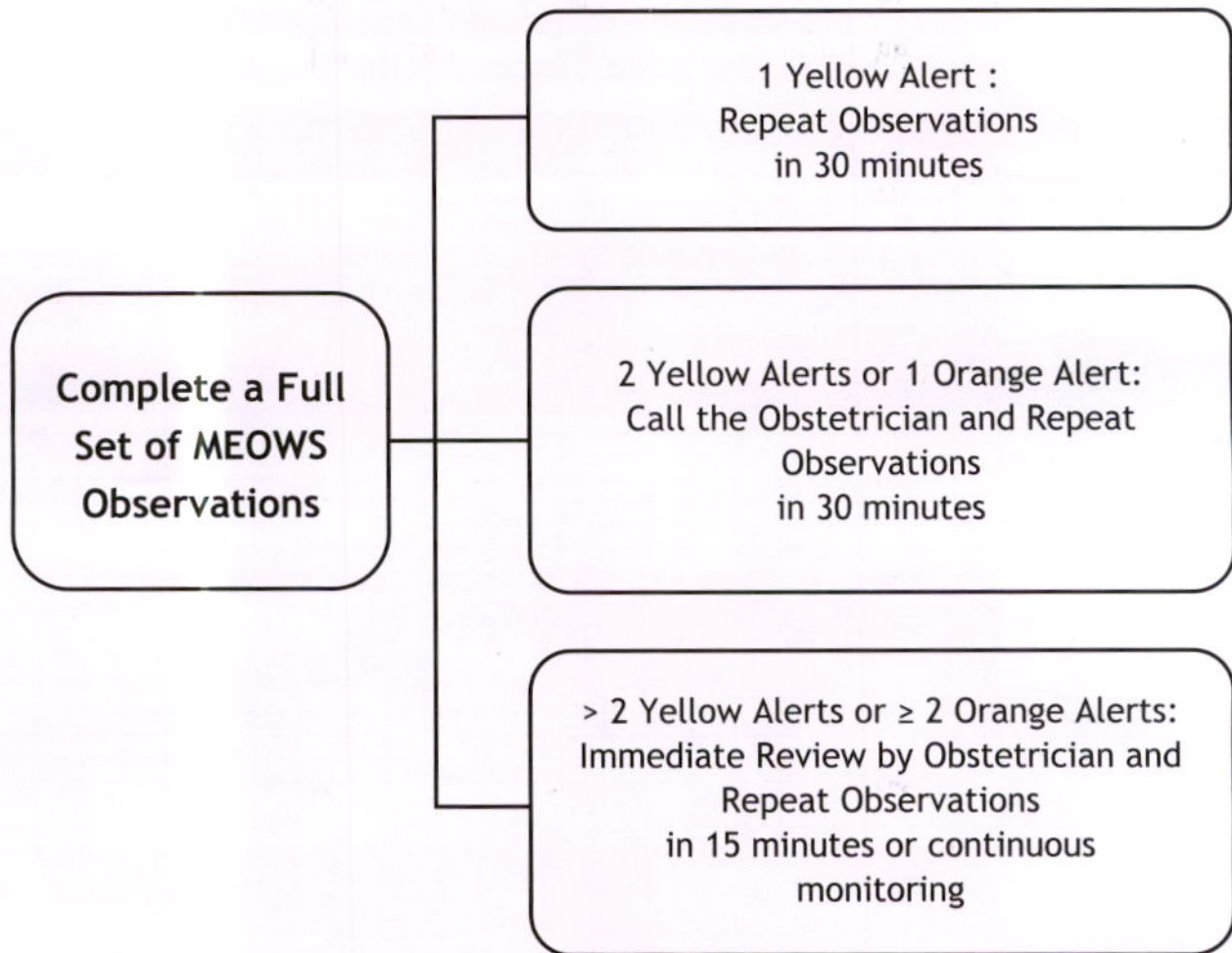


Early warning Observation Score Chart - Obstetrics

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

Date																										
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19																						
	0 - 10																									
Saturations	94 - 100 %			99																						
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36.5																						
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			79																						
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			110																						
	100																									
	90																									
	80																									
	70																									
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70																						
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert			✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓																						
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA																						
	Heavy / Foul																									
Liquor	Clear / Pink			NA																						
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				P																						

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 2 20

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
21/6/26	08:00 am	NBM + RL 100ml/hr							50ml	0	} 21/6/26 @	
	09:00 am	NBM + RL 100ml/hr							50ml	0		
	10:00 am	NBM + RL 100ml/hr							50ml	0		
	11:00 am	NBM + RL 100ml/hr							50ml	0		
	12:00 pm	NBM + RL 100ml/hr							50ml	0		
	01:00 pm	NBM + RL 100ml/hr							50ml	0		
Total Intake : 600ml					Total Output : 300ml							
21/6	02:00 pm	H ₂ O 50ml + RL 100ml/hr							150ml	0	} 21/6/26 @ 4pm	
	03:00 pm	H ₂ O 50ml + RL 100ml/hr							150ml	0		
	04:00 pm	H ₂ O 50ml + RL 100ml/hr							150ml	0		
	05:00 pm	H₂O							✓			
	06:00 pm	H₂O										
	07:00 pm	H₂O										
Total Intake :					Total Output : 650ml							
21/6	08:00 pm	H₂O									} 21/6/26 @ 9pm	
	09:00 pm	H₂O										
	10:00 pm								✓			
	11:00 pm											
	12:00 am	water										
	01:00 am											
Total Intake :					Total Output :							
22/6	02:00 am	water									} 22/6/26 @ 8AM	
	03:00 am											
	04:00 am								✓			
	05:00 am											
	06:00 am	H ₂ O										
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
<i>22/6/26</i>	08:00 am											<i>[Signature]</i>
	09:00 am		<i>Food</i>							✓		
	10:00 am											
	11:00 am											
	12:00 pm		<i>H2O</i>							✓		
	01:00 pm											
Total Intake :						Total Output :						
<i>22/6/26</i>	02:00 pm											<i>[Signature]</i>
	03:00 pm		<i>Ⓞ diet</i>							✓		
	04:00 pm		<i>-H2O</i>									
	05:00 pm											
	06:00 pm		<i>-H2O</i>							✓		
	07:00 pm											
Total Intake :						Total Output :						
<i>22/6/26</i>	08:00 pm		<i>Rice</i>									<i>[Signature]</i>
	09:00 pm		<i>+ H2O</i>							✓		
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
<i>23/6</i>	02:00 am											<i>[Signature]</i>
	03:00 am											
	04:00 am		<i>H2O</i>							✓		
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
23/6'	08:00 am											<div style="font-size: 2em;">}</div>	
	09:00 am		<i>200</i>										
	10:00 am		<i>110</i>							✓			
	11:00 am												
	12:00 pm												
	01:00 pm			<i>150</i>									
Total Intake :						Total Output :							
	02:00 pm											<div style="font-size: 2em;">}</div>	
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm											<div style="font-size: 2em;">}</div>	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am											<div style="font-size: 2em;">}</div>	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

padding 23/6 pg @ 10am

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00203715 IP-00060422

Mrs K DEVI PRIYANKA
24-07-1998 27 Y 10 M 27 D (F)
Dr. KOPPULA SIRISHA REDDY



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.T

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	TRIMOPROXINE	50mcg	PO	ONCE DAILY	20/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T-IRON	1TAB	PO	ONCE DAILY	20/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-CALCIUM	2TAB	PO	ONCE DAILY	20/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. De Guedes

Date & Time: 20/6/26, 2:30 PM

Nurse Name & Signature: [Signature]

Date & Time: 20/6/26 at 2:30 PM



2

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: NICU Shifted to: Room (208)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	50MG	PO	ONCE DAILY	21/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ CEFOTAXIME	1GM	IV	12th HOURLY	21/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ PANTOPRAZOLE	40MG	IV	ONCE DAILY	21/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ METRONIDAZOLE	500MG	IV	8th HOURLY	21/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ TRAMADOL	100 MG	IV	8th HOURLY	21/6/26	<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. NAUSHEEN

Date & Time: 21/6/26 ; 3:45PM.

Nurse Name & Signature: Manal Kar

Date & Time: 21/6/26 @ 3:45PM

VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 27 D (F)
 Dr. KOPPULA SIRISHA REDDY



DRUG CHART

Date of Admission: 2016/26 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 : INT ONDENSETRON Date/Time

Dose	Route	Frequency	Start Date
4mg	IV	AS AND WHEN REQUIRED	2/6
Doctor's Signature		Valid Period	Pharm
<i>[Signature]</i>			<i>[Signature]</i>
Additional Instructions: IF VOMITING			

DRUG : INT PARACETAMOL Date/Time

Dose	Route	Frequency	Start Date
1gm	IV	AS AND WHEN REQUIRED	2/6
Doctor's Signature		Valid Period	Pharm
<i>[Signature]</i>			<i>[Signature]</i>
Additional Instructions:			

DRUG : Date/Time

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

VERIFIED BY : Name
 Chik 21/6/26
 Chik 21/6/26



REGULAR PRESCRIPTIONS

Weight. 76kg/169 Ward. 2/W

Chika 20/6/2016

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
50mg	PO	ONCE DAILY	20/6

Date	Time
20/6/2016	7AM
21/6	7AM
22/6	7AM
23/6	7AM

Name & Signature of the Doctor Starting the Drugs:
Dr. Geetha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Chika 21/6/2016

DRUG : INT CEFOTAXIM

Dose	Route	Frequency	Start Date
1GM	IV	12 HR HOURLY	21/6

Date	Time
21/6/2016	7AM
22/6	7AM

Name & Signature of the Doctor Starting the Drugs:
Dr. Faheen

Additional Instructions:
AFTER TEST DOSE.

Daily Doctor's Endorsement by a Sign

~~STOP DR Nawshah~~

Chika 21/6/2016

DRUG : INT PANITO PRAZOL

Dose	Route	Frequency	Start Date
40MG	IV	ONCE DAILY	21/6

Date	Time
21/6/2016	6AM
22/6	6AM

Name & Signature of the Doctor Starting the Drugs:
Dr. Faheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

~~STOP DR Akhila 21/6~~

DRUG : TAL. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6thly	21/06

Date	Time
21/06	7AM

Name & Signature of the Doctor Starting the Drugs:
Dr. Prasadhu

Additional Instructions:

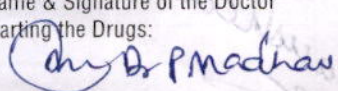
Daily Doctor's Endorsement by a Sign

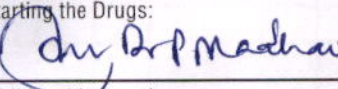
~~STOP DR Faheen~~

Rain Child Hosp
 VIH-00203715 IP-00060422
 Mrs K DEVI PRIYANKA
 24-07-1998 27 Y 10 M 28 D (F)
 Dr. KOPPULA SIRISHA REDDY

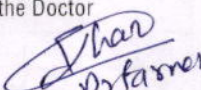
Patir	I.P. No.	Sheet No. 1	Wards <u>4C</u>	Weight (kg) <u>76.4kg</u>
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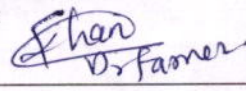
REGULAR PRESCRIPTIONS

DRUG : Tab. TRAMADOL				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
100mg	PO	8thly	21/06																
Name & Signature of the Doctor starting the Drugs:				STOP Dr. Farmer Dr. Farmer															
 Dr. P. Madhav																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : Tab. DICLOFENAC				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	8thly	21/06																
Name & Signature of the Doctor starting the Drugs:				STOP Dr. Farmer Dr. Farmer															
 Dr. P. Madhav																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

ChSR 21/6/26

DRUG : INT METRONIDAZOLE				Date	21/6/26														
				Time															
Dose	Route	Frequency	Start Dt.																
500mg	IV	8thly hourly	21/6																
Name & Signature of the Doctor starting the Drugs:				STOP Dr. Ar. Ar. Kumar 21/6															
 Dr. Farmer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : INT TRAMADOL				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
100mg	IV	12thly hourly	21/6																
Name & Signature of the Doctor starting the Drugs:				STOP 21/6/2026 DR. YOGESHKUMAR															
 Dr. Farmer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Patient Name : _____ I.P. No. _____ Sheet No. 2 Wards HW Weight (kg) 74.6

REGULAR PRESCRIPTIONS

DRUG : INJ TRAMADOL Date: 21/6/26 Time: 6AM

Dose	Route	Frequency	Start Dt.
100mg	IV	8TH HOURLY	21/6/26

Name & Signature of the Doctor starting the Drugs:
 DR YOGESHWARI

Additional Instructions:
 IN 100 ML NS

Daily Doctor's Endorsement by a Sign. _____

DRUG : T. CEFIXIME Date: 22/6/26 Time: 10 AM

Dose	Route	Frequency	Start Dt.
200mg	PO	12th HOURLY	22/6/26

Name & Signature of the Doctor starting the Drugs:
 DR NAUSHEEN

Additional Instructions:
 10 PM

Daily Doctor's Endorsement by a Sign. _____

DRUG : T. DICLOFENAC SODIUM AND SERRATIOPEPTIDASE Date: 22/6/26 Time: 10 AM

Dose	Route	Frequency	Start Dt.
50mg + 10mg	PO	12th HOURLY	22/6/26

Name & Signature of the Doctor starting the Drugs:
 DR NAUSHEEN

Additional Instructions:
 T. LYSER D.
 10 PM

Daily Doctor's Endorsement by a Sign. _____

DRUG : T. PANTOPRAZOLE Date: 23/6/26 Time: 6 AM

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	23/6/26

Name & Signature of the Doctor starting the Drugs:
 Dr. Ashwini

Additional Instructions:

Daily Doctor's Endorsement by a Sign. _____

As per Sirisha Reddy advise
 Chik 21/6/26

Dr. Ashwini

Dr. Ashwini

S. Manu Kumar
 22/6/26

STOP
 DR NAUSHEEN

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

S.M. copy kama 25/11/2016

DRUG : TAB METRONIDA				Date															
200mg PO				Time	9:30 AM	9:30 AM													
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Dr. Ashwin																			
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.																			

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6/26	3:40 PM	ENEMA PROCTOCYLIS	100 ML	PR	[Signature]	[Nurses]
20/6/26	3:30 PM	(CERVIPRIME) DINOPIROSTONE GEL	0.5 MG	PV	[Signature]	[Nurses]
20/6/26	5:50 PM	INT DROTAVERINE	40 MG	IV	[Signature]	[Nurses]
20/6	10 PM	TAB MISOPROSTOL	25 MCG	PU	[Signature]	[Nurses]
21/6	6 AM	INT DROTAVERINE	40 MG	IV	[Signature]	[Nurses]
21/6	5:50 AM	ENEMA PROCTOCYLIS	100 ML	PR	[Signature]	[Nurses]
21/6	7 AM	INT VALERATE BROMIDE	8 MG	IV	[Signature]	[Nurses]
21/6	7 AM	INT HYOSCINE BROMIDE	20 MG	IV	[Signature]	[Nurses]
21/6	8:40 AM	INT PANTOPRAZOLE	40 MG	IV	[Signature]	[Nurses]

Signature
VERIFIED BY: Name

Chik 20/6/26

Chik 21/6/26



I.V. FLUIDS CHART

Weight. 76.4 kg Ward. L/W

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
21/6	6:00 AM	100 OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5ml hour	<i>[Signature]</i>	<i>[Signature]</i>	21/6	<i>[Signature]</i>	<i>[Signature]</i>
21/6	07:30 AM	RINGER LACTATE	IV	900 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	21/6	<i>[Signature]</i>	<i>[Signature]</i>
21/6	8:30 AM	RINGER LACTATE	IV	100ml HR	<i>[Signature]</i>	<i>[Signature]</i>	21/6	<i>[Signature]</i>	<i>[Signature]</i>
21/6	12:20 PM	RINGER LACTATE	IV	100ml HR	<i>[Signature]</i>	<i>[Signature]</i>	21/6	<i>[Signature]</i>	<i>[Signature]</i>
21/6	<i>[Signature]</i>					<i>[Signature]</i>			

Signature
VERIFIED BY: Name