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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Name: --

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

Date of Admission : 17/6/26 Time : 10:20pm Date of Discharge : ---------------- Time: -----------

Room / Bed No : 222 Ward : Lw Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6		L/w	Room (108)	[signature]
18/6				

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6	NST @ 10:30pm — ①	R26-009734	[illegible]
18/6	NST @ 2:30Am — ②	R26-009735	[illegible]
18/6/26	CBP	V126020707	[illegible]
18/6/26	NST at 6:30AM ③	R26-009748	[illegible]
18/6/26	NST 10:30AM — ④	R26-009764	[illegible]
	Cross checked by [illegible]	18/6/26	12pm
18/6/26	NST @ 4:30PM — ⑤	R26-009796	[illegible]
	cross checked by manga	18/6/26 @ 9pm	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6.	Infusionpump	11.30Am	6:30pm	3091643	[illegible]
18/6/26	cardiac monitor	1:45pm	6:30pm	3091746	[illegible]
18/6/26	Epidural pump	2pm	6:30pm		
	cron checked by manga 18/6/26 @ 9pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV placement - ①	①	3091526	
18/6/26	PAC	①	3091748	
18/6/26	catheterization	①	3091747	
18/6/26	IV placement	①	3091813	
	CJOs checked by manger 18/6/26 @ 9PM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Evening shift		

INSURANCE COPY

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Name	Mrs UDUTHA SRUTHI	**UHID**	VIH-00191217
Father/Guardian	Mr METTU SANJAY YADAV	**Age/Gender**	25 Y 4 M 24 D/Female
Address	3-55/5/7A, Keesara, Hyderabad, Telangana, INDIA, 501301		
IP No	IP-00060388	**Admission Date**	17-06-2026
Ref Doctor	Self	**Discharge Date**	19-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: G2A1 with 37+1weeks with Hypothyroidism with corrected anaemia for Induction of labour

SPONTANEOUS VAGINAL DELIVERY DONE ON 18.6.2026

History:
LMP: 30.9.2025
Obstetric formula: G2A1
EDD: 7.7.2026
Gestation at admission: 37+1 weeks

Obstetric History:
G1 - 13WEEKS / TOP/ Fetal anomalies/ MERPC, SERPC/JUNE 2025
G2 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Mother -Hypothyroidism
Surgical History: Nil
Allergies: Nil

Name Mrs UDUTHA SRUTHI UHID VIH-00191217

Antenatal Details: Mrs UDUTHA SRUTHI was booked to Rainbow hospital at conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism at 5weeks of gestation managed with Tablet Thyronorm 12.5mcg. She had history of Dermatophytosis and molluscum contagiosum in pregnancy dermatologist review taken, managed conservatively. she was on Tab Ecosprin 150mg OD stopped at 36 weeks. She was admitted at 37+1weeks with Hypothyroidism with corrected anaemia for Induction of labour.

Investigations: Enclosed.
Blood group: B POSITIVE

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 3 doses of PGE1. Artificial rupture of membrance done at 2 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 5.45 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 5.45 Pm. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No

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extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 1000 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 18.6.2026
Time of Delivery: 5:59Pm
Type of Labour: Induced
Type of Delivery: sponatneous
Analgesia: Epidural

Baby Details:

Date: 18.6.2026
Time: 5:59Pm
Sex: female
Weight: 3.080kg
Apgar:7/10, 9/10
Gestational Age: 37+2 weeks
NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name Mrs UDUTHA SRUTHI UHID VIH-00191217

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 24.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 24.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.6.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 24.6.2026 (7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. Continue Tablet Thyroxine 12.5 mcg once daily on empty stomach till further orders .
10. Repeat TSH after 6weeks review with reports.
11. HPV vaccine after 6 weeks of delivery.

Review after 2 weeks on 1.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

Name Mrs UDUTHA SRUTHI UHID VIH-00191217

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

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

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

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,

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PatientName	: Mrs UDUTHA SRUTHI	**Inpatient No.**	: IP-00060388
Age/Gender	: 25 Y 4 M 23 D/ Female	**Admit Date**	: 17-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 222	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :17-06-2026 23:59

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**11.6**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.72**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**32.9**	**VOL%**	L	33 - 51
MCV (Calculated)	88.5	fL		80 - 100
MCH (Calculated)	31.2	pg/cells		26 - 34
MCHC (Calculated)	35.3	g/dL		32 - 36
RDW-CV (Calculated)	**13.3**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	199	10^9/L		150 - 450
MPV (Calculated)	8.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.50	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**74**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Ref. No. : F/OT/05

SURGERY DETAILS

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VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Sl.No. Date : 18/6/26

Patient Name ..... Age : 25Y Sex: F

UHID No. : 191217 IP No: 60388

Date of Surgery : 18/6/26 OT : BB-II ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal Delivery c Epidural

Time in : 6pm Time Out : 7pm

	NAME	AMOUNT
1. Surgeon	: DR. madhumita	.....
2. Anaesthetist	:	.....
3. Asst. Surgeon	:	.....
4. OT Technician	:	.....
5. Circulating Nurse	: manga	.....
6. Asst. Nurse	:	.....

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

D. Madhumita
Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 30918 26 Ordered by : .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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Patient Nam

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	—
2	Discharge Summary	3			
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	84	—	—	
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 forChemotherapy				
13	Consent for High Risk	1	—	—	
14	Consent for Restraint	1	—	—	
15	DAMA Consent				
16	Consent for Special Procedure				
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	03	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
	Drug Chart (Regular prescription)				
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 Educatlon Form				
	Braden Score	1	—	—	
	Pain Assessment	1	—	—	
	Thrombophlebelis	1	—	—	
	others	13	—	—	
	Total No. of Pages	47			

Noted by Bavanika 19/6 @11 am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060388 **Admit Date** : 17-Jun-2026 **Admit Time** : 10:20 PM **UHID** : VIH-00191217

Patient Details :

Patient Name	: Mrs UDUTHA SRUTHI	**Age**	: 25 Y 4 M 22 D
Guardian	: Mr METTU SANJAY YADAV	**DOB**	: 26-01-2001
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-55/5/7A Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 8143446508/ 9000889483
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 222 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 222 **Admission Type** : First Visit

Contact Details :

Name	: Mr METTU SANJAY YADAV	**Relationship**	: W/O
Contact Address	: 3-55/5/7A Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 8143446508 / 8790419483

Signature

Doctor Details :

Doctor Name	: Dr. MADHUMITA ANIRUDDHA GITAY	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

	Date & Time of Admission	Date & Time of Transfer Order
	17/6/26 @ 10:20pm	18/6/26 @
Treating Consultant Name	Transfer Ordered by: Dr. madhumita	Reason for Transfer: Observation
From Unit: 2/W	To Unit: Room (108)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 30	Number of Imaging Films: 5	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Saral - (1) underpad - (1) Baccirub	- (1)
2.	TAB:- Diclofenac - (10)	
3.	TAB:- PANTOP - (15)	
4.	TAB:- PARACETOMOL - (15)	
5.	Betadine. ointment - (1) Dulplalac	Syrup - (1)

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. Madhumita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. prathyusha	Dr. madhumita

Patient & Clinical Records Received by :

Epidural Catheter Removed YES / NO

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-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 17/6/26 Time of Arrival: 9:30pm Time Seen by Nurse: 9:30pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 96.2°F Pulse: 80b/w RR: 20b/w SpO_2: 96% BP: 116/76 mmHg Weight: 73kgs

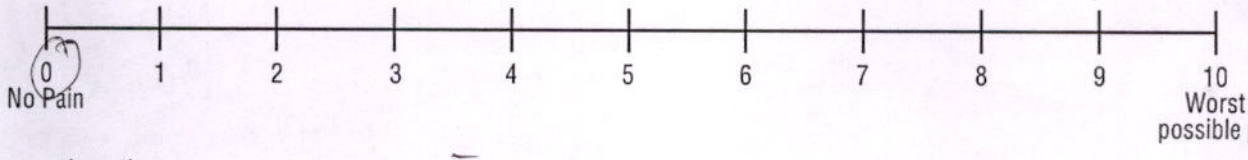
4) **Gestational Criteria:**

Gravida:	G 2	P —	L —	A 1

LMP: 30/9/25 EDD: 7/7/26 Gestational Age: 37 + 1 weeks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **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: Nil

b) Medical: Nil

IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• 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)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 10pm

Nurse Name.: pradnya Nurse Signature:

Date: 12/6/26 Time: 9:50pm

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
28-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify —

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify Nil

Chief Complaints: TOL.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. AS Lavanya

Time Notified: 10pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
- Nil -	- Nil -	- Nil -

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 30/9/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: TOL

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P — L — A —

Previous LSCS: NG

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other Mother - Hypothyroidism

Vital Signs / Measurements: Temp: 96.2°F HR: 80bpm RR: 20bpm

BP: 110/76mmHg Weight: 83kgs. Height: 161cm BMI: 31.9

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

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

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

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **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. UDUTHA SRUTHI..

Name of Person Orientation was given to: ..MRS. UDUTHA SRUTHI..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Prathyusha..

Date & Time: ..28/6/26 @10:26pm..

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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...ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 30/9/25 EDD:

Corrected EDD: 7/7/26 GA: 37+1 wk

Obstetric Formula: G2A1

married: 1yr 7month NCM

Obstetric Hostory:

G1 - 13wk / TOP / Fetal anomalies / MERPC / SERPC / June 2025

G2 - PP, SP conception

Booked to RCH since conception

Present Pregnancy Record:

started on T. Ecosprin 150mg since conception stopped at 36wk

Diagnosed c hypothyroidism at 5 weeks managed with T. thyroxine 12.5mcg

RISK FACTORS:

h/o H/O Dermatophytosis, molluscum contagiosum at 5 weeks dermat review done

corrected anemia

hypothyroidism

Height: 161 cm

Weight: 73 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (−)

Icterus: (−) Edema: (−)

Temp: afeb PR: 86bpm

BP: 110/76mmhg DTR: (+)

CVS: S1S2 (+) RS AEBE

Liver/Spleen: Urine Output:

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: ~T4

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: ______

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

140bPM

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 1cm

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G2A1 with 37+1 weeks with hypothyroidism with corrected anemia

for induction of labour

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Family History:	Surgical History:
Mother - hypothyroidism	Nil
Medical History:	**Medication History:**
Nil	

Plan of Care: cI to Dr. Madhumita

Admission
Consent
Part preparation
NST 4th hrly
send CBP

monitor vitals
follow drug chart
T. Nifedipine 25mcg
4th hrly
inform SOS

Prathyusha @ 10:40pm
17/6/26

Investigations: 'B' POSITIVE

HIV
HCV
VDRL
HBsAg
} NR

17/6/26
CBP- 11.6 | 8.50 | 1.99L

growth scan
26/5/26 AC-89 %.
34wk AFW - 2.6 kg
SLIUF
cephalic Doppler - normal
PI-AIH
AFI-11.4 cm

Fetal TIFFA
20/2/26
20w2d
NO anomalies

NT Scan
26/12/25
12w3d
NT-1.2mm
CL-30mm
FTS-low risk

Doctor Name: Dr. Ashwini
Signature:
Date & Time: 17/6/26

Consultant Name: Dr. Madhumitha
Signature:
Date & Time: 17/6/26 10 pm

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

(1)

R VIH-00191217 IP-00060388
Patient Mrs UDUTHA SRUTHI
Age : 26-01-2001 25 Y 4 M 22 D (F)
I.P. No Dr. MADHUMITA ANIRUDDHA GITAY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26 10:30pm		O/E pt c/c/c — Adv
		afai — soft diet
		afebrile — NST 4th hly
		BP - 115/60 mmhg — W/F POL
		PR - 82 bpm — monitor vitals
		S/E NAD — follow drug chart
NST reactive		P/A Ut ~ 74 — inform
		relaxed — SOS
		FHR ⊕ 140 bpm
T. miso 80 1st dose		cephalic
kept at 10:30PM		PV - Cx long ½ inch
		OS closed 1cm
		M⊕ PPUM-2
		A/ Dr. Aruna
		Noted by prathyusha @ 10:30pm
18/6/26 2:30am		O/E pt c/c/c
		afai — Adv
		afebrile — soft diet
NST reactive		BP - 116/72 mmhg — NST 4th hly
		PR - 90 bpm — W/F POL
T miso 25 mcg		S/E NAD — bladder & bowel
kept PV at		P/A Ut ~ 74 — monitor
2:30 am		cephalic FHR⊕ 150 bpm, relaxed — vitals
		PV - Cx ½ inch — follow drug
		OS 1cm — chart
noted by Priya		M⊕ PPUM-2 — inform SOS

A/ Dr Aruna

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26 @ 2:30 Am

18/6/26
6:30am

NST x active
T. misoprostol 3rd dose kept at 6:30am

Alert cooperative
afebrile
BP - 112/70mmg
PR - 85bpm
HENAD
P/A soft
ut ~ 34
irritable
FHR ⊕ 150bpm
PV - cx 1/2 inch
OS - 1cm
| m ⊕ PPV2-2

Adv
- soft diet
- NST 4th hourly
- W/F POL
- monitor vitals
- follow drug chart
- blotting ball
→ inform SOS

Dr. Ashwini

Noted by Tejas 17/6/26 at 6:30Am

18/6/26
8:30am

Not x active

Alert cooperative
afebrile
BP - 114/74mmg
PR - 86bpm
HENAD
P/A ut ~ 34.
irritable
FHR ⊕ 160bpm
cephalic
PV - cx 1/2 inch
OS 2cm
| m ⊕ PPV2-1

Adv
- soft diet
- W/F POL
- NST 4 hourly
- FHR monitoring
- monitor vitals
- follow drug chart
- inform SOS

Dr. Ashwini

Noted by Kunal 18/6/26 @ 8:50AM

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 11 AM	O/E	
	Pt is c/c/c	Adv
	Gc fair	- clear liquids
	Afebrile	- Monitor FHR continuously
	BP - ~~BR~~ 110/70 mmHg	- Enema
	PR - 86 bpm	- NST 4th hrly
	P/A - Ut ~ TG	- W/F POL
ARM done clear MO. Liquor	Ⓒ Irritable	- Monitor vitals
	FHR - 142 bpm	- Follow drug chart
	S/E - NAD	- Ambulation
	P/V - Cx - ½ inch long	- Birthing ball exercises
	OS - 2cm	- Inform SOS
	PPUx 1-21	- Inj oxytocin 5 units in 5ml/HR
	MO clear.	
	noted by manga 18/6/26 @ 11 AM	Dr Yogeshwari
18/6/26 1:20 PM	C/S/B Dr Madhumita Mam.	
	O/E Pt i/s c/c/c	
	Vitals stable	
	P/A - Ut ~ TG, Irritable, FHR ⊕ 146 bpm.	Adv
	V/E - Cx: 80% effaced	- Clear liquids
	OS - 2cm	- FHR continuous
	PPV x 1-2-1	- NST 4th hrly
	MO, Liq Ⓒ	- W/F POL
	Dr. Madhumita	- Monitor vitals
		- Follow drug chart
		- Inform SOS
	Noted by [illegible] @ 1:20 pm	Dr Yogeshwari

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 3:40 PM	O/E Pt is c/c/c	
	gc- fair	Adv
	BP- 118/78 mmHg	- clear liquids
	PR- 100 bpm	- FHR continuous
↓ Epidural.	S/E- NAD	- NST 4th hrly
	P/A- Ut NTG	- W/F POL
	Initiate	- Monitor vitals
	cephalic	- Follow drug chart
	FHR (+) 150 bpm	- Inform SOS.
	V/E- Cx: 60% effaced	
	OS: 3-4cm	
	PPV x 1-2	
	M (+), Liq (+)	
	Noted by [illegible] @ 3:40 pm	Dr [illegible]
18/6/26 5:40 PM	O/E pt is c/c/c	Adv
	gc fair	- clear liquids
	Afebrile	- FHR continuous
	BP- 110/72 mmHg	- NST 4th hrly
↓ epidural	PR- 86 bpm	- W/F POL
	S/E - NAD	- Monitor vitals
	P/A - Ut - TG	- Follow drug chart
	3C/30sec/10min	- Adequate hydration
	cephalic FHR (+) 140 bpm	- Inform SOS
	P/V - Cx fully effaced	
	OS - fully dilated	
	PPV x 1+1)	
	M (+) clear liquor	Dr yogeshwaran
	Noted by [illegible] @ 5:40 pm	

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6:30PM	Delivery Notes	
		Dr. Madhumita
		Dr. Greeshma | Dr yogeshwari
		Sis Manga.
		sis kamala.
	under strict aseptic conditions, perineum painted and draped. At the time of crowning, at peak of contraction right Mediolateral episiotomy given under 2% lignocaine	
	A Female Baby of weight 3.80 kg of APGAR 7/10 9/10 at 5.59 PM. on 18/6/2026 Baby cried immediately cord clamped and cut. Baby handed over to pediatrician	
	placenta and membranes expelled. Episiotomy sutured in layers, No perineal tears or extensions Noted. Hemostasis secured PR done NAD	

Female	18/6/2026
3.80kg	5:59PM
	7/10 9/10

Dr. Madhumita

Dr yogeshwari.

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6:30pm	PND-0	
	O/E	Adv
P1L1	Pt is c/c/c	- Soft diet
hypothy	G/C fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
U-NP	BP - 114/72mmHg	- Follow drug chart
M-NP	PR - 86bpm	- Rest
Remove foleys	S/E - NAD	- Adequate hydration
	P/A - UtWR	- Follow drug chart
	soft	- Inform SOS
	L/E - NAB	
	Baby < A / MS, BF (+)	
	Noted by manga @ 6:30 pm	Dr yogeshwari
18/6/26 10PM	PND-0	
	O/E - G/fair, afeb	Rx
	P - 84/min	N diet
P1L1	BP - 110/70 mmHg	. Ambulation
	S/E - NAD	
hypothy	P/A - ut-WR	. Follow drug chart
	soft NT	. Monitor vitals
U-P	L/E - No active	. Inform sos
M-NP	bleeding	
shift to room	Baby - W & BF	Dr. Madhumita
	Noted by prathyusha @ 10pm	

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	PND-1	
8:30 AM	O/E	
	Pt is c/c/c	Adv
P,L	GC-fair	- Normal diet
	Afebrile	- W/F bleeding PV
Hypothy,	BP- 100/70 mm Hg	- monitor vitals
	PR- 80/min	- Follow drug chart
V-P	S/E - NAD.	- Adequate hydration
M-NP	P/A - Ut - WR	- Ambulation
	soft	- Inform SOS
Pt can be discharged	LE NAB	
	Baby= A/H, BF (+).	
		Dr. Madhumita
		Noted by Benonika 19/6 @10 am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Vdutha Sruthi Age: 25y Sex: F UHID.No : VIH-191217

Date: 18/6/25 Time: 1132pm Proposed Operation: Epidueal for labor analgesia

Diagnosis: G2A1 37th wks

B.P / CRT: 110/76 mmHg. H.R: 86bpm Weight: 73kgs ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.6 g%	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 8500 cells	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.99 lakhs	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS :

RESP : Gestational hypothyroidism Diabetes : —

CNS : on Tab. Thyroxine 12.5mcg OD.

Renal :

Hepatic / GE : Physical Activity: Moderate

Others :

Past Anaesthetic History: TOP — SEEPC done in June 2025.

Physical Exam:

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

Lungs : B/L AE (+) clear

Heart: S1S2 (+)

CNS: NAD.

Pregnant: ☑Yes ☐ No ☐ NA | Venous Access Site : (+) Spine Exam for regional : Midline

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: B de Name: Dr. Brunda

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No	Fasting Status:	
Physical Status:	☐ Patient Identified	☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....
Signature of the Doctor : .....

Patient Sticker

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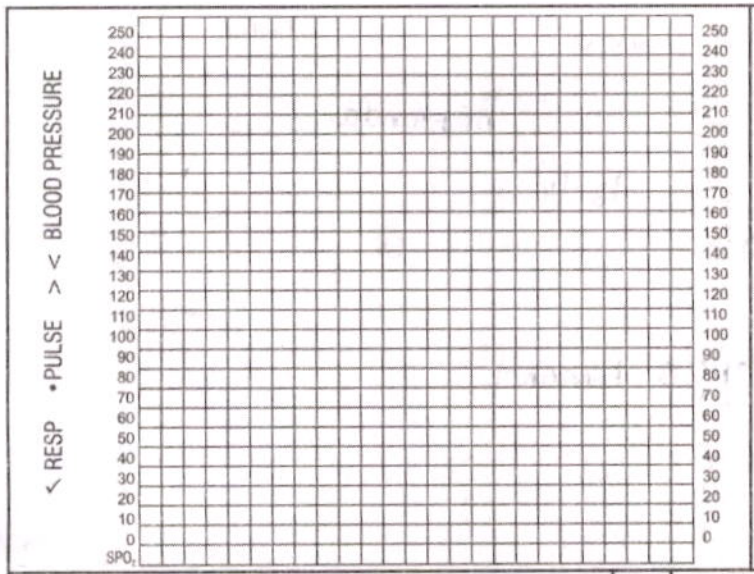
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No
IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 18/6/26 Time: 1:45pm Procedure done by Dr. Brinda

CSE /Spinal /Epidural Position : Sitting. Space : L3-L4 Technique (LOR/LOS)

Depth: 4cm Catheter at Skin: 9cm Attempts : 01

Parasthesia : Yes/No If yes details :

Solution Composition : 0.1% Bupivacaine + 2µg/cc Fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
1:45pm	–	1% LOX + ADR 10cc	–	–	132/88	108	–	–
2:10pm	6ml/hr of prepared solution	–	T8	T8	101/71	92	152	pt comfortable.

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

Catheter Removed by and Tip Inspected : Tip Intact

Patient Satisfaction : Good

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: Dr. Uma Bindu

Date and Time :

Epidural Catheter Removed
YES / NO

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : MRS. UDUTHA SRUTHI UHID No : - VJN-191217

Gender: ☐ Male ☑ Female Date : - 17/6/26 Time : -

I hereby authorized the performance of the following procedure:

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

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. MADHUMITA.

Consentee :

Signature : U. Sruthi

Name : Mrs. Sruthi

Date & Time : 17/6/26 10PM

Patient Attendant :

Signature : [signature]

Name : M. Sanjay yadav

Relationship with Patient: Husband

Date & Time : 17/6/26 10PM

Witness :

Signature : [signature]

Name : Dhanalakshmi

Date & Time : 17/6/26 10 Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Ashwini

Date & Time : 17/6/26 10PM

Docu. No. : RCHBH /FRM / CLINICAL / 028

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

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

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

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

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs. Vdutha Southi Gender: ☐ Male ☐ Female

UHID No : VH-001912217 Department : Anesthesiology Date : 18/6/26

I Mrs. Vdutha Southi S / D / W / O

Here by give consent for procedure of : Epidueral for labor analgesia

For my patient, Named : Mrs. Vdutha Southi

The doctors have clearly explained to me that the procedure has following possible complications:

Hemodynamic Instability, unilateral & patchy block, need for Re-Sitation, accidental dural puncture, PDPH, Itching, shivering, Bleeding

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV Opioids, Entonox

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Brunda

Patient Attendant :

Signature : V. Southi

Name : V. Southi

Relationship with Patient: Self

Date & Time : 18/6/26, 1:32pm

Witness :

Signature : M.

Name : M. Sanjay

(Husband)

Date & Time : 18/6/26, 1:32pm

Doctor (who is taking the consent) :

Signature : B

Name : Dr. Brunda

Date & Time : 18/6/26, 1:32pm

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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Induction of Labor Consent

Name: MRS. UDUTHA SRUTHI
Date of Birth: 26/1/2001
ANC No: 10307

Consulatant: DR. MADHUMITA
Registration Number:

You are scheduled for an induction of labor on 17/6/26 (date) at 37+1 (weeks of gestation).

The reason for your induction is TERM GESTATION

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

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

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

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

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

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

U. Sruthi — 17/6/26

Parents Signature — Date

M. [signature] — 17/6/26

Husband's Signature — Date

Dr Aslam — 17/6/26

Doctor's Signature — Date

NAME: EDD: GESTATION: INDICATION OF IOL:						SCORE	0	1	2
						STATION IN RELATION TO THE SPINES	-3	-2	-1
						DILTATION OF THE CEVIX CONSISTENCY	0CM	1-2CM	3-4CM
						LENGTH OF CERVIX	3CM	2CM	1CM
						CONSISTENCY	FIRM	MEDIUM	SOFT
						POSITION	POSTERIOR	MILD POSITION	ANTERIOR
DATE & TIME	VAGINAL EXAM	BISHOP SCORE	CTG	PGE1/E2 DOSE	PGE1/E2 NUMBER	OXYTOCIN	A.R.M	REMARKS	SIGNATURE & NAME

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
28-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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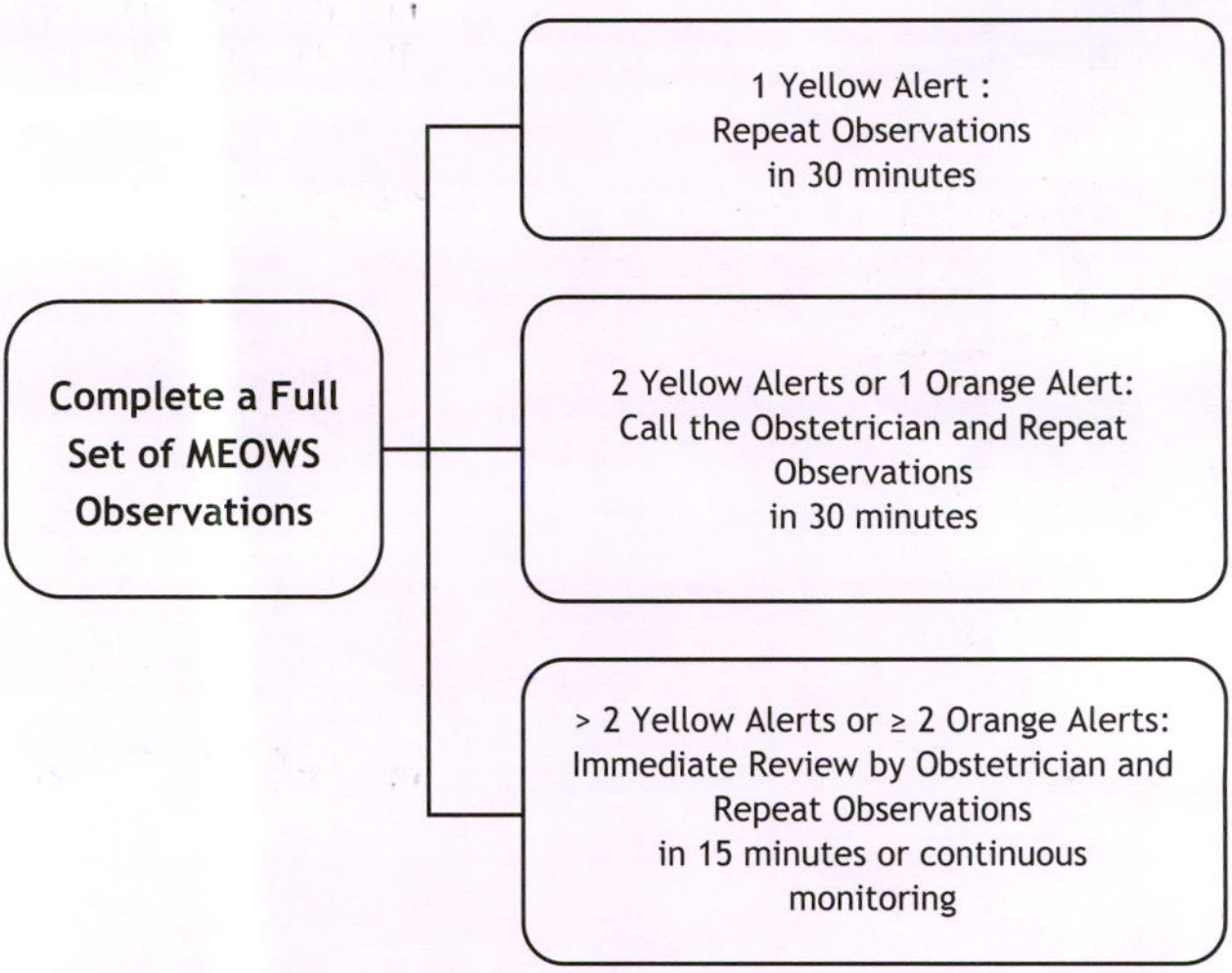
Early warning Observation Score Chart - Obstetrics

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

17/6/24	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														37		37		37		37		37		37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70														85		89		88		82		86		89
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																	129	128		121				
	120														112		115						116		115
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80														81		82							82	82
	70																			79	78				
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert														✓		✓		✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30														✓										
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal														nl		nl		nl		nl		nl		nl
	Heavy / Foul																								
Liquor	Clear / Pink														✓		✓		✓		✓		✓		✓
	Green																								
TOTAL YELLOW SCORES															0		0		0		0		0		0
TOTAL ORANGE SCORES															0		1		0		0		0		0
Nurse Initial															P		P		P		P		P		P

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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Early Warning Observation Score Chart - Obstetrics

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

18/6/26	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		18		19			18			19			20
	0 - 10																								
Saturations	94 - 100 %	99		99		98		99		95		95		96		95			99			96			97
	< 94 %																								
Administered O2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37°		36.6		37.5		37.6		36.4		37.3		37		36			37			37			37.6
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
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	130	129																							
	120																								
	110			114		109		112		115				101		108			110			102			112
	100																								
	90																								
	80																								
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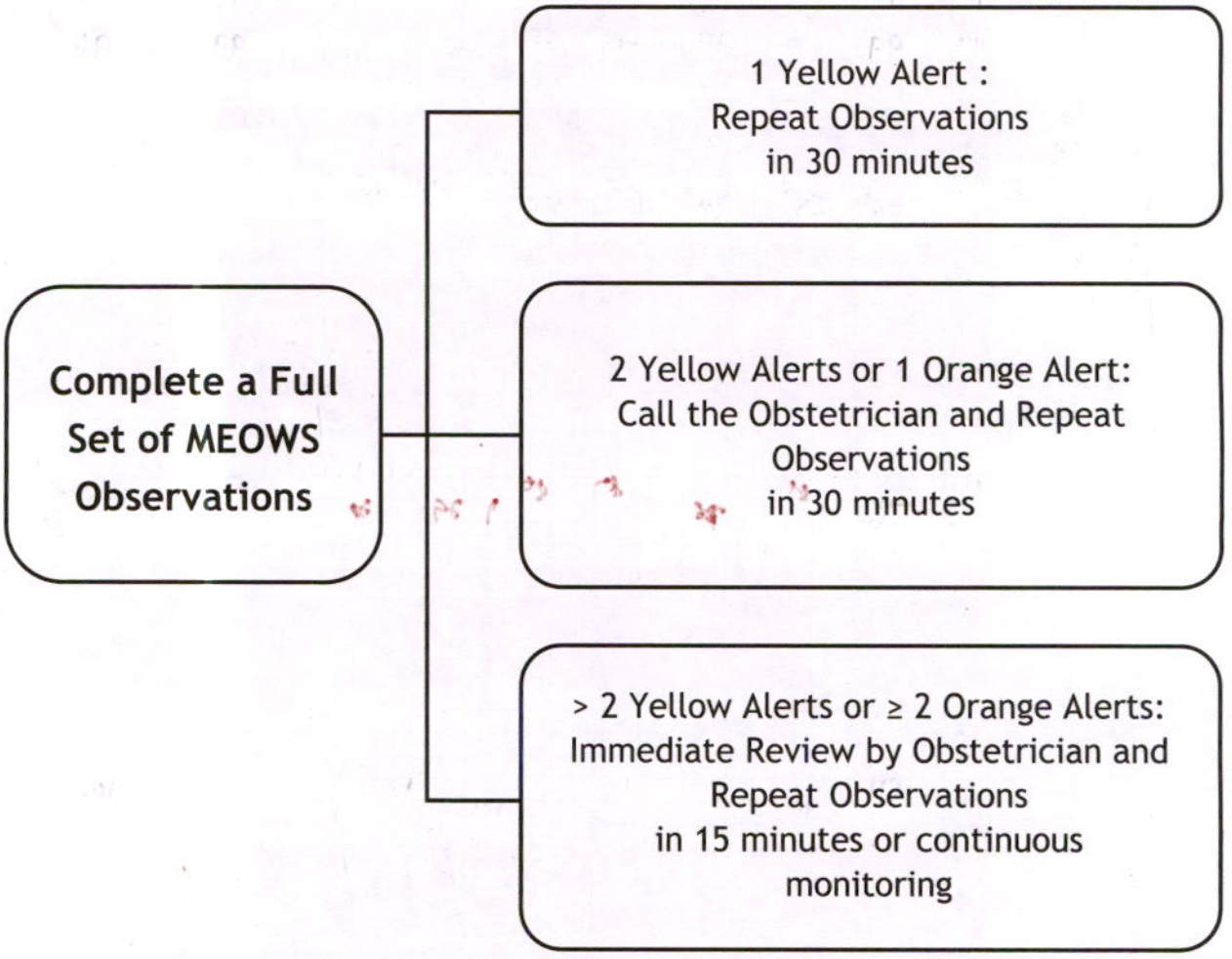
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	86																							
	70			71				70						75					70			81			
	60					62						72				60									61
	50																								
	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
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		1		0		0		0			1			0			0
TOTAL ORANGE SCORES		0		0		0		0		0		0		0		0			0			0			0
Nurse Initial																			SK			SK			SK

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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ning 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
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Saturations	94 - 100 %			98																						
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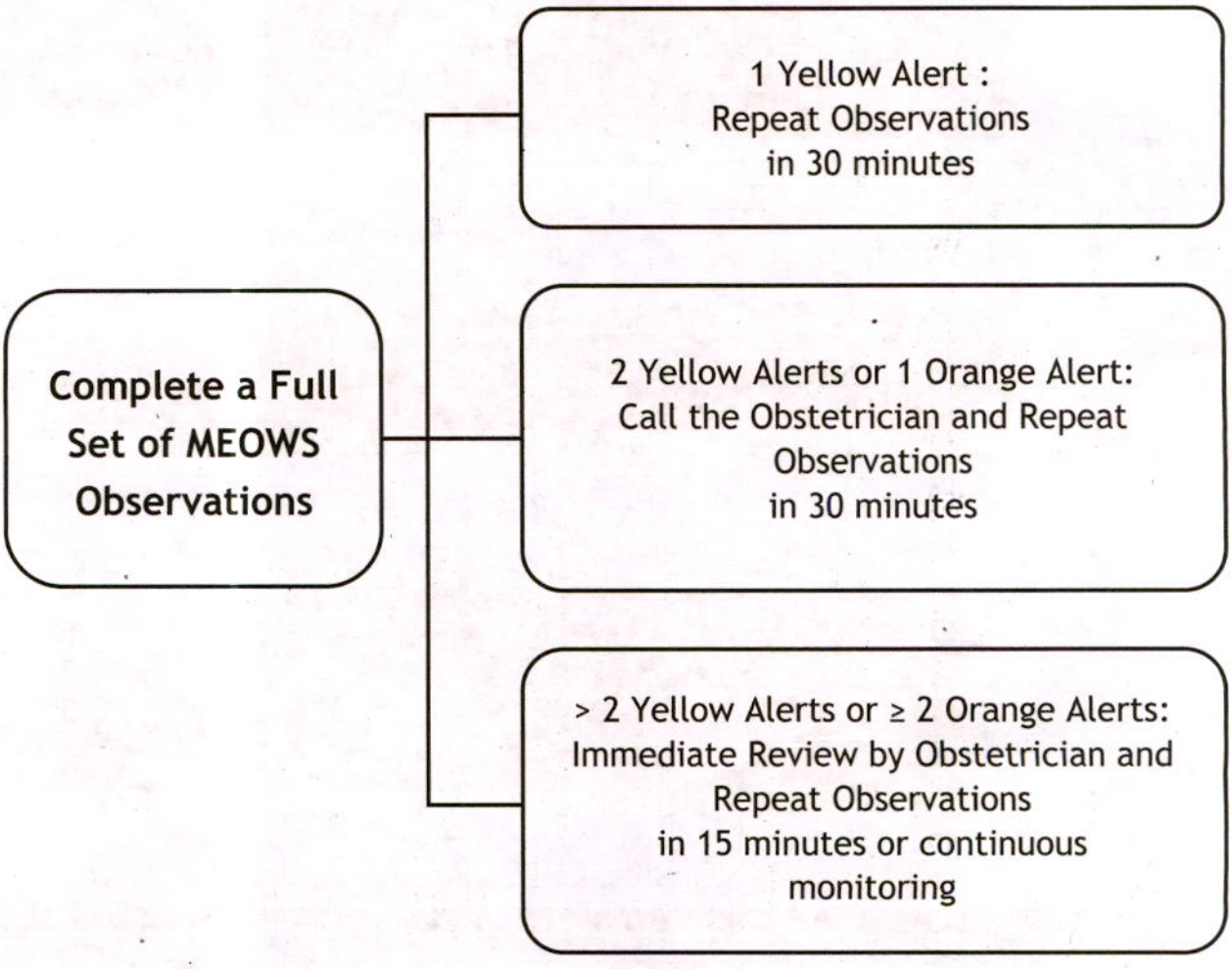
	140																									
	130																									
	120			100																						
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			72																						
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓																							
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓																							
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓																							
	Heavy / Foul																									
Liquor	Clear / Pink		✓																							
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				AA																						

Noted by Sruthi 19/6 @10.00AM

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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FLUID CHART

Sheet No. : 01

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am					~						
	11:00 am				NIL							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm					~						
	05:00 pm			NIL								
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
17/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	H20	100ml									
	11:00 pm	H20	100ml									
	12:00 am	H20	100ml							✓		
	01:00 am	H20	100ml									Tejas 18/6/26 at 11:00 AM
Total Intake :			400ml			**Total Output :**				Passed		
18/6/26	02:00 am	H20	100ml									
	03:00 am	H20 + 50										
	04:00 am	H20	50ml							✓		
	05:00 am	H20 + 50ml										
	06:00 am	H20	100ml									
	07:00 am	H20 + 50ml								✓		Tejas 18/6/26 at 7:00 AM
Total Intake :			650ml			**Total Output :**				Passed		

Total 24 hrs. Intake	650ml	Total 24 hrs. Output	Passed

VIH-00191217
Mrs UDUTHA SRUTHI
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Dr. MADHUMITA ANIRUDDHA GITAY

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/6/26	08:00 am	H_2O + 100ml								✓	0	
	09:00 am	H_2O 100ml									0	
	10:00 am	H_2O 100ml								✓	0	
	11:00 am	H_2O + 50ml									0	
	12:00 pm	H_2O + 50ml									0	
	01:00 pm	H_2O + 50 ml									0	
Total Intake :		450ml.				**Total Output :**						
18/6/26	02:00 pm	H_2O 100ml								✓	1	
	03:00 pm	H_2O 100 ml									1	
	04:00 pm	H_2O 100ml									-	
	05:00 pm	H_2O 100ml								✓	-	
	06:00 pm	H_2O 50ml									-	
	07:00 pm	H_2O 50 ml									-	
Total Intake :		500ml				**Total Output :**				Nurse		
	08:00 pm	H_2O 100ml									2	
	09:00 pm	H_2O 50ml								✓	1	
	10:00 pm	H_2O 100ml									1	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
19/6	02:00 am		water									
	03:00 am											
	04:00 am		water									
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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FLUID CHART

Sheet No. : 3

19/6/26

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.

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

Beruika 19/6 @11am

Noted by Beruika 19/6 @11am

Total 24 hrs. Intake		Total 24 hrs. Output	

ate	TIME	FHR	Contraction
7/6/26	10:30PM	149b/mt	
	11:00PM	144 b/mt	
	11:30PM	146 b/mt	
8/6/26	12:00AM	140b/mt	nil
	12:30AM	142b/mt	
	1:00AM	144b/mt	
	1:30AM	146b/mt	
	2:00AM	149b/mt	nil
	2:30AM	146b/mt	
	3:00AM	140b/mt	
	3:30AM	142b/mt	
	4:00AM	144b/mt	
	4:30AM	146b/mt	
	5:00AM	149b/mt	
	5:30AM	147b/mt	
	6:00AM	142b/mt	nil
	6:30AM	140b/mt	
	7:00AM	149b/mt	
	7:30AM	147b/mt	
	8:00AM	140b/mt	
	8:30AM	149b/mt	
	9AM	150b/mt	
	9:30AM	141b/mt	
	10AM	151b/mt	
	10:30AM	141b/mt	
	11AM	143b/mt	
	11:30AM	142b/mt	
	12pm	145b/mt	

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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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&D Shifted to: .....

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	TIRON	1TAB	PO	OD	17/6	☐C ☐DC
2	T CALCIUM	500MG	PO	OD	17/6	☐C ☐DC
3	T. FOLIC ACID	MG	PO	OD	17/6	☐C ☐DC
4	T. THYROXINE	12.5MCG	PO	OD	17/6	☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashini

Date & Time : 17/6/26 10PM

Nurse Name & Signature: Prathyusha

Date & Time : 17/6/26 @10pm

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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Your Right to a Safe Delivery

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: N/W Shifted to: Room (108)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CEFIXIME	200MG	PO	12th HRLY		☑C ☐DC
2	TAB-THYROXINE	12.5 mcg	PO	ONCE DAILY		☑C ☐DC
3	TAB. PANTOPRAZOLE	40MG	PO	ONCE DAILY		☑C ☐DC
4	TAB. PARACETAMOL	1Gm	PO	8th HRLY		☑C ☐DC
5	TAB. DICLOFENAC	50MG	PO	8th HRLY		☑C ☐DC
6	SYP. LACTULOSE	15ML	PO	ONCE DAILY		☑C ☐DC
7	BETADINE LOTION/ OINTMENT		LA	12th BD HRLY		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : @ DR. MADHUMITA

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

Nurse Name & Signature: prathyusha

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

Epidural Catheter Removed YES / NO

Dr. M. Aruna Bindu

Docu. No. : RCH /FRM / GENERAL / 090

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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DRUG CHART

Date of Admission: 17/6/26 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 / 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 ....

Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

REGULAR PRESCRIPTIONS

Weight. 73kgs Ward. Uro

				Date / Time		
DRUG : TAB THYROXINE					17/6	18/6
Dose	Route	Frequency	Start Date	6 AM		
12.5MCG	PO	ONCE DAILY	17/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr farmaz						
Additional Instructions: ON EMPTY STOMACH.						
Daily Doctor's Endorsement by a Sign						

17/6/26 Chk

				Date / Time		
DRUG : T. CEFIXIME					18/6/26	
Dose	Route	Frequency	Start Date	11AM		
200MG	PO	12TH HOURLY	18/6/26			
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				11PM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Stand 18/6/26 at 10p

				Date / Time		
DRUG : T. PARACETAMOL					18/6/26	19/6
Dose	Route	Frequency	Start Date	7AM		
1GM	PO	8TH HOURLY	18/6/26			
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				3PM		
Additional Instructions:				11PM		
Daily Doctor's Endorsement by a Sign						

Stand 18/6/26 at 10PM

				Date / Time		
DRUG : T. DICLOFENAC					18/6/26	19/6
Dose	Route	Frequency	Start Date	6AM		
50MG	PO	8TH HOURLY	18/6/26			
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				2PM		
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

Stand 18/6/26 at 10p

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 73kgs Ward. 4a

DRUG : BETADINE OINTMENT

Route LOCAL APPLICATION | Start Date 18/6/2026

Name & Signature of the Doctor DR. YOGESHWARI

Additional Instructions:

Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE

DRUG : BETADINE LOTION

Route LOCAL APPLICATION | Start Date 18/6/2026

Name & Signature of the Doctor DR. YOGESHWARI

Additional Instructions:

Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	10:30PM	T. MISOPROSTOL	25MCG	PV		
18/6/26	2:30AM	T MISOPROSTOL	25MCG	PV		
18/6	6:30AM	T. MISOPROSTOL	25MCG	PV		
18/6	11:46 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
18/6/26	11:25 AM	PROCTOCLYSIS ENEMA	100ML	PR		
18/6/26	1:40PM	INJ DROTAVERIN	40MG	IV		
18/6/26	2:10 PM	INJ. VALETHAMATE BROMIDE	8MG	IV		
18/6/26	2:40PM	INJ. DROTAVERINE	40MG	IV		
18/6/26	3:10PM	INJ. VALETHAMATE BROMIDE.	8MG	IV		

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
28-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

I.V. FLUIDS CHART

Weight. 73 kgs Ward. Labour

		Composition of I.V. Fluid (Infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/6	2:30am	RINGER LACTATE	IV	FF	AJ		18/6	JP	
18/6/26	11.30 AM.	INJ OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5ML/HR	JP		18/6		
18/6/26	6PM	INJ OXYTOCIN 15 UNITS IN RINGER LACTATE	IV	FF	JP		18/6		

Signature .....

VERIFIED BY : Name .....

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VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Nam	...THI	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	18/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 18/6/26 6AM

18/6/26 at 10 AM

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	AT BED TIME	18/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

STOP 18/6/26 DR YOGESHWARI

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	ONCE DAILY	18/6/26

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

Additional Instructions: AT BED TIME

Daily Doctor's Endorsement by a Sign.

Date / Time: 18/6/26 10PM

18/6/26 at 10 AM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

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-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 23 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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STAT / ONCE ONLY DRUGS

Name: MRS UDUTHA SRUTHI Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
18/6/26	5:40PM	INJ. PANTOPRAZOLE	40MG	IV			
18/6/26	4:10PM	INJ. VALETHAMATE BROMIDE	8MG	IV			
18/6/26	6:15PM	SUPPOSITORY DICLOFENAC	100MG	PR			
18/6/26	6 PM	INJ OXYTOCIN	10UNITS	IM			
18/6/26	6:10PM	INJ METHERGENE		IM			
18/6/26	6:15PM	T. MISOPROSTOL	1000MCG	PR			

18/6/26 at 9PM

VIH-00191217 IP-00060388
Mrs UDUTHA SRUTHI
26-01-2001 25 Y 4 M 22 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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RESULT SHEET

Date	17/6/26					
Time	at :- 11:59PM					
Hb	11.6					
PCV	32.9					
RBC	3.72					
WBC	8.50					
N/L						
Platelets	199					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....