

1

**ACTIVITY** IH-00197047 IP-00060295 3

Name: Mrs N DEEPIKA 25 Y 9 M 4 D (F)  
Jr. BHAVANA K



UHID No : -

----- Consultant : ----- Dept : -----

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

Room / Bed No : 220 Ward : 4W Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/6/26	2:30 AM	LIW	OT	[Signature]
11/6/26	3:50 AM	OT	MICU	[Signature]
11/6/26	9:25 AM	MICU	(218) room	[Signature]

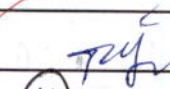


**Cross Consultation Visit**

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





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	IV Placement	1	3088724	
11/6/26	PAC	1	3088089	
11/6/26	Catheterization	1	3088982	
rows checked by mangya 11/6/26 @ 7AM				

**ANY OTHER INFORMATION**

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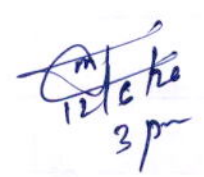
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Date: 12/6/26

Time: 3 pm

Prepared By: 

<p>Staff Nurse</p> <p></p>	<p>Shift / Ward</p> <p> 12/6/26 3 pm</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Name	Mrs N DEEPIKA	UHID	VIH-00197047
Father/Guardian	Mr K BHASKAR REDDY	Age/Gender	25 Y 9 M 5 D/Female
Address	POLLYPAHAD, M THURKAPALLY, YADADRI, BHONGIR, Bhongir, Nalgonda, Telangana, INDIA, 508116		
IP No	IP-00060295	Admission Date	10-06-2026
Ref Doctor	SELF	Discharge Date	12-06-2026

## DISCHARGE SUMMARY

**Consultants:** Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** G4A3 with 37+1 weeks with APLA Positive with Low Body Mass Index with ? Allergic bronchitis for Induction of labour.

**EMERGENCY LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANESTHESIA ON 11.06.2026**

### **History:**

LMP: 23/9/2025

Obstetric formula: G4A3

EDD: 30/6/2026

Gestation at admission: 37+1weeks

### Obstetric History:

G1 - 11weeks/ Missed miscarriage/SERPC/Konak hospital

G2- 6weeks/Spontaneous miscarriage/March2025

G3- 6weeks/Spontaneous miscarriage/June2025/?Rubella positive

G4 - Present pregnancy ,Spontaneous conception.

Medical History: ? Allergic Bronchitis

Family History: Nil

Surgical History: SERPC in oct 2024

Name	Mrs N DEEPIKA	UHID	VIH-00197047
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Allergies: Nil

**Antenatal Details:** Mrs N DEEPIKA was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. She was on Tab. Ecosprin 150mg OD and Inj. Clexane 20mg SC since 5 weeks and stopped at 36+4weeks. She had h/o PV spotting at 5+4 weeks and managed conservatively. She had h/o fever at 8+3 weeks and widal positive, physician review was done , managed conservatively. She had h/o pain in abdomen at 7+1 week and managed conservatively. She was admitted at 37+1 weeks with APLA Positive with Low Body Mass Index with ? Allergic bronchitis 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 long and 1 finger tight dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Spontaneous rupture of membrane occurred at 1 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. There was drop in fetal heart rate. Patient and attenders were explained about drop in fetal heart rate and risk of fetal distress and risk of continuing with vaginal delivery and need for emergency lower segment cesarean section and they opted to emergency LSCS.

She was decided for emergency C-section in view drop in fetal heart rate and fetal distress, 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

Name	Mrs N DEEPIKA	UHID	VH-00197047
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Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

**Surgery Notes:** Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus clear Liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 11/6/2026

Time of Delivery: 2:54:14 AM

Type of Delivery: Emergency LSCS

Indication: Drop in fetal heart rate and fetal distress

Analgesia: Spinal

**Baby Details:**

Date: 11/6/2026

Time: 2:54:14 AM

Sex: Male

Weight: 2.749kg

Apgar: 8/10, 9/10

Gestational Age: 37+2 weeks

NICU Admission: Yes i/v/o Fetal distress

Name	Mrs N DEEPIKA	UHID	VIH-00197047
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**Post-Operative Notes:** Post Operative Period:

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

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 17/6/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 17/6/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 17/6/2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 17/6/2026 (7am) before food.
5. Inj. Clexane 40mg once daily subcutaneously till 13/6/2026.
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. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 16/6/2026 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](http://www.rainbowhospitals.in)**

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

For Women Who Have Had a Cesarean Section

**Care of the wound:**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by 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. BHAVANA K**

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),  
 CONSULTANT GYNECOLOGIST  
 & OBSTETRICIAN  
 54774

VIH-00197047 IP-00060295  
Mrs N DEEPIKA  
08-09-2000 25 Y 9 M 4 D (F)  
Dr. BHAVANA K



### SURGERY DETAILS

Date : 11/06/26

Patient Name: Mrs. N. Deepika Date of Birth: 6/09/2000 Age: 25

Gender: F Ward: OT UHID No.: 197047

Date of Surgery: 11/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency LSCS & SA

Time in : 2:45 AM Time Out : 3:45 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K.	OT charges
2. Anaesthetist	Dr. Suresh Kumar	
3. Assistant Surgeon	Dr. Abhinav	
4. OT Technician	Dr. Vaishnavi	
5. Circulating Nurse	Sr. Rakesh Sr. Jyoti/Sruvanitha	
6. Assistant Nurse	Sr. Ruby P.	

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

Signature of the Surgeon: Dr. Abhinav

Signature of Circulating Nurse: Rakesh

Order No: 3089045/3089046

Order by: [Signature]



Em. LSCS



# CONSUMABLES OF OT

(1)

Patient  
Gende  
Date :

VIH-00197047 IP-00060295 ... Age : .....  
 Mrs N DEEPIKA 08-08-2000 25 Y 9 M 5 D (F.....  
 Dr. BHAVANA K  
 11/06/20

Circulating Staff : Jiothi Technician : Vaishnavi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS set	1		Inj. Vit. K		1
LMA			Sutures 2366	1	1	Cord Clamp		1
ECG leads : A/P/N		3	2364		4	Suction Catheter		
HME filter : A/P/N			1326		1	Feeding Tube		
Syringe 10 cc						Vaccum Suction Set		
05 cc		3	Gloves SG 26/6 1/2	7	7	Surgical Gloves 6, 6 1/2		1
02 cc		3	Encore 6		2	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil			cap + mask		1
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			protogown		2
Ribgel		1	Ointments			Latex gloves		4
Euatocin		4	Suction Catheter			Oxygen Nasal		1
Fentanyl			Cap. Mask	10	10			
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad Stebizonerpad		2			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel Allesorb		1			
Ondansetron			Foleys Catheter					
Penican 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) Anawin		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
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 AIP		4			
Tab. Misoprost : 200 mg		5	Betadine Solution		1			
PF (6)		1	Microshield		1			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon: DR. Bhavana Anaesthesiologist: AR. Sunidhara Nurse: SR. Ruby P. OT Technician: Vaishnavi  
 Order No.: 3089068 Ordered by: [Signature]

# 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-00060295	Ward	N 2F-MICU
Patient Name	Mrs N DEEPIKA	Bed Name	MICU 227
Age/Sex	25 Y 9 M 5 D / Female	Order No	0003089048
Date	11/06/2026 08:37	Prescription No	PRIP-1290733
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	11/06/2026 08:38
UHID	VIH-00197047		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
5	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	3	28.13	84.39
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	3	128.00	384.00
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091670	11/27	4	18.90	75.60
11	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
15	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
16	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	1	997.00	997.00
17	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
18	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
19	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
20	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
21	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	1	566.05	566.05
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
25	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
26	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	2	805.00	1,610.00
27	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
29	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00
30	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
31	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00

**RAINBOW CHILDREN'S MEDICARE LIMITED**

**Rainbow Children's Hospital - Secunderabad**



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Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	11/06/2026 08:38
UHID	VIH-00197047		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
5	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	4	120.00	480.00
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9	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	3	128.00	384.00
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091670	11/27	4	18.90	75.60
11	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	1	123.00	123.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
15	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
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24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
25	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
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27	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
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**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

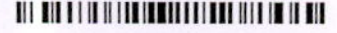
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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP-00060310	Ward	N 2F-NICU I
Patient Name	Baby B/O N DEEPIKA	Bed Name	NICU 247
Age/Sex	0 Y 0 M 0 D 15 H / Male	Order No	0003089056
Date	11/06/2026 08:49	Prescription No	PRIP-1290740
Payor	SELPAY	Dispensed Date	11/06/2026 08:50
UHID	VIH-00205803		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	2	10.00	20.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
8	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
9	SURGEONS CAP	Mediblu	GENERAL	VI03062026	12/30	2	10.00	20.00
10	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
<b>Total :</b>							<b>779.85</b>	<b>1,320.14</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

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

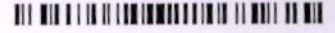
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,  
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

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-00060295	Ward	N 2F-MICU
Patient Name	Mrs N DEEPIKA	Bed Name	MICU 227
Age/Sex	25 Y 9 M 5 D / Female	Order No	0003089048
Date	11/06/2026 08:37	Prescription No	PRIP-1290733
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	11/06/2026 08:38
UHID	VIH-00197047		

Total :	10,598.78	13,837.93
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**

**Registration Details :**



**Admission No** : IP-00060295

**Admit Date** : 10-Jun-2026

**Admit Time** : 10:20 AM **UHID** : VIH-00197047

**Patient Details :**

**Patient Name** : Mrs N DEEPIKA

**Age** : 25 Y 9 M 4 D

**Guardian** : Mr K BHASKAR REDDY

**DOB** : 06-09-2000

**Gender** : Female

**Religion** :

**Occupation** :

**Martial Status** :

**Address (H)** : POLLYPAHAD, M THURKAPALLY, YADADRI, BHONGIR Bhongir Nalgonda Telangana INDIA 508116

**Phone No** : 9347638859/ 9640068062

**E-mail** : na@gmailcom

**Admission Details :**

**Bed Type** : MICU

**Bed No** : LW 220

**Ward Name** : N 2F-LABOUR WARD

**Room No** : LW 220

**Admission Type** : First Visit

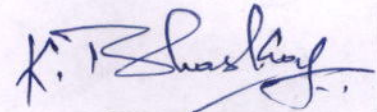
**Contact Details :**

**Name** : Mr K BHASKAR REDDY

**Relationship** : W/O

**Contact Address** : POLLYPAHAD, M THURKAPALLY, YADADRI, BHONGIR Bhongir Nalgonda Telangana INDIA 508116

**Phone No** : 9347638859



Signature

**Doctor Details :**

**Doctor Name** : Dr. BHAVANA K

**Specialisation** : OBSTETRICS AND GYNECOLOGY

**Referral Doctor** : SELF

**Phone No** :

**Co-Consultant** :

**Payment Details :**

**Deposit Amount** : 0.00


**Payment Mode** : Cash

**Payor Name** : ICICI LOMBARD GENERAL INSURANCE CO LTD

1

# PATIENT TRANSFER FORM



IH-00197047      IP-00060295 Mrs N DEEPIKA 6-09-2000      25 Y 9 M 4 D      (F) Dr. BHAVANA K 		Date & Time of Admission 10/6/26 @ 10:20 AM	Date & Time of Transfer Order 10/6/26 at 2:30 PM
Working Consultant Name		Transfer Ordered by Dr. Yogeshwari	Reason for Transfer Em. LSCS
From Unit 210	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 24	Number of Imaging Films 4	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Yogeshwari			
Name & Signature of Person who is Transferring Sr. Pooja		Name of Person Ordered Transfer Dr. Yogeshwari	
Patient & Clinical Records Received by : Vanitha			
Date & Time of Patient Received : 11/6/26    2:30 PM			


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

Unavailable Bed

Nurse not Available

Available Bed not ready


# PATIENT TRANSFER FORM

VIH-00197047 IP-00060295 Mrs N DEEPIKA 08-09-2000 25 Y 9 M 4 D (F) Dr. BHAVANA K 		Date & Time of Admission 10/6/26 @ 10:20AM	Date & Time of Transfer Order 11/6/26 @ 3:50AM
Transfer ordered by Dr. Bhavana K.		Transfer ordered by Dr. Sunil Chauhan	Reason for Transfer postoperative care.
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films NST-(4)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Ashwini			
Name & Signature of Person who is Transferring Sr. Ruby P		Name of Person Ordered Transfer Dr. Sunil Chauhan	
Patient & Clinical records received by : Peeta 11/6/26 11:00AM			
Date & Time of Patient Received:			

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

- Unavailable bed     
  Nurse not available     
  Available bed not ready

# PATIENT TRANSFER FORM

VIH-00197047      IP-00060295 Mrs N DEEPIKA 08-09-2000      25 Y 9 M 5 D      (F) Dr. BHAVANA K 		Date & Time of Admission <i>11/6/26 @ 10:22 AM</i>	Date & Time of Transfer Order <i>11/6/26 @ 9:25 AM</i>
Treating Consultant Name		Transfer Ordered by <i>Dr. Bhavane</i>	Reason for Transfer <i>for observation</i>
From Unit <i>MICU</i>	To Unit <i>(218) Room</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>38</i>	Number of Imaging Films <i>5</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>Tab: -</i>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sis [Signature]</i>		Name of Person Ordered Transfer <i>Dr Bhavane</i>	
Patient & Clinical Records Received by : <i>[Signature]</i>			
Date & Time of Patient Received : <i>11/6/26 @ 9:35 pm</i>			

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

## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify \_\_\_\_\_

Primary Language:  Telugu  English  Hindi  Others, specify \_\_\_\_\_

Do you require an interpreter?  Yes  No if Yes specify \_\_\_\_\_

Source of Information:  Patient  Family  Others, specify \_\_\_\_\_

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

**Chief Complaints:** NU Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr.  
 Time Notified: 10 AM

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify) \_\_\_\_\_

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>? Allergic Bronchitis</u>	<u>SERPC in Oct 2024</u>	<u>Yes</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/9/2025</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 4 P \_\_\_\_\_ L \_\_\_\_\_ A 3

**Previous LSCS:** \_\_\_\_\_

**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: 98.5 F HR: 78.6/mt RR: 19.6/mt  
 BP: 100/50 mmHg Weight: 50kg Height: 165cm BMI: 18.74 kg/m<sup>2</sup>

**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 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... (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. Deepika .....

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

Orientation not given Reason: .....

Nurse Signature: Mrs .....

Nurse Name: Neelima .....

Date & Time: 16/09/20 @ 10:05 AM .....



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 10/6/26 Time of Arrival: 9:50 AM Time Seen by Nurse: 9:50 AM

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

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

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

3) Vital Signs: Temperature: 98.5°f Pulse: 78 b/m RR: 19 b/m SpO<sub>2</sub>: 99% BP: 100/50 mmHg Weight: 50 kg

4) Gestational Criteria:

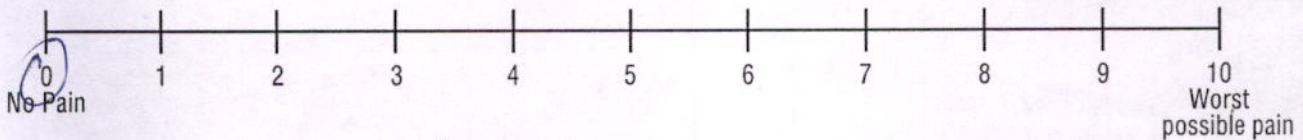
Gravida:	<u>G4</u>	P -	L -	A <u>3</u>
----------	-----------	-----	-----	------------

LMP: 23/9/2025 EDD: 30/6/2026 Gestational Age: 37+1 wks

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

5) Pain Screening:

Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: SRPC in 2024
- b) Medical: nil & Allergic Bronchitis



No, If Yes : Allergic Bronchitis

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

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

Time seen by Doctor: 10:00am

Nurse Name : Meghana Nurse Signature: Meghana

Date: 10/6/26 Time: 9:55am



Dr. BHAVANA K



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

LMP: 23/9/2025 EDD: \_\_\_\_\_  
 Corrected EDD: 30/6/2026 GA: 37+1 weeks

Obstetric Formula: G4A3  
 ML-2 1/2 yrs NCM

Menstrual History: Regular:  Yes  No

## Obstetric History:

G I - 11 wks | Missed Miscarriage | SERPC / Oct 2024 / Konark Hospital  
 G II - 6 wks | Spont miscarriage | March 2025  
 G III - 6 wks | Spont Miscarriage | June 2025  
 G IV - PP, spontaneous Conception  
 Present Pregnancy Record:

## Obstetric Examination

Fundal Height: \_\_\_\_\_  
 Uterine Activity:  Relaxed  Mild  Mod  Severe

Booked to RCH since conception,  
 on Tab Ecospain 150mg op since PP: 5 wks  
 stopped at 36+4 wks on Inj Clexane  
 since Clexane 20mg SC since 36 wks  
 stopped at 36+4 wks.

Liquor:  Adequate  Oligo  Poly  
 Cephalic  Breech Others \_\_\_\_\_

## RISK FACTORS:

H/o pu spotting at 5+4 wks. Mx conservatively. H/o fever at 8+3 wks widal +ve physician reviewed. Mx conservatively. H/o pain in abdomen at 7+1 wks Mx conservatively

Head Fifths Palpable: \_\_\_\_\_  
 FHS:  Normal  Tachy  Brady  Absent  
 ⊕ 150bpm

APLA Positive  
 Low BMI  
 ? Allergic bronchitis

## Per Speculum Examination

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

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced  
 Os: Closed \_\_\_\_\_ Dilated if tight

Height: 165 cm

Weight: 50 kg

Allergies: NIL

Breast:  Normal  Abnormal

## General Examination:

Consciousness: c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊕ mild

Temp: Afebrile PR: 78bpm

BP: 100/80 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: ⊖ Urine Output: Adequate

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

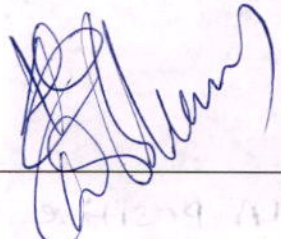
Sutton:  -3  -2  -1  0  +1  +2


Pelvis:  Adequate  Doubtful

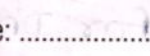
## DIAGNOSIS

G4A3 with 37+1 wks with APLA Positive with Low Body mass index & ? allergic bronchitis  
 for Induction of Labour.



<p>Family History:          Nil</p>	<p>Surgical History:          SERPC in Oct 2024</p>
<p>Medical History:          Nil ? Allergic Bronchitis</p>	<p>Medication History:          Nil</p>
<p>Plan of Care: <u>C/S/B DR. BHAVANA MAM</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Normal diet</li> <li>- Post preparation</li> <li>- Consents</li> <li>- FHR Monitoring</li> <li>- NST 4<sup>th</sup> hrly</li> <li>- Tab Misoprostol 25mcg 6<sup>th</sup> hrly</li> <li>- Monitor vitals</li> <li>- Follow drug chart</li> <li>- W/F progress of labour.</li> <li>- Inform SOS</li> </ul> <p>Noted by Meghna          10/6/26 @ 10am</p> 	<p>Investigations: <b>BG - 'O' POSITIVE</b></p> <p>(29/5/26)          CBP - 12/6850/1.55L          TSH - 2.14          CUE - Normal</p> <p><u>30/5/26</u>          Growth scan          35+1 wks          SLIUF, cephalic          EFW - 2609 ± 381gms          AC - 31.3 cm          AFI - 16-17 cm          PI - Ant upper segment          Gr III maturity          Doppler - normal</p> <p><u>18/2/26</u>          TIFFA scan          21+1 wks          SLIUF          CL - 35mm          No anomalies          PI - Ant High</p> <p><u>22/12/2026</u>          NT scan          12+6 wks          SLIUF          NT - 2.2mm</p> <p><b>FTS - Low Risk</b></p>

Doctor Name: Dr. Yogeshwari  
 Signature:   
 Date & Time: 10/6/26 10 AM

Consultant Name: Dr. Bhavana K.  
 Signature:   
 Date & Time: 10/6/2026

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Patient Name: E / HW / DGM / INPR / 15  
 IP-00197047 IP-00060295  
 Mrs N DEEPIKA  
 5-09-2000 25 Y 9 M 4 D (F)  
 Age: Mr. BHAVANA K  
 I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26	12pm		
		O/E pt is c/c/c	Adv
		Gc-fair	- Normal diet
		Afebrile	- w/f POL
		BP- 118/73 mmHg	- Ambulation
		PR- 87 bpm	- Birthing ball exercises
		S/E-NAD	- NST 4th hourly
		P/A- ut-TG	- FHR monitoring
		Relaxed, cephalic	- Monitor vitals
		FHR ⊕ 140 bpm	- Follow drug chart
		P/V- Gx-long, soft	- Inform SOS
		Os- 1F, memb ⊕	
		PPVx- 1-2	
		Noted by Meghna 10/6/26 at 12pm	
			Dr. Kashri
10/6/26	4pm		
		O/E pt is c/c/c	Adv
		Gc-fair	- Normal diet
		Afebrile	- w/f POL
		BP- 120/70 mmHg	- Ambulation
		PR- 86 bpm	- Birthing ball exercise
		S/E-NAD	- NST 4th hourly
		P/A- ut-TG	- FHR monitoring
		Cephalic, Relaxed	- Monitor vitals
		FHR ⊕ 150 bpm	- Follow drug chart
		Noted by Meghna 10/6/26 at 4pm	
			- Inform SOS

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr. Yogeshwar  
www.rainbowhospitals.in

Noted by Prathyska (a) 10pm

o/e pt is c/d/c  
 uc fair  
 Attributable  
 BP - 110/72 mmHg  
 PR - 88 bpm  
 S1C - NAD  
 P/A - ut-ty  
 cephalic  
 2c/25 sec/10 min

10/6/26  
 10pm

- Normal diet
- W/F progress of labour
- Adequate hydration
- Ambulation
- Birthing ball exercises
- Monitor FHR
- NST 4th hly
- Follow drug chart
- Inform SOS

Noted by Meghna (a) 6pm

o/e pt is c/d/c  
 uc fair  
 Attributable  
 BP - 114/72 mmHg  
 PR - 86 bpm  
 S1C - NAD  
 P/A - ut-ty  
 cephalic  
 FHR @ 126 bpm  
 2c/25 sec/10 min  
 P/V - cy 3/4th inch  
 OS - 1 finger loose  
 PPVX 1-2  
 BOM ⊕

10/6/26  
 6pm

- Normal diet
- W/F POL
- Adequate hydration
- Ambulation
- NST 4th hly
- Monitor FHR contly
- Monitor vitals
- Birthing ball exercises
- Follow drug chart
- Inform SOS

tab Misoprostol  
 25mcg pv kept  
 at 6pm  
 NST  
 Reactive

Dr. Yogeshwar

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

H-00197047  
Mrs N DEEPIKA  
Pa-09-2000  
Ir. BHAVANA K  
25 Y 9 M 4 D (F)  
IP-00060295  
Ag  
I.F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26	10:50 pm	o/e	
		Pt is c/c	Adv
		Uc fair	- clear liquids
		Afc brk	- Monitor FHR continuously
		Vitals stable.	- NST 4th hrly
		P/A - Ut ~ T4	- Ambulation
		3C/30sec/10min	- Adequate hydration
		Cephalic FHR 130bpm	- Birthing ball exercises
		P/V - Cp - 3/4th long	- Monitor vitals
		OS - 1cm	- Follow drug chart
		PPVx 1-2	- Inform sos
		MØ clear liquor.	
			Dr Yogeshwar
Noted by Pradyumna @ 10:50 pm			
11/6/26	2 AM	Counselling Notes	
		P/A 2C/20min	Patient and attenders are explained
		P/V 1/4th long	about drop in fetal heart rate and
		OS - 2cm	risk of fetal distress and need
		MØ liquor	for emergency lower segment cesarean
		PPVx 2-1	section if they opted for it
		NST - ↓ FHR (99bpm)	- NBM
		Kit Banking	- PAC
		Husband	- Monitor FHR
		N: Deepika	- Foley's catheterisation
		Self	- Consent

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

Noted by Pradyumna @ 2 AM Dr Yogeshwar

11/6/2026  
3:50 AM

POD-0 (LSCS)

Adv

- NBM x 4hr
- Monitor vitals
- I/O charting
- W/C bleeding PV
- Follow drug chart
- Inform SOS
- Rest

Dr Yogeshwar

O/C pt is c/c/c

Ac fair

Afebrile

BP - 106/74 mmHg

PR - 76 bpm

SI E - NAD

PIA - UTUR

soft BS - /-

LE - NAB

Baby - NICU

UO - 200ml  
clear  
adequate

11/6/2026  
8 AM

POD-0 (LSCS)

Adv

- clear liquids
- W/C bleeding PV
- Monitor vitals
- I/O charting
- Follow drug chart
- Adequate hydration
- Inform SOS
- soft diet at 2pm

Dr Yogeshwar

O/C pt is c/c/c

Ac fair

Afebrile

BP - 100/70 mmHg

PR - 80 bpm

SI E - NAB

PIA - UTUR

soft BS + /+

LE - NAB

Baby - NICU

UO - 600ml  
clear  
adequate

pt can be  
shifted to  
room

*[Handwritten signature]*

per vaginal examination  
done no active  
bleeding

Dr Yogeshwar

Noted by

@ 3 AM

11/6/2026



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-0 (Post UCs)</u>	
<u>11/6/26</u>	o/e pt is c/c	<u>Adv</u>
<u>1:30 PM</u>	gc-fair	- Normal diet
<u>PILIA3</u>	Afebrile	- WIF Bleeding PV
	BP- 103/62 mmHg	- Blo charting
	PR- 74 bpm	- Monitor vitals
<u>U/O- 300ml</u>	S/E- NAD	- Follow drug chart
<u>Adequate, clear</u>	PIA- ut + WIR	- Adequate hydration
	Soft, BS (+)	- Inform SOS
	L/E- NAB	
	Baby Mother side F A, BF (+)	
	H	<i>Dr. Deepak</i>
<u>Noted by Akashree 11/6/26 @ 5pm</u>		
	<u>POD-0 (Post UCs)</u>	
<u>11/6/26</u>	o/e pt is c/c	<u>Adv</u>
<u>8 PM</u>	gc-fair	- (N) diet
<u>PILIA3</u>	Afebrile	- WIF Bleeding PV
	BP- 106/65 mmHg	- Monitor vitals
	PR- 67 bpm	- Follow drug chart
<u>U/O- 1200 ml</u>	S/E- NAD	- Adequate hydration
<u>Adequate, clear</u>	PIA- ut + WIR	- Inform SOS
	Soft, BS (+)	- Ambulation
	L/E- NAB	
<u>Remove Foley's</u>	Baby F A, BF (+)	
	H	<i>Dr. Deepak</i>
<u>Noted by Akashree 11/6/26 @ 8pm</u>		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 7 AM	POD-1 (Post CS)	
9:45 AM	Pt is c/c/c GC fair Afebrile BP- 100/80 mmHg PR- 83 bpm S/E- NAD PIA- Ut w/wk soft BS (+) LIE-	Adv - (N) diet - w/f Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS
Urine Passed Meibon Passed		
	Baby A, BF (+)	for discharge
		Noted by Deepika 12/6/26 @ 7 AM
12/6/26 1:30 PM	POD-1 (post LSCS)	
P, H, A, B Atelectasis Urine passed meibon passed send file for discharge Patient be discharged at 3pm.	Pt is c/c/c GC fair Afebrile BP- 105/70 mmHg PR- 75 bpm S/E- NAD PIA- soft BS (+) Ut w/wk Ue- no active bleeding	Adv - (N) diet - w/f PV bleeding - Ambulation - Hydration - follow drug chart - monitor vitals - Inform SOS
	Baby A, BF (+)	for discharge



**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <i>Gua3 with 37+1 wks with APLA positive with low Body mass index for 20L</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure: <i>EM-LSCS</i>		If Yes Specify: <i>nil</i>				
BACKGROUND	Date	<i>10/6/26</i>	<i>10/6/26</i>	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>N</i>	<i>M</i>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Diet:	<i>N diet</i>	<i>N diet</i>	<i>NBM</i>	<i>NBM</i>	<i>clear liquids</i>	
RECOMMENDATIONS	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.5°F</i>	<i>98.6°F</i>	<i>98.1°F</i>
		Res:	<i>19 b/min</i>	<i>19 b/min</i>	<i>20 b/min</i>	<i>22 b/min</i>	<i>17 b/min</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>78 b/min</i>	<i>80 b/min</i>	<i>80 b/min</i>	<i>82 b/min</i>	<i>88 b/min</i>
		BP:	<i>110/76 mmHg</i>	<i>108/78 mmHg</i>	<i>109/68 mmHg</i>	<i>100/60 mmHg</i>	<i>107/55 mmHg</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	
Pain Score:	<i>1</i>	<i>1</i>	<i>1</i>	<i>0</i>	<i>0</i>		
Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>nil</i>		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	<i>N diet</i>	<i>N diet</i>	<i>-</i>	<i>-</i>	<i>clear liquids</i>		
Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>nil</i>		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>Dependent</i>		
Post Operative Procedure Special Orders:	<i>w/f POL</i>	<i>w/f POL</i>	<i>w/f POL</i>	<i>105hr</i>	<i>watch for bleeding</i>	<i>-</i>	
Handed Over By Name :	<i>Meghna</i>	<i>Meghna</i>	<i>prajna</i>	<i>Pooja</i>	<i>Karal</i>	<i>Akanksha</i>	
Signature / ID :	<i>M/020232</i>	<i>M/020232</i>	<i>P/020232</i>	<i>P/020232</i>	<i>020573</i>	<i>0206607</i>	
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	
Time:	<i>@ 2pm</i>	<i>8pm</i>	<i>@ 8 Am</i>	<i>@ 4pm</i>	<i>@ 9:25am</i>	<i>@ 2pm</i>	
Taken Over By Name :	<i>Meghna</i>	<i>prathisha</i>	<i>vignisha</i>	<i>Karal</i>	<i>Akanksha</i>	<i>Akanksha</i>	
Signature / ID :	<i>M/020232</i>	<i>020533</i>	<i>v/020232</i>	<i>020573</i>	<i>0206607</i>	<i>0206607</i>	
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	
Time:	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@</i>	<i>@ 8 Am</i>	<i>@ 9:35</i>	<i>@ 2pm</i>	



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>GAA 3rd Bx H weds 2 APLA positive &amp; low Bmi allergic bronchitis for SOL.</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>pi.</u>				
	Surgery / Procedure: <u>SOL</u>		Post OP Day:				
BACKGROUND	Date	<u>11/6/26</u>	<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>		
	Shift	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>		
	Medical Condition (Any special condition to be noted):				<u>nil</u>		
Diet:	<u>clear fluids</u>	<u>N diet</u>	<u>N diet</u>	<u>N diet</u>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.2 F</u>	<u>98.2 F</u>	<u>98.6 F</u>	<u>98.2 F</u>	
		Res:	<u>19b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>20b/m</u>	
		SpO <sub>2</sub> :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	
		Pulse:	<u>72b/m</u>	<u>74b/m</u>	<u>70b/m</u>	<u>75b/m</u>	
		BP:	<u>106/65/99</u>	<u>106/65</u>	<u>103/69</u>	<u>106/72/94</u>	
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
		Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:		<u>N diet</u>	<u>N diet</u>	<u>N diet</u>		
	Critical Lab Test / Values:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>Dependent</u>			
Post Operative Procedure Special Orders:				<u>nil</u>			
Handed Over By Name :		<u>A. Anshu</u>	<u>Deepika</u>	<u>padma</u>			
Signature / ID :		<u>Al 66667</u>	<u>607469</u>	<u>606329</u>			
Date:		<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>			
Time:		<u>@ 8pm</u>	<u>@ 8AM</u>	<u>@ 2pm</u>			
Taken Over By Name :		<u>Deepika</u>	<u>padma</u>	<u>Nagmani</u>			
Signature / ID :		<u>607469</u>	<u>606329</u>	<u>@ 2014</u>			
Date:		<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>			
Time:		<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>			

Noted by  
 Dr. Nagmani  
 12/6/26  
 CK:sup



# NURSING CARE RECORD

Date: 10/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:50 AM	Ensure safety	9:50 AM	provided side rails	TO prevent falls	patient is safe	Meghna 10/6/26 2pm
	11AM	Maintain fluid Balance	11AM	Encourage to take oral fluids	TO prevent dehydration	patient is well hydrated	
	1pm	Maintain Good Nutritional Status	1pm	Normal diet given	TO maintain good Nutritional status	patient took normal diet	
Afternoon	3pm	maintain good nutritional status	3:10 PM	TO provided good nutritional diet	oral intakes good	patient is stable	Meghna 10/6/26 7:30pm
	4PM	prevent infection	4:10 PM	to maintain Hand hygiene	to prevented infection	patient is safe	
Night	3AM	* Ensure safety	3AM	* provided the side rails	* TO prevent Risk of falls	patient was safe	Meghna 10/6/26 @ 3AM @ 2:30am 11/6/26
	5AM	* Maintain Good Nutritional status	5AM	* TO provided Good Nutritional diet	* provided good nutritional	patient was healthy	

VIH-00197047 IP-00080295  
 Mrs N DEEPIKA  
 06-09-2000 26 Y 9 M 5 D (F)  
 Dr. BHAVANA K



# NURSING CARE RECORD



Date: 11/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	Ensure safety	8 Am	To provided side rails	To prevent fall	Patient is good	11/6/26 @ 9:25 am
	10 Am	Maintain fluid Balance.	11 Am	* Encouraged pt to take plenty of fluids	* prevented Dehydration	* Re-Assessment Done. pt is stable.	11/6/26 @ 9 pm
Afternoon	3pm	* Ensure safety	3:15 pm	* To provided side rails	* prevent falls from risk	* Re-Assessment was	11/6/26 @ 8 pm
	4:15 pm	* Maintain fluid balance.	4:45 pm	* Encouraged pt to take plenty of fluids	* prevented Dehydration.	Every 4th hourly vital checked	
Night	8pm	Ensure safety	11pm	To provide side rails	To prevent risk of falls	Re-Assessment was done	Deepika 11/6/26 @ 8 AM
	12 AM	Maintain personal hygiene.	8 AM	To give hand rub	To prevent infection	4th hourly vitals checked	



# NURSING CARE RECORD

Date: 12.16.26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	*maintain fluid Balanced.	1 pm	*maintained the fluid Balanced. Nutritional Status.	*prevent to the dehydration -n	*Re - Assessment Done. every 2th hourly vitals.	Padma 12/16/26 @2pm
Afternoon	2 pm	Discharge note.	2:30 pm	Doctor round's done and advice for discharge	Patient is stable		
Night							noted by Sr. Saji 12/16/26 @ 2:30 pm

VIH-00197047  
 Mrs N DEEPIKA  
 06-09-2000 26 Y 9 M 6 D (F)  
 Dr. BHAVANA K

IP-00060295



# NURSING CARE RECORD



Date: .....


**Goals**

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

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



# CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

IH-00197047 IP-00060295  
Mrs N DEEPIKA  
6-09-2000 25 Y 9 M 4 D (F)  
Dr. BHAVANA K  




Patient Name : Deepika Age : 25y Gender : Male  Female

UHID NO: 204 Surgeon Name: Dr Bhavana

Anaesthesiologist : Dr Sunidhaas

Operative procedure planned : Emergency Cesarean Section

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

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

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

- Heart disease       Hypertension       Diabetes mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease

Others : Hypertension, Bleeding, Postop Deep Vein thrombosis

Comments : .....

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

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Deepika the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean Section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia /  Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant :**

Signature : N. Deepika

Name : Deepika

Relationship with Patient : Son

Date & Time : 11/6/26, 2<sup>15</sup> AM

**Witness :**

Signature : K. Shashan

Name : K. Shashan Reddy

Date & Time : 11.06/2020 2 02:00.

**Doctor (who is taking the consent) :**

Signature : Sundhar

Name : Dr Sundhar

Date & Time : 11/6/26 2<sup>15</sup> AM.

# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS N DEEPIKA Age : 25 YEARS Gender :  M  F

UHID / IP No. : U14-00197047 / Date : 10/6/2026 Time : .....  
IP-

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 is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina 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, including the remote risk of death or serious disability, which exists for me and my baby.

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

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

Name of the Doctor performing the procedure : DR. BHAVANA K.

**Consentee :**

Signature : N. Deepika

Name : MRS. N. Deepika

Date & Time : 10/6/26

**Witness:**

Signature : .....

Name : .....

Date & Time : .....

**Patient Attendant :**

Signature : K. Bhaskar Reddy

Name : K. Bhaskar Reddy

Relationship with Patient : Husband

Date & Time : 1

**Doctor :**

Signature : Dr Ashwini

Name : Dr Ashwini

Date & Time : 10/6/26

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS N DEEPIKA Gender:  Male  Female Age : 25 YEARS

UHID No : V14-00197047 | IP-00060295 Date : 11/6/2026

### Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION  
upon MRS N. DEEPIKA  
(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INTJURY, URETERIC INTJURY  
BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED  
REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE

### My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA K.

### Consentee :

Signature : N. Deepika

Name : N. Deepika

Date & Time : 11/6/2026 2:00 AM

### Witness :

Signature : .....

Name : .....

Date & Time : .....

Docu. No. : RCH / FRM / CLINICAL / 027

### Patient Attendant :

Signature : K. Bhaskar Reddy

Name : K. Bhaskar Reddy

Relationship with Patient: Husband

Date & Time : 11/06/2026 2:02:00 AM

### Doctor (who is taking the consent) :

Signature : Dr Aswin

Name : Dr Aswin

Date & Time : 11/6/26 2am

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K.  
 Asst. Surgeon : Dr. Ashwin  
 Anaesthetist : Dr. Sunilbhai A.  
 Scrub Nurse : sr. Leby P.

VIH-00197047 IP-00060295  
 Mrs N DEEPIKA  
 08-09-2000 25 Y 9 M 4 D (F)  
 Dr. BHAVANA K



Age : ..... Gender : .....  
 Primary Name : Emilsa

Date : 11/6/26 Time : 2:45pm Out-time : 3:45pm



## Before Induction of Anaesthesia >>

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

## Before Skin Incision >>

TIME OUT	Time: <u>2:45pm</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>bleeding</u> <u>500ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Leby P.</u>	

## Before Patient Leaves Operating Room

SIGN OUT	Time: <u>3:45pm</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Ashwin</u>	

VIH-00197047 IP-00060295  
Mrs N DEEPIKA  
06-09-2000 25 Y 9 M 4 D (F)  
Dr. BHAVANA K



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Bhavana K</i>	Date of Delivery: <i>11/6/26</i>
Assistant Surgeon: <i>Dr. Ashwini</i>	Time of Delivery: <i>- 2:54am/4sec</i>
Anaesthetist's Name: <i>Dr. Sunidhara</i>	Gender of Baby: <i>- male</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>- 2.74g</i>
Neonatologist: <i>Dr. Bassha</i>	AGPAR Score: <i>8/10/9/10</i>
Scrub Nurse: <i>Sis Ruby</i>	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>fetal distress</i>

### Pre-Operative Diagnosis:

Elective  Emergency

Indication: *- Drop in fetal heart rate  
beat, 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: *5 min* ..... Knief to rectus: .....

CTG Description: *↓ FHR* .....

If there was a delay give the reasons: .....

### Surgical Procedure:

*Emergency LSCS LSA*

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

Uterine Closure:  One Layer  Two Layers ..... vicryl ..... Suture  
Peritoneal Closure:  Pelvic  Abdominal  None ..... vicryl ..... Suture  
Sheath Closure: ..... vicryl ..... Suture  
Fat Closure:  Yes  No ..... Suture  
Skin Closure:  Subcuticular  Mattress ..... Monocryl 3-0 ..... Suture  
Vaginal Evacuated  Yes  No  
Drain:  Yes  No  Remove in ..... days  Await instructions  
Catheter  Yes  No  Remove in 1.2-24 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 hrs  
No charting  
W.F. 6 bleed PO  
monitors vitals  
follow drug chart  
in forms etc

Dr. Arjun

Doctor Name: Dr. Bhavana K ..... Doctor Signature: .....  
Date & Time: 11/5/26 .....

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: Deepika Age: 25y Sex: F UHID.No: .....  
 Date: 11/6/26 Time: 2:50pm Proposed Operation: Em US  
 Diagnosis: APRA One - 1 Gut - 37wks, allergic Bronchitis, Petal Decel.  
 B.P / CRT: 105/80 H.R: 78 Weight: 50 ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

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

Allergies: —

Medical History: CVS: / Diabetes: (N)  
 RESP: .....  
 CNS: .....  
 Renal: NAD Physical Activity: Active  
 Hepatic / GE: .....  
 Others: APRA eye

Past Anaesthetic History: —

Physical Exam: .....  
 Airway: MP (2) 3 4 Mouth Opening: (N) Mento-hyoid Distance: (N) Neck: (N) Teeth: (N)  
 Lungs: clear  
 Heart: S1 S2  
 CNS: NAD  
 Pregnant:  Yes  No  NA Venous Access Site: (R) Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

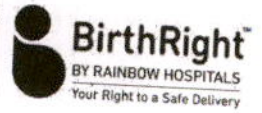
CURRENT MEDICATIONS	DOSAGE
<u>Clexane + Escoprin</u>	<u>Stopped @ 36 wks.</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis: (R)
  - NIL ORAL: (R) Water / ORS 2 Hours, Others 6 Hours
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions: .....

Signature: [Signature] Name: Dr. Anandhans



# ANAESTHESIA CHART



**FIG INDUCTION ASSESSMENT:**

Change in Patient Condition:  Yes  No

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

Fasting Status: confirmed

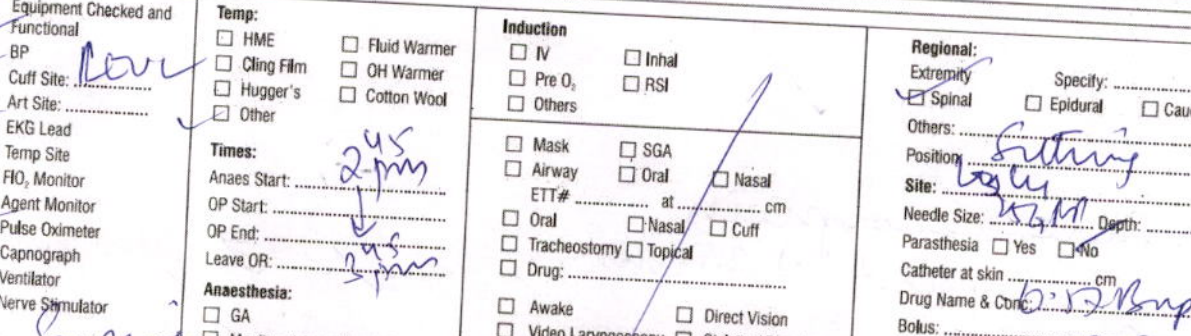
H.R: 82/mt B.P/CRT: 116/80 SpO<sub>2</sub>: 100% R.R: 14/mt Last Feed: > 6hrs

Pre-OP Diagnosis: GUAZ 27 WEEK APGAR Operation: SM UKA Surgeon: Dr Bhavana Anaesthesiologist: Dr Sundhar Technician: Varekumar

Date: 11/6/26

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	HALO / ISO / SEVO	Drugs	Antibiotic	Suppository	Blood Loss
2:45	3:15	3:45	CARBENICEM 100 mg OXYFOLIN 200 in WP			

FiO <sub>2</sub> / SaO <sub>2</sub>	<u>99 99 99</u>
ETCO <sub>2</sub>	<u>NR NR NR</u>
ECG	
Temperature	
Urine Output	



LAB Values	ABG	
	GRBS	
	Others	

- Equipment Checked and Functional
- BP
- Cuff Site: low
- Art Site: low
- EKG Lead
- Temp Site
- FiO<sub>2</sub> Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked
- Eye Care:
  - Oint
  - Tape
  - Padding
  - Awake

- Temp:
  - HME
  - Cling Film
  - Hugger's
  - Other
  - Fluid Warmer
  - OH Warmer
  - Cotton Wool
- Times:
  - Anaes Start: 2:45
  - OP Start: 2:45
  - OP End: 3:45
  - Leave OR: 3:45
- Anaesthesia:
  - GA
  - Monitored Anaesthesia Care
  - Regional
- Line (Size & Location)
  - CVP: 24G
  - ART: 24G
  - IV: 24G
  - IV: 24G
  - IV: 24G

- Induction
  - IV
  - Inhal
  - Pre O<sub>2</sub>
  - RSI
  - Others
- Mask
  - Airway
  - 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
  - Spinal
  - Epidural
  - Caudal
- Others: \_\_\_\_\_
- Position: Sitting
- Site: low
- Needle Size: 27G Depth: \_\_\_\_\_
- Parasthesia  Yes  No
- Catheter at skin \_\_\_\_\_ cm
- Drug Name & Conc: 0.5% Bup (A) 200
- Bolus: 25ug fenbutyl
- Infusion: \_\_\_\_\_
- Block Level: T4-L4
- Comments: T4-L4
- Transportation to
  - PACU
  - ICU
  - Other
- Relaxant Reversed  Yes  No  NA
- Name of the Doctor: Sundhar
- Signature of the Doctor: Sundhar

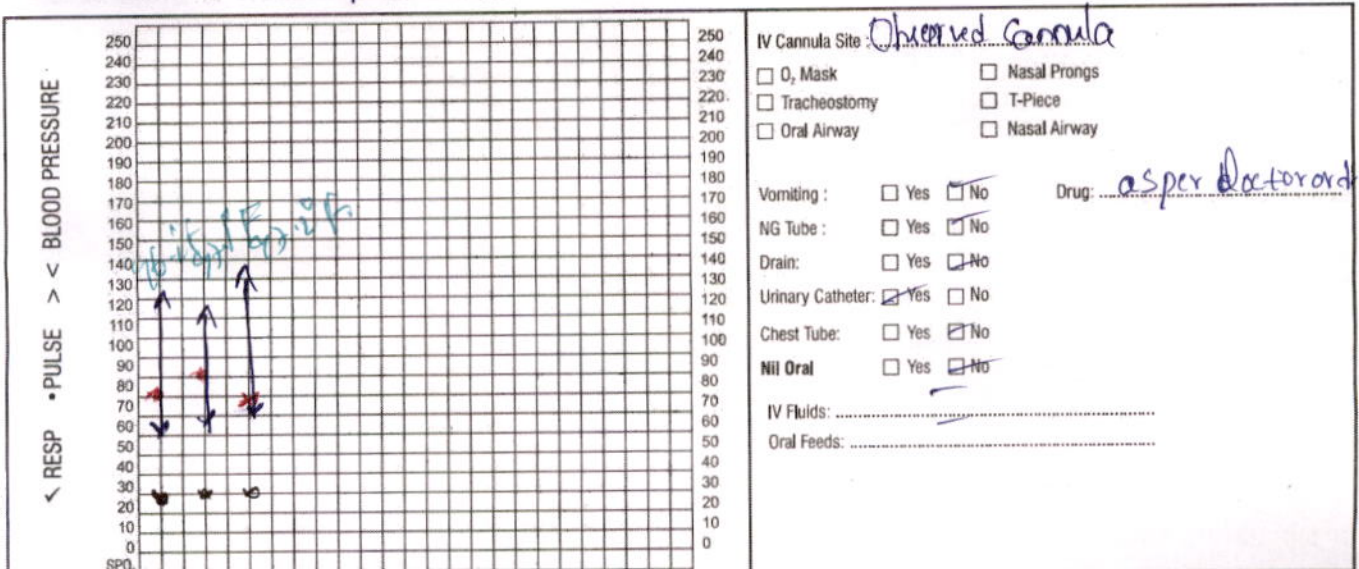
Antibiotic  
 Suppository PR  
TRAMADOL 100 mg  
DIPLOPENTACIN 100 mg  
 Blood Loss

NOTES



**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : poopa Time Received : 3:50 Am Time Discharged : 9:25 Am



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	ACTIVITY	1	1	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	RESPIRATION	1	1	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		8	8	10	10	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
11/6/26	7 Am	2 score	TAB:- PARACETOMOL Given	

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Sridhar Dr. Brunda  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 11/6/26 @  
 PACU Nurse Name : poopa  
 PACU Nurse Signature: [Signature]  
 Date & Time: 11/6/26 @ 5:00 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(218)  
 Date & Time: 11/6/26 9:25 am



## Induction of Labor Consent

Name: MRS. N. DEEPIKA  
Date of Birth: - 6/9/2000  
ANC No: 10256

Consultant: DR. BHAVANA  
Registration Number:

You are scheduled for an induction of labor on 10/6/26 (date) at 37+1 (weeks of gestation).

The reason for your induction is TERM GESTATION WITH APLA POSITIVE.

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.

N. Deepika  
Parents Signature

10/6/26  
Date

K. I. Shetty  
Husband's Signature

10/6/26  
Date

Dr. Admini  
Doctor's Signature

10/6/26  
Date



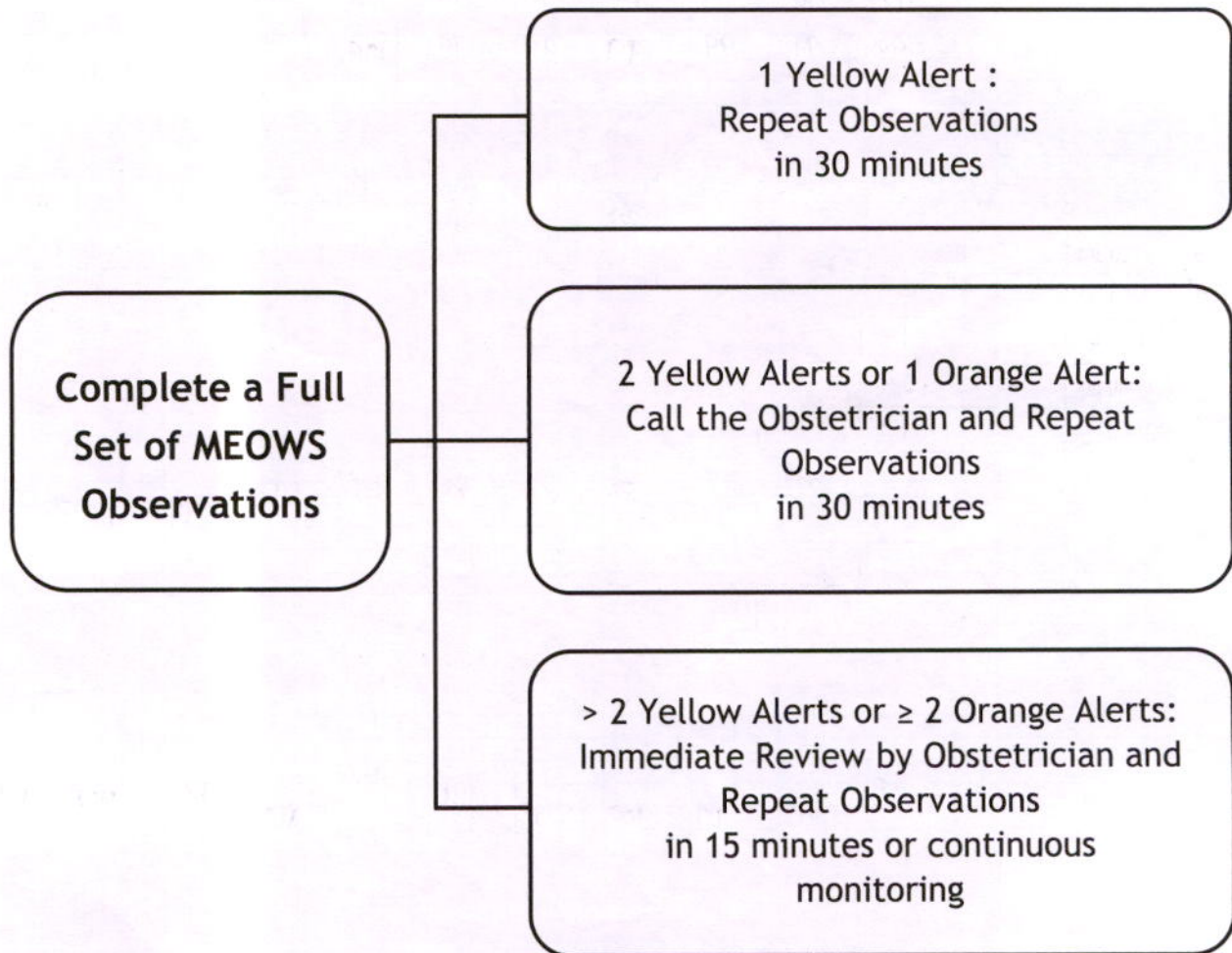


## Early warning Observation Score Chart - Obstetrics

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	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %			98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			37C	37C	37C																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78	80																				
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			108	100	109	100	109	110	118															
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			78	70	75	63	76	70	72	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
URINE mls / hour	> 30			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial				MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

IH-00197047 IP-00060295  
 Mrs N DEEPIKA  
 16-09-2000 25 Y 9 M 4 D (F)  
 Jr. BHAVANA K

2

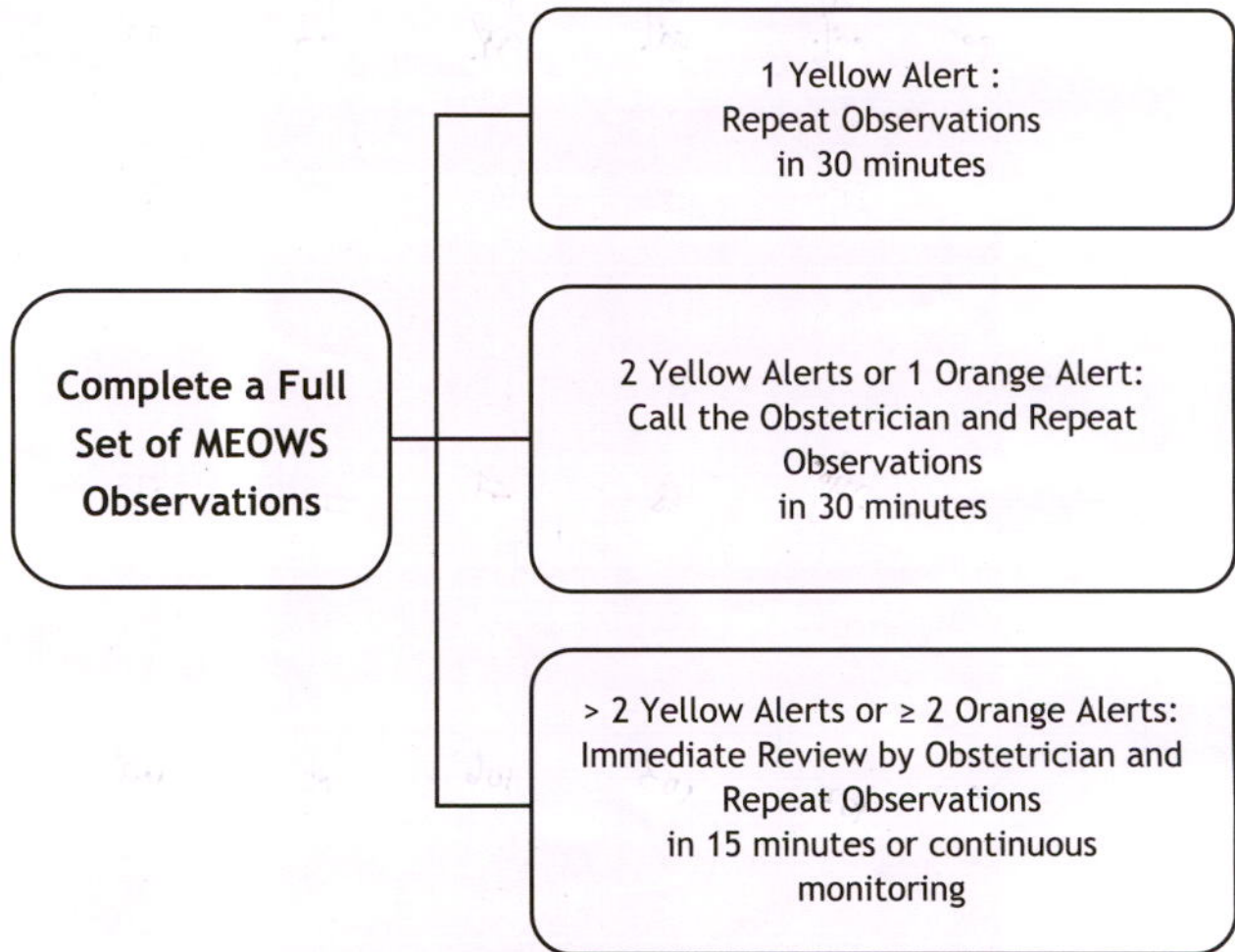


## Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		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				19	
	0 - 10																								
Saturations	94 - 100 %	99			99			99				99				99				99				99	
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0			36.0			36.0				36.0				36.0				36.0				36.0	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80			74			68				67				73				82				83	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110			103			103				106				100				103				100	
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70	70			62			64				65				69				60				70		
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓			✓			✓				✓			✓				✓				✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓			✓			✓				✓			✓				✓				✓		
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA			NA			NA				NA			NA				NA				NA		
	Heavy / Foul																								
Liquor	Clear / Pink	NA			NA			NA				NA			NA				NA				NA		
	Green																								
TOTAL YELLOW SCORES		0			0			0				0			0				0				0		
TOTAL ORANGE SCORES		0			0			0				0			0				0				0		
Nurse Initial		K			A			A				A			A				A				A		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



3



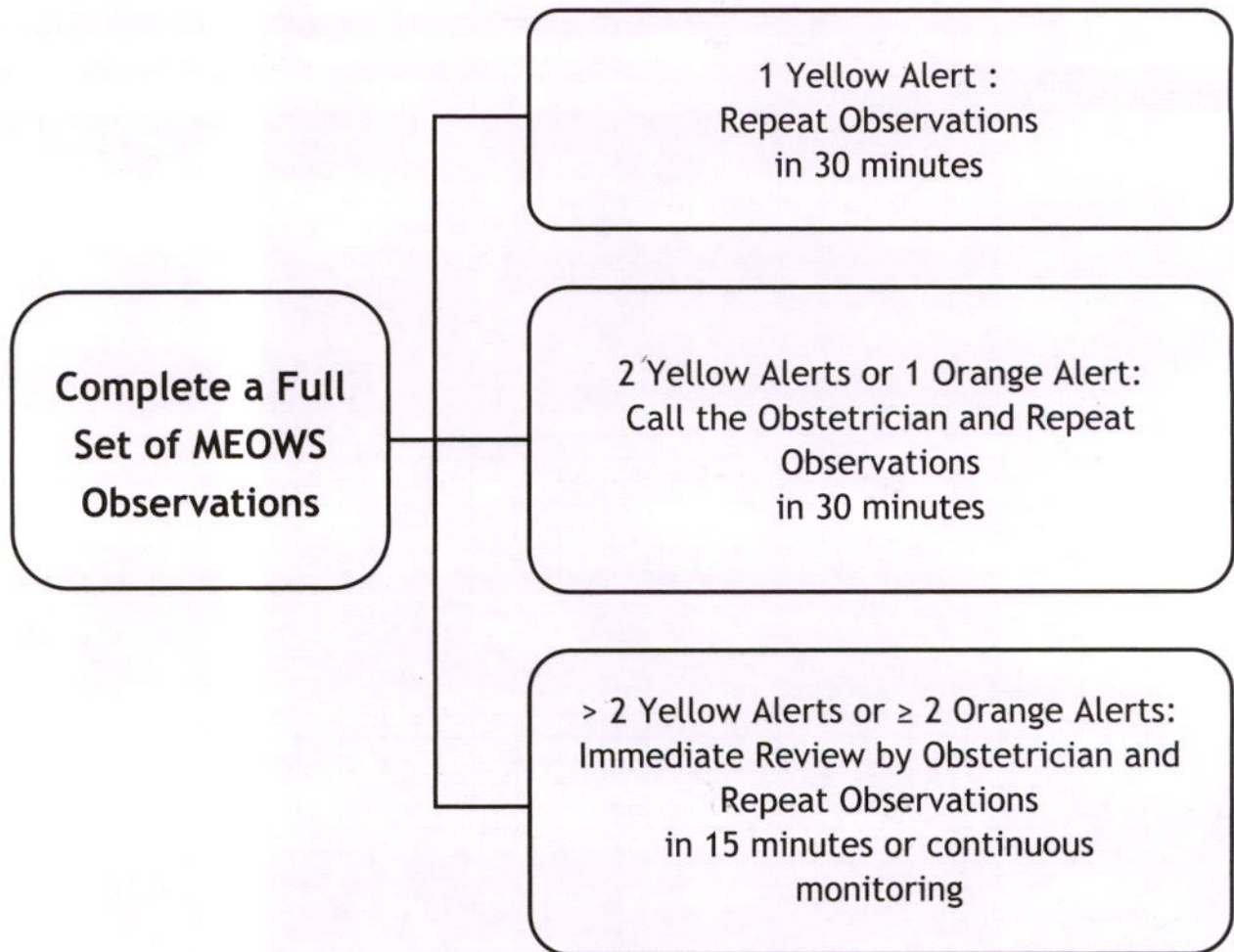
# Early Warning Observation Score Chart - Obstetrics

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			18					19																				
	0 - 10																												
Saturations	94 - 100 %			99					99																				
	< 94 %																												
Administered O <sub>2</sub> (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36			36°C					37°C	36°C																			
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80			70					75																				
	70																												
60																													
50																													
40																													
Systemic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100			103					105																				
	90																												
80																													
70																													
60																													
50																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90																												
80																													
70																													
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert			✓				✓																					
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30			✓				✓																					
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal			NA				NA																					
	Heavy / Foul																												
Liquor	Clear / Pink			NA				NA																					
	Green																												
TOTAL YELLOW SCORES				0				0																					
TOTAL ORANGE SCORES				0				0																					
Nurse Initial				A				P																					

Noted by  
 Sr. Regn  
 12/6/26  
 e2128

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



**FLUID CHART**

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6/26	08:00 am	H <sub>2</sub> O											
	09:00 am												
	10:00 am	H <sub>2</sub> O	50ml							✓	0	Neglig 10/6/26 2pm	
	11:00 am	H <sub>2</sub> O	100ml								0		
	12:00 pm	H <sub>2</sub> O	150ml								0		
	01:00 pm	H <sub>2</sub> O	100ml							✓	0		
<b>Total Intake :</b>			400ml			<b>Total Output :</b>					passed.		
10/6/26	02:00 pm	H <sub>2</sub> O	100ml							✓	0		Neglig 10/6/26 7:30pm
	03:00 pm	H <sub>2</sub> O	100ml								0		
	04:00 pm	H <sub>2</sub> O	50ml							✓	0		
	05:00 pm	H <sub>2</sub> O	100ml								0		
	06:00 pm	H <sub>2</sub> O	50ml							✓	0		
	07:00 pm	H <sub>2</sub> O	100ml							✓	0		
<b>Total Intake :</b>			500ml			<b>Total Output :</b>					passed.		
	08:00 pm	H <sub>2</sub> O	50ml							✓	0	passed 10/6/26	
	09:00 pm	H <sub>2</sub> O	100ml								0		
	10:00 pm	H <sub>2</sub> O	50ml							✓	0		
	11:00 pm	H <sub>2</sub> O	100ml								0		
	12:00 am	H <sub>2</sub> O	100ml								0		
	01:00 am	H <sub>2</sub> O	100ml								0		
<b>Total Intake :</b>			500 ml			<b>Total Output :</b>					Passed.		
	02:00 am	NBM	100ml							50ml	0	passed 10/6/26	
	03:00 am	NBM	100ml								0		
	04:00 am	NBM	100ml							50ml	0		
	05:00 am	NBM	100ml							100ml	0		
	06:00 am	NBM	100ml							100ml	0		
	07:00 am	NBM	100ml							100ml	0		
<b>Total Intake :</b>			1000ml			<b>Total Output :</b>					600ml		

**Total 24 hrs. Intake** 2400 ml

**Total 24 hrs. Output** 600ml

<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>contraction</u>	<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>Contraction</u>
10/6/26	10 AM	139 b/mt					
	10:30 AM	141 b/mt					
	11 AM	149 b/mt	Nil				
	11:30 AM	139 b/mt					
	12 PM	132 b/mt					
	12:30 PM	136 b/mt					
	1 PM	145 b/mt					
	1:30 PM	138 b/mt					
	2 PM	133 b/mt	Irregular				
	2:30 PM	142 b/mt					
	3 PM	146 b/mt					
	3:30 PM	142 b/mt					
	4 PM	129 b/mt	Irregular				
	4:30 PM	132 b/mt					
	5 PM	130 b/mt					
	5:30 PM	142 b/mt					
	6 PM	145 b/mt					
	6:30 PM	140 b/mt					
	7 PM	133 b/mt					
	7:30 PM	141 b/mt					
	8 PM	138 b/mt					
	9 PM	146 b/mt					
	10 PM	132 b/mt					
	11 PM	128 b/mt					
11/6/26	12 AM	130 b/mt					
	1 AM	126 b/mt					
	2 AM	120 b/mt					

Emergency call @ 3 AM



2

**FLUID CHART**

Sheet No. : .....

11/06/26.

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/6	08:00 am	H <sub>2</sub> O + 50ml							50ml	0	2kand 11/6/26 24:25am Alak 11/6/26 @8am	
	09:00 am								50ml			
	10:00 am	H <sub>2</sub> O							50ml			
	11:00 am								50ml			
	12:00 pm								50ml			
	01:00 pm		H <sub>2</sub> O						50ml			
<b>Total Intake :</b>					<b>Total Output :</b>					300ml		
11/6/26	02:00 pm	Ricet							85ml		Alak 11/6/26 @8am	
	03:00 pm	H <sub>2</sub> O							150ml			
	04:00 pm								100ml			
	05:00 pm	H <sub>2</sub> O							200ml			
	06:00 pm	ORL							200ml			
	07:00 pm								200ml			
<b>Total Intake :</b>					<b>Total Output :</b>					1200ml		
11/6/26	08:00 pm								Foley's		Deepika 11/6/26 @8AM	
	09:00 pm	H <sub>2</sub> O							Removed			
	10:00 pm											
	11:00 pm											
	12:00 am	Water										
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
12/6/26	02:00 am										Deepika 11/6/26 @8AM	
	03:00 am	H <sub>2</sub> O										
	04:00 am											
	05:00 am											
	06:00 am	Water										
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00197047 IP-00060295  
 Mrs N DEEPIKA  
 06-09-2000 26 Y 9 M 5 D (F)  
 Dr. BHAVANA K



# FLUID CHART

Sheet No. : .....

12/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/6	08:00 am											Padma 12/6/26 @ 2 pm
	09:00 am	Orally H <sub>2</sub> O										
	10:00 am								✓			
	11:00 am											
	12:00 pm	H <sub>2</sub> O										
	01:00 pm									✓		
<b>Total Intake :</b>						<b>Total Output :</b>						
12/6/26	02:00 pm	H <sub>2</sub> O										Prop
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											Noted by Sr. Regn 12/6/26 e 2.30pm
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						



①

## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

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

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

Shifting From: ..... Nil ..... Shifted to: ..... OT .....

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. IRON	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. CALCIUM	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. FOLIC ACID.	1 TAB	PO	ONCE DAILY	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. ECOSPREN.	150 MG	PO	ONCE DAILY	6/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	INJ. ENOXAPARIN.	20 MG	SC	ONCE DAILY	6/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. NIKHITA [Signature] .....

Date & Time : ..... 10/6/2026 ..... 10 AM .....

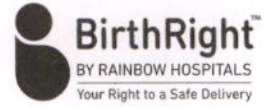
Nurse Name & Signature: ..... Meghna [Signature] .....

Date & Time : ..... 10/6/26 ..... 10 AM .....

IH-00197047 IP-00060295  
 Mrs N DEEPIKA  
 6-09-2000 25 Y 9 M 4 D (F)  
 Jr. BHAVANA K



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: ICU Shifted to: Room (218)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. PARACETAMOL	650mg	PO	6TH HOURLY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. DICLOFENAC	50mg	PO	8TH HOURLY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. TRAMADOL	100mg	PO	8TH HOURLY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INS CEFOTAXIME	1gm	IV	12TH HOURLY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INS ENOXAPARIN	40mg	SC	ONCE DAILY	11/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. YOGESHWARI

Date & Time: 11/6/2026 8 AM

Nurse Name & Signature: [Signature]

Date & Time: 11/6/26 @ 8 AM



# DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: Nil  Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

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

**SOS / PRN (As Required Medication)**

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

VERIFIED BY : Name ..... Signature .....



REGULAR PRESCRIPTIONS

Weight: 52 kg Ward 4/c

DRUG : T. PARACETAMOL				Date Time	11/6
Dose	Route	Frequency	Start Date	12	Am
650mg	P/O	QID	11/6		
Name & Signature of the Doctor Starting the Drugs:				6	Am
Additional Instructions: Dolo 650.				12	Pm
				6	Pm
Daily Doctor's Endorsement by a Sign					

STOP 11/6/26 8 AM  
 DR. YOGESHWAR

DRUG : T. TRAMADOL				Date Time	11/6
Dose	Route	Frequency	Start Date	7	Am
100mg	P/O	TID	11/6		
Name & Signature of the Doctor Starting the Drugs:				3	Pm
Additional Instructions: -				11	Pm
				Daily Doctor's Endorsement by a Sign	

STOP 11/6/26 8 AM  
 DR. YOGESHWAR


DRUG : T. DICOFFENAC				Date Time	11/6
Dose	Route	Frequency	Start Date	12	Am
50mg	P/O	TID	11/6		
Name & Signature of the Doctor Starting the Drugs:				8	Am
Additional Instructions: -				4	Pm
				Daily Doctor's Endorsement by a Sign	

STOP 11/6/26 8 AM  
 DR. YOGESHWAR

DRUG : INT CEFOTAXIME				Date Time	11/6
Dose	Route	Frequency	Start Date	11	Am
1gm	IV	12 <sup>TH</sup> HOURLY	11/6/26		
Name & Signature of the Doctor Starting the Drugs:				11	Pm
Additional Instructions:				Daily Doctor's Endorsement by a Sign	

STOP 12/6/26, 7 AM

No of tablets 21/6/26  
 Day 21/6/26

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg) 50kg
--------------	---	----------	-----------	-------	---------------------

REGULAR PRESCRIPTIONS

**DRUG : T. PANTOPRAZOLE** Date/Time 12/6 AM

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	11/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG : INS ENOXAPARIN** Date/Time 11/6 6 PM

Dose	Route	Frequency	Start Dt.
40mg	SC	ONCE DAILY	11/6/26

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

Additional Instructions:  
GIVE AFTER 6 HRS AFTER CHECKING FOR ACTIVE BLEEDING

Daily Doctor's Endorsement by a Sign.

**DRUG : T. DICLOFENAC** Date/Time 11/6 7 PM

Dose	Route	Frequency	Start Dt.
50mg	PO	8TH HOURLY	11/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG : T. TRAMADOL** Date/Time 11/6 7 AM

Dose	Route	Frequency	Start Dt.
100mg	PO	8TH HOURLY	11/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

16 Dabhi  
 14 Dabhi  
 13 Dabhi  
 11/6/26  
 11/6/26  
 11/6/26

11/6/26  
 11/6/26  
 11/6/26

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

REGULAR PRESCRIPTIONS

<b>DRUG : T. PARACETAMOL</b>				Date	11/6	12/6														
				Time	11	12														
Dose	Route	Frequency	Start Dt.																	
650mg	PO	6TH HOURLY	11/6/26	Am	11	12														
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG : T. CEFIXIME</b>				Date	11	12/6														
				Time	11	12														
Dose	Route	Frequency	Start Dt.																	
200MG	PO	12th hourly	12/6/26	Am	11	12														
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

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

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

No. 10/20/26  
 11/6/26  
 12/6/26



Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
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<b>DRUG :</b>		Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	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.

<b>VARIABLE DOSE</b>		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
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<b>DRUG :</b>		Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	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.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	12 PM	TAB. MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
10/6/26	6 PM	TAB MISOPROSTOL	25mcg	PV	[Signature]	[Nurses]
10/6/26	11:40 PM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[Signature]	[Nurses]
11/6/26	1:00 AM	PROCTOCLYSIS ENEMA	100ML	PR	[Signature]	[Nurses]
11/6/26	2:30 AM	INJ PANTOPRAZOLE	40mg	IV	[Signature]	[Nurses]
11/6/26	2:30 AM	INT METOCLOPRAMIDE	10mg	IV	[Signature]	[Nurses]
11/6	3:30 AM	TRAMADOL	100mg	PR	[Signature]	[Nurses]
11/6	3 AM	DICLOFENAC	100mg	PR	[Signature]	[Nurses]
11/6/26	3:45 AM	T- MISOPROSTOL	600mcg	PR	[Signature]	[Nurses]

VERIFIED BY: Name: Signature:

Do Perleba



I.V. FLUIDS CHART

Weight. 50 kg ..... Ward. 4/w

Signature .....  
 VERIFIED BY: Name .....

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
11/6/20	12:30 Am	RINGER LACTATE	IV	100ml HR	↓	<del>PS</del> M	11/6	J	<del>PS</del> M
11/6/20	1:30Am	RINGER LACTATE	IV	FF	↓	<del>PS</del> A	11/6	L	<del>PS</del> A
11/6.	3Am	RINGER LACTATE + 20 U OXYTOCIN	IV	150 ml/hr	L	<del>PS</del> A	11/6	R	<del>PS</del> M
11/6	2 <sup>40</sup> Am	RINGER LACTATE	IV	500 ml/hr	L	<del>PS</del> A	11/6	L	<del>PS</del> A

1H-00197047 IP-00060295  
 Mrs N DEEPIKA  
 6-09-2000 25 Y 9 M 4 D (F)  
 Dr. BHAVANA K



## RESULT SHEET

Date	29/5/26				
Time					
Hb	12.0				
PCV					
RBC					
WBC	6850				
N/L					
Platelets	1.55				
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	'O' positive					
HIV	} Non Reactive					
HBsAg						
HCV						
VDRU						

Culture and Sensitivities : .....

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Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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