Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
N7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K
U

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

Date of Admission : 10/6/26 Time : 11:42 Am Date of Discharge : ---------- Time: ----------

Room / Bed No : 03 Ward : 4w Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	3:37 PM	L/D	OT	
11/6/26	5:15	OT	MICU	
12/6/26	@1:Am	4w	Room (204)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	~~GRBS - at 8:15pm - 132mg/dl~~		
10/6/26	NST at:- 11:00AM (1)	R26-009286	
10/6/26	NST at: 3:30AM (2)	R26-009322	
10/6/26	GRBS at 11:00AM 119mg/dl	V12601989	
10/6/26	GRBS at: 3:15PM - 132mg/dl	V12601993	
10/6/26	Albumin dipstick (Trace)	V12601999	
10/6/26	Electrolytes	V12601991	
10/6/26	NST at 7:30 pm - (3)	R26-009324	
10/6/26	NST @ 11:30pm - (4)	R26-009331	
11/6/26	NST @ 2AM - (5)	R26-009332	
11/6/26	GRBS @ 7AM - 73mg/dl	V12602003	
11/6/26	GRBS @ 11 AM - 87mg/dl	V12602004	
11/6/26	NST @ 10:20 Am - (6)	R26-009397	
11/6/26	NST @ 2 Pm - (7)	R26-009398	
11/6/26	Placenta histopathology	V12602005	
11/6/26	GRBS 10:5pm 97mg/dl	V12602008	
11/6/26	NST at 6AM (8)	R26-009399	
	Chart checked by	Ca Shamin	12/6/26 at
12/6/26	GRBS 2:5:Am - 89mg/dl	26020016	Am
12/6/26	GRBS 6: Am - 83mg/dl	26020017	
12/6/26	GRBS 10:30Am - 184mg/dl	26020181	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Cardiac monitor	5:45Pm	12/6 12 Am	3089393	
11/6/26	Infusition Pump	12:30Pm	12/6 12 Am		
11/6/26	Epidural Pump	12:05 pm	3:30 Pm		
	Above	checked	by Dr Shamini	12/6/26 at 12Am	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/6/26	IV Replacement	1	3088746	
11/6/26	Catheterization	1	3089390	
11/6/26	PAC	1	3089391	
	Drug checked by		G Shamini	11/6/26 at 11.30 pm

ANY OTHER INFORMATION

Date : 12/6/26 Time : 3pm Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	12/6/26 3pm		

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

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SURGERY DETAILS

Date : 11/6/26

Patient Name: Mrs. Kondle Harika Date of Birth: 17-07-1994 Age: 31yrs

Gender: Female Ward : OT UHID No.: 199634

Date of Surgery: 11/06/2026 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower segment cesarean section under spinal anaesthesia.

Time in : 03:40 pm Time Out : 05:10 pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Bhavana. K	OT charges :
2.	Anaesthetist	: Dr. Brunda	
3.	Assistant Surgeon	: Dr. Soumya / Dr. Nikitha	
4.	OT Technician	: Br. Rakesh	
5.	Circulating Nurse	: Sr. Bhavani / Sr. Meghna	
6.	Assistant Nurse	: Sr. Manimala	

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

Dr. Nikitha
Signature of the Surgeon

Meghna
Signature of Circulating Nurse

Order No: 3089289/88 Order by: Ratan

Docu. No. : RCHBH /FRM / GENERAL / 114

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Em. LSCS.

CONSUMABLES OF OT - (1)

Patient Name : .....
Gender ☐ M ☐ F UHIS/
Date : 11/06/26

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

Circulating Staff : Bhavani Technician : Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			Major Pack 2 SCS		1	Inj. Vit. K		1
LMA			Sutures 2364		1	Cord Clamp		1
ECG leads : A/P/N		3	2437		1	Suction Catheter		
HME filter : A/P/N			2346		1	Feeding Tube		
Syringe 10 cc		5	1326		1	Vaccum Suction Set		
05 cc		2	Gloves 7g 6, 6½	1+1		Surgical Gloves PF6, 7		1+2
02 cc		2	PF 6, 6½	1+2		Gauze Pack		
01 cc		5				Syringe 1 ml/ 2 ml		1
Cautery Plate : A/P/N			Surgical blade 22 NO		1	Surgical Blade # 20		1
IV set		1	NG tube			Koochies (S)		
RL		3	Cautery Pencil			capsin		1
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies					
Ribigal		1	Ointments			Dea'drame		1
Evatocin		8	Suction Catheter			Proto gown		3
~~Fentanyl~~ Needle 25 G inch		1	Cap. Mask		10+10	Cap+Mask		4+4
Morphine			Gauze Pack		2	Latex Gloves		6
Ketamine			Mop Pack		4	D/water 10ml		1
Propofol			Steristrip					
Rocuronium			Underpad		1	3089295		
Glycopyrolate			Draw Sheet		1			
Myopyrolate			Abgel					
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag Allegro6		1			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage Bofroclot		1			
			Tegaderm					
Suppositories			~~Ioban~~ Sterizone		1			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet D/A		5			
Tab. Misoprost : 200 mg		5	Betadine Solution D/A		3			
			Microshield		3			
			Cotton Balls		.			
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavana. K Anaesthesiologist Dr. Bhavani Nurse Bhavani. Manimala OT Technician

Order No. : 3089287 Ordered by : Rakesh

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-00060299	**Ward**	N 2F-LABOUR WARD
Patient Name	Mrs KONDLE HARIKA	**Bed Name**	LW 221
Age/Sex	31 Y 10 M 25 D / Female	**Order No**	0003089287
Date	11/06/2026 18:39	**Prescription No**	PRIP-1290849
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	11/06/2026 18:41
UHID	VIH-00199634		

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	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	3	229.00	687.00
3	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	3	103.95	311.85
4	BOTROCLOT TROPICAL SOLUTION 10 ML	JUGGAT PHARMA	H	BTS26346	12/27	1	278.44	278.44
5	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	5	120.00	600.00
6	DRAW SHEET 180X80 PROTECTCARE		GENERAL	VI12012026	12/99	1	250.00	250.00
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
8	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	5	24.00	120.00
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	Encore Microptic gloves-6.5		H	2510072605	10/28	2	117.00	234.00
11	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091676	12/27	4	18.90	75.60
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091676	12/27	4	18.90	75.60
14	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	2	123.00	246.00
16	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
17	JUSTIN SUPPOSITORIES 25 MG	Neon Laboratories Ltd	H	BLNP279008	10/28	1	15.46	15.46
18	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
19	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5106	08/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	4	949.00	3,796.00
22	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	36464M	08/29	1	3.09	3.094
23	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR0O1	03/29	16	23.43	374.88
24	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
25	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
26	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
27	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
28	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
29	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
30	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
31	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00

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Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	**Dispensed Date**	11/06/2026 18:41
UHID	VIH-00199634		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
32	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	10	10.00	100.00
33	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
34	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS15	03/28	1	140.00	140.00
35	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00
36	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5008	09/30	1	988.00	988.00
37	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J	C1	T5013	05/30	1	951.00	951.00
38	VICRYL 3-0 VP 2437	ETHICON SUTURES-J&J	C1	T5O46	08/30	1	663.00	663.00
						Total :	**12,335.39**	**17,763.48**

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,
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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-00060320	**Ward**	N 2F-LABOUR WARD
Patient Name	Baby B/O KONDLE HARIKA	**Bed Name**	CRDL-LW-221-2
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	0003089295
Date	11/06/2026 18:59	**Prescription No**	PRIP-1290853
Payor	SELFPAY	**Dispensed Date**	11/06/2026 19:00
UHID	VIH-00205820		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAPRIN INJ VIAL 5000 IU 5 ML	SAMARTH LIFE SCIENCES PVT LTD	H	IHEPA1558	11/27	1	113.27	113.27
2	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
3	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	1	24.00	24.00
4	DUODERM EXTRA THIN 10X10 CM(187955)	Convatec	GENERAL	5E05981	05/30	1	275.34	275.34
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254604	11/28	1	2.58	2.58
6	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
7	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
8	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
9	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	4	10.00	40.00
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR0O1	03/29	6	23.43	140.58
11	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	3	450.00	1,350.00
12	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	4	10.00	40.00
13	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
						Total :	**1,245.04**	**2,450.19**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

INSURANCE COPY

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Name	Mrs KONDLE HARIKA	**UHID**	VIH-00199634
Father/Guardian	Mr P MANI TEJA	**Age/Gender**	31 Y 10 M 25 D/Female
Address	uma nilayam, Boduppal, Hyderabad, Telangana, INDIA, 500092		
IP No	IP-00060299	**Admission Date**	10-06-2026
Ref Doctor	DR.BHAVANA K	**Discharge Date**	12-06-2026

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37 weeks with Chronic Hypertension with Gestational diabetes mellitus with Hypothyroidism with Fibroid uterus with Fetal Perimembranous VSD for Induction of labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 11.06.2026.

History:
LMP: 21.09.2025
Obstetric formula: Primigravida
EDD: 01.07.2026
Gestation at admission: 37 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since June 2025.
Family History: Father - HTN
Mother - HTN, Hypothyroid
Surgical History: Nil
Allergies: Nil

Antenatal Details: Mrs KONDLE HARIKA was booked to Rainbow hospital at 11+5 weeks of gestation. Previous ANCs at Manasa Hospital. She was

Name	Mrs KONDLE HARIKA	UHID	VIH-00199634

diagnosed with Chronic Hypertension since conception and was on Tab Nicardia Retard 20mg BD. She was diagnosed with Gestational Diabetes Mellitus since conception & was on Tab Metformin 500mg BD & Inj Insulin 12u-14u-6u. H/o UTI at 12 weeks and was managed conservatively. H/o Brownish discharge at 36 weeks & was managed conservatively. She was on Tab Ecospirin 150mg OD since conception & stopped at 36 weeks. She had regular antenatal checkups and investigations as advised. She was admitted at 37 weeks with Chronic Hypertension with Gestational diabetes mellitus with Hypothyroidism with Fibroid uterus with Fetal Perimembranous VSD for Induction of labour.

Investigations: Enclosed, Blood group: **'B' POSITIVE**

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 4 doses of PGE1. Artificial rupture of membrance done at 2 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Patient opted for epidural analgesia at 2cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. Patient and attenders have been explained regarding Non-Progression of labour, risk of fetal distress and risk of continuing with vaginal delivery and need for Emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view of Non- Progression of labour, prepared with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol.

Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Fibroid of approximately 2cm size noted on anterior uterine wall. A lower segment curvilinear incision given on the uterus. Clear Liquor seen. Baby delivered with one loop of cord around the neck. 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 1000 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 11.06.2026
Time of Delivery: 4:00:10PM
Type of Delivery: Emergency LSCS
Indication: Non-Progression of labour
Analgesia: Spinal

Baby Details:
Date: 11.06.2026
Time: 4:00:10PM
Sex: Female
Weight: 2.454kg
Apgar: 7/10, 9/10
Gestational Age: 37 weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given

Name	Mrs KONDLE HARIKA	UHID	VIH-00199634

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 17.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 17.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 17.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 17.06.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Inj clexane 60mg once daily subcutaneously till 14.6.2026 (9am)
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 16.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

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

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Mrs KONDLE HARIKA	**Inpatient No.**	: IP-00060299
Age/Gender	: 31 Y 10 M 24 D/ Female	**Admit Date**	: 10-06-2026
Ward/Bed	: N 2F-MICU/ MICU 228	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :10-06-2026 12:36
RANDOM BLOOD GLUCOSE (GOD/POD)	119	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-06-2026 15:23
SODIUM (Direct ISE)	135	mmol/L	135 - 145
POTASSIUM (Direct ISE)	4.6	mmol/L	3.5 - 5.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ALBUMIN DIPSTICK (Specimen : URINE)			TEST RESULT STATUS : REPORT ENTERED Order Date :10-06-2026 19:22
ALBUMIN DIPSTICK	trace		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :10-06-2026 19:40
RANDOM BLOOD GLUCOSE (GOD/POD)	132	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 00:00
RANDOM BLOOD GLUCOSE (GOD/POD)	97	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 00:01
RANDOM BLOOD GLUCOSE (GOD/POD)	87	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 00:03
RANDOM BLOOD GLUCOSE (GOD/POD)	73	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 02:23
RANDOM BLOOD GLUCOSE (GOD/POD)	89	mg/dl	70 - 140

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs KONDLE HARIKA	**Inpatient No.**	: IP-00060299
Age/Gender	: 31 Y 10 M 26 D/ Female	**Admit Date**	: 10-06-2026
Ward/Bed	: N 2F-MICU/ MICU 228	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 02:23
RANDOM BLOOD GLUCOSE (GOD/POD)	83	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :12-06-2026 15:24
RANDOM BLOOD GLUCOSE (GOD/POD)	**184**	**mg/dl**	H	70 - 140

This is an interim report. The final report will be released after 24 hours

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

Patient Name

IP.No: 60299.

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	1	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record				
6	Doctors Progress Sheets	5	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
	Conset for Surgery	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
	Intake and Output chart (fluid Chart)	3	✓	✓	
	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet		✓		
29	Investigation Values (Result Sheet)	1	✓		
30	Nebulization Chart			✓	
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Medical Reconciliation	3	✓	✓	
	Pain Assessment	2	✓	✓	
	Braden Q	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	procedure checklist	1	✓	✓	
	Others	28	✓	✓	
	Total No. of Pages	65 pages			

Signature and Date : 12/6/24

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060299 **Admit Date** : 10-Jun-2026 **Admit Time** : 11:42 AM **UHID** : VIH-00199634

Patient Details :

Patient Name	: Mrs KONDLE HARIKA	**Age**	: 31 Y 10 M 24 D
Guardian	: Mr P MANI TEJA	**DOB**	: 17-07-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: uma nilayam Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9030970074
		E-mail	: na@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 228 **Ward Name** : N 2F-MICU

Room No : MICU 228 **Admission Type** : First Visit

Contact Details :

Name : Mr P MANI TEJA **Relationship** : W/O

Contact Address : uma nilayam Boduppal Hyderabad Telangana INDIA 500092 **Phone No** : 9030970074

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 10/6/26 Time of Arrival: 11:20 AM Time Seen by Nurse: 11:20Am

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

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

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

3) **Vital Signs:** Temperature: 98.6F Pulse: 97b/m RR: 14b/m SpO_2: 99% BP: 117/70 Weight: 88 Kgs

4) **Gestational Criteria:**

Gravida:	G_1	P	L 0	A 0

LMP: 21/9/2025 EDD: 1/07/2026 Gestational Age: 37 weeks

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

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 (No Pain) 1 2 3 4 5 6 7 8 9 10 (Worst possible pain)

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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroidism since June 2025

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Tab. Nicardia Retard 20mg BD, Tab. Thyro...

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 12 pm

Nurse Name : Meghana Nurse Signature: Mz

Date: 10/6/16 Time: 11:25 pm

/IH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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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 N°1

Chief Complaints: IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: 12pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism since june 2025	Nil	yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: —

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 21/9/2025

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G primi P — L — A —

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 Both parents - HTN, mother Hypothyroid

Vital Signs / Measurements: Temp: 98.6°F HR: 97 b/mt RR: 19 b/mt

BP: 114/70 mmHg Weight: 88 kg Height: 162 cm BMI: 33.5 kg/m²

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

/IH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 40 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☑ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ... Family .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... Mrs. Harika .....

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Meghna .....

Date & Time: ..... 10/6/24 at 12pm .....

PATIENT TRANSFER FORM

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VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
10/6/26 at 11 U2 AM	12/6/26 at 1 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Greeshma	observation

From Unit	To Unit	Information to Attendant
4w	Room (204)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
38	8	Yes ☑ No ☐

If yes, what ? op files & ornaments

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	1) panto prozole (1) (15)	(1)
2.	2) tramadol (1) (10)	(1)
3.	3) Diclofenac (10)	(0)
4.	4) paracetemol (15)	(0)
5.	5) underpad Bsanit 0 Bacirab 0	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis P. pooja	Dr. Greeshma

Patient & Clinical Records Received by : Roja

Epidural Catheter

Date & Time of Patient Received : Rec 12/6/26 @ 11 AM

Dr. Brunda 11/6/26

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

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199634 IP-00060299 Mrs KONDLE HARIKA 17-07-1994 31 Y 10 M 25 D Dr. BHAVANA K	10/6/26 at @11:42AM	11/6/26 @ 5:15 pm
	Transfer ordered by Dr. Shilpa / Dr Brunda	Reason for Transfer post opp care
From Unit OT	To Unit MICU	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file	Number of Imaging films NST	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Dr. Shilpa Brunda

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sri Vanitha	Dr. Brunda

Patient & Clinical records received by : 11/6/26 @ 6:00pm

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 (1)

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
MH-00199634 IP-00060299 Mrs KONDLE HARIKA 7-07-1994 31 Y 10 M 24 D (F) Dr. BHAVANA K	10/6/26 @ 11:42Am	10/6/26 @ 3:37 PM
	Transfer Ordered by: Dr. Bhavani	Reason for Transfer: surgery
From Unit: 2/W	To Unit: O.T	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 26	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Bhavani

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. ~~Manimala~~	Dr. Bhavani

Patient & Clinical Records Received by :

Sr. Manimala

Date & Time of Patient Received : 10/6/26 @ 3:37 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

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

(1)

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ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 21/9/2025 EDD:

Corrected EDD: 1/07/26 GA: 37 weeks

Obstetric Formula: primigravida
ML-2½yr NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G1- P0, Spontaneous conception
Booked to RCH since 11+5 wks
previous ANCs Manasa Hospital.

Obstetric Examination

Present Pregnancy Record: diagnosed Chronic Hypertensia since conception on Tab Nicardia Retard 20mg BD
H/o diagnosed c Gestational diabetes mellitus since conception on Tab Metformin 500mg BD & Insulin 12-14-6 units in Afternoon & before & after food in night.
H/o UTI at 12 wks Mx conservatively
H/o Brown discharge at 36 wks Mx conservatively on Tab Ecospirin 150mg OD since conception stopped at 36 wks

Fundal Height: TG

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
(+) 148 bpm

RISK FACTORS:
chronic Hypertension
GDM (I+M)
Hypothyroidism
fibroid uterus
fetal perimembranous VSD

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1cm

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 162 cm
Weight: 88 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C|C|C Pallor: (−)
Icterus: (−) Edema: (−)
Temp: Afebrile PR: 97 bpm
BP: 117/70 mmHg DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: (N) Urine Output: Adequate

DIAGNOSIS

primigravida with 37 weeks with chronic Hypertension with Gestational diabetes mellitus (I+M) with Hypothyroidism (137.5) with fibroid uterus with fetal perimembranous VSD

for Induction of labour.

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

Family History:

Both parents - HTN
Mother - Hypothyroid

Surgical History:

Nil

Medical History:

Hypothyroidism since June 2025

Medication History:

Tab Nicardia Retard 20mg BD
Tab Thyroxine 137.5 MCG OD
Tab Metformin 500MG TWICE daily afternoon & night
Inj Insulin 12-14-6 afternoon night before & after food.

Plan of Care: C/I to DR. Bhavana mam

GRBS - 119 mg/dl

- Admission
- Diabetic diet
- part preparation
- Consent
- Monitor Vitals
- FHR Monitoring
- NST 4th hrly
- Tab Misoprostol 25MCG PV
- Follow drug chart
- Inform SOS
- good ambulation.
- Do all post sugars & FBS.

Urine Albumin:

Noted by Meghna
10/6/26 12pm

Investigations:

BG - B' POSITIVE

HIV, HBsAg, HCV, VDRL } NR

8/6/26
CBP - 12 | 8100 | 2.38L
Uric acid - 5.9
LDH - 282
APTT - 33 MNAPTT - 30.7
PT - 13.60 MNPT - 14.6
INR - 0.93

Na+ - 128
K+ - 4.4
Cl- - 98

8/6/26
AFI / Doppler
36+5 wks
SLIUF Cephalic
AFI - 10.5 cm
Doppler - Normal
PI - Ant High

23/2/26
TIFFA
21+5 wks
SLIUF
No anomalie
CL - 36mm
PI - Ant High
EIF in both ventricle
small perimembranous VSD

1/6/2026
Growth scan
35+5 wks
SLIUF, Cephalic
EFW - 2521 gm
AC - 16%
AFI - 9.7 cm
PI - Ant High
Doppler - normal
fibroid - 27 x 19 mm anterior left lateral wall

22/12/25
NT scan
SLIUF 12+5 wks
NT - 2.2 mm
fibroid - Ant wall - 31 x 33 mm, Post wall - 28 x 24 mm

FTS - Low Risk
HPLC - (N)

10/3/26 - Fetal ECHO - Drop out in PM septum
Intracardiac Echogenic foci in left ventricle
Sinus rhythm

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 10/6/2026 12 PM

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

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

UH-00199634 IP-00060299
Patient Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Age Dr. BHAVANA K
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
10/6/26	12AM	O/E	
		Pt is c/c/c	Adv
		uc fair	- Diabetic diet
		Afebrile	- Monitor Vitals
		BP-114/72mmHg	- W/F progress of labour
		PR- 86bpm.	- NST 4th hrly
NST Reactive		S/E -NAD	- Adequate hydration
		P/A - Ut ~ TG	- Birthing ball exercises
		Relaxed	- Ambulation
		FHR (+) 150bpm.	- Bp charting
			- DO FBS, PP all post sugars
			- Follow drug chart
			- Inform sos
		Noted by pratyusha @ 12am	Dr Yogeshwari
11/6/26	3AM	O/E	Adv
		Pt is c/c/c	- Diabetic diet
		uc fair	- Monitor Vitals
3rd dose NST Reactive		Afebrile	- W/F progress of labour
		BP- 116/74mmHg	- NST 4th hrly
tab Misoprostol		PR- 86bpm	- Adequate hydration
25 mcg PV kept		S/E -NAD	- Birthing ball exercises
at 3AM		P/A - Ut ~ TG	- Ambulation
		Cephalic Relaxed	- Bp charting
		FHR (+) 148 bpm	- DO FBS, all post sugars
		P/V- Cx long	- Follow drug chart
		os - 1 finger loose	- Inform sos
		PP vy high M (+)	
		Noted by pratyusha @ 3AM	Dr Yogeshwari

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/6/26
7AM

O/E

Pt is c/c/c
Gc fair
Afebrile
BP- 126/72 mmHg
PR- 79 bpm.
S/E - NAD
P/A - Ut - TG
Relaxed
FHR (+) 146 bpm
Cephalic

FBS - 73 mg/dl

Adv

- Diabetic diet
- Monitor vitals
- Follow drug chart
- Adequate hydration
- Ambulation
- Birthing ball exercises
- W/F progress of labour
- NST 4th hrly
- FHR monitoring
- BP charting
- DO FBS & post sugars.
- Inform SOS

Dr Yogeshwari

Noted by Prathyusha @ 7am

11/6/26
9AM

4th dose
Tab Misoprostol 25 mcg PV kept at 9 AM

O/E

Pt is c/c/c
Gc fair
Afebrile
BP- 114/72 mmHg
PR- 84 bpm
S/E - NAD
P/A - Ut - TG
Relaxed
Cephalic
FHR (+) 150 bpm
P/V - Cx 1 finger long
OS - 2cm
PPUV 1-2
BOM (+)

Adv

- Diabetic diet
- Monitor vitals
- Follow drug chart
- Adequate hydration
- Ambulation
- Birthing Ball exercise
- W/F progress of labour
- NST 4th hrly
- GRBS 4th hrly
- FHR Monitoring
- BP charting
- DO FBS, post sugars
- Inform SOS

Dr Yogeshwari

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

Patient Name : Harika.

Age : ..... Gender ☐ M ☐ F

I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
11/6/2026		O/E- pt is c/c/c	Adv:
	10:30 Am	GC - Fair	- Clear liquids.
		Afebrile	- Continuous FHR monitoring
		BP - 118/76 mmHg.	- monitor vitals
ARM done		PR - 88 bpm.	- W/F POL
liquor clear		S/E - NAD.	- NST 4th hourly.
		P/A - ut - TG	- Ambulation
pt. wants epidural		Cephalic	- Bisthing ball exercises.
		FHR ⊕ 138 bpm.	- Follow drug chart
		irritable.	- Inform SOS
		V/E - Cx - ½ inch long.	- BP charting
		OS - 2cm.	- GRBS 4th hrly
		PPV x 1-2	Dr. Nikhita
		memb ⊖, liquor clear	
Noted by		Rani 11:30am 11/6/26	
11/6/2026		O/E - pt is c/c/c	Adv:
	12:20 pm	GC - Fair.	- Clear liquids
		Afebrile.	- Continuous FHR monitoring.
under epidural		BP - 133/81 mmHg.	- Start syuto.
		PR - 83 bpm.	- monitor vitals.
GRBS - 87 mg/dl		S/E - NAD.	- W/F POL
at 11:30 Am		P/A - ut - TG	- NST 4th hourly
		Cephalic.	- Ambulation.
		FHR ⊕ 144 bpm.	- Bisthing ball exercises
		2C / 25 sec / 10 min	- Follow drug chart
		V/E - Cx - ½ inch long.	- BP charting.
Noted by Rani 11/6/26 @12:20pm		OS - 2-3 cm. PPV x 1-0 / memb ⊖, liquor clear	- GRBS 4th hourly. - Inform SOS

Dr. Nikhita

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

C/S/B Dr. Bhavana mam

11/6/2026
2pm.

O/E- pt is c/c/c
GC - fair.
Afebrile.
BP - 118/88 mmHg
PR - 78 bpm
S/E - NAD.
P/A - Ut - TGT
cephalic
FHR @ 146 bpm.
3C/20-25 sec/10 min.
V/E- Cx - ½ inch long.
OS - 2 cm.
PPUx 1-2
memb ⊖, liquor clear.

under epidural on syuto.

Adv:
- clear liquids
- continuous FHR monitoring.
- monitor vitals
- GRBS 4th hourly
- BP charting
- c/F POL
- Follow drug chart
- Inform SOS.

Dr. Nikki

x/o ted by kanal 2pm 11/6/26

Counselling Notes

11/6/26
2:50 PM

Patient and attenders have been explained regarding the risk of Non-Progression of labour and risk of continuing with Normal Vaginal Delivery & Fetal Distress. Need for Emergency lower segment cesarean section explained and they opted for it.

K. Harika (Patient)

P.C.A (Manoj Teja) (Husband)

Dr. Geetha

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

15

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	2pm	
		O/E
		Pt Ps c/clc — Adv
		Gc fair — Diabetic diet
		Afebrile — W/F POL
Tab Misoprostol 25mcg PV kept at 2pm		BP- 118/78 mmHg — Monitor FHR
		PR- 92bpm — NST 4th hrly
		S/E- NAD — Do all post sugars and FBS
		P/A - Ut~TG — Monitor Vitals
		Relaxed — Follow drug chart
		Cephalic FHR (+) 150bpm — Inform SOS
		P/V- Cx 1 inch long — T. Miso 6th hrly
		OS 1 finger tight
		PPUx 1-2)
		Dr Yogeshwari
		Noted by Meghna 10/6/26 2pm
10/6/26 2:30pm		CISIB Dr. madhavi sir
		Adv
		Send S. Electrolytes
		Urine Albumin
		Dr mounika.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10/6/26
3:15pm

Urine alb – trace
URBS post lunch – 132 mg/dl
inform post dinner

Dr Ashwini

10/6/26
6pm

O/E
Pt is c/c/c
Gc fair
Afebrile
BP – 114/70mmHg
PR – 84 bpm
S/E – NAD
P/A – Ut – TG
Relaxed
Cephalic
FHR ⊕ 150 bpm

Adv
- Diabetic diet
- Monitor FHR
- W/F POL
- NST 4th hrly
- Adequate hydration
- Ambulation
- Birthing ball exercises
- Monitor vitals
- Follow drug chart
- Inform SOS

Post dinner GRBS

Na+ – 135
K+ – 4.6
Cl- – 105

Noted by Meghna
10/6/26 at 3:15pm

Dr Yogeshwari

10/6/26
8pm

O/E
Pt is c/c/c
Gc fair
Afebrile
BP – 110/70mmg
PR – 86 bpm
S/E – NAD
P/A – Ut – TG
Relaxed
Cephalic FHR ⊕ 148 bpm
P/V – Cx – 1cm
OS – 1F loose
IPPW – 2+
AS ⊕

Adv
- Diabetic diet
- Monitor FHR
- W/F POL
- NST 4th hrly
- hydration
- ambulation
- BP charting
- inform FBS & all post sugars
- monitor vitals
- follow drugs
- inform SOS

NST reactive
2nd dose
Tab Nifedipine 10mg kept N/V at 8pm

Check post dinner sugar

Noted by Prathyusha @8pm

Harsha.

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

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...SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026. 5:30 pm	POD-0 (LSCS)	
P, 4	O/E - pt is c/c/c	Adv:
c/c/ HTN	GC - Fair	- NBM for 4 hours
GDM (T+M)	BP - 130/88 mmHg	- Rest
Hypothyroid	PR - 73 bpm.	- W/F bleeding PV
	S/E - NAD.	- BP charting 2nd hourly
	P/A - Ut - W/R	- GRBS 8th hourly
U/O 300 ml adequate, High coloured	- Soft, BS +/-	- monitor vitals
	L/E - NAB.	- Follow drug chart
	Baby < A M BF (+)	- Inform SOS.
		- ~~SCD stockings~~.
		(RR).
Noted by Kanal 11/6/26 @ 5:30pm		Dr. Nikhita
	POD - 0 (Post LSCS)	
11/6/26 9:30 pm	O/E Pt is c/c/c	Adv.
	GC - fair	- Sips of Oral fluids
	Afebrile	Hb clear liquids
P, 4 E Chr. HTN	BP - 129/80 mmHg	- Rest
E GDM (T+M)	PR - 88 bpm	- Flo charting
E Hypothyroidism	S/E - NAD	- O/F Bleeding PV
	P/A - Ut - W/R	- BP 2nd hrly
	Soft, BS +/+	- GRBS 4th hrly
U/O - 100 ml High coloured		- Monitor vitals
	L/E - NAB	- Follow drug chart
	Baby < A M, BF (+)	- Inform SOS
Shift to Room		Dr Greeshma
	Noted by pooja 11/6/26 @ 12pm	

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-1 (Post LSCS)	
12/6/26 12:30 AM	O/E Pt is c/c	Adv
	GC - fair	- Clear liquids
	Afebrile	- Soft diet at 6 Am
P1L1 ē Chr HTN	BP 126/88 mmHg	- Rest
ē GDM (I+M)	PR - 91 bpm	- I/O charting
ē Hypothyroidism	S/E - NAD	- W/F Bleeding PV
	P/A - Ut ~ W/R	- BP 2nd hly
U/O - 400ml	Soft, BS ⊕	- GRBS 4th hly
Adequate, clear	L/E - No active bleeding	- Monitor vitals
	Baby ē A/H, BF ⊕	- Follow drug chart
Shift to room		- Inform SOS
		Dr. [signature]
	Noted by pooja. 11/6/26 @ 12 AM	
12/6/26 7AM	POD-1 (Post LSCS)	
	O/E Pt is c/c	Adv
P1L1 ē Chr HTN	GC - fair	- ~~Diabetic~~ Soft diet
ē GDM (I+M)	Afebrile	- Adequate hydration
ē Hypothyroidism	BP 128/73 mmHg	- Ambulation
	PR - 75 bpm	- W/F Bleeding PV
	S/E - NAD	- Monitor vitals
U/O - 3100ml	P/A - Ut ~ W/R	- Follow drug chart
Adequate clear	Soft, BS ⊕	- BP 2nd hly
Remove Foleys	L/E - NAB	- GRBS 4th hly
	Baby ē A/H, BF ⊕	- Inform SOS
	Noted by pooja 11/6/26 @ 12 AM	

VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 1:45PM	POD-1	(Post LSCS)
	O/E pt is c/c/c	Adv
	gc fair	- (N) Diet
PIL)	Afeb	- W/F bleeding PV
c/HTN	BP- 109/70mmHg	- Monitor Vitals
GDM (I+m)	PR- 82bpm.	- Follow drug chart
Hypothyroid	S/ENAD	- Ambulation
Do FBS, PPBS tomorrow (lab)	P/A Soft	- Hydration
	wt ~ N/R	- Inform SOS
urine & motion passed	C/ENAB	
pt can be discharged at 3pm.	Baby MS BF (P)	Dr Nausheen

noted by Sushila 12/6/26 at 2:20PM

VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida ē 37wks ē chronic hypertension ē GDM ē Hypothyroidism ē fetal fibroid uterus ē fetal peritoneal membranes

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: —

Surgery / Procedure: —

Post OP Day: —

BACKGROUND

Date / Shift	10/6/26 M	10/6/26 E	10/6/26 N	11/6/26 M	11/6/26 E	11/6/26 E
Medical Condition (Any special condition to be noted):	Nil	HTN, GDM	HTN GDM	HTN GDM	HTN GDM	HTN GDM
Diet:	D diet	D diet	D diet	D diet		NBM

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.2°F	98.6°F	98.0°F	98.06°F	98.06°F	98.6°F
Res:	20b/m	19 br/mt	20b/m	20b/m	19b/m	19b/mt
SpO_2:	99%.	99%.	96-1.	99%	99%	99%.
Pulse:	112b/m	88	88b/m	86b/m	88b/m	86b/m
BP:	106/59 mmHg	111/70 mmHg	121/	128/86	138/94	130/88 mmHg
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	40	40	40	40	40	'15'
Pain Score:	0	0	0	0	0	'0'
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil	will-	will-	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	D diet	D diet	D diet	—	—	NBM
Critical Lab Test / Values:	Nil		—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dpent	Dependent	Dependant	dependent	dependent	Dependant
Post Operative Procedure Special Orders:	Nil	→ monitor vitals → wtf, PDL	monitor vitals wtf pd		—	—
Handed Over By Name :	Reja	Meghana	pooja	Revi	Jyothi	Savitha
Signature / ID :		M/020232	905050			69750
Date:	10/6/26	10/6/26	10/6/26	11/6/26	11/6/26	11/6/26
Time:	@2pm	@8pm	@8AM	2pm	@3:30pm	@6:00pm
Taken Over By Name :	Meghana	prathyusha	Rahi	Jyothi	Manimala	Sanah
Signature / ID :	M/020232	020533		01646		020573
Date:	10/6/26	10/6/26	11/6/26	11/6/26	11/6/26	11/6/26
Time:	@2pm	@8pm	8AM	2pm	@3:30pm	@6:00pm

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primi 32+ weeks hypotensive GDM + Hypothyroidism fetal premature	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —
	Surgery / Procedure:	Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	11/6/26 E	11/6/26 N	12/6/26 N	12/6/26 D	12/6/26 E	
	Medical Condition (Any special condition to be noted):	—	—	—	—	Nil	
	Diet:	NBM	NBM	Clear liquid	S diet	S diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	Nil	Nil	Nil	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F	98.7F	98.1F	96.6°F	
	Res:	20b/m	20b/m	19b/m	19b/m	20b/mt	
	SpO2:	99%	99%	99%	99%	99%	
	Pulse:	89b/m	99 b/m	98b/m	98bm	89b/mt	
	BP:	113/70	133/70	115/85 mmHg	108/68(?)	129/79(87)	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	10	10	0	0	0	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Integrity	Integrity	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NBM	NBM	Clear liquid	S diet	S diet	
	Critical Lab Test / Values:	—	—	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent	dependent	
	Post Operative Procedure Special Orders:	—	—	GRBS 4th hrly BP charting 2hrly		Nil	
	Handed Over By Name :	Kamala	pooja	Roja	Akanksha	sushila	
	Signature / ID :	[signature]	[signature]	Q10990	606607	816993	
	Date:	11/6/26	11/6/26	12/6/26	12/6/26	12/6/26	
	Time:	@ 8pm	@ 12pm	@8Am	@8pm	3PM	
	Taken Over By Name :	pooja	Roja	Akanksha	sushila		
	Signature / ID :	[signature]	Q10990	606607	816993		
	Date:	11/6	12/6/26	12/6/26	12/6/26		
	Time:	@	@1Am	@8am	2pm		

noted by sushila 12/6/26 @3pm

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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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	12pm 1pm	Ensure Safety maintain personal hygiene	12pm 1pm	Side rails kept up educated about personal hygiene	Prevent from fall. Prevent infection.	Patient is Stable	10/6/26 Nurse Capt
Afternoon	3pm 4pm	maintain good nutritional status maintain fluid Balance	3:10 pm 4:10 pm	To provided good nutritional diet To maintain IV fluid as per doctor advised	oral intake is good To maintain Hydration	patient is stable patient is safe	Meghana Rn 10/6/26 7:30pm
Night	11pm 6am	Ensure Safety maintain fluid Balance	11pm 6am	side rails keep up Encourage to Intake oral regular	provide Safe prevent body dehydration	patient was Good patient is Safe	Sneha RN 10/6/26 afternoon

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 12/6/26

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 AM	* maintain Personal hygiene. * Ensure Safety	10 AM	* Bedsheets changed and maintained Hand hygiene. * provided Side Rails up-side	* Prevented cross' Infection * Reduced falls Risk.	* Re-Assessment done. Pt condition is Stable.	Akash 12/6/26 @2pm
Afternoon		discharge note!- doctor advised for discharge					
Night				note			

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KONDLE HARIKA**	**Age :**	**31 Y 10 M 24 D**
IP No:	**IP-00060299**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-MICU/MICU 228**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill earance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: P. Mani teja
Relationship: Husband
Date: 10/6/26 Time: 11:42 pm
Wittness Name:
Wittness Signature:

Patient Address:
uma nilayam Boduppal Hyderabad
Telangana INDIA 500092

CONSENT FOR SPECIAL PROCEDURES

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Patient Name : Mrs KONDLE HARIKA Gender: ☐ Male ☒ Female

UHID No : VIH-00199634 Department : Labour room Date : 11/6/26

I ..... S / D / W / O Kondle Harika

Here by give consent for procedure of : Labour epidural analgesia

For my patient, Named : .....

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

post dural puncture headache, catheter migration, dysrenal block etc

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

Entonox, IV. analgesics.

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

Name of the Doctor performing the procedure: Dr Shilpa

Patient Attendant :

Signature : K. Harika

Name : K. Harika

Relationship with Patient: SELF

Date & Time : 11/6/26 11.30 Am

Witness :

Signature :

Name : Mani Teja

Date & Time : 11/6/26 11.30 Am

Doctor (who is taking the consent) :

Signature :

Name : Dr Shilpa

Date & Time : 11/6/26 11:30Am

ప్రత్యేక విధానాలకు సమ్మతి

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

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

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. KONDLE HARIKA. Gender: ☐ Male ☑ Female Age : 31 YEARS.

UHID No : VIH-00199634 / 60299. Date : 11/06/2026.

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 / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION.

upon MRS. KONDLE HARIKA.

(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, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION & ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE.

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 : K. Harika

Name : MRS. KONDLE HARIKA.

Date & Time : 11/6/2026. 13:00PM

Witness :

Signature :

Name :

Date & Time : 11/6/26 3PM

Patient Attendant :

Signature : P.

Name : Pippala. Mani Teja

Relationship with Patient: Husband

Date & Time : 11/6/2026. 13:00PM

Doctor (who is taking the consent) :

Signature :

Name : DR. MOUNIKA

Date & Time : 11/6/2026. 13:00PM.

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. KONDLE HARIKA Age : ..... Gender : ☐ M ☑ F

UHID / IP No. : UIN - 199634 / 6629 Date : 10/6/2026 Time : 12pm

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.

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 : K. Harika

Name : Kondle. Harika

Date & Time : 10/6/2026 12 PM

Witness:

Signature : Rani

Name : Rani

Date & Time : 11/6/26 10 AM

Patient Attendant :

Signature : P-M

Name : P. Mani Teja

Relationship with Patient: Husband

Date & Time : 10/6/2026 12 PM

Doctor :

Signature : H

Name : Dr. A. Sravani

Date & Time : 10/6/2026 12PM

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Induction of Labor Consent

Name: MRS. KONDLE HARIKA
Date of Birth: 17/7/1994
ANC No: 10278

Consulatant: DR. BHAVANA K
Registration Number: VIH-00199634

You are scheduled for an induction of labor on 10/6/2026 (date) at 37 weeks (weeks of gestation).

The reason for your induction is Term Gestation

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

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

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

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

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

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

K. Harika
Parents Signature

10/6/2026
Date

P
Husband's Signature

10/6/2026
Date

Dr. Ashwini
Doctor's Signature

10/6/26
Date

NAME:

EDD:

GESTATION:

INDICATION OF IOL:

SCORE	0	1	2
STATION IN RELATION TO THE SPINES	-3	-2	-1
DILTATION OF THE CEVIX CONSISTENCY	0CM	1-2CM	3-4CM
LENGTH OF CERVIX	3CM	2CM	1CM
CONSISTENCY	FIRM	MEDIUM	SOFT
POSITION	POSTERIOR	MILD POSITION	ANTERIOR

DATE & TIME	VAGINAL EXAM	BISHOP SCORE	CTG	PGE1/E2 DOSE	PGE1/E2 NUMBER	OXYTOCIN	A.R.M	REMARKS	SIGNATURE & NAME

VIH-00199634
Mrs KONDLE HARIKA IP-00060299
17-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

PROCE...CK LIST (TIMEOUT OUTSIDE OT)

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Patient N... Gender: ☐ Male ☑ Female UHID. No: ..... Age: 31

Date: 11/6/26 ... 11:45am Out-Time: 12:10Pm

Doctor Performing Procedure: Shilpa Doctor Giving Sedation: Shilpa Assisting Nurse: Rani

SIGN IN Time: 11:45Am	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	✓		
All required documents, images, studies are available	✓		
NPO Status Checked from Patient / Patient Attendant			✓
Consent is Signed	✓		
Any need for blood products		✓	
If Yes Comment:			
Any Risk of Hemodynamic Compromise	✓		
If Yes Comment: Hypotension			
Any drug or food allergy		✓	
If Yes Comment:			
Correct Site of Procedure Marked	✓		
All resources required are correct, available and functioning	✓		

Signature of the Doctor: S

Name of the Doctor: Dr Shilpa

TIME OUT Time: 12:10Pm	Yes	No	NA
Correct Patient	✓		
Correct Site	✓		
Correct Procedure	✓		
All the team members introduced	✓		

Signature of the Nurse: Rani

Name of the Nurse: Rani

SIGN OUT Time: 12:10Pm	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	✓		
Instrument, Sponge and Needle Count Completed	✓		
Specimens are labeled	✓		
Any equipment problems are addressed	✓		

Signature of the Nurse: Rani

Name of the Nurse: Re

Any Adverse / Unexpected Events

.....

.....

.....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Kondle Harika Age : 31y Gender : Male ☐ Female ☐

UHID NO: VLH-00199634 Surgeon Name: Dr. Bhavana.K

Anaesthesiologist : Dr. Madhav / Dr. Shilpa

Operative procedure planned : Emergency Cesarean delivery

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Kondle Harika the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean delivery

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 anesthesia.

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

I authorize the anaesthetic team to perform any additional procedures (for example, 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 anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / 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 : K. Harika

Name : Harika

Relationship with Patient: Self

Date & Time : 11/6/26 @ 3:39pm

Witness :

Signature : P.A

Name : Mani Teja

Date & Time : 11/6/26 @ 3:50pm

Doctor (who is taking the consent) :

Signature : B. de

Name : Dr. Bhanda

Date & Time : 11/6/26, 3pm

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

Department of Anaesthesio
PRE-ANAESTHETIC EVA

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Name: ..... Age: ..... Sex: ..... UHID.No : .....

Date: 11/6/26 Time: 11:30 Am Proposed Operation: labour epidural analgina.

Diagnosis: GDM | Gestational Primarty HTN | In labour

B.P / CR: 110/100 H.R: 76 Weight: 84 ASA Physical Status: ☐ 1 ☐ 2 ☑ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.0	Glucose:	Protein:	HIV:	X-Ray: .....
PCV:	Urea:	Alb:	HBS Ag:	ECG: .....
WBC:	Creat:	Total Bill:	HCV:	2D Echo: .....
Plate: 2.38	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: Nil

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : normal

Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : 73kg

Heart: nor

CNS:

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

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

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

CURRENT MEDICATIONS	DOSAGE
Metformin	
Insulin.	

Pre-Operative Instructions:

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

Signature: ..... Name: Dr Shilpa

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 89bpm | B.P / CRT: 128/89 mmHg | SpO_2: 100% on RA | R.R: 16/min | Last Feed: 6hrs ago

Pre-OP Diagnosis: Primi c GDM c Chronic HTN | Operation: Emergency LSCS | Date: ....

Surgeon: Dr. Bhavana K / Dr. Sowmya | Anaesthesiologist: Dr. Brinda | Technician: Rakesh

TIME: 340 355 410 425 440 455 510

N_2O /AIR /O_2 LPM
HALO /ISO /SEVO
Drugs:
Inj. CARBETOCIN 100μg IV
Inj TRANEXAMIC ACID 1gm IV

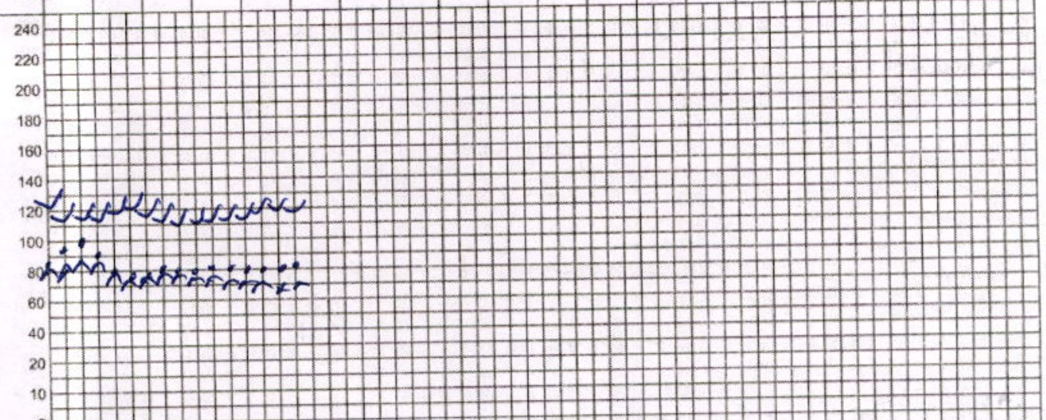
Antibiotic: given
Suppository: TRAMADOL 100MG P/R. DICLOFENAC 100 MG P/R
Blood Loss

FIO_2 / SaO_2: 100 100 100 100
$ETCO_2$
ECG: NSR — NSR
Temperature
Urine Output

NOTES

Fluids / Blood: RINGER LACTATE →

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Rt UL
☐ Art Site: ....
☑ EKG Lead 3 lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator
Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other Sheets/Drapes

Times:
Anaes Start: 3:40pm
OP Start: ....
OP End: ....
Leave OR: 5:10PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G left UL
☐ IV: ....
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others
☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☑ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: Inj 2% LOX c ADRENALINE 15CC
Infusion: ....
Block Level: T4 DERMATOME
Comments: ....
Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. Brinda
Signature of the Doctor: [signature]

VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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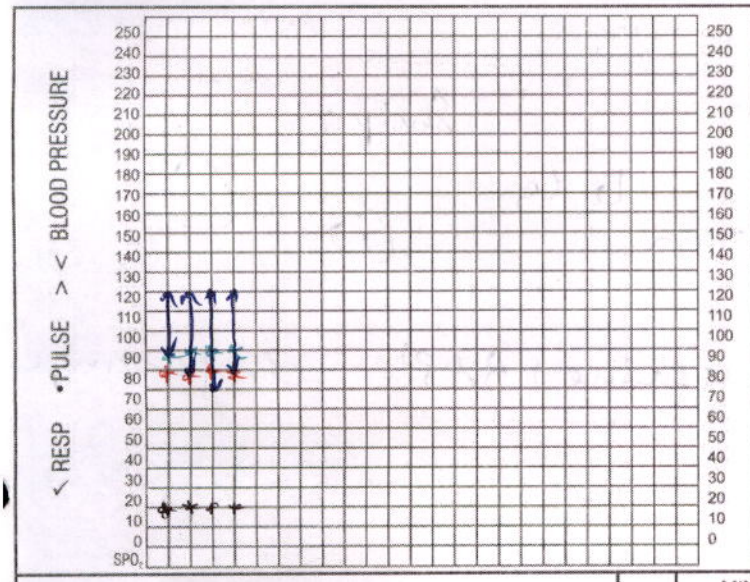
POST ANAESTHESIA UNIT RECORD

Received in PACU by : Kanak Time Received : 5:45PM Time Discharged : .....



IV Cannula Site : observation

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

Vomiting : ☐ Yes ☐ No Drug: Aspexdoctor orders

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: RL 100ml/hr

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	1	1	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 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	12 AM	2	Analgesia given	

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

Anaesthesiologist Name : Dr Brunda

Anaesthesiologist Signature: B

Date & Time: 11/6/26 @

PACU Nurse Name : Kanak

PACU Nurse Signature: Kanak

Date & Time: 11/6/26 @ 7PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): .....

Date & Time: .....

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EPIDURAL ANALGESIA RECORD

Date: 11/6/26 Time: 11:45 Am Procedure done by Shilpa

CSE /Spinal /Epidural Position : Sitting Space : L2 L3 Technique (LOR/LOS)

Depth: 5cm Catheter at Skin: 10cm Attempts : (1)

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Bupivacaine + 2 µg/ml of fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
12:03pm		9 ml	T_{10}	T_8	128/83	76	160	0.8% lignocaine + adrenaline -
12:10 pm	10ml/hr		T_{10}	T_8	120/80	85	140	0.1% Bupivacaine + 2 µg/ml of fentanyl
1:50 pm	-	8cc of 1% lox & NDR	T_8	T_8	113/92	84	142	pt comfortable

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Epidural Catheter Removed
(YES) / NO

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: Dr. Brunda

Date and Time : 11/6/26

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PRE-ANAESTHETIC EVALUATION

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Name: Harika Age: 31yr Sex: F UHID.No: VHT00199634

Date: 10/06/24 Time: 02:30pm Proposed Operation:

Diagnosis: Primi ↑ chr. HTN + Diabetes + Hypothyroid

B.P / CRT: 132/78 H.R: 90/m Weight: 88kgs ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 12 gm%	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.89	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT: 13.6 Sec.	K:	LDH:	T3	Other:
PTT: 32 Sec.	Ca++:	Alk phos:	T4	
INR: 0.93.	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: (+) CVS: Chr. HTN — on Tab. Nicardia - 20mg BD.

RESP: Hypothyroid Diabetes: DM — on Insulin. 0—0—4U.

CNS:

Renal:

Hepatic / GE: Physical Activity: Good.

Others:

Past Anaesthetic History: Nil Significant.

Physical Exam:

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

Lungs: BAE (+) clear

Heart: S1 (+) S2 (+)

CNS: NAD

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

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

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

CURRENT MEDICATIONS	DOSAGE
Tab. Thyronorm	137.5mcg OD.
Tab. Nicardia	20mg BD.
Tab. Ecosprin	150mg OD — stopped on 08/06
Insulin.	0—0—4units.

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management ☑ Discussed with Patient
5. Other Instructions:
   - CBP, CUE — if alb + — P.E profile to be sent.
   - To consider post natal anticoagulants.
   - Gr. Electrolytes.

Signature: Name: Dr P Madhav.

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ANAESTHESIA CHART

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Pre induction Assessment:

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

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

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

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

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values

ABG

GRBS

Others

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

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

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

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

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

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

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

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

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

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

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

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

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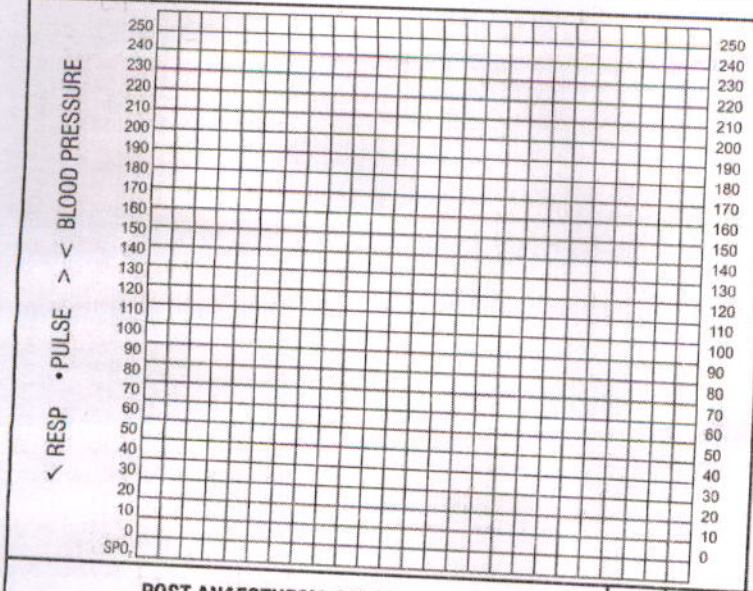
POST ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

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

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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PRE - OPE

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Date : 10/6/26

Patient's Name : ..... Age : 31Y Gender : ☐ M ☑ F

Blood Group : B+ positive UHID : MH-00199634

Planned Surgery: NVD & EM-LSCS Surgeon : DR. Bhavana Kasa

Anesthetist : DR. Radhav Date & Time of Operation : 10/6/26

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

S.No.	INSTRUCTIONS	ER/Ward Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1	Weight checked recorded ? 58Kgs	☑	☐	☐	☑	☐	☐
2	Is the patient fasting for over 6 hours Pre-Operatively ?	☑	☐	☐	☑	☐	☐
3	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT, APTT, Viral Screning, CXR etc) Available before starting the procedure	☑	☐	☐	☑	☐	☐
4	Enema given / Bowel Preparation	☑	☐	☐	☐	☑	☐
5	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☑	☐	☐
6	Sterile Gown Given	☑	☐	☐	☑	☐	☐
7	Is Blood arranged as required ?	☐	☑	☐	☐	☑	☐
8	If Blood has been ordered - is Blood bag ready ?	☐	☑	☐	☐	☑	☐
9	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☑	☐	☐
10	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☑	☐	☐
11	Pre Medications Given ? (Sedatives / etc)	☐	☐	☐	☑	☐	☐
12	Skin Preparation	☑	☐	☐	☑	☐	☐
13	Site is marked	☐	☑	☐	☑	☐	☐
14	Surgery Consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☑	☐	☐
15	Implants are available	☑	☐	☐	☐	☑	☐
16	Equipment is available	☑	☐	☐	☑	☐	☐
17	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☑	☐	☐
18	Other (if any)	☐	☐	☐	☐	☑	☐

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

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : ..... OT Nurse Name : Vanitha ER/Ward Nurse Name : Teja 10/6/26

Billing Executive Signature : ..... Signature of OT Nurse : Signature of ER/Ward Nurse.....

Date & Time : ..... Date & Time : 11/6/26 @ 3:37 PM Date & Time : 10/6/26 at 11:05 PM

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana. K
Asst. Surgeon : Dr. Saumya / Dr. Nikitha
Anaesthetist : Dr. Bhanda
Scrub Nurse : Sr. Manimala

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P
U

.... Age : 31yrs. Gender : Female
Name : Em-Lscs
Date : 11/6/26 In-time : 3:40pm Out-time : 5:15 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:30 pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Bhanda
Name : Dr. Bhanda
11/6/26

Before Skin Incision ➤➤

TIME OUT Time: 3:40 pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure Em. Lscs ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding / Mod / 500ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? bleeding ☑ Yes ☐ No ☐ NA

Nursing Team Reviews: yes
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☑ No

Signature : Sharma
Name : Sharmila

Before Patient Leaves Operating Room

SIGN OUT Time: 5:10 pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature :
Name : Dr. Nikhita.

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Bhavana k.	Date of Delivery:	11/6/2026.
Assistant Surgeon:	Dr. Soumyasri, Dr. Nikhita.	Time of Delivery:	4:00:10 PM.
Anaesthetist's Name:	Dr. Bsunda.	Gender of Baby:	Female.
Type of Anaesthesia:	Spinal.	Weight of Baby:	2.454 kg.
Neonatologist:	Dr. Shrikar.	AGPAR Score:	7/10, 9/10.
Scrub Nurse:	Manimala sister, Bhavani sis	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: Primigravida ē 37 wks · ē chronic Hypertension ē GDM (I+M) ē Hypothyroidism ē fibroid uterus ē fetal pericembrana NSD for IOL.

☐ Elective ☑ Emergency Indication: Non progression of labour.

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive.

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

Surgical Procedure: Emergency lower segment Cesarean section under spinal anaesthesia.

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: direct occipito posterior

Station: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☑ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☑ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No Fibroid of appox. 2cm size noted on anterior uterine wall.

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: (N) one loop of ..... Cord around the neck ☑ Yes ☐ No

Appearance of placenta: (N) ..... Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers Vicryl 1.0 & Vicryl 3.0 ..... Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture

Sheath Closure: Vicryl No. 1 ..... Suture

Fat Closure: ☑ Yes ☐ No Monocryl 3.0 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress Monocryl 3.0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 12 hrs ~~days~~ ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☑ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☑ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes:
- NBM for 4 hours.
- IVs chasting
- W/F bleeding PV
- monitor vitals
- Follow drug chart
- Inform SOS
- GRBS 4th hourly.
- BP chasting 2nd hourly.

Dr. Nikunja

Doctor Name: Dr. Bhavana K. Doctor Signature: .....

Date & Time: 11/6/2026 5:20 pm.

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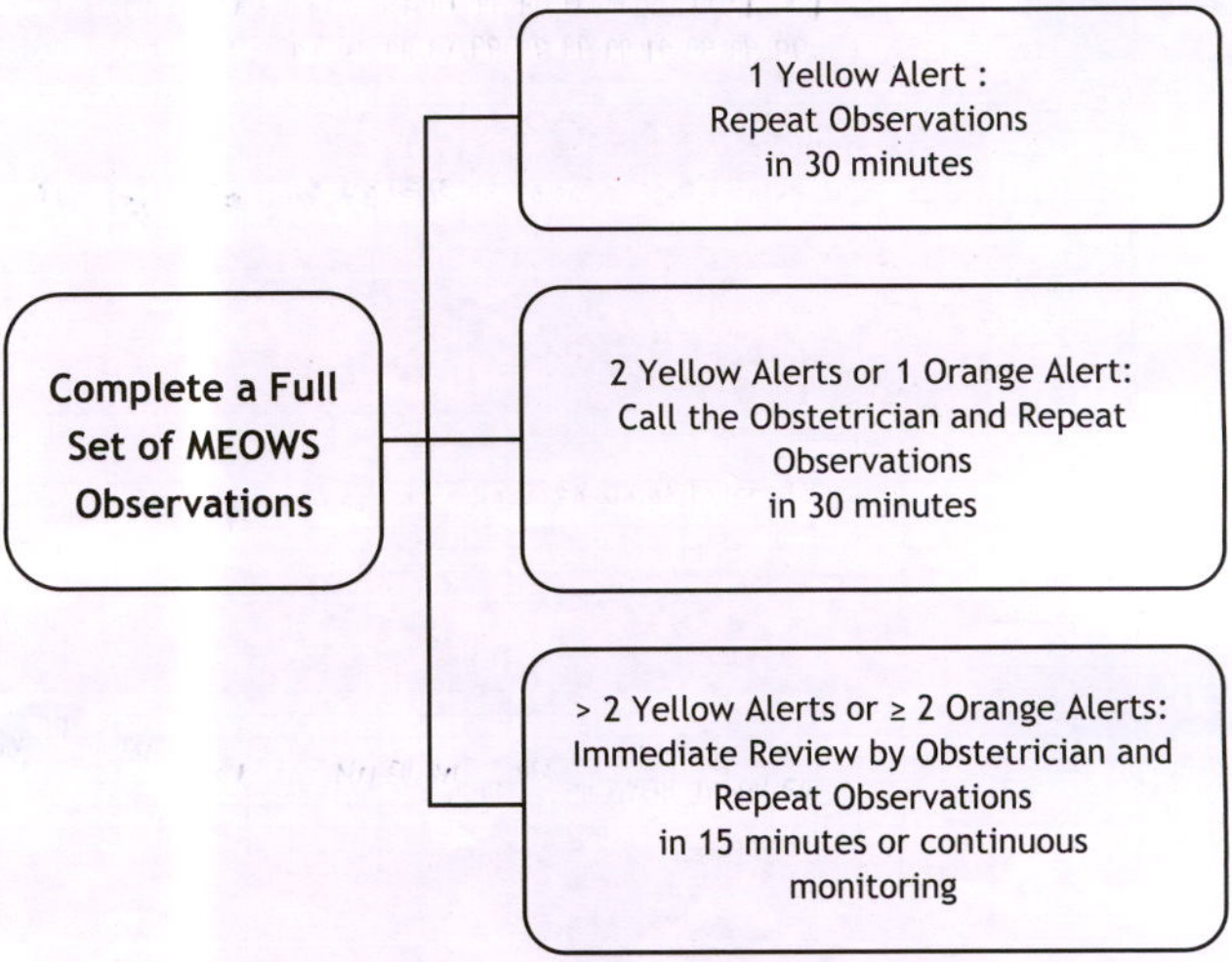
Early Warning Observation Score Chart - Obstetrics

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

10/8/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					19	19	19	19	19	19	19	19	19	19	19	19		19		19		19		19
	0 - 10																								
Saturations	94 - 100 %					99	99	99	99	99	99	99	99	19	99	99	99		99		99		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37					37C	37C	37C	37C	37C	37C	37C	37C	37	37	37	37		37C		37		37C		37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					82	85	89	86	80	83	85	81	82	83	85	86				90		81		89
	70																		70						
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																				122		130		
	120					117	102	100	115	110	115	120	111	112	113	114			116						
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70					70	75	73	75	72	70	72	70	74	75	76		80	70		74		79		72
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–					✓		✓		–
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓	✓	✓	✓	✓	✓	✓	✓	✓	/	/					✓		✓		–
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			NA		NA		NA		
	Heavy / Foul																								
Liquor	Clear / Pink					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	1		0		0	
TOTAL ORANGE SCORES						0	0	0	0	0	0	0	0	0	0	0		0	0	0		0		0	
Nurse Initial						G	G	M	M	M	M	M	M	B	P	P		M	M	M	M	M	M	M	

Obstetrics and Gynaecology Early Warning Signs



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

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

(2)

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

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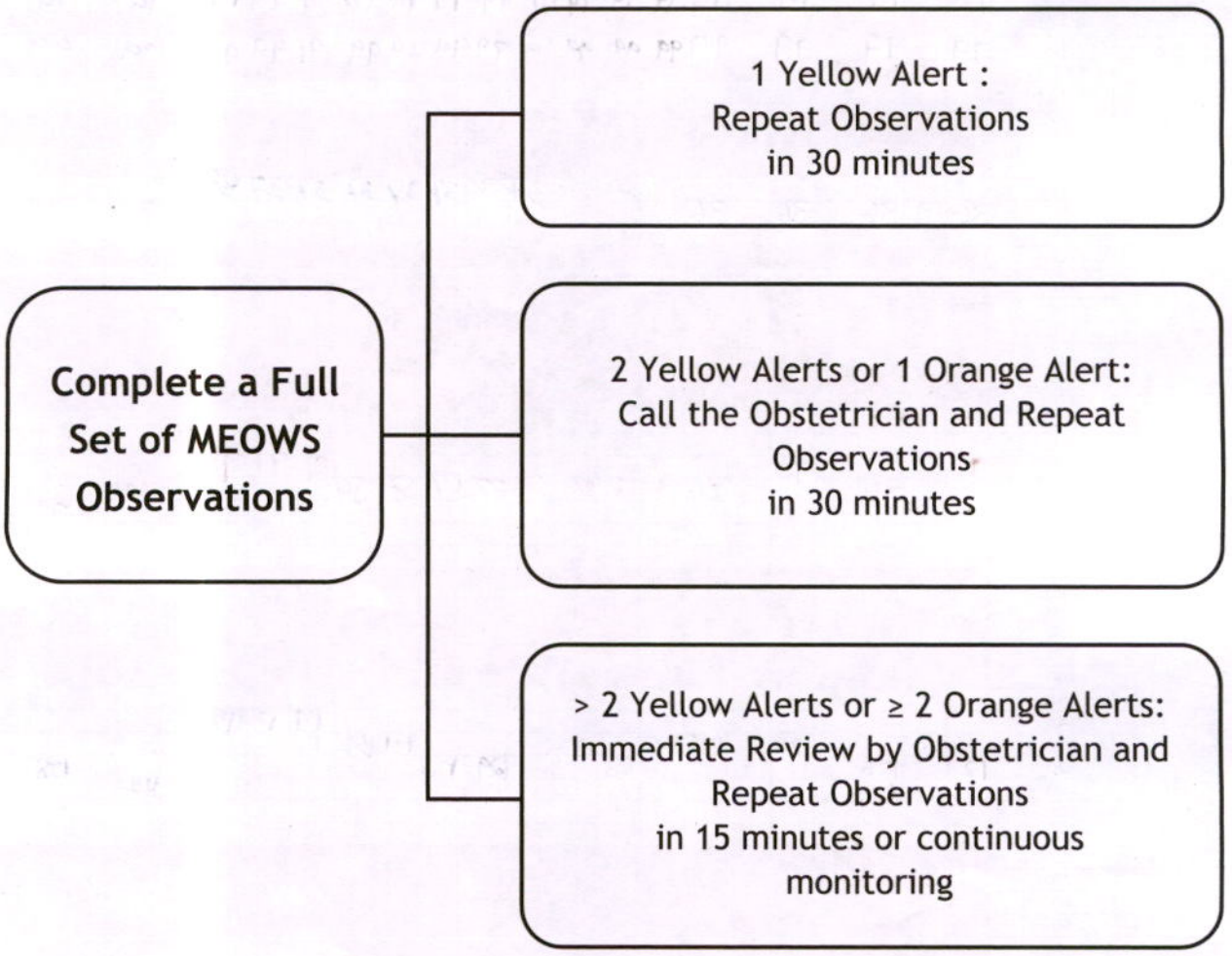
Early Warning Observation Score Chart - Obstetrics

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

11/6/26

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19		19		19		19	19	19	19	19	19	19	19	19	19	19	19		19		19		19
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99	99	99	99	99	99	99	99	99	99	99	99		99		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36		36		36		36														36		36		36
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98				90																			
	80			80				86	85	88	86	88	88	86	87	89	81	91	91		80		75		85
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130					130		136	135		130					131	133	138	134	132					
	120	129		126						128			129	120									138		115
	110																				112				
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90								94																
	80	88		80		80				80		88	80	85	86	87	88	85	80						
	70										79										71		73		85
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓	✓	✓	✓		✓	✓	✓	✓		✓		✓		✓		✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓	✓	✓	✓		✓	✓	✓	✓		✓		✓		✓		✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA	NA	NA	NA		NA	NA	NA	NA		NA		NA		NA		NA		NA
	Heavy / Foul																								
Liquor	Clear / Pink	-		-				-	-	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
TOTAL ORANGE SCORES		0		0		0		0	0	0	0		0	0	0	0		0		0		0		0		0
Nurse Initial		AP		AP		AP		AP	AP	AP	AP		AP	AP	AP	AP		AP		AP		AP		AP		AP

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

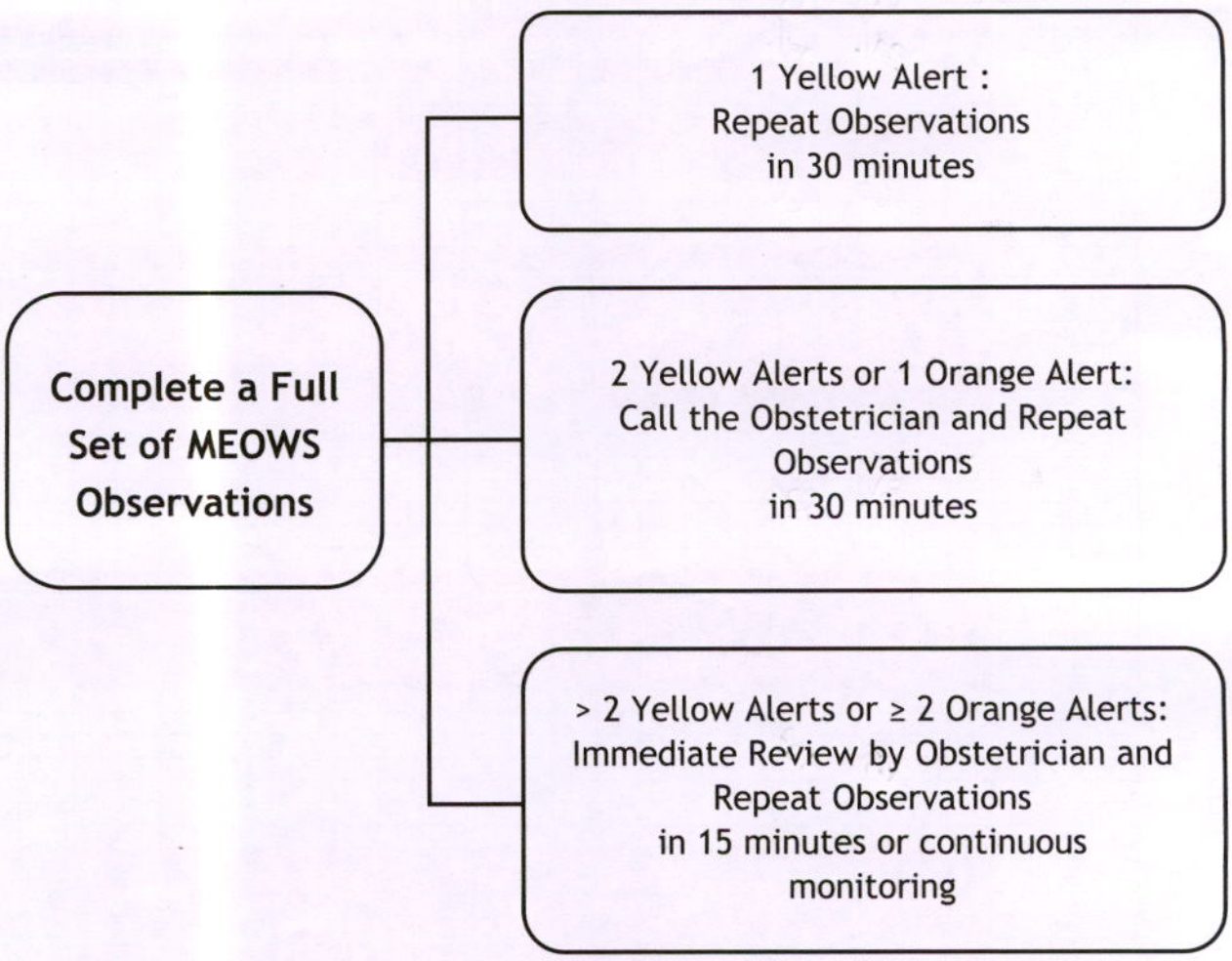
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

12/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19																			
	0 - 10																								
Saturations	94 - 100 %			adl.		adl.																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			36.6		36.6																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			81		82																			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			125		102																			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			85		68																			
	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				D		J																			

Noted by Sushma Lg Staff Nurse at 8 PM

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

Obstetrics and Gynaecology Early Warning Signs



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

IH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		water 100ml								0	10/6/26 Nag 6pm
	01:00 pm		Rice water 100ml							✓	1	
Total Intake : 200ml						Total Output :						
10/6/26	02:00 pm	H2O	50ml Rice							✓	0	Meghna 10/6/26 7:30pm
	03:00 pm										0	
	04:00 pm		Water	50ml						✓	0	
	05:00 pm	H2O	50ml								0	
	06:00 pm	H2O	100ml							✓	0	
	07:00 pm	H2O	100ml							✓	0	
Total Intake : 350ml						Total Output : passed						
	08:00 pm	H2O	50ml									
	09:00 pm	H2O	50ml							✓	0	pooja
	10:00 pm	H2O	100ml								0	
	11:00 pm	H2O	100ml							✓	0	
	12:00 am	H2O	100ml									
	01:00 am	H2O	100ml									
Total Intake : 500ml						Total Output : Passed						
	02:00 am	H2O	50ml								0	
	03:00 am									✓	0	
	04:00 am	H2O	100ml								0	Pooja 10/6/26
	05:00 am										0	
	06:00 am	H2O	100ml							✓	0	
	07:00 am	H2O	100ml							✓	0	
Total Intake : 350 ml						Total Output :						

Total 24 hrs. Intake	1400 ml	Total 24 hrs. Output	Passed

Date	Time	FHR	Contraction
10/6/26	11:30AM	149 b/mt	
	12:00PM	147 b/mt	
	12:30PM	144 b/mt	
	1:00PM	149 b/mt	Nil
	1:30PM	140 b/mt	
	2:00PM	142 b/mt	
	2:30PM	147 b/mt	
	3:00PM	140 b/mt	
	3:30PM	142 b/mt	
	4:00PM	147 b/mt	
	4:30PM	145 b/mt	Nil
	5:00PM	140 b/mt	
	5:30PM	142 b/mt	
	6:00PM	140 b/mt	
	6:30PM	142 b/mt	
	7:00PM	147 b/mt	
	7:30PM	140 b/mt	Nil
	8:00PM	144 b/mt	
	9pm	140 b/mt	
	10 pm	136 b/mt	
	11 pm	142 b/mt	
11/6/26	12 Am	137 b/mt	
	1 Am	141 b/mt	Nil
	2 Am	138 b/mt	
	3 Am	136 b/mt	
	4 Am	141 b/mt	
	5 Am	146 b/mt	Nil
	6 Am	138 b/mt	
	7 Am	136 b/mt	
	8 Am	140 b/mt	
	9 Am	146 b/mt	

Date	Time	FHR	Contraction
11/6/26	10 Am	146 b/mt	
	11 Am	156 b/mt	
	12 Pm	142 b/mt	
	1 Pm	143 b/mt	
	2 Pm	140 b/mt	
	3 Pm	141 b/mt	
	4 Pm	147 b/mt	
	←	delivered	→

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
11/6/26	08:00 am	H2O ml								-		
	09:00 am	H2O ml								-		
	10:00 am	H2O ml								-		
	11:00 am	H2O ml								-		
	12:00 pm	H2O ml								-		
	01:00 pm	RL + oxytocin 5 "U" 5 ml per hrs								-	0	
Total Intake :								**Total Output :**				
11/6	02:00 pm	1:30 pm 10 ml per hrs RL + oxytocin 5 "U"								-		
	03:00 pm	NBM + RL/FF								0		
	04:00 pm	NBM + RL 150 ml/hr + 40 units oxytocin added								0		
	05:00 pm	NBM + RL 100 ml hr										
	06:00 pm	NBM + RL 100 ml per										
	07:00 pm	NBM + RL 100 ml per										
Total Intake :								**Total Output :**				
12/6	08:00 pm	RL + 500 ml								100 ml	0	
	09:00 pm	RL + 500 ml								50 ml	0	
	10:00 pm	RL + 500 ml								20 ml	0	
	11:00 pm	RL + 100 ml								50 ml	0	
	12:00 am	H2O + 100 ml								100 ml	0	
	01:00 am	H2O + 1000 ml								+ 100 ml		
Total Intake :		1400 ml						**Total Output :**		1.700 ml		
12/6/26	02:00 am									200 ml		
	03:00 am		H2O							300 ml		
	04:00 am									200 ml		
	05:00 am									200 ml		
	06:00 am		11							200 ml		
	07:00 am									100 ml		
Total Intake :								**Total Output :**		1.200 ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2.900 ml

Docu. No. : RCHBH /FRM / CLINICAL / 092

VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

12/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/6/26	08:00 am		4pmg + DOSat H20									
	09:00 am											
	10:00 am									✓	0	Akanksha 12/6/26 @2pm
	11:00 am											
	12:00 pm		H20									
	01:00 pm											
Total Intake :						Total Output :						
D 1 UK	02:00 pm										0	Sushila 12/6/26 @3Pm
	03:00 pm		Rice water									
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									Voided by Sushila 12/6/26 @3Pm		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
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MEDICATION RECONCILIATION FORM

Drug Allergies: .....NIL..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... OP ..... Shifted to: ..... GW .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	10/6/26	☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	9/6/26	☐ C ☑ DC
3	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	10/6/26	☐ C ☑ DC
4	T. NIFEDIPINE	20MG	PO	12TH HOURLY	10/6/26	☑ C ☐ DC
5	T. THYROXINE	137.5 MCG	PO	ONCE DAILY	10/6/26	☑ C ☐ DC
6	T. METFORMIN	500MG	PO	12TH HRLY AT AFTERNOON AND NIGHT	9/6/26	☑ C ☐ DC
7	INJ INSULIN EGLUCENT RAPID	12 UNITS	SC	AFTERNOON	9/6/26	☐ C ☐ DC
8	INJ INSULIN EGLUCENT RAPID	14 UNITS	SC	AT NIGHT BEFORE FOOD	9/6/26	☐ C ☐ DC
9	INJ INSULIN (TRESIBA)	6 UNITS	SC	AT NIGHT AFTER FOOD	9/6/26	☐ C ☐ DC
10	T ECOSPRIN	150MG	PO	ONCE DAILY	8/6/26	☐ C ☑ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. YOGESHWARI .....

Date & Time : ..... 10/6/2026 12PM .....

Nurse Name & Signature: ..... Meghana Ms .....

Date & Time : ..... 10/6/26 12pm .....

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ ~~Not~~ known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: L/W Shifted to: (2A1)

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. DYDROGESTERONE	10MG	PO	8TH HOURLY	9/6/26	☐ C ☑ ~~DC~~
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. YOGESHWARI

Date & Time : 10/6/2026 12 PM

Nurse Name & Signature: Meghna Ms

Date & Time : 10/6/26 12pm

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... YW ..... Shifted to: ..... ROOM (204) .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	137.5 mcg	PO	ONCE DAILY	11/6/26	☐C ☐DC
2	T. NIFEDIPINE SUSTAINED RELEASE	20MG	PO	12th July	11/6/26	☐C ☐DC
3	T. METFORMIN	500MG	PO	AFTERNOON AND NIGHT	11/6/26	☐C ☐DC
4	T. PARACETAMOL	1GM	PO	6th July	11/6/26	☐C ☐DC
5	T. DICLOFENAC	50MG	PO	8th July	11/6/26	☐C ☐DC
6	T. TRAMADOL	100MG	PO	8th July	11/6/26	☐C ☐DC
7	INJ. ENOXAPARIN	60MG	S/C	ONCE DAILY	12/6/26.	☐C ☐DC
8	INJ. TRANEXAMIC ACID	1GM	IV	8th July	11/6/26	☐C ☐DC
9	INJ. CEFOTAXIME	1GM	IV	12th July	11/6/26	☐C ☐DC
10	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	11/6/26	☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Gnanam .....

Date & Time : ..... 11/6/26, 10:30 PM .....

Nurse Name & Signature: ..... Pooja. R .....

Date & Time : ..... 11/6/26 @ 1 PM .....

Epidural Catheter Removed
YES / NO

B de
Dr. Brunda
11/6/26.

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

/IH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 10/6/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... gnature .....

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 58 kg Ward. Y/W

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
137.5 MCG	PO	ONCE DAILY	10/6/26

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

Additional Instructions:
ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date→ / Time	10/6	11/6	12/6
6 AM			

DRUG : T. NIFEDIPINE SUSTAINED RELEASE

Dose	Route	Frequency	Start Date
20MG	PO	12TH HOURLY	10/6/26

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

Additional Instructions:

Date→ / Time	10/6	11/6	12/6
10 pt Amt taken			
10 pm			

DRUG : T. METFORMIN

Dose	Route	Frequency	Start Date
500MG	PO	AFTERNOON AND NIGHT	10/6/26

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

Additional Instructions:
AFTER FOOD.

Date→ / Time	10/6	11/6	12/6
2 pm			
9 pm			

STOP 12/6/26, 8 AM.

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	6TH HOURLY	11/6/26

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

Additional Instructions:

Date→ / Time	12/6
12 AM	
6 AM	
12 PM	
6 PM	

Page: 2/4

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VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

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

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg)
			1	4W	88kg

REGULAR PRESCRIPTIONS

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12TH HOURLY	11/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	11/6	12/6														
Time																
10 am																
10 pm																

STOP DR Nausheen 12/6/26

Dr Deepika 11/6/26 Chithu

DRUG : TAB. PANTOPRAZOLE

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	12/6															
Time																
6 AM																

Dr Deepika 11/6/26 Chithu

DRUG : T. CEFIXIME

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																
Time																

Dr Deepika

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																
Time																

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VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D (F
Dr. BHAVANA K

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

Patient Na	I.P. No.	Sheet No. 2	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : TAB. DICLOFENAC

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

Name & Signature of the Doctor starting the Drugs: B de Dr BRUNDA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 12/6 — 12 PM, 8 AM, 8 PM, 4 AM

Dr Pradeep 11/6/26 Chithra

DRUG : TAB TRAMADOL

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

Name & Signature of the Doctor starting the Drugs: B de Dr BRUNDA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 12/6. — 1 PM, 3 PM, 4 PM

Dr Pradeep 11/6/26 Chithra

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60MG	S/C	ONCE A DAY FOR 5 DAYS	12/6/26

Name & Signature of the Doctor starting the Drugs: B de Dr BRUNDA

Additional Instructions: TO BE GIVEN AFTER 6AM AFTER CHECKING FOR ANY BLEEDING

Daily Doctor's Endorsement by a Sign.

Date / Time: 12/6 — 9 AM

Dr Pradeep 11/6/26 Chithra

DRUG : INJ. TRANEXAMIC ACID.

Dose	Route	Frequency	Start Dt.
1GM	IV	8 TH HOURLY	11/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 12/6 — 12 PM, 8 AM, 8 PM, 4 PM

STOP DR Nikhitha 12/6/26

Dr Pradeep 11/6/26 Chithra

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: 88 kgs

Sheet No: 02

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/6/26	4PM	INJ. CARBETOCIN	100 μG	IV	B [illegible]	Rakesh	[illegible]
11/6/26	4:10PM	INJ. TRANEXAMIC ACID	1GM	IV	B [illegible]	Rakesh	[illegible]
11/6/26	5:05PM	SUPP. DICLOFENAC	100MG	P/R	B [illegible]	Rakesh	[illegible]
11/6/26	5:05PM	SUPP. TRAMADOL	100MG	P/R	B [illegible]	Rakesh	[illegible]
11/6	5:5Pm	TAB. MISOPROSTOL	1000 MCG	PR	[illegible]	Rakesh	[illegible]
11/6	11:30PM	INJ. FUROSEMIDE (INJ (LASIX))	10MG	IV	B [illegible]	[illegible]	[illegible]
11/6	11:30PM	INJ FUROSEMIDE (INJ (LASIX))	10MG	IV	B [illegible]	[illegible]	[illegible]

11/6/26 11:20 P

MH-00199634 IP-00060299
Mrs KONDLE HARIKA
7-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

Weight. ....88kg.... Ward. ....U/W....

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		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.	

Signature .....

VERIFIED BY : Nurse

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	1:15PM	INJ INSULIN (EGLUCENT RAPID)	12 UNITS	SC		Ms Tej
10/6/26	2PM	T. MISOPROSTOL	25MCG	PV		Ms Tej
10/6/26	8PM	T. MISOPROSTOL	25MCG	PV		Dr Pavithra 10/06/26
10/6/26	11PM	INJ INSULIN (TRESIBA)	6 UNITS	SC		Rani Dhana
11/6/26	3AM	T. MISOPROSTOL	25MCG	PV		Rani Dhana
10/6/26	10PM	INJ INSULIN (EGLUCENT RAPID)	14 UNITS	SC		Dr Pavithra Pooja Mani
11/6	12 Noon	INJ. CEFOTAXIME [AFTER TEST DOSE]	1GM	IV		Rani Dhana
11/6	11:30 AM	ENEMA PROCTOCLYSIS	100 ML	PR		Rani Dhana
11/6/26	1PM	INJ DROTAVARINE	40MG	IV		Pooja Rani

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 24 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 88 kg Ward. L/W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/6	9:30 AM	NORMAL SALINE	IV	100 ML/HR			11/6/26		
11/6	1:05 pm.	INJ. OXYTOCIN 5 IU IN 500 ML RINGER LACTATE	IV	5 ML/HR			11/6		
11/6/26	8 4PM	RINGER LACTATE	IV	FF		Rakesh	11/6		Rakesh
11/6/26	4:20 PM	RINGER LACTATE + 20UNITS OXYTOCIN ADDED	IV	150ML/HR		Rakesh	11/6		
11/6/26	6PM	RINGER LACTATE	IV	60 DROPS/MIN			11/6		
11/6/26	30 6 PM	RINGER LACTATE	IV	FF			11/6		
11/6/26	15 10PM	RINGER LACTATE	IV	FF			11/6		

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

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 25 D (F
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Harika

Weight: 88 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/6/26	2:00 PM	INJ. VALETHAMATE BROMIDE	8 MG	IV			
11/6/26	2:30 PM	INJ. DROTAVERINE	40 MG	IV			
11/6/26	3:00 PM	INJ. VALETHAMATE BROMIDE	8 MG	IV		HOLD	
11/6/26	3PM	INJ. PANTOPRAZOLE	40 MG	IV			
11/6/26	3PM	INJ. METOCLOPRAMIDE	10 MG	IV			

Clear 11/6/26

Docu. No. : RCH /FRM / CLINICAL / 136

VIH-00199634 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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