INSURANCE COPY

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

Name	Mrs K SANDHYA	**UHID**	VIH-00206047
Father/Guardian	Mr P.SANTHOSH REDDY	**Age/Gender**	28 Y 2 M 8 D/Female
Address	HNO-4-45 MACHAREDDY, Kamareddy, Nizamabad, Telangana, INDIA, 503111		
IP No	IP-00060403	**Admission Date**	18-06-2026
Ref Doctor	Dr. Saritha Reddy	**Discharge Date**	21-06-2026

DISCHARGE SUMMARY

Consultants: Dr. KOPPULA SIRISHA REDDY ,

Diagnosis: G2A1 with 28+5 weeks with Hypothyroidism with High BMI with Preterm Premature Rupture of Membranes for Observation / Delivery.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 19.06.2026.

History:
LMP: 22.11.2025
Obstetric formula: G2A1
EDD: 05.09.2026
Gestation at admission: 28+5 weeks

Obstetric History:
G1 -2 month / missed miscarriage / MERPC / Oct 2025 / Kamareddy/ Dr. k Anjal Reddy hospial.
G2 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since 8 years.
Family History: Nil
Surgical History: Nil

Name	Mrs K SANDHYA	UHID	VIH-00206047

Allergies: Nil

Antenatal Details: Mrs K SANDHYA was unbooked to Rainbow hospital. Previous ANCs at Dr K Anjal Reddy Memorial Hospital. H/o Bleeding PV at 16 weeks & was managed conservatively. H/o UTI at 28 weeks and was managed conservatively. She came with c/o leaking PV since 4pm on 18.6.2026,as referred by K.Anjal Reddy hospital, kamareddy i/v/o Preterm Premature Rupture of membranes with one dose of Inj Betamethasone 12mg given at 5pm on 18.06.2026. She had regular antenatal checkups and investigations as advised. She was admitted at 28+5 weeks with Hypothyroidism with High BMI with One dose of steroid covered with Preterm Premature Rupture of Membranes for Observation / Delivery.

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

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch long and 2 cm dilated, on per speculum draining present, liquor clear. Fetal well being was confirmed by an admission CTG which was found to be reactive. CBP, CRP, CUE, Urine c/s, HVS, TSH, Hb electrophoresis, coagulation profile, LDH sent. Neonatal counselling done. Inj MgSO4 loading and maintenance dose covered. Axon review done , ECG advised and was normal. Second dose of Inj Betamethasone 12mg IM given on 19.06.2026. CUE showed Protein 3+, Glucose trace, Blood present, pus cells & epithelial cells present, RBS - 6 to 8. Growth scan done on 19.6.2026 - SLIUF, 28+6 weeks, cephalic, placenta - ant, high, AFI - largest pool - 2.5cm, AC - 48%, EFW - 1302gms, fetal dopplers normal. Patient and attenders were explained regarding the preterm premature rupture of membranes, risks of chorioamnionitis, risks of meconeum stained liquor, risks of fetal distress, has been explained and they opted to emergency LSCS.

She was decided for emergency C-section in view preterm premature

rupture of membranes, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

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

Delivery Details:
Date: 19.6.2026
Time of Delivery: 11:19am (55sec)
Type of Delivery: Emergency LSCS
Indication: Preterm premature rupture of membranes
Analgesia: Spinal

Baby Details:
Date: 19.6.2026
Time: 11:19am (55sec)
Sex: Male
Weight: 1.396kgs

Name	Mrs K SANDHYA	UHiD	VIH-00206047

Apgar: 4/10, 7/10
Gestational Age: 28+6 weeks
NICU Admission: yesi/v/o prematurity

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. 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. Ceftum 500mg (Cefuroxime -200mg) twice daily till 25.6.2026 (9am-9pm) after food.
2. Tab. lyser D twice daily till 25.6.2026 after food (10am-10pm)
4. Tab. Pantoprazole 40 mg once daily till 25.6.2026 (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 enoxaparin 60mg once daily subcutaneously till 28.6.2026
8. Sego4 abdominal belt.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 1 week on 25.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

1. You can bath and shower.
2. The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3. This gauze piece needs to be discarded after one use.
4. Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
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. KOPPULA SIRISHA REDDY
MBBS,DNB
58977

Rainbow Children's Hospital - Secunderabad
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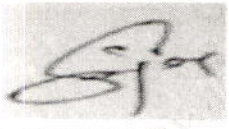
PatientName	: Mrs K SANDHYA	**Inpatient No.**	: IP-00060403
Age/Gender	: 28 Y 2 M 7 D/ Female	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 23:00	
HEMOGLOBIN (Colorimetry)	12.0	g/dL		12 - 16
RBC COUNT (DC detection method)	**3.98**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	33.9	VOL%		33 - 51
MCV (Calculated)	85.1	fL		80 - 100
MCH (Calculated)	30.1	pg/cells		26 - 34
MCHC (Calculated)	35.3	g/dL		32 - 36
RDW-CV (Calculated)	**13.2**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	210	10^9/L		150 - 450
MPV (Calculated)	9.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**11.30**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**85**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**14**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**01**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHIL LEUCOCYTOSIS PLATELETS - ADEQUATE**			



Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 23:00	
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		
pH (Double pH indicator)	8.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	PRESENT +++		NIL
GLUCOSE (GOD POD method)	Trace		NIL

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PatientName	: Mrs K SANDHYA	**Inpatient No.**	: IP-00060403
Age/Gender	: 28 Y 2 M 7 D/ Female	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT +			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**4 - 6**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**12 - 15**	**HPF**	L	0 - 5
RBCS.	**6 - 8**	**HPF**	L	0 - 2
OTHERS	**OCCASIONAL GRANULAR CAST SEEN**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 23:00
CRP (Immunoturbidimetry)	**21**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

MC-7373

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Investigation	Result	Unit	Biological Reference Interval
THYROID STIMULATING HORMONE (Specimen : SERUM)			**TEST RESULT STATUS : REPORT AUTHORISED**
			Order Date :18-06-2026 23:00
THYROID STIMULATING HORMONE (TSH) (Eclia)	1.56	µIU/ml	0.3 - 5.5

INTERPRETATION

1. The thyroid stimulating hormone (**TSH**) test is used to detect thyroid dysfunction disorders. In ambulatory patients with intact hypothalamic and pituitary function, a normal TSH result excludes hypo- or hyperthyroidism; whereas elevated and suppressed TSH results are diagnostic of hypo- and hyperthyroidism, respectively. Abnormal TSH results are generally confirmed with a complementary determination of thyroid hormone levels.
2. TSH levels are subject to circadian variation, reaching peak levels between 2-4 A.M and at a minimum between 6-10 PM. The variation is of the order of 50%, hence time of day may influence measured serum TSH concentrations.

Dr. **RASHIDA MAHREEN, MBBS,MD**

Reg No : **HMC13081**

Rainbow Children's Hospital - Secunderabad

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PatientName	: Mrs K SANDHYA	**Inpatient No.**	: IP-00060403
Age/Gender	: 28 Y 2 M 8 D/ Female	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 01:28
PT (Optical Clot Detection)	15.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	30.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 01:43
RANDOM BLOOD GLUCOSE (GOD/POD)	**195**	**mg/dl**	H	70 - 140

MC-7373

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Age/Gender	: 28 Y 2 M 8 D/ Female	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :19-06-2026 07:19
LDH (L to P-IFCC Ref. PROC.,Calibrated)	187	U/L	135 - 220

Rashida

Dr. **RASHIDA MAHREEN, MBBS,MD**

CONSULTANT BIOCHEMIST, Reg No : HMC13081

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs K SANDHYA	**Inpatient No.**	: IP-00060403
Age/Gender	: 28 Y 2 M 8 D/ Female	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 07:35
RANDOM BLOOD GLUCOSE (GOD/POD)	138	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 07:35
RANDOM BLOOD GLUCOSE (GOD/POD)	**163**	**mg/dl**	H	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 11:21
RANDOM BLOOD GLUCOSE (GOD/POD)	**171**	**mg/dl**	H	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 21:17
RANDOM BLOOD GLUCOSE (GOD/POD)	104	mg/dl		70 - 140

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

H-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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SURGERY DETAILS

Date : 19/6/26

Patient Name: K Sandhya Date of Birth: 19/6/26 Age: 28 y (F)

Gender: Female Ward : O.T UHID No.: 206047

Date of Surgery: 19/6/26 ☐ 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 : 11:10 Am Time Out : 12:15 Pm

		NAME	AMOUNT
1.	Surgeon	: Dr. K. Sirisha Reddy.	OT charges. —
2.	Anaesthetist	: Dr. Brundha	
3.	Assistant Surgeon	: Dr. Nausheen / Dr. Nikitha	
4.	OT Technician	: Sr. Vaishnavi	
5.	Circulating Nurse	: Br. Arif	
6.	Assistant Nurse	: Sr. Ruby.f / Sr. Meghana	

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

DR Nikhita
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3092-113 / 3092-114 Order by: Manja

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(1)

ACTIVITY RECORD FOR BILLING

VIH-00206047 IP-00060403
Name: Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY
UHID No

Consultant : Dr. shirisha reddy Dept : labour ward

Date of Admission : ---------- Time : 9:23pm Date of Discharge : ---------- Time: ----------

Room / Bed No : (1) Ward : (LW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	10.45AM	LW	OT	
18/6/26	12:20 pm	OT	MICU	
18/6/26	10 PM.	MICU	Room (213)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Prashath sir	19/6/26		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/6	NST (1) @ 9pm	R26-009798	
18/6	(1) GRBS @ 9:40pm - 145mg/dl	V1260208	
18/6	(2) GRBS @ 2:00Am - 130mg/dl	V1260208	
19/6	ECG	R26-009810	
18/6/26	CBP, CRP, CUE,	V1260207	
18/6/26	urine C/S, HB. Electrophoresis		
18/6/26	Vaginal swab C/S, TSH		
18/6/26	PT/APTT	V1260208	
19/6/26	LDH	V1260208	
19/6/26	(3m) GRBS at: 5:00AM 163mg/dl	V1260208	
19/6/26	(4) RBS @ 10.00Am → 174mg/dl	V1260208	
19/6/26	Growth scan	R26-009823	
19/6/26	2D Echo	R26-009861	
19/6/26	(5) GRBS 5:50pm 104mg/dl	V1260209	
19/6/26	ECG	R26-009824	
	Cross checked by manga 19/6/26 @ 9:29pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Infusion pump	11:50PM	7:00PM	30919 59	Teja
19/6/26	cardiac monitor	9:30PM	7:00PM		
	cross checked by manga 19/6/26 @ 9:23pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6	IV placement	1	3094960	
18/6/26	catheterisation	1		
19/6/26	PAC	(1)	3092073	

CSOD checked by manger 19/6/26 @ 9:24pm

ANY OTHER INFORMATION

Date : 21.06.2026 Time : 9:06Am Prepared By : 21/06/26 @ 9:10 hrs

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis.	Sis.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 9 D (F)
Dr. KOPPULA SIRISHA REDDY

Patient Name :

IP.No:

Ward:

DOA:

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	5	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets	4	✓	✓	
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	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	2	✓	✓	
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	1	✓	✓	
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet			✓	
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Others	12+1	✓	✓	
	Total No. of Pages	56 pages			

Signature and Date : Dumika 20/6/26 @11pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060403 **Admit Date** : 18-Jun-2026 **Admit Time** : 09:23 PM **UHID** : VIH-00206047

Patient Details :

Patient Name	: Mrs K SANDHYA	**Age**	: 28 Y 2 M 7 D
Guardian	: Mr P.SANTHOSH REDDY	**DOB**	: 11-04-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-4-45 MACHAREDDY Kamareddy Nizamabad Telangana INDIA 503111	**Phone No**	: 6304979180
		E-mail	: psanthoshreddy8@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr P.SANTHOSH REDDY **Relationship** : Husband

Contact Address : HNO-4-45 MACHAREDDY Kamareddy Nizamabad Telangana INDIA 503111 **Phone No** : 6304979180 / 6281620998

Signature

Doctor Details :

Doctor Name : Dr. KOPPULA SIRISHA REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Saritha Reddy **Phone No** : 9000995775

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

H-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/6/25

Baseline Information:

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

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

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

Source of Information: ☐ Patient ☐ Family ☐ Others, specify –

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

If yes, identify

Chief Complaints: Clo. leaking PV

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Jogeshwari

Time Notified: 1: 19 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Tab. Thyroxine 100 mcg OD	Nil	–

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 22/11/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: Observation preterm rupture

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P – L – A 1

Previous LSCS: NO

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other –

Vital Signs / Measurements: Temp: 98.6°F HR: 140bpm RR: 20 bpm

BP: 115/70 mmHg Weight: 103 Height: 150 BMI: 38.2 kg/m²

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

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PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..mrs. k. sandhya..

Name of Person Orientation was given to: ..mrs. sandhya..

Orientation not given Reason: ..Given..

Nurse Signature: ..R..

Nurse Name: ..Pooja..

Date & Time: ..18/6/26..

PATIENT TRANSFER FORM

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Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

Date & Time of Admission	Date & Time of Transfer Order
18/6/26 @ 9:23PM	19/6/26 @ 9:40PM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Mouni	Observation

From Unit	To Unit	Information to Attendant
MICU	Room (213)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
43	NST - 1 ECG - 2	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Bakal - 1	
2.	Underpad - 1	
3.	Sanitizer - 1	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Rani	Dr. Mounika.

Patient & Clinical Records Received by :
Sr. Nagmani

Date & Time of Patient Received : 19/6/26 @ 9:45pm

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

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Mrs K SANDHYA
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Dr. KOPPULA SIRISHA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	18/6/26 at 9:23 pm	19/6/26 at 10.45 am
	Transfer Ordered by	Reason for Transfer
	Dr. Farha2.	for [redacted] M.C.U
From Unit	To Unit	Information to Attendant
CIW	GI	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
34	NSY (1) ECG (2)	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. Farha2

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis [redacted]	Dr - Farha2

Patient & Clinical Records Received by : Asif

Date & Time of Patient Received : 19/6/26 10:45 AM

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-00206047 IP-00060403 Mrs K SANDHYA 11-04-1998 28 Y 2 M 8 D (F) Dr. KOPPULA SIRISHA REDDY	18/6/26 at 9:23pm	19/6/26 at 10:46 am
	Transfer ordered by: Dr. Hima Bindhu	Reason for Transfer: post op care
From Unit: O.T	To Unit: MICCU	Information to attendant: Yes ☒ No ☐
Number of Sheets in clinical file: 39	Number of Imaging films: NST - 1, ECG - 2	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. Nithin.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bh. Arif	Dr. Hima Bindhu

Patient & Clinical records received by :

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

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o leaking PV since 4pm

LMP: 22/11/2025 EDD:
Corrected EDD: 5/09/2026 GA: 28+5 weeks

Obstetric Formula: G_2A_1
ML-15month NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
I - 2Month | MIssed MIscarriage | MERPC | Oct 2025 | Kamareddy | Dr K Anjal Reddy Hospital
II - PP, Spontaneous Conception Unbooked to RCH, previous

Obstetric Examination
Fundal Height: 28 wks

Present Pregnancy Record: ANCs at Dr K Anjal Reddy memorial Hospital. H/o bleeding PV at 16 weeks Managed conservatively. H/o UTI at 28 wks Managed conservatively

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others Malpresentation
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS: Came c c/o Leaking PV
Referred by Dr K. Anjal Hospital Kamareddy ⊕ 150 bpm
i/v/o PPROM c one dose of inj Betamethasone given at 5pm on 28/6/2026

Hypothyroidism
~~Hypothyroidism~~
1st dose steroid covered PPROM

Per Speculum Examination
Draining: ☑ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ½ inch soft ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 2 cm
Membranes: ☐ Present ☑ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: Malpresentation ☐ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

Height: 150 cm
Weight: 103 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: C/C/C Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 88bpm
BP: 122/70mmHg DTR: ⊕
CVS: S_1S_2 ⊕ RS BAE ⊕
Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS
G_2A_1 with 28+5 weeks with Hypothyroidism with one dose of steroids covered with preterm premature rupture of membranes with high BMI
for observation / delivery

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Family History:	Surgical History:
N°1	N°1
Medical History:	**Medication History:**
Hypothyroidism since 8yrs	Tab Thyroxine 100 mcg OD.

Plan of Care: C/I to DR Sirisha Reddy mam

- Admission — GRBS - 195
- Diabetic diet
- Monitor FHR
- Neonatal counselling
- Growth scan tomorrow
- Monitor vitals
- Inj Piptaz 4.5gm IV 8th hrly
- Inj Betamethasone 12mg Im at 5 AM
- Inj MgSO4 loading f/b Maintainance dose
- Inj Novarapid 4 units stat f/b SOS
- GRBS after 4hrs
- ECG
- Bed rest & foot end elevation
- Send CBP, CRP, CUE, Urine C/S HVS, TSH, Hb electrophoresis PT APTT, INR
- Normal saline 75ml/HR
- Follow drug chart
- Monitor vitals
- Inform SOS
- foley's catheterisation.

Noted by pooja 18/6/26 2.40pm

Investigations: BG - B POSITIVE

HIV, HBsAg, VDRL } NR

18/6/26
CBP - 12 | 11.30 | 2.10 L
CRP - 21
CUE -

18/6/2026
Growth scan
29 wks
SLIUF
Cephalic
EFW - 1434 ± 143
AC - 79%
AFI - 17.2 cm
PI - Anterior
Doppler -

28/2/2026
NT Scan
13+0 wks
SLIUF
PI - anterior
NT - 1.7mm
~~CL - 3 cm~~
CL - 3 cm

17/4/26
TIFFA Scan
20 wks
SLIUF
CL - 2.9 cm
No anomalies
PI - Anterior

Doctor Name: DR. YOGESHWARI
Signature: Y
Date & Time: 18/6/2026 10 PM

Consultant Name: DR. K. Sirisha Reddy
Signature:
Date & Time: 18/6/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order	
	BP	PR	Urine output	DTR	RR
11 PM	122/66 mmHg	120 bpm	100 ml/HR	+	18
1 AM	108/70 mmHg	114 bpm	100 ml/HR	+	16
3 AM	110/72 mmHg	118 bpm	100 ml/HR	+	18
5 AM	114/74 mmHg	110 bpm	100 ml/HR	+	20
7 AM	122/73 mmHg	112 bpm	100 ml/HR	+	18
9 AM	117/72 mmHg	114 bpm	100 ml/HR	+	16

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 2 AM	O/E	
	P+ i/s c/c/c	Adv
	Gc fair	- Diabetic diet
Inj mg sol loading dose give ↓ maintainence dose	Afebrile	- Monitor FHR
	BP - 114/70mmHg	- W/F contraction
	PR 110 bpm	- Monitor vitals
GRBS - 138 mg/dl	S/E - NAD	- I/o charting
	P/A - Soft	- Monitor Vitals
Growth scan today morning	Uterus ~ 28 wk.	- GRBS
	FHR (+) 150 bpm	- Follow drug chart
ECG, WE/S trace HVS, TSH, PT APTT. INR, Hb electrophoresis	P/E - Leak (+)	- W/F imminent signs
	PR - 18 bpm	- Inform SOS
	DTR - (+)	- NBM from 5 AM.
	UO - Clear 100 ml/hr adequate	- Pad for observation
		Dr Yogeshwari
19/6/26	C/I to DR. AXON	
	ECG - Normal.	
	Noted by Dr 19/6/26 at 2:00 PM	Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 5AM	GRBS - 163 mg/dl	Adv
	Inj Betamethasone 12mg Im given at 5AM	Inj insulin 4units stat
		Inj
		Dr yogeshwari
	Notes by Tejs 19/6/26 at 5:00Am	
19/6/26 6AM	OG Pt is c/c/c uc fair Afebrile BP-123/73mmHg PR 105 bpm RR - 18 bpm DTR - (+) S/E - NAD P/A - UH ~ 28w/c Relaxed FHR @ 140bpm L/E - mild leak present.	Adv - NBM - Send LDH - PAC - 2D ECHO - Monitor FHR - pad for observation - Monitor vitals - follow drug chart - Inform SOS - W/F contraction - I/O charting - GRBS at 9 Am
	Notes by Tejs 19/6/26 at 6:00Am	Dr yogeshwari

Mgso4 maintainance dose

UO clear adequate 100ml/hr

Growth scan today

trace HVS ISH, Pbelow ucls

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 6AM	CUE - protein ++++ Glucose trace Blood present pus cell - 4-6 Epicells - 12-15 RBC - 6-8. PT - 15 APTT - 30 INR - 1 Noted by RCH 19/6/26 6AM	Dr yogeshwari
19/6/2026 12:50 pm. P, L1 Hypothyroidism High BMI U/O 400 ml adequate, high coloured 2D Echo today	POD-0 (LSCS) O/E - pt is c/c/c Gc - Fair Afebrile BP - 106/61 mmHg PR - 97 bpm. S/E - NAD. P/A - ut - W/R. Soft, BS +/+ L/E - NAB. Baby - NICU Noted by Suhasini 19/6/26 @ 12:50pm	Adv: - NBM x 4 hours - IVO charting - Rest - W/F bleeding PV - monitor vitals - Follow drug chart - Inj. Tranexa at night - Inj. Intrasm SOS - GRBS 8th hourly. Dr. Nikhita

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

(3)

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Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

PR / 15

M ☐F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/26 3pm		c/I to Dr Sirisha Reddy mam 2D Echo done - (N) Dr Nawshan Noted by kamal 3PM @ 19/6/26
19/6/26 5PM		POD-0 O/E pt c/c/c — Adv afebrile — clear liquids afebrile — soft diet 10PM BP - 115/78 mmg — w/f bleeding PV PR - 86 bPm — early ambulation RS - NAD — monitor P/A - ut - RUR — vitals BS (+) — following chart P/V - NAB baby - NICU — inform sos
U.O - 60ml adequate GRBS 8th hrly		Noted by kamal 19/6/26 @5PM Jr Dr. Ashu.
19/6/26 7:30PM		POD-0
GRBS at 6PM - 104 mg/dl pt can be shifted to room Urine output 100ml adequate Remove foley		O/E vitals stable — Adv — clear liquids PA - BS (+) soft — soft diet at 10PM — pass urine PV - NAB — vitals monitoring — inform sos Jr Dr. Ashu Noted by kamal 19/6/26 @ 7:30PM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

19/6/[illegible]
9PM

~~[illegible] adq~~
~~[illegible]~~
Urine passed

POD-0

O/E pt [illegible]
c/c [illegible]
afebrile
BP-110/70mmHg
PR-85bpm
S/E NAD
P/A [illegible]
BS ⊕
P/U NAB
bdy - NIL

Adv
- soft diet at 10PM
- W/F bleeding PU
- adq hydration
- ambulation
- monitor vitals
- follow drugs [illegible]
- inform s/s

Noted by Rani 19/6/26 [illegible]

19/6/26

TSH - 1.56

Urine passed

POD-1

O/E pt [illegible]
c/c [illegible]
afebrile
BP - 115/70mmHg
PR - 86bpm
S/E NAD
P/A [illegible]
BS ⊕
P/U NAB
bdy - NIL

Adv
- soft diet
- e adq hydration
- ambulation
- monitor vitals
- follow drugs [illegible]
- W/F bleeding PU
- inform SOS.

[illegible] Dr. [illegible]

Note by Raja
[illegible] 20/6/26
@7Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26. 10 to am		S/B DR. K SIRISHA REDDY
		POD-1
	c/c fair, afebrile	
	Breasts: soft, nipple (N); No pallor / pedal edema	Rx (1) Soft diet /
	BP 110/70 mmHg	Plenty of oral fluids
	passed urine & flatus; P/A soft, incision (N)	Ambulation
	BSE	
	A/V: dry	(2) T. ~~TAXIM~~ 200
	Baby in NICU; H/O bleeding	T CEFTUM 500mg bd
		(3) T. EMANZEN D
		(4) T. PAN 20mg bd
	Plan of discharge on 21/6/26	(5) Vitals monitoring
		Refer to Lactation consultant.
		(4) Eg Cleanse (?) SC / staff.
		Note by Rajasree 20/6/26 @ 10:30 am

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026	POD-1 (LSCS)	
1:45pm	O/E - pt is c/c/c	Adv:
	Gc - Fair	- Soft diet
	BP - 100/75 mmHg	- Adeq. Hydration
urine passed	PR - 79 bpm.	- W/F bleeding PV
motion not passed	S/E - NAD	- monitor vitals
	P/A - Ut ~ W/R.	- Follow drug chart
	Soft, BS (+)	- Inform SOS.
	L/E - NAB.	(N)
	Baby - NICU	Dr. Nikhita
		Shaw D. Naveen.
		Note by Roja RN 20/6/26 @ 8:45pm
20/6/2026	POD-1 (LSCS)	
8:45pm.	O/E - pt is c/c/c	Adv:
	Gc - Fair	- (N) diet
	BP - 113/71 mmHg	- Adeq. Hydration
urine passed	PR - 85 bpm.	- Ambulation
motion passed	S/E - NAD.	- monitor vitals
	P/A - ut - W/R.	- W/F bleeding PV
	Soft, BS (+)	- Follow drug chart
	L/E - NAB.	- Inform SOS.
	~~Baby - NICU~~	(N)
	Noted by Supriya 20/6/26 @ 8:45pm	Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026	POD - 2 (LSCS)	Adv:
7:30 AM	O/E - pt is c/c/c	- (N) diet
	GC - Fair	- Adeq. Hydration
urine passed	Afebrile	- Ambulation
	BP - 115/75 mmHg	- w/f bleeding pv
motion passed	PR - 86 bpm.	- monitor vitals
pt. can be	S/E - NAD.	- Follow drug chart
discharged.	P/A - wt - W/R.	- Inform SOS.
Aseptic dressing	soft, BS ⊕	
done	L/E - NAB	Dr. [illegible] Dr. Nikita
	Baby - NEW	
		S/B DR. K SIRISHA REDDY
21/6/26		
	POD-2	
8-10 am		
	C/C/C [illegible] afebrile	[illegible] diet
[illegible]	[illegible]	
	BP 110/70 mmHg	Ambulation
Baby in NEW	PR 82/min	POP
	P/A [illegible] well (R)	CS7
[illegible]	soft	
[illegible]	RSD dry	
[illegible]	L/E bleeding [illegible].	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2 A1 with 28+5 weeks with hypothyroidism with ... for observation			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	18/6/26 N	19/6/26 M	19/6/26 M	19/6/26 E	19/6/26 Night	19/6/26 N
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	Nil
	Diet:	NBM	NBM	NBM		clear liquid	s diet
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:	98.4F	98.1F	98.6°F	98.1F	98.4F	98.6F
	Res:	1[illegible] b/m	18 b/m	19 b/min	18 b/mt	19 b/mt	19 b/m
	SpO_2:	96%	99%	99%	99%	99%	99%
	Pulse:	80 b/m	86 b/mt	82 bpm	88 b/mt	79 b/mt	77 b/m
	BP:	121/79 mmHg	120/[illegible] mmHg	110/70 mmHg	112/73 mmHg	114/69 mmHg	116/69 mmHg
	LOC:	[illegible]	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	Conscious	15	15	15	15	10
	Pain Score:	15	(0)	15	0	0 score	0
	Skin Integrity	'o'	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	[illegible]	–	–	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	NBM	–	–	Nil	Nil
	Critical Lab Test / Values:	–	–	–	–	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	Dependent
Post Operative Procedure Special Orders:		–	–	–	–	–	Nil
Handed Over By Name :		pooja	shashikala	Sr Vanitha	Kamal	Rani	Nagmani
Signature / ID :		[illegible]	[illegible]	607586	020573	[illegible]	[illegible]
Date:		18/6	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26
Time:		@8AM	@10:45AM	@10:45AM	@2PM	@10PM	@8AM
Taken Over By Name :		Subhashini	Anij	Kamal	Rani	Nagmani	Raja
Signature / ID :		[illegible]	[illegible]	020573	[illegible]	[illegible]	[illegible]
Date:		19/6/26	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26
Time:		@8AM	@10:45AM	@2:00PM	@8PM	@10PM	@8AM

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2A1 @ 28+5 wks1 @ hypothyroidism with one for observation

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day: –

	Date / Shift	20/6/26 N	20/6/26 G	20/6/26 N	21/6/26 M		
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	Nill	Nill	nil		
	Diet:	Sdiet	Sdiet	Sdiet	Sdiet		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.7F	98.6F	98.4F	98.6F		
	Res:	20b/m	19b/m	20b/m	20b/mt		
	SpO_2:	98%	99%	98%	98%		
	Pulse:	87b/m	75b/m	92b/m	82b/mt		
	BP:	114/68mmHg	113/75mmHg	113/75mmHg	114/68(76)		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	15	15	15	0		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nill	Nill	Nill	nil		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Sdiet	Sdiet	Sdiet	Sdiet		
	Critical Lab Test / Values:	Nill	Nill	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		
Post Operative Procedure Special Orders:		–	–	–	nil		
Handed Over By Name :		Roja	Roja	Supriya	Sushila		
Signature / ID :		Roja	Roja	607469	816993		
Date:		20/6/26	20/6/26	21/6/26	21/6/26		
Time:		@2pm	@8pm	@8pm	9AM		
Taken Over By Name :		Roja	Supriya	Sushila			
Signature / ID :		Roja	607469	816993			
Date:		20/6/26	20/6/26	21/6/26			
Time:		@2pm	@8pm	8AM			

note by Sushila 21/6/26

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11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 18/6/26

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							
Afternoon							
Night	11pm	ensure safety	11pm	provide side rails	To prevent bedfalls	patient is safe	
	6Am	prevent infection	6Am	maintain hand hygiene	To prevent infection	patient is safe	

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am 12 PM	Insure Safety Prevent Infection		Provided Side Rails maintain hand Hygiene	Provided bedside To Provide de hydration.	Patient is Good Patient is safe	Ashwini 19/6/26 RCH
Afternoon	2 PM 7 PM	Ensure safety Maintain fluid balance	2 PM 7 PM	To provided ~~fall~~ side rails. Maintain RLcoallw	To prevent fall To prevent de hydration	Patient is Good Patient is safe	19/6/26 SRN
Night	4pm 11pm	⇒ Ensure safety Maintain fluid balance	9:10 pm 1pm	⇒ provided side rails Advice to take plenty of fluids.	⇒ Patient safety Maintain hydration.	⇒ pt safe & comfortable & no fresh complaints	20/6/26 naeg

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	t maintain fluid balance	1pm	t encouraage to take oral intake fluid balance	t To prevent dehydration	t Re-assessment was done every 4th hourly vital monitor	Rdg Dt: 20/6/26 @2pm
Afternoon	3pm	t Relieve Pain & discomfor	3:30 Pm	t Analgises given as per doctor order	t To reduce Pain	t Re-assessment was done every 4th hourly vital monitor	Rdg Dt: 20/6/26 @5pm
Night	9pm 4pm	Maintain fluid balamce Ensure Safety	10pm 10pm	To encourage oral intake provided side rails	To prevent dehydration To prevent from fall risk	Re assesment done every 4th hrly pt is stable vital are checked	Deepika 20/6/26 @8Am

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 21/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	prevent Infection	9.10 AM	To maintain Hand Hygiene	To prevented Infection	patient is stable	Sushil 21/6/25 at 10 AM
Afternoon		discharge note:- Doctor advised for discharge noted by sushil 21/6/25 at 10 AM					
Night							

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 K SANDHYA**	**Age :**	**28 Y 2 M 7 D**
IP No:	**IP-00060403**	**Sex:**	**Female**
Consultant:	**Dr. KOPPULA SIRISHA REDDY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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 rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the of the patient.

giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, cedure, 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 clearance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....)

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

Signature of Patient/Relative:

Name: SAN PITHOSH Reddy
Relationship: Husband
Date: 18/06/26 Time: 09.25 p.m
Witness Name
Wittness Signature:

Patient Address:
HNO-4-45 MACHAREDDY Kamareddy
Nizamabad Telangana INDIA 503111

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Neonatal Counseling

Date: 19/6/26

Time: 1:00 AM

Name: SANDHYA Age: 28 yrs

Husband's Name: Santosh reddy Years of Marriage: 15 months

Referral Doctor : Dr. Sirisha

Address: Macharaddy, Kamareddy

Tel:

Maternal Risk Factors : PTOM, Hypothyroidism, H/O UTI @ 28 wks managed conservatively

Fetal Details :

Gestational Age: 28+5 wks Estimated Birth Weight : 1036 gms

Fetal Problem : preterm, premature

Details of Prenatal Testing : (N)

Amniotic Fluid Volume : 17.2 cm Doppler : (N) Cardiotocogram : -

Steroid Cover : 1 dose Betamethasone Date & Time : 18/6/26

Based on above details provided patient and her husband have been counseled in detail about :

☑ Short Term Outcome ☐ Long Term Outcome ☑ Sequelae

Based on the information and counseling received, we have decided :

☐ Provide all possible care for our baby after birth

☑ We would like to deliver the baby in best possible condition, allow neonatal evaluation after birth and decide on further course of action based on evaluation

☐ We would not want any aggressive management of the baby. We would like everything to be done in the best interests of the mother

☐ We do not want any aggressive management of the baby including no aggressive obstetric interventions. We decline further fetal evaluation including fetal heart monitoring. We understand that this may lead to stillbirth.

Signature:

Neonatologist : Dr. Hanh

Parents Signature : P. Santhosh Reddy

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Dr. KOPPULA SIRISHA REDDY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/6/26 Time of Arrival: 9:23 Time Seen by Nurse: 9:25 Am

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: .....

3) **Vital Signs:** Temperature: 98.4F Pulse: 82 btm RR: 20 btm SpO_2: 99% BP: 120/70 Weight: .....

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L –	A 1

LMP: 22/11/25 EDD: 5/09/2026 Gestational Age: 28+5 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: –
- Duration: – Days / Weeks/ Months (Strike out which is not applicable)
- Character: –
- Frequency: –
- Interventions: –

–

6) **Past History:**

a) Surgeries: Nil

b) Medical: H/o polythyroidism since 8 yrs

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: at 10 pm

Nurse Name : Pooja Nurse Signature: B

Date: 18/6/26 Time: 9:45 pm

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. K. SANDHYA Gender: ☐ Male ☑ Female Age : 28 YRS

UHID No : VIH-206047 Date : 19/6/26

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION upon MRS. K. SANDHYA

(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION POST PARTUM HEMORRHAGE

My signature on this form indicates that

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

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

Consentee :

Signature : Sandhya

Name : Sandhya

Date & Time : 19/06/2026 / 10:40AM

Patient Attendant :

Signature : P. Santhosh Reddy

Name : P. SANTHOSH Reddy

Relationship with Patient: Husband

Date & Time : 19-06-2026 / 10:44AM

Witness :

Signature :

Name :

Date & Time : 19/6/26 10:45am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Akhila

Date & Time : 19/6/26 10:40 am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. K. Sandhya Age : 24y Gender : Male ☐ Female ☐

UHID NO: VIH-206042 Surgeon Name: Dr. K. Swetha Reddy

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : Emergency

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 : Hypotension, Bradycardia, Pthy, Shiver, PDPH,

Comments : PPH, Total Spinal, Inadequate Spinal, Epidural

- 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. K. Sandhya the above mentioned operation / Diagnostic / Therapeutic procedures Emergency

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 : Sujee

Name : Sandhya

Relationship with Patient: Self

Date & Time : 19/06/2026 to 9.45Am

Witness :

Signature : P. Santhosh Reddy

Name : P. SANTHOSH Reddy

Date & Time : 19/06/2026 / 10'40Am

Doctor (who is taking the consent) :

Signature :

Name : Dr. Hema Bindu

Date & Time : 19/06/26, 8:47Am.

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. K. SIRISHA REDDY	Date of Delivery: 19/6/26.
Assistant Surgeon: Dr. NAUSHEEN / Dr. NIKITHA	Time of Delivery: 11:19 Am (55 sec)
Anaesthetist's Name: Dr. BRUNDHA	Gender of Baby: MALE
Type of Anaesthesia: SPINAL / Dr. SRIKHAR.	Weight of Baby: 1.396 kg
Neonatologist: Dr. VISHAL	AGPAR Score: 4/10, 7/10.
Scrub Nurse: SR. RUBY. F / SR. MEGHANA	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Preterm premature rupture of membranes.

Urgency

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

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

CTG Description: .....

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

Surgical Procedure: 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. cm

5th Palpable: ..... Fetal Position: .....

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

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

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

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

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

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

Incision Through Placenta: ☑ Yes ☐ No (Anterior placenta)

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) ..... 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 ..... Suture

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

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

Fat Closure: ☑ Yes ☐ No ..... Catgut 1-0 ..... Suture

Skin Closure: ☐ Subcuticular ☑ Mattress ..... Ethilon 2-0 ..... Suture

Vagineal 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

I/o chasting

W/F bleeding PV

monitor vitals

Follow drug chart

Inform SOS

GRBS 8th hourly

Dr. Nikhita

Doctor Name: Dr. Sirisha Reddy Doctor Signature: .....

Date & Time: 19/6/2026

SURGICAL SAFETY CHECKLIST

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

Surgeon : Dr Sirisha Reddy
Asst. Surgeon :
Anaesthetist : Dr Hima Bindu
Scrub Nurse : B/S Ruby / meghana | Date : 19/6/26 | In-time : 11:40am | Out-time : 12:20pm
Age : 28y | Gender : F
Surgery Name : EM-LSCS

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11:40am

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 : Brunda
Name : Dr-Brunda
19/6/26

Before Skin Incision ➤➤

TIME OUT Time: 11:10am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm K. Sandhya
- 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? PPH, 1hr, 500ml ☑ Yes ☐ No ☐ NA

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

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

Signature :
Name : Amit Hussain

Before Patient Leaves Operating Room

SIGN OUT Time: 12:10pm

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

Doc. No. : RCH / FRM / CLINICAL / 111

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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

		Date																							
18/6.		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
	0 - 10																									
Saturations	94 - 100 %													99	99	99	98	99	98	99	98	99	99	99	99	99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37													37	36.6	37	37.3	37.1	37.2	37	37	37	37	37	37	37.2
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90													91												
	80														80	85	84	89	80	95	91	86	84	82	84	80
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120													120	111	121	118	118	112	120	130	107	122	118	124	126
	110																									
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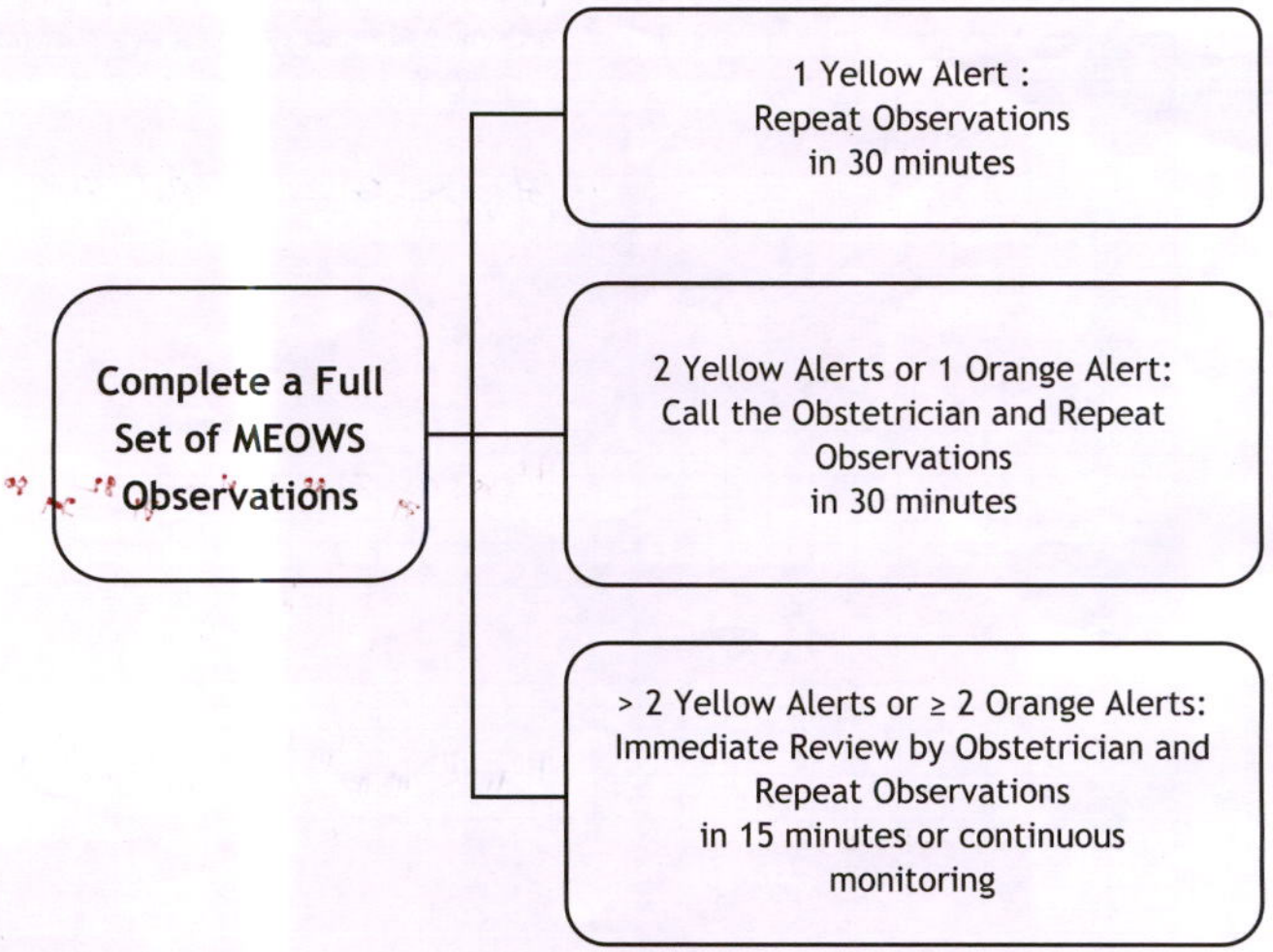
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70													75	78	78	69	78	80	75	79	77	80	81	76	80
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal													N		N		N		N		N				
	Heavy / Foul																									
Liquor	Clear / Pink													ND	ND									ND	ND	
	Green																									
TOTAL YELLOW SCORES														1	0	0	0	0	1	1	0	0	1	0	0	0
TOTAL ORANGE SCORES														0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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		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	17	19		19		18		19		19		19			19			19		19
	0 - 10																									
Saturations	94 - 100 %					99	99	99		99		98		99		98		09			98			99		98
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37									37C		37C		37C				38C			37C					
	36					36	36	36								36								36C		36C
	35																									
	< 35																									
Heart Rate	170																									
	160																									
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	140																									
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	80					82	85	84		86		88		80		80		82			72			75		85
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
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	130																									
	120													120							120					
	110					110	110	110		110		113				110		116						116		119
	100																									
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Diastolic Blood Pressure ↓	130																									
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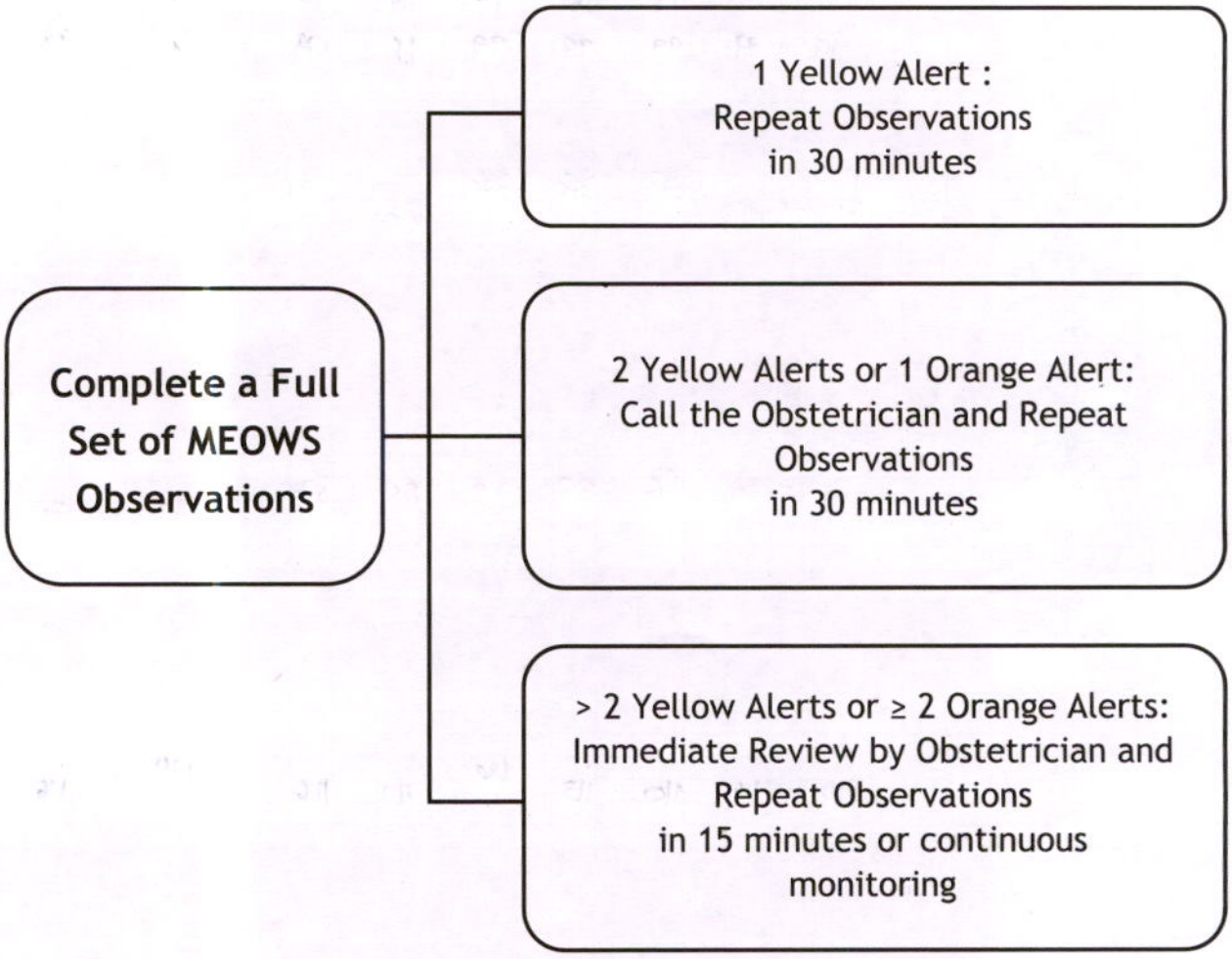
	70					72	75	70						70		72		95			70			76		72
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert					✓	✓	✓		✓		✓		✓		✓		✓			✓			✓		—
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					✓	✓	✓		✓		✓		✓		✓		✓			—			—		—
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					✓	✓	✓		NA		NA		NA		NA		NA			NA			NA		NA
	Heavy / Foul																									
Liquor	Clear / Pink					✓	✓	✓		NA		NA		NA		NA		NA			NA			NA		NA
	Green																									
TOTAL YELLOW SCORES						0	0	0		0		0		0		0		0			0			0		0
TOTAL ORANGE SCORES						0	0	0		0		0		0		0		0			0			0		0
Nurse Initial						D																				

Obstetrics and Gynaecology Early Warning Signs



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Early Warning Observation Score Chart - Obstetrics

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201626	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19			19			19			19			19				19					
	0 - 10																								
Saturations	94 - 100 %			99			99			99			99			99				99					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			36c			36.4			36c			36			36.6				37.1					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			85						81			85												
	70						79																		
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
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	120																								
	110			114						117			113			118				118					
	100						100																		
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Diastolic Blood Pressure ↓	130																								
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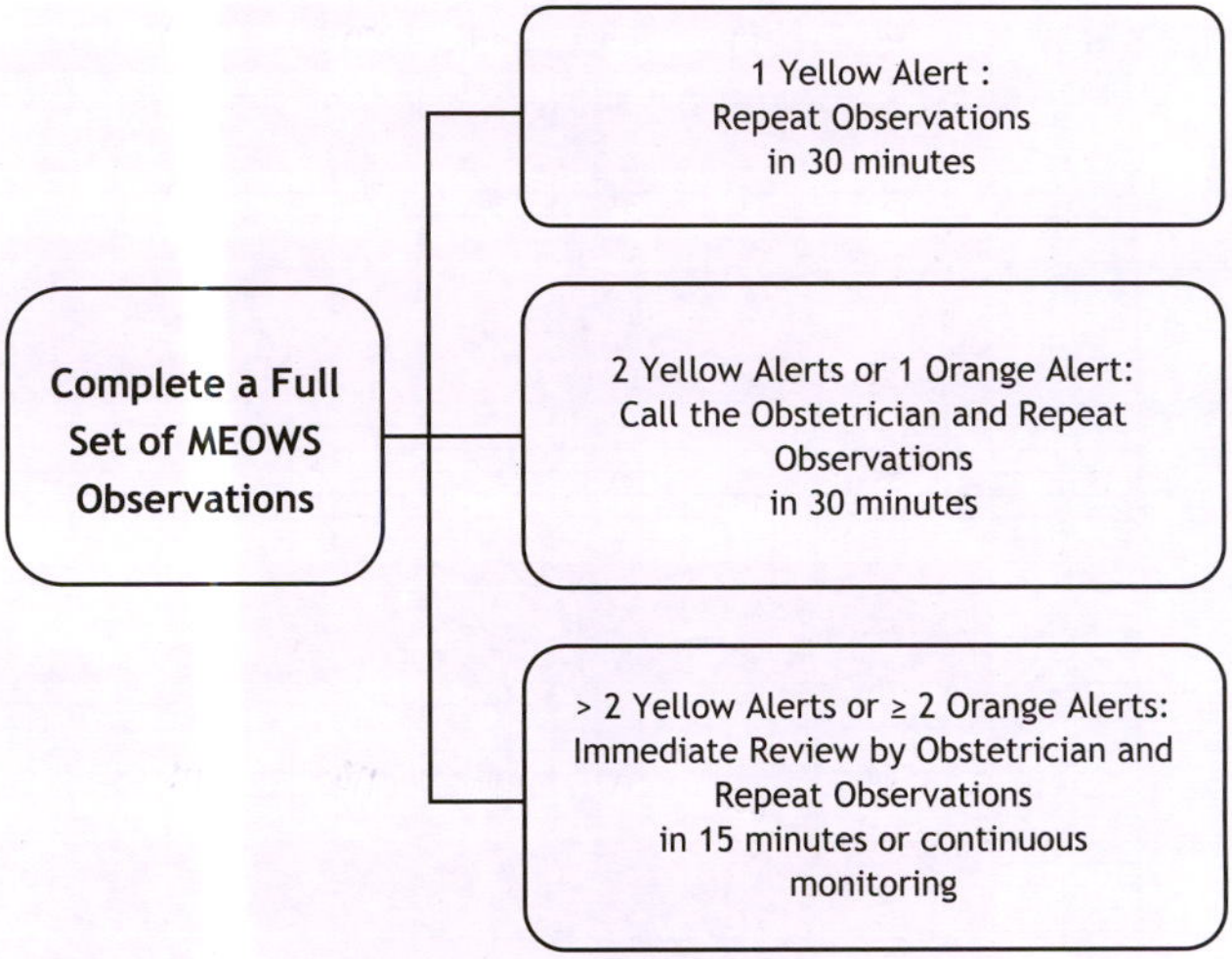
	100																								
	90																								
	80																								
	70						75			70			71			72				75					
	60			69																					
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			—			✓			✓			✓				✓					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓			✓			✓				✓					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA			NA			NA			NA			NA				NA					
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA			NA			NA				NA					
	Green																								
TOTAL YELLOW SCORES				0			0			0			0			0				0					
TOTAL ORANGE SCORES				0			0			0			0			0				0					
Nurse Initial				AR			AR			AR			AR			SD				B					

Obstetrics and Gynaecology Early Warning Signs



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2/11/26	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																						
	0 - 10																								
Saturations	94 - 100 %		99																						
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	37																								
	36		36C																						
	35																								
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Heart Rate	170																								
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Systolic Blood Pressue ↑	190																								
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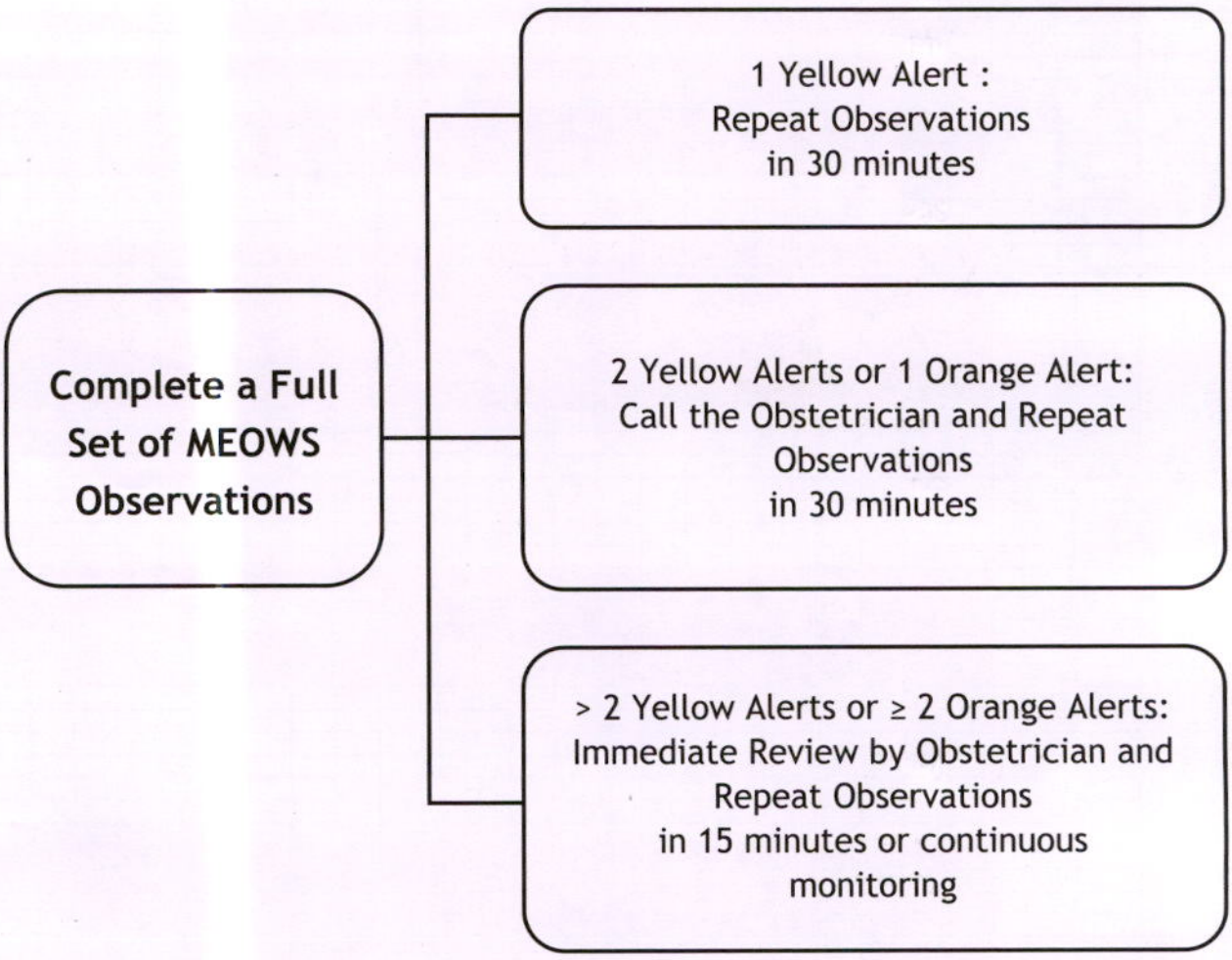
	70		69																						
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓																						
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓																						
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		NA																						
	Heavy / Foul																								
Liquor	Clear / Pink		ND																						
	Green																								
TOTAL YELLOW SCORES			0																						
TOTAL ORANGE SCORES			0																						
Nurse Initial																									

ND today
Stable since admission

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

Obstetrics and Gynaecology Early Warning Signs



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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.

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	H2O 100ml										
	09:00 pm	H2O 100ml										
	10:00 pm	H2O 100ml										
	11:00 pm	H2O 100ml										
	12:00 am	H2O 50ml + Inj. mgSO4 2.5ml/hr + NS 7.5ml/hr							250ml	200ml	0	Pratty @1.00am 19/6/26
	01:00 am	Inj. mgSO4 2.5ml/hr + NS 7.5ml/hr								100ml	0	
Total Intake :		150 ml				**Total Output :**				300ml		
	02:00 am	Inj mgSO4 2.5ml/hr + NS 7.5ml/hr								100ml	0	
	03:00 am	Inj mgSO4 2.5ml/hr + NS 7.5ml/hr								250ml	0	Pratty @2.00am 19/6/26
	04:00 am	Inj mgSO4 2.5ml/hr + NS 7.5ml/hr								100ml	0	
	05:00 am	Inj mgSO4 2.5ml/hr + NS 7.5ml/hr								100ml	0	
	06:00 am	Inj mgSO4 2.5ml + NS 7.5ml/hr								100ml	0	
	07:00 am	Inj mgSO4 2.5ml + NS 7.5ml/hr								100ml	0	
Total Intake :		600				**Total Output :**				650 ml		

Total 24 hrs. Intake	5750.	Total 24 hrs. Output	950ml

Date	Time	FHR
18/6/26	10pm	138 bpm
	11pm	139 bpm
19/6/26	12Am	142 bpm
	1Am	148 bpm.
		150 bpm — Nil —
	2Am	134 bpm
	3Am	160 bpm
	4Am	142 bpm
	5Am	149 bpm
	6Am	149 bpm
	7Am	149 bpm
	8Am	150 bpm
	9Am	146 bpm
	10Am	143 bpm
	11 Am	142 bpm

— delivered —

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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

FLUID CHART

Sheet No. : .....

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							
19/6/26	08:00 am	NBM + RL 100ml								100ml	0	
	09:00 am	NBM + RL 100ml/hr								200ml	1	Sarita 19/6/26
	10:00 am	NBM + RL/FF								100ml	0	
	11:00 am	NBM ~~NBM~~ RL 90ml/hr + RL 50ml								50ml	0	
	12:00 pm		NBM + RL FF/hr							50ml	0	CP 19/6/26
	01:00 pm	NBM + RL 100ml/hr								50ml	0	
Total Intake :		2300ml				**Total Output :**				550ml		
19/6	02:00 pm	NBM + RL 100ml/hr								100ml	0	
	03:00 pm	NBM RL 100ml/hr								100ml	0	
	04:00 pm	H2O + 50ml 100ml/hr								50ml	0	Sarita 19/6/26
	05:00 pm	H2O + RL 100ml/hr								50ml	0	
	06:00 pm	H2O + RL 100ml/hr								50ml	0	
	07:00 pm	H2O + RL 100ml/hr								50ml	0	
Total Intake :		550 ml				**Total Output :**				400ml		
19/6	08:00 pm	H2O 100ml								50ml	0	Sarita 19/6/26
	09:00 pm	H2O 100ml								50ml	0	
	10:00 pm										1	
	11:00 pm	Jelly									0	20/6/26
	12:00 am	HW 100ml								✓	1	
	01:00 am											
Total Intake :						**Total Output :**						
20/6	02:00 am									✓	1	
	03:00 am	H2O 100ml										20/6/26
	04:00 am										0	
	05:00 am	HW 100ml										
	06:00 am										1	
	07:00 am	HW 100ml								✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

20/6/26

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							
20/6/26	08:00 am											
	09:00 am		Jolly									
	10:00 am									✓		
	11:00 am		H2O									
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
20/6/26	02:00 pm		Rice									
	03:00 pm											
	04:00 pm					✓				✓		
	05:00 pm		H2O									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
20/6/26	08:00 pm		H2O									
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am		water									
	01:00 am											
Total Intake :						**Total Output :**						
21/6/26	02:00 am		H2O									
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am		water									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs K SANDHYA
11-04-1998 28 Y 2 M 9 D (F)
Dr. KOPPULA SIRISHA REDDY

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FLUID CHART

Sheet No. : .....

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							
21/6/21	08:00 am											
	09:00 am		Ridge water							✓		
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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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: MICU Shifted to: Room C

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	1TAB	PO	OD	18/6	☐ C ☐ ~~DC~~
2	T CALCIUM	500 MG	PO	OD	18/6	☐ C ☐ ~~DC~~
3	T FOLIC ACID	5MG	PO	OD	18/6	☐ C ☐ DC
4	T. THYROXINE	100 MCG	PO	OD	19/6	~~☐ C~~ ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Ashini

Date & Time : 19/6/26 7PM

Nurse Name & Signature:

Date & Time : 19/6/26 @ 7PM

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

(2)

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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: ..... Shifted to: Room C)

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	INJ PIPERACILLIN + TAZOBACTAM	4.5gm	IV	TID	19/6	☐C ☐DC
2	INJ PANTOPRAZOLE	40mg	IV	OD	19/6	☐C ☐DC
3	INJ TRAMADOL	100mg	IV	TID	19/6	☐C ☐DC
4	INJ ENOXAPARIN	60mg	SC	OD	19/6	☐C ☐DC
5	T. THYROXINE	100mcg	PO	OD	19/6	☐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 Archana

Date & Time : 19/6/26 2PM

Nurse Name & Signature: Kavala Kavala

Time : 19/6/26 @ 3 PM

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Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

Rainbow Children's Hospital

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

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	L/W	103

REGULAR PRESCRIPTIONS

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	PO	8TH HOURLY	19/6

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

Additional Instructions:

STOP
Dr. Nikhita
19/6/26
1 pm

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Dt.
100MG	PO	8TH HOURLY	19/6

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

Additional Instructions:

STOP
Dr. Nikhita.
19/6/26
1 pm.

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60MG	S/C	ONCE DAILY	19/6.

Name & Signature of the Doctor starting the Drugs: X10 DAYS Dr BRUNDA

Date: 19/6/2026 — Time: 7 PM

Additional Instructions: To BE GIVEN AFTER 6PM AFTER CHECKING FOR ANY BLEEDING

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. TRAMADOL

Dose	Route	Frequency	Start Dt.
100 MG	IV	8th HOURLY	19/6

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

Time	19/6	20/6
7 AM		
3 PM		
11 PM		

Additional Instructions:

STOP
Dr. Nikhita.
20/6/26
1 pm.

Daily Doctor's Endorsement by a Sign.

Ongoing 19/6/2026

Ongoing 19/6/2026

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VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

Ref. No. : F / HW / DC / RP / IN

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (k
				2W	10Kg

REGULAR PRESCRIPTIONS

DRUG : TAB THYROXINE

Dose	Route	Frequency	Start Dt.
100MG	PO	OD (ONCE DAILY)	19/6

Name & Signature of the Doctor starting the Drugs:
At DR Ashwini

Additional Instructions:
ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign.

Date	Time	20/6	21/6
	6 AM		

DRUG : TAB. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500mg	PO	12TH HOURLY	20/6/16

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	Time	20/6
	10 AM	
	10 PM	

DRUG : TAB. DICLOFENAC + SERRATIOPEPTIDASE

Dose	Route	Frequency	Start Dt.
50 + 10 MG	PO	12TH HOURLY	20/6

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

Additional Instructions:
TAB. LYSER D.

Daily Doctor's Endorsement by a Sign.

Date	Time	20/6
	10 AM	
	10 PM	

DRUG : TAB. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	20/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	Time	21/6
	6 AM	

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Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ~~102~~ 103 kgs

Sheet No: (2)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/6	9:30PM	INJ. TRANEXAMIC ACID	1GM	IV			

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

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DRUG CHART

Date of Admission: 18/6/2026 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 : ~~INJ.~~ ZOFER.

Dose	Route	Frequency	Start Date
4 MG	IV	AS REQUIRED	19/6

Doctor's Signature: AR | Valid Period: | Pharm.:

Additional Instructions: INJ. ONDANSETRON.

STOP Dr Athira at 19/6/26 7:00pm

Date / Time

DRUG : ~~INJ.~~ PARACETAMOL

Dose	Route	Frequency	Start Date
1 GM	IV	AS REQUIRED	19/6

Doctor's Signature: AR | Valid Period: | Pharm.:

Additional Instructions:

Date / Time

DRUG : ~~INJ~~ ONDANSETRON

Dose	Route	Frequency	Start Date
4MG	IV	AS REQUIRED	19/6

Doctor's Signature: Dr Athira | Valid Period: | Pharm.:

Additional Instructions:

Date / Time

Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

I.V. FLUIDS CHART

Weight. 103kg Ward. 2/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
18/6/26	12 AM	NORMAL SALINE	IV	75ML/HR		Tija	18/6	19/6	
18/6/26	11:55 PM	INJ MGSO4 4GM IN 100 ML NORMAL SALINE	IV	200ML/HR		Tija	19/6		Tija
19/6/26	12:50 AM	INJ MGSO4 20GM IN 460ML NORMAL SALINE	IV	25ML/HR		Tija			
19/6/26	11AM	RINGER LACTATE	IV	900ML/HR			19/6		
19/6/26	11:30AM	RINGER LACTATE	IV	500ML/HR			19/6		
19/6/26	4:00 PM	NORMAL SALINE	IV	100ML/HR			19/6		
19/6	1PM	RINGER LACTATE	IV	100ML/HR			19/6		
19/6	6 PM	RINGER LACTATE	IV	100ML/HR			19/6		

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

Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

Weight. 103 kgs Ward. CCU

	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	5 AM	INJ BETAMETHA-SONE	12MG	IM		
18/6/26	9:40 pm	INJ INSULIN (NOVARAPID)	4 UNITS	SC		
18/6/26	5:10 Am	INJ INSULIN (NOVARAPID)	4 UNITS	SC		
19/6	10.30 Am	INJ METOCLOPRAMIDE	10 MG	IV		
19/6	11:19 AM	INJ. CARBETOCIN	100µG	IV		Dr Vaishnavi
19/6	11:30 AM	INJ. TRANEXAMIC ACID	1GM	IV		Dr vaishnavi
19/6	12:15PM	SUPP. DICLOFENAC	100MG	P/R		Dr vaishnavi
19/6	12:15PM	SUPP. TRAMADOL	100MG	P/R		Dr vaishnavi
19/6	12:15 pm	TAB MISOPROSTOL	800 MCG	PR		Vaishnavi

VIH-00206047 IP-00060403
Mrs K SANDHYA
11-04-1998 28 Y 2 M 8 D (F)
Dr. KOPPULA SIRISHA REDDY

REGULAR PRESCRIPTIONS Weight. 103(cgs) Ward fw

DRUG : T. ERYTHROMYCIN

Dose	Route	Frequency	Start Date
200MG	PO	6TH HOURLY	18/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP 18/6/26 9PM Dr YOGESHWARI

DRUG : INJ PIPERACILLIN AND TAZOBACTAM

Dose	Route	Frequency	Start Date
4.5GM	IV	8TH HOURLY	18/6/26

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

Additional Instructions: AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign

Date / Time 18/6 19/6 20/6

6AM 2PM 10PM

STOP 20/6/2026 9AM DR YOGESHWARI

As per dated daily Blood 18/6/26 at 1a

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40MG	IV	ONCE DAILY	19/6/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 19/6/26 20/6

6AM STOP

STOP Ds. Nikhita 20/6/26 1PM

19/6/26

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	PO	6TH HOURLY	19/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP Ds. Nikhita. 19/6/26. 1pm.