



ANC-00015236 IP28-00004558  
Mrs PRIYANKA SARAVANAN  
11-08-1995 30 Y 10 M 1 D (F)  
Dr. ANURADHA P V



### DISCHARGE TRACKING SHEET

UHID: 4558

FLOOR: LDR

CONSULTANT NAME: DR. P. V. Anuradha.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	12:00 PM	1:00 PM		
Activity Sheet updated by Pharmacy		1:42 PM		

# ACTIVITY RECORD FOR BILLING



Name: .....  
 UHID No: .....  
 Date of Admission: .....  
 Room / Bed No: ..... Ward: .....  
 Consultant: ..... Dept: .....  
 Date of Discharge: ..... Time: .....  
 Suggested Billable bed type: .....

ANC-00015236  
 Mrs PRIYANKA SARAVANAN  
 11-08-1995  
 D: ANURADHA P V  
 IP28-00004558  
 30 Y 10 M 0 D (F)



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/20	10 pm	CDD	M Floor	PP-21142
12/6/20	5 AM	M-09	Pre-op	BT 01000
12/6/20	OT-II	OT	(SMF)	S. [Signature] 620115

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
11/6/26	iv placement	1	<del>926</del> 49917	pp
"	CBC	1	4369	pp
"	pro urathia	1	8964	pp
12/6/26	catheterization	1	9908.	pp
12/6/26	I v placement	1	9917	Lj
12/6/26	ABC	1	7806	dy
12/6/26	RBS	1	784	dy

**ANY OTHER INFORMATION:**

*Sign [unclear] of*

.....

.....

.....

.....

.....

.....

Date: ..... Time: ..... Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00015236 IP28-00004558  
Mrs PRIYANKA SARAVANAN  
11-08-1995 30 Y 10 M 1 D (F)  
Dr. ANURADHA P V



## SURGERY DETAILS

Date : 12/06/26  
Patient Name: Mrs. Priyanka Saravanan Date of Birth: 11/08/1995 Age: 30Y  
Gender: female Ward: M-FLOOR UHID No.: 15.236/4558  
Date of Surgery: 12/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery: Elective LSCS Twins

Time In: 6:15 AM

Time Out: 8:10 AM

	NAME	AMOUNT
1. Surgeon	Dr. Anuradha	
2. Anaesthetist	Dr. Ashok Kumar	
3. Assistant Surgeon	Dr. Aishwarya	
4. OT Technician	Mr. Sanjai	
5. Circulating Nurse	S.N. Shankari	
6. Assistant Nurse	S.N. Eshwarasi / S.N. Shankari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: .....

Order by: .....





*LSES Twins*

### CONSUMABLES OF OT

Circulating staff : *S/N. Romya* Technician : *MR. Sanjay* Date : *12/6/26* Time : *6:30 AM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <i>7.0 cuffed</i>		01	Major Pack <i>LSES</i>		01	Inj Vit.K		01
LMA			Sutures <i>12212</i>		01	Cord Clamp ✓		02
ECG leads : <i>A/P/N</i>		03			01	Suction Catheter		
HME filter : <i>A/P/N</i>			<i>2421</i>		01	Feeding Tube		
Syringes : 10 cc		03	<i>232H</i>		01	Vacuum Suction Set		
05 cc		06	Gloves <i>P.F 6-0</i>	<i>2</i>	02	Surgical Gloves		
02 cc		04	<i>S-6-0</i>		02	Gauze Pack		
01 cc			<i>6 Y 9 P.F</i>	<i>1</i>	02	Syringe 1ml / 2ml		
Cautery plate : <i>A/P/N</i>		01	Surgical blade <i>22</i>		02	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		04	Cautery pencil		01	Inj. ANAWIN heavy		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Inj. Bupivacaine		01
<i>Inj. ATROPINE</i>		01	Ointments			Inj. DEXA		01
<i>Inj. Epipen</i>		02	Suction Catheter			Inj. TRAMADOL		01
Fentanyl			Cap, Mask			Spinal needle		
Morphine			Gauze Pack <i>1L</i>		02	<i>25G (A)</i>		01
Ketamine			Mop Pack		01	Emerald eyewings		
Propofol		01	Steristrip			<i>Sch</i>		01
Rocuronium			Underpad		02	Brain circuit (A)		01
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<i>L. Gauze</i>		
Bupivacaine 0.25%			Chest Drainage Catheter			<i>100ml NS</i>		
Bupivacaine 0.25% (Heavy)			Romodrain bag			<i>P-F 7-0</i>		01
Antibiotics			Bandage			<i>P-F 8-0</i>		01
			Tegaderm			<i>S-C 7/1A</i>		02
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set		03			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		02			
Tab. Misoprost : 200mg			Betadine Solution		02			
<i>Inj. EVATOCLIN</i>		05	Microshield					
<i>Inj. MIDA2</i>		01	Cotton Balls					
<i>Inj. LEVIPIL</i>		02	Latex Gloves <i>Nit</i>		<i>20/20/17</i>			
<i>Inj. Antibacil</i>		03	Ramdlone Scrub					
<i>Inj. PARA</i>		01	Saral					

*Dr. Anuradha*  
Surgeon

*Dr. Ashok*  
Anaesthesiologist

*J. Shankar*  
Nurse

*Srinis*  
OT Technician

Order No. : ..... Ordered by : .....



**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP28-00004558	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs PRIYANKA SARAVANAN	<b>Bed Name</b>	PRE & POST OP 503
<b>Age/Sex</b>	30 Y 10 M 1 D / Female	<b>Order No</b>	28-0000150000
<b>Date</b>	12/06/2026 13:17	<b>Prescription No</b>	PRIP28-0070501
<b>Payor</b>	GENERALI CENTRAL INSURANCE COMPANY LIMITED	<b>Dispensed Date</b>	12/06/2026 13:18
<b>UHID</b>	ANC-00015236		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
3	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	3	45.30	135.90
4	BAIN CIRCUIT-ADULT	Intrasurgical	GENERAL	20202400	02/27	1	1,560.94	1,560.938
5	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
6	DEXARIL 4MG INJ		H	0DEX25008SR	08/27	1	10.88	10.88
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
8	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C13K17	02/31	6	21.56	129.36
9	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K84	12/30	4	10.31	41.24
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	2	45.90	91.80
13	EPICETAM INJ 500MG5ML	Neon Laboratories Ltd	H	2543251	10/27	1	121.80	121.80
14	EPICETAM INJ 500MG5ML	Neon Laboratories Ltd	H	V66714E	02/28	1	121.80	121.80
15	ET TUBE CUFFED 7.0 LIFE O LINE	Adilase		G26B010703	01/31	1	399.00	399.00
16	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091890	02/28	5	18.90	94.50
17	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
18	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	1	69.10	69.10
19	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
20	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304608	07/27	1	31.56	31.56
21	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
22	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254183	03/29	1	15.37	15.37
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	4	60.74	242.96
24	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
25	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1287044	10/27	1	12.56	12.56
26	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18

Rainbow  
Children's  
Hospital



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

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



### INPATIENT ISSUES AGAINST ORDERS

IP No	IP28-00004558	Ward	5F-PRE/POST
Patient Name	Mrs PRIYANKA SARAVANAN	Bed Name	PRE & POST OP 503
Age/Sex	30 Y 10 M 1 D / Female	Order No	28-0000150000
Date	12/06/2026 13:17	Prescription No	PRIP28-0070501
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	Dispensed Date	12/06/2026 13:18
UHID	ANC-00015236		

Total : 4,256.96 4,898.35

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Resolver Name

City  
State  
Age  
Sex  
Date  
Payor  
UHID

IP No  
Patient Name  
Age/Sex  
Date  
Payor  
UHID

IP No

Patient Name

Age/Sex

Date

Payor

UHID

IP No

Patient Name

Age/Sex

Date

Payor

UHID

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

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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No IP28-00004558  
Patient Name Mrs PRIYANKA SARAVANAN  
Age/Sex 30 Y 10 M 1 D / Female  
Date 12/06/2026 11:20  
Payor GENERALI CENTRAL INSURANCE COMPANY LIMITED  
UHID ANC-00015236

Ward 5F-PRE/POST  
Bed Name PRE & POST OP 503  
Order No 28-0000149957  
Prescription No PRIP28-0070486  
Dispensed Date 12/06/2026 11:22

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
3	KLICK CLAMP	ROMSONS		0G25I040080	08/30	2	39.00	78.00
4	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
5	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	4	850.00	3,400.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	0060126	01/29	29	25.00	725.00
7	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	3	128.00	384.00
8	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	4	128.00	512.00
9	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
10	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	24IO233KK	08/29	2	90.94	181.875
11	SGLOVE # 8.0 (POWDER FREE)	ANSEL	GENERAL	260300741T	04/29	1	128.00	128.00
12	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	2	7.67	15.34
13	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	1	223.00	223.00
14	UNDERPADS CARE 60 X 90 ( FRIENDS)			000100600720	12/30	2	205.00	410.00
15	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	3	739.00	2,217.00
16	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	1	951.00	951.00
17	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5020	04/30	1	1,097.00	1,097.00
<b>Total :</b>							<b>8,245.61</b>	<b>14,152.22</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RISHI S



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

CIN :

VAT TIN :

DL NO :

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



### INPATIENT ISSUES AGAINST ORDERS

IP No	IP28-00004558	Ward	5F-PRE/POST
Patient Name	Mrs PRIYANKA SARAVANAN	Bed Name	PRE & POST OP 503
Age/Sex	30 Y 10 M 1 D / Female	Order No	28-0000149958
Date	12/06/2026 11:20	Prescription No	PRIP28-0070487
Payor	GENERAL CENTRAL INSURANCE COMPANY LIMITED	Dispensed Date	12/06/2026 11:22
UHID	ANC-00015236		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300971T	03/29	1	128.00	128.00
<b>Total :</b>							<b>128.00</b>	<b>128.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. P.V. Anuradha</u>	Date of Delivery: <u>12/6/2026</u>
Assistant Surgeon: <u>Dr. Aishwarya</u>	Time of Delivery: <u>Twin A 6:34 AM</u> <u>Twin B 6:36 AM</u>
Anaesthetist's Name: <u>Dr. Ashok Kumar</u>	Gender of Baby: <u>Boy</u> <u>Girl</u>
Type of Anaesthesia: <u>Spinal → GA</u>	Weight of Baby: <u>2.640 kg</u> <u>1.680 kg</u>
Neonatologist: <u>Dr. Thinesh</u>	AGPAR Score: <u>8/10 9/10</u> <u>8/10, 9/10</u>
Scrub Nurse: <u>S/N Shankari</u>	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Primi / GA - 37+1 wks / DCDA twins / Twin B (Admission)

Elective Hypothyroid / IVF conception  Emergency Indication: Primigravida / GA - 37+1 wks / DCDA twins / IVF conception / Hypothyroid / for Elective LSCS.

Urgency

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

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

CTG Description: Reactive

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

Surgical Procedure: Elective LSCS.

Post Operative Diagnosis: P<sub>1</sub>L<sub>2</sub>

Peri-Operative Complications: After delivery of 2<sup>nd</sup> twin, patient threw GTCS and intubated, procedure continued.

Amount of Blood Loss: ~500 ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

-

**Examination Findings when Appropriate:**

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

Skin Incision:  Pfannenstiel  Transverse  Midline  Other .....  
 Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
 Previous Scar:  Intact  Thinned out  Ruptured  No Scar Twin A - cephalic  
 Incision Through Placenta:  Yes  No Twin B - Breech  
 Delivery of head:  Manual  Forceps  
 Liquor:  Clear  Meconium:  I  II  III  Blood  Offensive  Not Offensive  
 Delivery of Placenta:  Manual  ECT .....  Complete  Incomplete  Piecemeal  
 Cord Appearance: 2 umbilical arteries & 1 vein Cord around the neck  Yes  No  
 Appearance of placenta: Normal Cavity explored  Yes  No  
 Uterus, tubes and ovaries:  Normal  Not Normal Sterilization:  Yes  No

Uterine Closure:  One Layer  Two Layers ..... 1 - vicryl Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None ..... 1 - 0 chromic catgut Suture  
 Sheath Closure: ..... 1 - vicryl Suture  
 Fat Closure:  Yes  No ..... 1 - 0 chromic catgut Suture  
 Skin Closure:  Subcuticular  Mattress ..... 1 - vicryl Suture  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter  Yes  No  Remove in ..... 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: .....  
- After delivery of baby  
second twin, patient threw GITCS  
and intubated, procedure continued

Doctor Name: Dr. P. V. Anuradha Doctor Signature: [Signature]  
 Date & Time: 12/6/2026 at 7:30 AM







Date > Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Route</b>	<b>Start Date</b>	Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Additional Instructions:</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Date > Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Route</b>	<b>Start Date</b>	Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
<b>Name &amp; Signature of the Doctor</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Additional Instructions:</b>	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
12/6/26	1:45pm	Inj PAN	400	iv	[Signature]	[Signature]
12/6/26	1:45pm	Inj EMSER	100	M	[Signature]	[Signature]
12/6/26	1:41am	Inj SUPACERF	0.1ml	id	[Signature]	[Signature]
12/6/26	5am	Inj SUPACERF	1.5gm	M	[Signature]	[Signature]
12/6/26	10pm	Teb DULCOUR	2tab	p/o	[Signature]	[Signature]
12/6/26	6:45am	Inj Ictal	1gm	iv	[Signature]	[Signature]
12/6/26	6:50am	Inj TRIL	1gm	iv	[Signature]	[Signature]
12/6/26	6:55am	Inj TRIL	500	iv	[Signature]	[Signature]
12/6/26	8:55am	Inj ENECA	50	iv	[Signature]	[Signature]
12/6/26	7:00am	Inj DULO	50		[Signature]	[Signature]

VERIFIED BY : Name





# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

LMP: 29/9/25. EDD: 6/7/26  
 Corrected EDD: 1/7/26. GA: 37+1

## Obstetric Formula:

pswm

Menstrual History: Regular:  Yes  No

## Obstetric History:

pswm - IUF Conception

## Obstetric Examination

Fundal Height:

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifts Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

## Present Pregnancy Record:

Antenatal steroid given.

## Per Speculum Examination N/A

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination N/A

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

## RISK FACTORS:

Hypertension  
 DCDA twins

Height: 152 cm

Weight: 65.5 kg

Allergies: Nil

Breast:  Normal  Abnormal

## General Examination:

Consciousness: G

Pallor: 2+

Icterus: 1+

Edema: 2+

Temp: 37.2 mm

PR: 82 bpm

BP: 122/72 mm

DTR: -

CVS: k

RS: 2+

Liver/Spleen: k

Urine Output: 2+

## DIAGNOSIS

prim / 37+1 weeks / DCDA twins / Hypertension /  
 Discrepant twins + Electrolytes



<p>Family History:  <i>mother - DM</i></p>	<p>Surgical History:</p>
<p>Medical History:  <i>Hypertension</i></p>	<p>Medication History:  <i>Telb Nifedipine 120mg</i></p>
<p>Plan of Care:  <i>Salusio</i>  <i>↓</i>  <i>USG</i>  <i>↓</i>  <i>postural cor</i>  <i>d</i>  <i>Decharge</i></p> <p><i>NA from 12AM</i>  <i>prepare parts</i>  <i>Re on full diet</i></p>	<p>Investigations: <i>B+ve.</i></p> <p><i>25/5/24</i>  <i>Hb-12</i>  <i>TSH-4.8</i>  <i>PT-1.77</i>  <i>PT/INR - 13/D.94.</i>  <i>APTT-382</i></p> <p><i>2/6/2024</i>  <del><i>Rephate</i></del>  <i>A</i>  <i>cephale</i>  <i>akriko</i>  <i>Pro-27kg</i>  <i>2 months</i></p> <p><i>B</i>  <i>breach</i>  <i>posterior</i>  <i>1.9kg.</i>  <i>for growth</i>  <i>(28i).</i></p>

Doctor Name: *Dr Anuradha*  
 Signature: *[Signature]*  
 Date & Time: *11/6/24 8pm*

Consultant Name: *Dr Anuradha*  
 Signature: *[Signature]*  
 Date & Time: *11/6/24 8pm*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:30 PM		S/B <u>Dr. Srivas arupa</u>
		Pt. reviewed vitals stable.
T (N)		
BP - 128/78 mmHg PR - 88/min		O/E - Afebrile, no pallor P/A - uterus overdistended
CTA - Reactive		for GA
(both twin A & B)		relaxed, Both FHR good.
		Adv: Follow dump chart
		S/B 12/1/21
11/6/26		S/B <u>Dr. Mahalakshmi / Dr. Ashok</u>
6:55 AM	A case of Twin gestation posted for LSCS.	
	→ ↓ SAB → L3-L4 / 0.5% Bupiv (H) 2ml + 0.2ml tidi given level T6 obtained; hypotension → Inj. Ephedrine 6mg + 6mg given	
7:00 AM	→ Pt developed headache (+) hypertension - BP: 150/100 mmHg	
	↓ 1st twin delivered → at	Inj. Thapic 1gm iv stat Inj. Emisech 4mg iv stat.
	↓ Following which she developed → GTCS	

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 Mrs PRIYANKA SARAVANAN  
 11-08-1995 30 Y 10 M 0 D (F)  
 Dr. ANURADHA P V



...GRESS NOTES AND DOCTOR'S ORDER

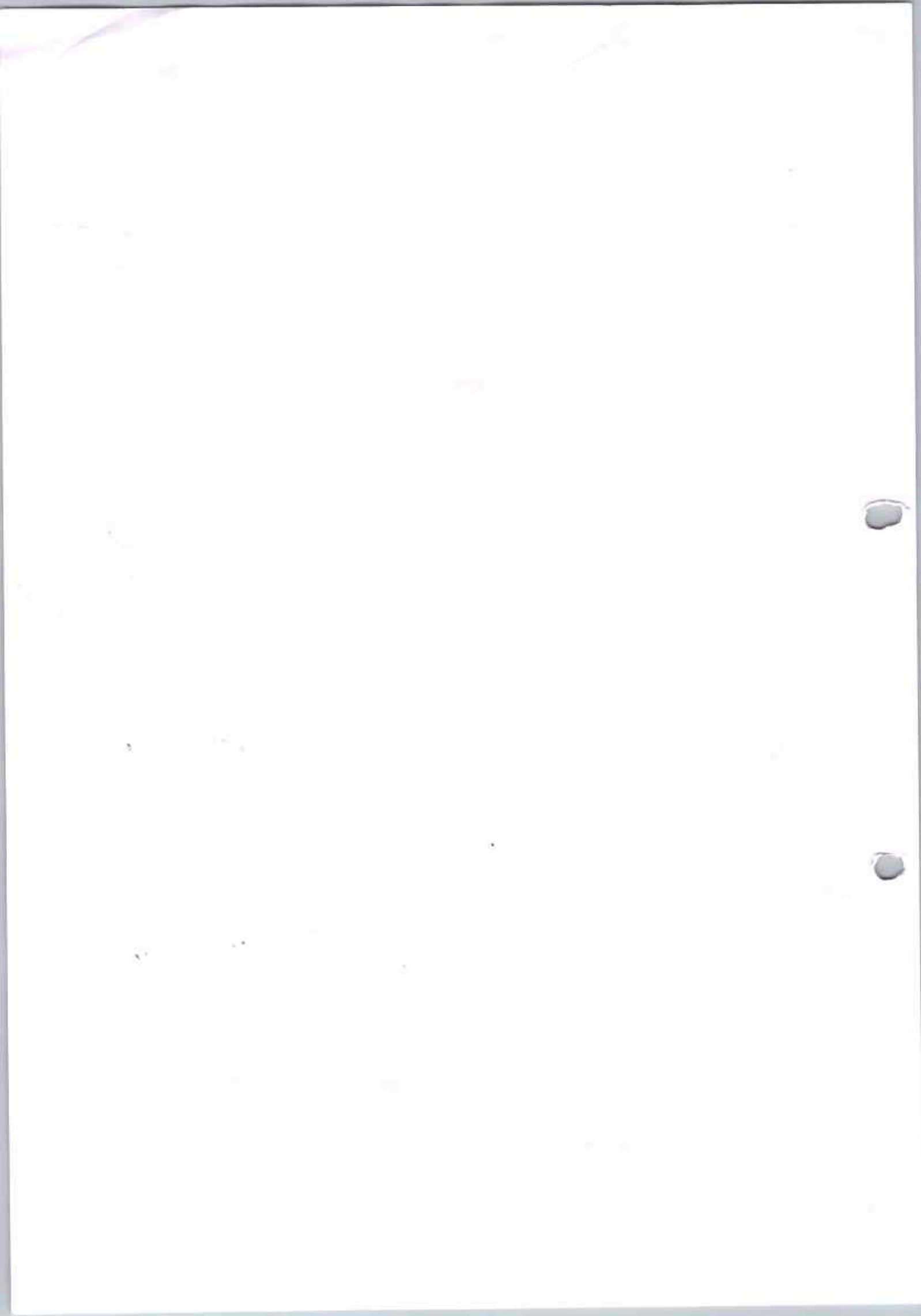
Date & Time	Progress Notes	Doctor's Order
	which lasted for < 1 minute.	
	↓	
	ly. Midaz 2mg ly. Propofol 100mg	] i.v stat given
	Pt intubated = 7 size ETT fixed at 21cm.	
	→ ly. Levipill 1gm i.v stat given	
	Pupil reflex (+) in both eyes	
	→ ly. Atroc 25mg i.v stat given	
	Pt to be shifted to higher centre for further management and CT imaging to be done at the earliest.	
	To do CT Brain emergency.	
		Make 96373
12/6/2026		
8AM	Patient has been referred to SMF hospital for further management.	SMF Doctor



## Early Warning Observation Score Chart - Obstetrics

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

16/8/20		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											



## Early Warning Observation Score Chart - Obstetrics

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

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7					
		Time	8																												
RESP <small>(write rate in corresp. box)</small>	> 30																														
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Administered O <sub>2</sub> (L/min.)		✓																													
Temp °C	40																														
	39																														
	38																														
	37																														
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
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	70																														
	60																														
	50																														
	40																														
	NEURO RESPONSE [✓]	Alert	✓																												
		Voice																													
		Pain																													
Unresponsive																															
URINE mls / hour	> 30	✓																													
	< 30																														
Proteinuria	Protein ++																														
	Protein > ++																														
Lochia	Normal	✓																													
	Heavy / Foul																														
Liquor	Clear / Pink	✓																													
	Green																														
TOTAL YELLOW SCORES			0																												
TOTAL ORANGE SCORES			0																												
Nurse Initial			DB																												

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# FLUID CHART

Sheet No. : 1

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

11/6/20		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	H <sub>2</sub> O	200ml								0	} PR 02/1/14	
	10:00 pm						✓				0		
	11:00 pm	H <sub>2</sub> O	100ml							✓	0		
	12:00 am			100ml	(IVE RL connected)						0		
	01:00 am			100ml							0		
<b>Total Intake :</b> 300 + 200ml						<b>Total Output :</b> 0-1							
	02:00 am			100ml						✓	0	} PR 02/1/14	
	03:00 am			100ml			✓				0		
	04:00 am			100ml						✓	0		
	05:00 am			200ml							0		
	06:00 am	PL	50ml								0		
	07:00 am	PL	50ml								0		
<b>Total Intake :</b> 650 ml						<b>Total Output :</b> 2ml							
<b>Total 24 hrs. Intake</b>		2000 ml											
<b>Total 24 hrs. Output</b>		3 drops											