

VIH-00198445 IP-00060386  
Mrs SAI SHRUTHI RANGA  
27-05-1995 31 Y (F)  
Dr. BHAVANA K

ING

1

Name: 

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

Date of Admission : 17/6/26 Time : 8:25pm Date of Discharge : ----- Time: -----

Room / Bed No : 229 Ward : Miller Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
17/6/26	9:00am	ICU	Room(202)	<i>[Signature]</i>

**Cross Consultation Visit**

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







INSURANCE COPY

<b>Name</b>	Mrs SAI SHRUTHI RANGA	<b>UHID</b>	VIH-00198445
<b>Father/Guardian</b>	Mr RAVI TEJA SAMUDRALA	<b>Age/Gender</b>	31 Y /Female
<b>Address</b>	12-1-4/24, indira nagar, above viswa sai k & g stores, Lalapet, Hyderabad, Telangana, INDIA, 500017		
<b>IP No</b>	IP-00060386	<b>Admission Date</b>	17-06-2026
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	19-06-2026

### DISCHARGE SUMMARY

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

**Diagnosis:** Primi with 37+4 weeks with Oligohydramnios with small for gestational age baby with placental calcification for induction of labour

**History:**

LMP: 27.09.2025

Obstetric formula: Primi

EDD: 04.09.2026

Gestation at admission: 37+4 weeks

**Obstetric History:**

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Mother- DM, Hypothyroid

Surgical History: Nil

Allergies: Nil

<b>Name</b>	Mrs SAI SHRUTHI RANGA	<b>UHID</b>	VIH-00198445
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**Antenatal Details:** Mrs SAI SHRUTHI RANGA was booked to Rainbow hospital at 7+6 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had H/O UTI at 35 weeks and managed conservatively. 2 doses of TT taken. She was admitted at 37+4 weeks with Oligohydramnios with small for gestational age baby with placental calcification for induction of labour.

**Investigations:** Enclosed.

**Blood group:** A POSITIVE

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 3 doses of PGE1. Artificial rupture of membrane done at 2 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 3.30 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 3.30 pm.

Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction.

Name	Mrs SAI SHRUTHI RANGA	UHID	VH-00198445
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Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

### **Delivery Details:**

Date: 18.06.2026

Time of Delivery: 04:10 pm

Type of Labour: Induced

Type of Delivery: Spontaneous

Analgesia: Epidural

### **Baby Details:**

Date: 18.06.2026

Time: 04:10 pm

Sex: Male

Weight: 2.925 kg

Apgar:

Gestational Age: 37+4 weeks

NICU Admission: Yes, respiratory distress

### **Post-Operative Notes:**

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

Name	Mrs SAI SHRUTHI RANGA	UHID	VIH-00198445
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**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 25.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 25.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 25.06.2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 25.06.2026 (7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 22.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).


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

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

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	Mrs SAI SHRUTHI RANGA	UHID	VH-00198445
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Name: Vari Ranga

Signature: 

Relationship: Mother

This summary was explained by:

Summary prepared by: Dr.

**Registrar/Resident/C.M.O**

**Dr. BHAVANA K**

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

PatientName : Mrs SAI SHRUTHI RANGA  
Age/Gender : 31 Y / Female  
Ward/Bed : N 2F-MICU/ MICU 227

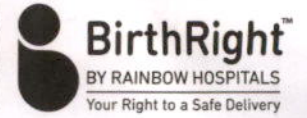
Inpatient No. : IP-00060386  
Admit Date : 17-06-2026  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :18-06-2026 00:12			
HEMOGLOBIN (Colorimetry)	11.0	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.34	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	30.3	VOL%	L 33 - 51
MCV (Calculated)	90.7	fL	80 - 100
MCH (Calculated)	32.9	pg/cells	26 - 34
MCHC (Calculated)	36.3	g/dL	H 32 - 36
RDW-CV (Calculated)	12.7	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	203	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	8.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.89	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	74	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356



# SURGERY DETAILS

Sl.No. Date : 18/6/26  
 Patient Name Age : 31y Sex: F  
 UHID No. : 198445 IP No: 60386  
 Date of Surgery : 18/6/26 OT:  OT 1  OT 2  OT 3  
 Name of the Surgery : Normal delivery + Epidural

VIH-00198445 IP-00060386  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y (F)  
 Dr. BHAVANA K



Time in : 3:30pm Time Out : 4:30pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: DR. Bhavana.k	.....
2. Anaesthetist	: .....	.....
3. Asst. Surgeon	: .....	.....
4. OT Technician	: .....	.....
5. Circulating Nurse	: Mangar	.....
6. Asst. Nurse	: .....	.....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C - ARM  Cystoscopy

Signature of the Surgeon Signature of Circulating Nurse

Order No. : 3091822 Ordered by : .....



# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**
**Registration Details :**

**Admission No** : IP-00060386      **Admit Date** : 17-Jun-2026      **Admit Time** : 08:25 PM      **UHID** : VIH-00198445

**Patient Details :**

<b>Patient Name</b> : Mrs SAI SHRUTHI RANGA	<b>Age</b> : 31 Y
<b>Guardian</b> : Mr RAVI TEJA SAMUDRALA	<b>DOB</b> : 27-05-1995
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> :
<b>Address (H)</b> : 12-1-4/24, indira nagar, above viswa sai k & g stores Lalapet Hyderabad Telangana INDIA 500017	<b>Phone No</b> : 7386331720/ 8686686870
	<b>E-mail</b> : na@GMAIL.COM

**Admission Details :**

<b>Bed Type</b> : MICU	<b>Bed No</b> : MICU 227	<b>Ward Name</b> : N 2F-MICU
<b>Room No</b> : MICU 227	<b>Admission Type</b> : First Visit	

**Contact Details :**

<b>Name</b> : Mr RAVI TEJA SAMUDRALA	<b>Relationship</b> : W/O
<b>Contact Address</b> : 12-1-4/24, indira nagar, above viswa sai k & g stores Lalapet Hyderabad Telangana INDIA 500017	<b>Phone No</b> : 7386331720 / 8686686870

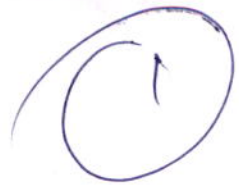

  
Signature

**Doctor Details :**

<b>Doctor Name</b> : Dr. BHAVANA K	<b>Specialisation</b> : OBSTETRICS AND GYNECOLOGY
<b>Referral Doctor</b> : Self	<b>Phone No</b> :
<b>Co-Consultant</b> :	

**Payment Details :**

<b>Payment Mode</b> : Cash	<b>Deposit Amount</b> : 0.00
	<b>Payor Name</b> : MEDI ASSIST INSURANCE TPA PVT LTD



# PATIENT TRANSFER FORM

VIH-00198445 IP-00060386  
Mrs SAI SHRUTHI RANGA (F)  
27-05-1995 31 Y  
Dr. BHAVANA K



Date & Time of Admission 17/6/26 at: 8:25 pm		Date & Time of Transfer Order 17/6/26 / @ 9 PM
Treating Consultant Name	Transfer Ordered by Dr. Madhumita	Reason for Transfer for IOL
From Unit CLW	To Unit Room (202)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films 0	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- Cefixime	10
2.	Tab:- Paracetamol	15
3.	Tab:- Paracetamol	10
4.	Tab:- Diclofenac	10
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Madhumita

Name & Signature of Person who is Transferring Sis. Kamala	Name of Person Ordered Transfer Dr. Madhumita
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Patient & Clinical Records Received by :

Epidural Catheter Removed  
YES / NO

Date & Time of Patient Received :

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

VIH-00198445 IP-00060386  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y (F)  
 Dr. BHAVANA K



## JBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

**Baseline Information:**

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

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

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

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

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_

If yes, identify \_\_\_\_\_

**Chief Complaints:** COL Doctor Notified on Admission:  Yes  No

Name of the Doctor: Dr Farnaz

Time Notified: 8pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>NO</u>

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: _____</p> <p>Onset of Menarche: _____</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>27/9/25</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: <u>COL</u></p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G primi P \_\_\_\_\_ L \_\_\_\_\_ A \_\_\_\_\_

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

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

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease

Liver disease  Other mother - Dm, Hypothyroid

**Vital Signs / Measurements:** Temp: 96.1°F HR: 78bpm RR: 19b/min

BP: 118/69mmHg Weight: 62.5kg Height: 160cm BMI: 31.2

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



**PHYSICAL ASSESSMENT**

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

Fall Assessment:  Yes  No Score ..... 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 ..... Family .....

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach :  Yes  No Waste Disposal Explained:  Yes  No
- Infusion Pump :  Yes  No Hand Hygiene Explained:  Yes  No  Others

Above information given to Mrs. Sai Shruthi Ranga

Name of Person Orientation was given to: Mrs. Sai Shruthi Ranga

Orientation not given Reason: .....

Nurse Signature: .....  
Nurse Name: Prathiba  
Date & Time: 17/6/26 @ 9pm



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Obstetric Formula: *Primigravida*

MS-3V248 NCM

Obstetric History:

- G1 - PP - spont conception
- Booked to RCH = conception
- H10 UTI at 35 weeks & managed conservatively.
- 2 doses of T-T taken.
- on IFA & calcium tablets

RISK FACTORS: *throughout pregnancy*

- SGA baby  
 - oligohydramnios  
 - Placental calcification

Height: *160* cm

Weight: *62.5* kg

Allergies: \_\_\_\_\_

Breast:  Normal  Abnormal

General Examination:

Consciousness: *clear*

Pallor: *(-)*

Icterus: *(-)*

Edema: *(-)*

Temp: *Afebrile*

PR: *84 bpm*

BP: *118/67 mmHg*

DTR: *(+)*

CVS: *S1S2 (+)*

RS *BAC (+)*

Liver/Spleen: *Adequate* Urine Output: *Adequate*

## DIAGNOSIS

*Primigravida with 37+4 weeks with oligohydramnios with small for gestational age baby for induction of labour & placental calcification*

LMP: *27/9/25*

EDD: \_\_\_\_\_

Corrected EDD: *4/12/26*

GA: *37+4 weeks*

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: *Ut ~ TG*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

*138 bpm*

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix: *long + soft post*  
 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



<p>Family History:                  mother - DM Hypothyroid</p>	<p>Surgical History:                  Nil</p>
<p>Medical History:                  Nil</p>	<p>Medication History:  <del>Nil</del> Allergies - Iron tablet -</p>
<p>Plan of Care: CI to Dr Bhavana ma'am</p> <ul style="list-style-type: none"> <li>- Admission consent</li> <li>- (N) diet - past preparation</li> <li>- Ambulation</li> <li>- Biothing ball exercise.</li> <li>- Tab misoprostol 25 ug → 4th hourly</li> <li>- NST - 4th hourly</li> <li>- FHR monitoring</li> <li>- send CBP</li> <li>- follow drug chart</li> <li>- monitor vitals</li> <li>- Inform SOS.</li> </ul> <p>Noted by pooja 17/6/26 Dr. Spm</p>	<p>Investigations: <u>BG - 'A' POSITIVE</u></p> <p>24/5/26 -                  TSH - 2.129                  uTSH - Neg                  CUE - pa ctoria (+)                  pus cells (+)                  CBP - 11.7 / 9709 / 1.91 L</p> <p>17/4/26 - AFI doppler                  - SLIUF                  - 27 + 4 weeks                  - cephalic                  - PL - post high                  Placental calcification                  - AFI - 9.5 cm                  - Doppler - (N)</p> <p>19/2/26 -                  TIFFA                  - SLIUF                  - 20 + 5 weeks                  - no anomalies                  - CL - 35mm</p> <p>22/12/15 - NT scan                  - SLIUF                  - 12 + 2 weeks                  - NT - 1.1mm                  - CL - 34mm</p> <p>13/6/26 - Growth scan                  - SLIUF                  - 37 weeks                  - cephalic                  - PL - post high                  - AFI - 9.5 cm                  - AC - 87                  - EFW - 2.778kg                  - Doppler - (N)</p>

Doctor Name: Dr. Farva Z  
 Signature: [Signature]  
 Date & Time: 17/6/26 8: PM

Consultant Name: Dr. Bhavana kashy  
 Signature: .....  
 Date & Time: 17/6/26

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

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

Patient Name: Mrs BAI SHRUTHI RANGA  
Age: .....  
I.P. No. :  
VH-00198445  
27-05-1995  
Dr. BHAVANA K  
IP-00060386  
31 Y  
(F)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	8:45pm	Pt is c/c GFC fair Afebrile BP - 118/67 mmHg PR - 86 bpm S/E - NAD PIA - ut + TG FHR ⊕ 138 bpm Relaxed cx - long, post, soft os - closed PPK (-)
		Adv - (N) diet - Ambulation - Hydration - Birthing ball - NST - 4th hourly - FHR monitoring - follow drug chart - monitor vitals - Inform SOS
<del>Noted by 17/6/26 post D. 8:45pm</del>		
18/6/26	12:45 AM	Pt is c/c GFC fair Afebrile BP - 110/73 mmHg PR - 86 bpm S/E - NAD PIA - ut + TG FHR ⊕ 138 bpm Irritable cx - long, soft post os - closed PPK (-)
		Adv - (N) diet - Ambulation - Hydration - Birthing ball - NST - 4th hourly - FHR monitoring - follow drug chart - monitor vitals - Inform SOS

Tab missprostadin  
25 mg kept  
at 8:45pm

2nd dose  
Tab missprostadin  
kept  
at 12:45 AM

NST  
reactive

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/1/26  
4:45 AM

3rd dose  
Tab misoprostol  
25 ug kept PV  
at 4:45 AM

pt is clele  
GC fail  
Afchñle  
BP - 110/74 mmHg  
PR - 84 bpm

S/E - NAD  
PIA - imitable  
vle - cx - long, soft, post  
os - 1 finger  
PP (3)

- Adv
- (R) diet
  - Ambulation
  - Hydration
  - w/ f POL
  - NST - 4th hourly
  - FHR monitoring
  - follow drug chart
  - monitor vitals
  - Inform SOS

Jehan  
Dr Faouzi

Noted by ~~Merhesh @ 7:15~~

18/1/26  
8:45 AM

ARM done  
Liquor clear

ole pt clele  
GC fail  
afchñle  
BP - 115/72 mmHg  
PR - 85 bpm  
SIGNAD

PIA ut ~ 7th  
cephalic  
FUR ⊕ 160 bpm  
PO - cx 3/4 th inch  
OS - 3 cm  
m ⊕ w ⊕  
PP (2)

- Adv
- clear liquids
  - NST  
4th hourly
  - w/ f POL
  - continue  
FHR  
monitoring
  - monitor vitals
  - follow drug  
chart
  - inform SOS

Adv. Ashwin

Noted by ~~Harsh~~ 18/1/26 @ 8:45 AM

VIH-00198445  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y  
 Dr. BHAVANA K  
 IP-00060386  
 (F)

2

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



BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9:30 AM.	C/S/B Du Bhavana Mam	
	P/A - utnTG (C) FHR (F) 154 bpm 2c/2osecl/min V/e Cx 1/2 inch Os 3 cm m (C) lig clear PPVx - 2	<u>Adv</u> - Clear liq - NST 4th hly - Cont. FHR monitoring - Monitor Vitals - W/R POL - Synto titration - Inform SOB
NOTED by Kanda 18/6/26	9:30 AM	
18/6/26 11:10 PM.	O/E Pt is alert Vitals stable	
↓ Epidural	P/A - utnTG Cephalic 2c/2osecl/min FHR (F) 100 bpm. V/E - Cx - 50% effaced. Os - 3 cm PPVx (1-2) m (C), lig (C)	<u>Adv</u> - Clear liquids - NST 4th hly - Continuous FHR monitoring - W/R POL - Monitor vitals - Follow drug chart - Inform SOB.
17/6/26 CBP - 11/10.89 2.03L		
NOTED by Kanda	11:10 AM 18/6/26	Dr. [Signature]



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 3:00PM	O/E Rt ls c/c cc-fali Afebrile BR 116/28mmHg PR - 80bpm. S/E - NAD	Adv - Clear liquids - NCT 4M hml - Continuous FHR - WIF POL
↓ Epidural U/O - 200ml Aseptic, clear	P/A - Ut w TG Cephalic g/c 25 sec/10min FHR ⊕ 140bpm. V/E - Cx - 60% effaced OS - 5-6cms mem(-) liquor clear PPRx (-)	- Monitor vita - Follow drug c - Inform doc
Noted by Karah 18/6/26 @ 3:00PM	O/E Rt ls c/c V/brals stable P/A - Ut w TG Cephalic g/c 30-35 sec/10min FHR ⊕ 144bpm V/E - Cx : fully effaced OS : fully dilated Mem ⊕, lig ⊕ BRVx 1-1 18/6/26	
Noted by Karah @ 3:40PM 18/6/26	O/E Rt ls c/c V/brals stable P/A - Ut w TG Cephalic g/c 30-35 sec/10min FHR ⊕ 144bpm V/E - Cx : fully effaced OS : fully dilated Mem ⊕, lig ⊕ BRVx 1-1 18/6/26	



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
18/6/26 4:30PM	<u>Delivery Notes</u>	Dr. Mounica Dr. Anusheem Sis Manga/Kamala				
	<p>Under strict aseptic conditions, Perineum painted &amp; draped. At the time of crowning, at peak of contraction RMLE given under 2% lignocaine. A Male baby of weight 2.925kg of APGAR delivered at 4:10PM on 18/6/26.</p> <p>Baby cried immediately. Cord clamped &amp; cut. Baby handed over to Pediatrician.</p> <p>Placenta &amp; Membranes expelled.</p> <p>Epistomy sutured in layers. No Perineal tears or extensions noted. Hemostasis secured.</p> <p>PR done NAD</p>					
	<table border="1" data-bbox="718 1415 1123 1548"> <tr> <td>Male</td> <td>2.925kg</td> </tr> <tr> <td>4:10PM</td> <td>18/6/26</td> </tr> </table>	Male	2.925kg	4:10PM	18/6/26	
Male	2.925kg					
4:10PM	18/6/26					
	<p>Noted by Koral @ 4:30PM 18/6/26</p>	<p>Dr. Gredma</p>				

VIH-00198445 IP-00060386  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y (F)  
 Dr. BHAVANA K



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 4:30 PM	<u>PND-0</u> O/E pt fs d/c gc-fair afebrile BP-114/78 mmHg PR-84 bpm S/E-NAD PIA- ut-wr soft, BS (+) H/E-NAB	PR - soft diet - WIF Bleeding PV - Monitor vitals - Follow drug chart - Inform sos
U-VP M-NP		
Noted by Parul 18/6/26 @ 4:30 PM		Dr. Geetha
18/6/26 8:30 PM	<u>PND-0</u> O/E - Gfair, afebr P-80/min BP-100/70 mmHg S/E-NAD PIA- ut-wr soft NR YE - No active bleeding Baby - soft R/W	R - @ diet - Ambulation Follow drug chart Monitor vitals WIF PV bleeding Inform sos
U-P M-NP		
Shift to room Noted by Parul 18/6/26 @ 8:30 PM		Dr. Madhumita

VIH-00198445 IP-00060386  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y (F)  
 Dr. BHAVANA K



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 9 AM	<u>PND - 1</u> O/E	
	PT Ps c/c/c	<u>Adv</u>
	GC fair	- Normal diet
	Afebrile	- Monitor vitals
	BP - 116/70 mmHg	- W/F bleeding PV
<u>Urine passed</u>	PR - 86 bpm.	- Adequate hydration
<u>Motion passed</u>	S/E - NAD	- Ambulation
	P/A - utvwr	- Inform SOS
	Soft	
<u>pt can be discharged</u>	L/E - No active bleeding	→ Per vaginal examination done
	Baby - NICU.	
		Dr Yogeshwar
		Noted by Deepika
		19/6/26 @ 9 AM



Department of Anaesthesiology  
PRE-ANAESTHETIC EVALUATION

Name: Shruthi Ranga Age: 31 Y Sex: F UHID.No:                       
Date: 18/6/26 Time: 12:30 pm Proposed Operation: Epidural Analgesia  
Diagnosis: 1, 37 wks, oligohyd, SGA fetus  
B.P / CRT: 167/70 H.R: 84 Weight: 62.5 ASA Physical Status:  1  2  3  4  5

Laboratory Data:

Hgb: 11.0 Glucose:                      Protein:                      HIV:                      X-Ray:                       
PCV:                      Urea:                      Alb:                      HBS Ag:                      ECG:                       
WBC: 10890 Creat:                      Total Bill:                      HCV:                      2D Echo:                       
Plate: 202 Na:                      Dir. Bill:                      Blood group: A+ve Stress/Anglo:                       
PT:                      K:                      LDH:                      T3:                      Other:                       
PTT:                      Ca++:                      Alk phos:                      T4:                       
INR:                      Mg++:                      Amylase:                      TSH:                       
Cl-:                      SGOT/SGPT:                     

Allergies:                     

Medical History: CVS:                       
RESP:                      Diabetes:                       
CNS:                       
Renal:                      NAD  
Hepatic / GE:                       
Others:                      Physical Activity: Active

Past Anaesthetic History:                     

Physical Exam:                     

Airway: MP 1 2 3 4 Mouth Opening: N Mentohyoid Distance: N Neck: N Teeth: N  
Lungs:                       
Heart: NAD  
CNS:                       
Pregnant:  Yes  No  NA Venous Access Site: 7 Spine Exam for regional: N

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative instructions:

- DVT Prophylaxis:
- NIL ORAL Water / ORS 2 Hours  
Others 6 Hours
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Bhavana K





Patient Sticker

Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

Date: 18/6/26 Time: 12:30 pm Procedure done by Dr Sundhara

CSE/Spinal/Epidural: Epidural Position: Sitting Space: L5 S1 Technique: LOR/LOS: LOR  
Depth: 4 cm Catheter at Skin: 9 cm Attempts: 1

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% Bup + 2 mg/ml Fentanyl

Any other issues:

- a)
b)

Table with columns: Time, Infusion Rate (ml/hr), Bolus (ml), Level Left/Right, Maternal BP/Pulse, FHR, Comments. Contains handwritten data for 12:30, 2:30, and 3:30 pm.

Delivery Details: Time: 4:30 pm APGAR: 7/10 8/10 SVD/Instrumental/LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Intact

Patient Satisfaction: Good

Discharge/Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time:

Signature: Sundhara
Epidural Catheter Removed YES/NO

# PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: Shreerthi Rangas Gender:  Male  Female UHID. No: ..... Age: 37y

Date: 18/6/26 In-Time: 12:30 pm Out-Time: 12:20 PM

Doctor Performing Procedure: Dr Sundhara Doctor Giving Sedation: ..... Assisting Nurse: [Signature]

SIGN IN	Time: <u>12:30 pm</u>	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required documents, images, studies are available		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPO Status Checked from Patient / Patient Attendant		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent is Signed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any need for blood products		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: .....				
Any Risk of Hemodynamic Compromise		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: <u>Mumbled</u>				
Any drug or food allergy		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: .....				
Correct Site of Procedure Marked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All resources required are correct, available and functioning		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Doctor: <u>[Signature]</u>				
Name of the Doctor: <u>Dr Sundhara</u>				

TIME OUT	Time: .....	Yes	No	NA
Correct Patient		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Site		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Procedure		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the team members introduced		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>[Signature]</u>				

SIGN OUT	Time: .....	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument, Sponge and Needle Count Completed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimens are labeled		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any equipment problems are addressed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>[Signature]</u>				

**Any Adverse / Unexpected Events**

.....

.....

.....

## Induction of Labor Consent

Name: MRS SAI SHRUTHI  
Date of Birth: 27/5/1985  
ANC No: 10281/V/26

Consultant: Dr Bhavana K  
Registration Number: VII-00198445

You are scheduled for an induction of labor on 17/6/26 (date) at 37+4 (weeks of gestation).

The reason for your induction is TERM GEST WITH SGA BABY

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

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

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

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

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

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

R. Sai Shreehari

Parents Signature

17/6/26

Date

[Signature]

Husband's Signature

17/6/26

Date

[Signature]

Doctor's Signature

17/6/26

Date



# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS SAI SHRUTHI UHID No : V1H-00198445

Gender:  Male  Female Date : 17/6/26 Time : 7:45 pm

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: DR BHAVANA KASU

Consentee : R. Sai Sruthi  
Signature : .....

Name : R. SAI SHRUTHI

Date & Time : 17/6/26 8:40 PM

Witness : R. Vani  
Signature : .....

Name : VANI R

Date & Time : 17/6/26 8:40 pm

Patient Attendant : Ravi Teja S  
Signature : .....

Name : RAVITEJA S

Relationship with Patient: HUSBAND

Date & Time : 17/6/2026 8:40 pm

Doctor (who is taking the consent) : Dr. James  
Signature : .....

Name : Dr James

Date & Time : 17/6/26 8:40 pm



VIH-00198445 IP-00060386  
Mrs SAI SHRUTHI RANGA (F)  
27-05-1995 31 Y  
Dr. BHAVANA K



# CONSENT FOR SPECIAL PROCEDURES

Patient Name : Sai Shreethi Ranga Gender:  Male  Female

UHID No : ..... Department : Obg Date : 18/6/26

I Sai Shreethi Ranga S/D/W/O

Here by give consent for procedure of : Epidural Analgesia

For my patient, Named : Sai Shreethi Ranga

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

Haemodynamic instability, Numbness & heaviness of legs, PDPH, U/L or patchy block or failure of block, Resitiation, Infection, Bleeding.

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

Entonox, IV opioids

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

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

**Patient Attendant :**

Signature : Sai Shreethi

Name : Sai Shreethi Ranga

Relationship with Patient : Self

Date & Time : 18/6/26, 12pm

**Witness :**

Signature : [Signature]

Name : Kaniteja C

Date & Time : 18/6/26, 12pm

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

Signature : [Signature]

Name : Dr. Sunitha

Date & Time : 18/6/26, 12pm

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

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

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా గోగికి, పేరు : .....

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

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

స్వాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00198445 IP-00060386

Mrs SAI SHRUTHI RANGA

27-05-1995 31 Y (F)

Dr. BHAVANA K

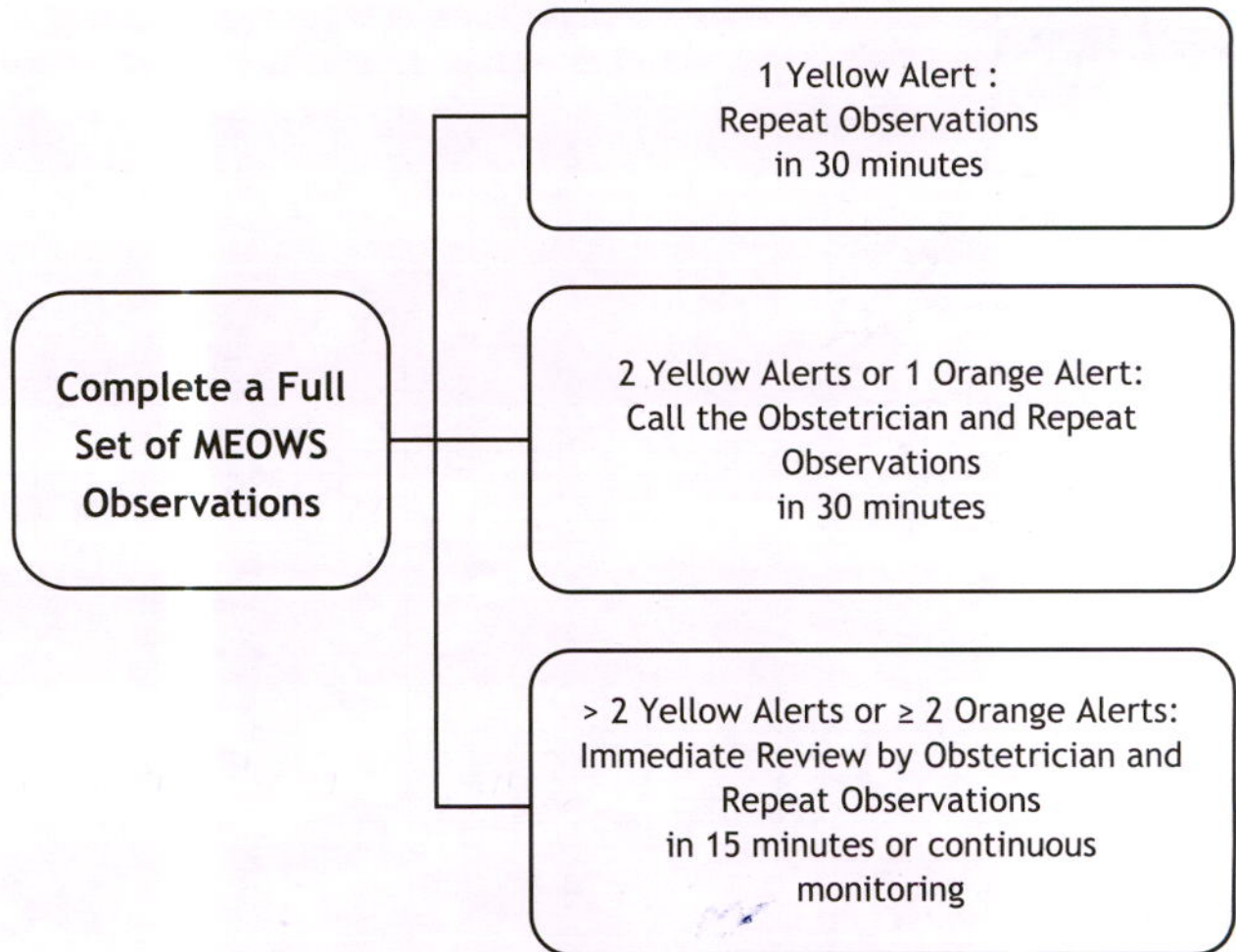


# Warning Observation Score Chart - Obstetrics

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

Date																									
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	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																									

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00198445 IP-00060386  
 Mrs SAI SHRUTHI RANGA  
 27-05-1995 31 Y (F)  
 Dr. BHAVANA K

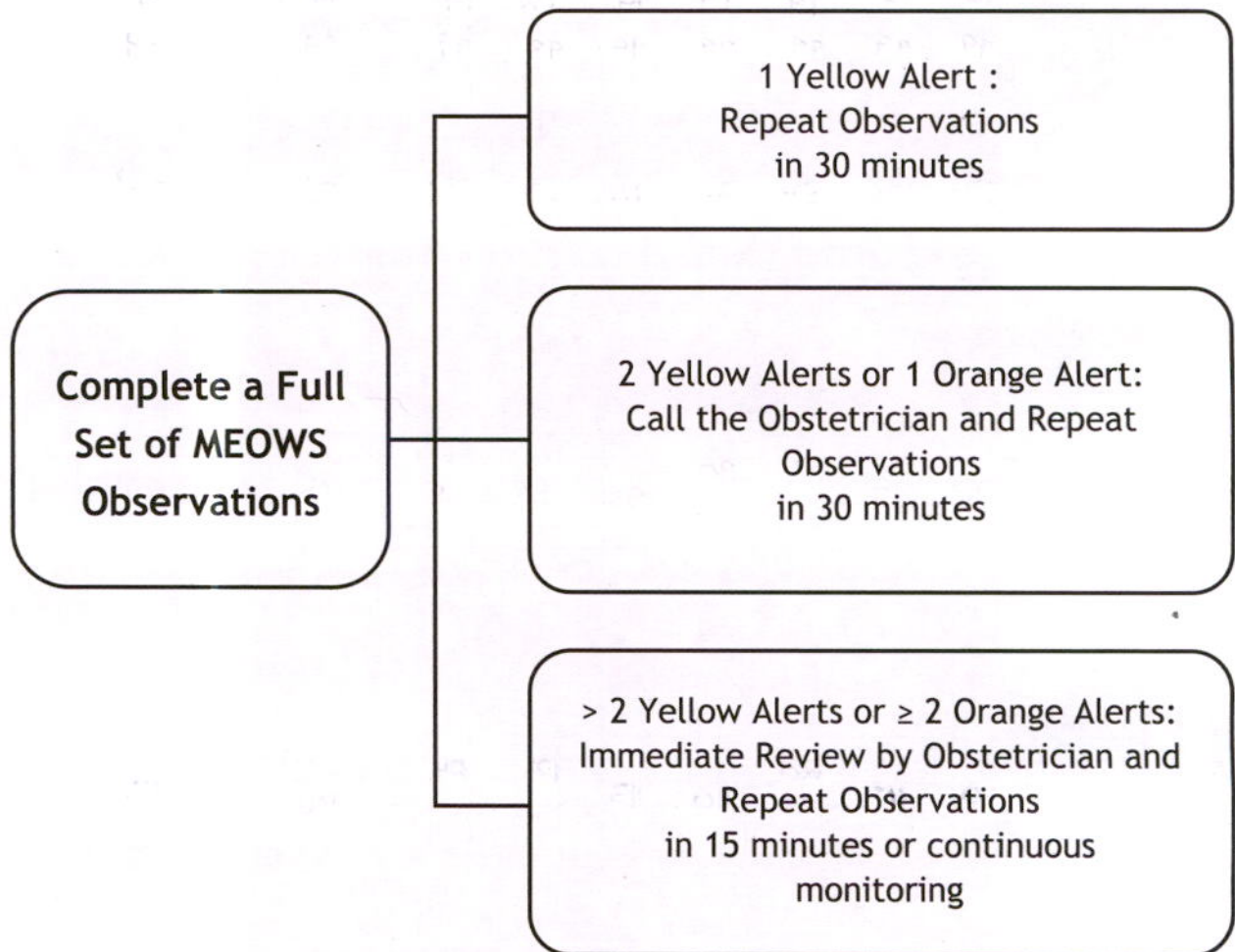


## Morning Observation Score Chart - Obstetrics

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

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	19	19	19	19	19	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19		
	0 - 10																										
Saturations	94 - 100 %	99	99	99	99	99	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37.2	37.2	37.0	37.2	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0		
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	86	80	92	90	83	86	88	85	80	82																
	70																										
	60																										
	40																										
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	110	103	120	110	113	123	124	100	110	100																
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70	70	76	80	83	86	80	83	62	80	63																
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h	h		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00198445 IP-00060386

Mrs SAI SHRUTHI RANGA

27-05-1995 31 Y (F)

Dr. BHAVANA K



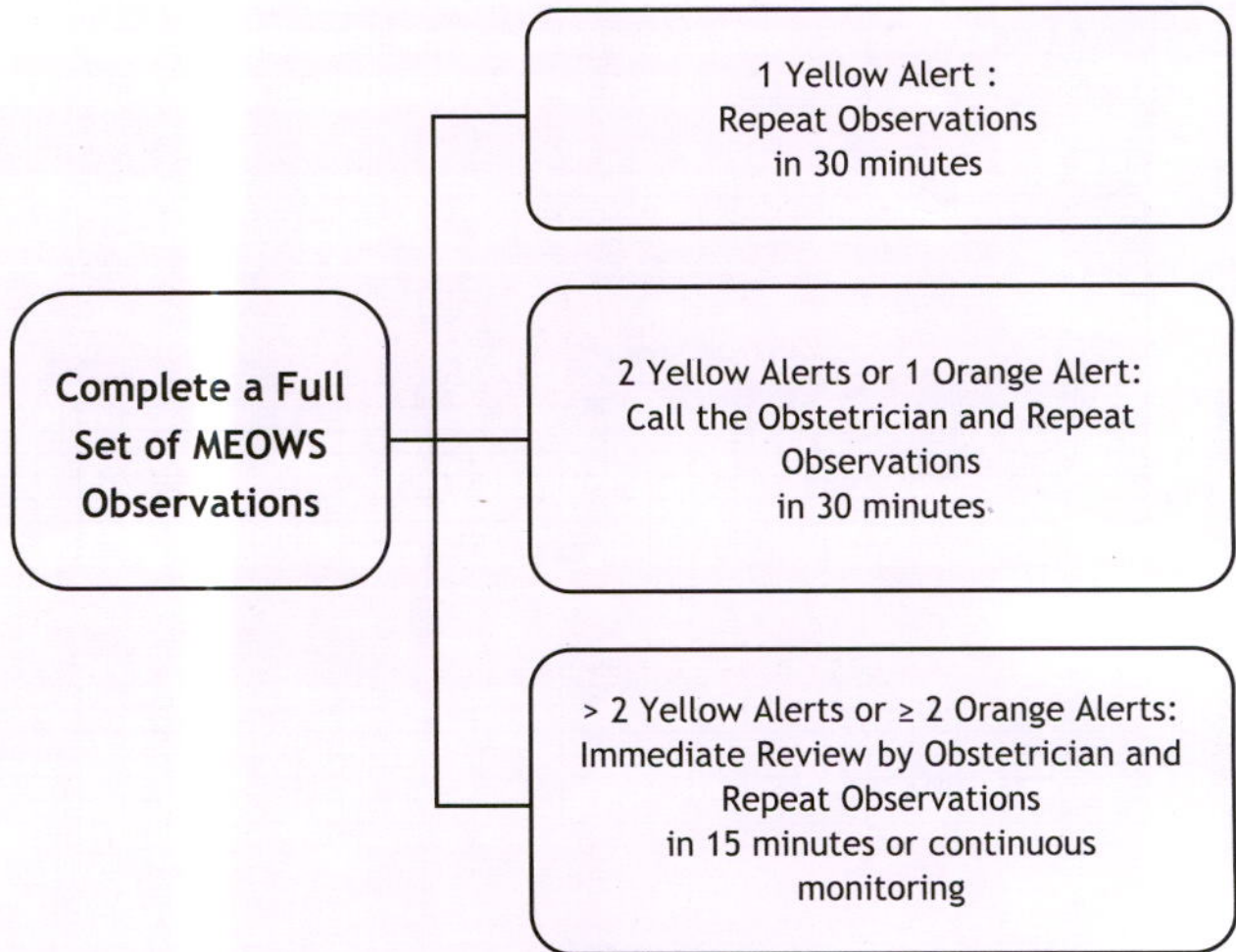
# Early warning Observation Score Chart - Obstetrics

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

		Date																										
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20			20																								
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %																											
Administered O <sub>2</sub> (L/min.)			09																									
Temp °C	40																											
	39																											
	38																											
	37																											
	36			36																								
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80			80																								
	70																											
Systolic Blood Pressure	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
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			NA																								
Liquor	Clear / Pink			NA																								
	Green																											
TOTAL YELLOW SCORES			0																									
TOTAL ORANGE SCORES			0																									
Nurse Initial			S																									

*noted by swin & lab 11/10/11*

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



**FLUID CHART**

Sheet No. : ..... (1) .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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 100ml											
	10:00 pm	H <sub>2</sub> O 50ml											
	11:00 pm	H <sub>2</sub> O 100ml											
	12:00 am	H <sub>2</sub> O 50ml											
	01:00 am												
<b>Total Intake : 300 ml</b>						<b>Total Output : Paused</b>							
	02:00 am	H <sub>2</sub> O 100ml											
	03:00 am												
	04:00 am	H <sub>2</sub> O 100ml											
	05:00 am												
	06:00 am	H <sub>2</sub> O 100ml											
	07:00 am	H <sub>2</sub> O 100ml											
<b>Total Intake : 400ml</b>						<b>Total Output : Paused</b>							
<b>Total 24 hrs. Intake</b>			700 ml			<b>Total 24 hrs. Output</b>			Paused				

17/6 Time FHR Contraction

9 pm - 146 bpm  
 9:30 pm - 150 bpm  
 10 pm - 146 bpm  
 10:30 pm - 148 bpm  
 11 pm - 138 bpm  
 11:30 pm - 139 bpm

11:00 AM - 146 bpm  
 11:30 AM - 142 bpm  
 12:00 PM - 143 bpm  
 12:30 PM - 146 bpm  
 1:00 PM - 146 bpm  
 1:30 PM - 143 bpm  
 2:00 PM - 140 bpm  
 2:30 PM - 140 bpm  
 3:00 PM - 143 bpm  
 3:30 PM - 146 bpm  
 4:00 PM - 146 bpm

18/6 12 AM - 136 bpm  
 12:30 AM - 149 bpm  
 1 AM - 142 bpm  
 1:30 AM - 138 bpm  
 2 AM - 132 bpm  
 2:30 AM - 143 bpm  
 3 AM - 147 bpm  
 3:30 AM - 132 bpm  
 4 AM - 138 bpm  
 4:30 AM - 130 bpm  
 5 AM - 140 bpm  
 5:30 AM - 144 bpm  
 6 AM - 146 bpm  
 6:30 AM - 147 bpm  
 7 AM - 149 bpm  
 7:30 AM - 140 bpm  
 8 AM - 142 bpm  
 8:30 AM - 136 bpm  
 9 AM - 139 bpm  
 9:30 AM - 143 bpm  
 10:00 AM - 140 bpm  
 10:30 AM - 140 bpm

my

my

my



# FLUID CHART

Sheet No. : .....

2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6	08:00 am	H <sub>2</sub> O + 50ml								✓	0	18/6/26 @8Am
	09:00 am	H <sub>2</sub> O + 50ml + RL 100ml					✓			✓	0	
	10:00 am	H <sub>2</sub> O + 50ml + RL 100ml.									0	
	11:00 am	H <sub>2</sub> O + 50ml + RL 100ml/hr									0	
	12:00 pm	H <sub>2</sub> O + 50ml + RL 100ml/hr									0	
	01:00 pm	H <sub>2</sub> O + 50ml + RL 100ml/hr					✓			50ml	0	
<b>Total Intake :</b>			300ml			<b>Total Output :</b>					Passed	
18/6	02:00 pm	H <sub>2</sub> O + 50ml + RL 100ml/hr								50ml	0	18/6/26 @8Am
	03:00 pm	H <sub>2</sub> O + RL 100ml/hr								50ml	0	
	04:00 pm	H <sub>2</sub> O + 50ml + RL 100ml/hr								100ml	0	
	05:00 pm	H <sub>2</sub> O + 100ml + RL 100ml/hr									0	
	06:00 pm	H <sub>2</sub> O + 100ml									0	
	07:00 pm	H <sub>2</sub> O + 50ml								✓	0	
<b>Total Intake :</b>			500ml			<b>Total Output :</b>					200ml	
18/6	08:00 pm	H <sub>2</sub> O +										18/6/26 @8Am
	09:00 pm	Jelly										
	10:00 pm	+ V										
	11:00 pm	H <sub>2</sub> O								✓		
	12:00 am											
	01:00 am	H <sub>2</sub> O										
<b>Total Intake :</b>						<b>Total Output :</b>						
19/6	02:00 am											18/6/26 @8Am
	03:00 am	H <sub>2</sub> O										
	04:00 am						✓			✓		
	05:00 am											
	06:00 am	Water										
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
<i>19/6/26</i>	08:00 am										1	<i>Swthly 19/6/26 et to AM</i>	
	09:00 am		<i>poly water</i>						✓	1			
	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												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Sai Shruthi Ranga

1

VIH-00198445  
Mrs SAI SHRUTHI RANGA (F)  
27-05-1995 31 Y  
Dr. BHAVANA K  
IP-00060386

### MEDICATION RECONCILIATION FORM

Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: Room (202)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB IKON	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

#### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Shan

Date & Time : 17/6/15 7:30pm

Nurse Name & Signature: poja

Date & Time : 17/6/16 2:30pm



2



## MEDICATION RECONCILIATION FORM

Drug Allergies: Nil  Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: Room (202)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CEFIXIME	200MG	PO	BD 12 <sup>th</sup> HRLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PANTOPRAZOLE	40MG	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. PARACETAMOL	1Gm	PO	8 <sup>th</sup> HRLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DICLOFENAC	50MG	PO	8 <sup>th</sup> HRLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYR. LACTULOSE	15ML	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	BETADINE LOTION/ OINTMENT		LA	BD 12 <sup>th</sup> HRLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC- Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : DR. MADHUMITA

Date & Time : 18/6/26

Nurse Name & Signature : Mand

Date & Time : 18/6/26

*Signature*  
**Epidural Catheter Removed**  
YES / NO

Sai



# DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: Nil  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

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





Weight: 62 kg Ward: L/W

Fund 18/6/26 at 9/11

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : <b>RETARDING LOTION</b>		Dose				
		Dr. Sign.				
Route <b>LOCAL</b>	Start Date <b>18/6</b>	Dose				
		Dr. Sign.				
Name & Signature of the Doctor <i>Dr. Geetha</i>		Dose				
		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

As per doctor's order Fund 18/6/26 at 9/11

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : <b>RETARDING OINTMENT</b>		Dose				
		Dr. Sign.				
Route <b>LOCAL</b>	Start Date <b>18/6</b>	Dose				
		Dr. Sign.				
Name & Signature of the Doctor <i>Dr. Geetha</i>		Dose				
		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/25	8:45 PM	T. MISOPROSTOL	25 MCG	P O	H	Teja
18/6	/					
18/6/26	12:45 AM	Tab misoprostol	25 MCG	P O	R	Teja
18/6/26	4:45 AM	TAB MISOPROSTOL	25 MCG	P O	R	Teja
18/6/26	9:30 AM	PROCTOCYSIS ENEMA	100 ML	P R	H	Teja
18/6/26	9:40 AM	INT PROTAVERINE	40 MG	IV	Teja	Teja
18/6/26	10:10 AM	INT VALETHAMATE BROMIDE	8 MG	IV	Teja	Teja
18/6	10:40 AM	INT PROTAVERINE	40 MG	IV	H	Teja
18/6	11:00 AM	INT VALETHAMATE BROMIDE	8 MG	IV	H	Teja

White 17/6/26  
 White 18/6/26  
 Red 18/6/26

VERIFIED BY : PAVAN



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

REGULAR PRESCRIPTIONS

18-06-2026  
 MERCY  
 Dr. G. Srinivas

DRUG : T. PANTO PRABOLE				Date															
				Time	19														
Dose	Route	Frequency	Start Dt.																
40MG	PO	ONCE DAILY	18/6	6 AM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP DIPHALAC				Date															
				Time	18														
Dose	Route	Frequency	Start Dt.																
15ML	PO	BED TIME	18/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				STOP 18/6/26 10 PM DR. YOUNGSHWAR															
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP LACTULOSE				Date															
				Time	19														
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	18/6/26																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				AT BED TIME															
Daily Doctor's Endorsement by a Sign.																			

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

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

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

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

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





VIH-00198445 IP-00060386

Mrs SAI SHRUTHI RANGA

27-05-1995 31 Y (F)

Dr. BHAVANA K



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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# RESULT SHEET

Date	18/6/26				
Time	at: 12:00 AM				
Hb	11.0				
PCV	30.3				
RBC	3.34				
WBC	10,89				
N/L					
Platelets	203				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



**ESTIMATION SLIP**

Date: 17/6/2026 UHID/IP No.: VIH-0018445 Sl. No.: 12656  
 Name of Patient: Mrs. Sai Shobha Ranga Age: 31 Gender: Female  
 Husband's Name: Ravi Teja Corporate/Occupation: P.V.7  
 Address: Lakshmi Phone: 8686686870 Email: \_\_\_\_\_  
 Procedure/Plan: Normal / LSCS Single Fetus EDD/DOS: 4/7/26  
 MODE OF PAYMENT:  SELF  TPA: Medi-Assist  GIPSA: Future 4  OTHER  
 TARIFF INFORMATION: Dr. Bhavana. IC

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>95,000/-</u>	<u>99,000/-</u>
Deluxe Room	<u>105,000/-</u>	<u>110,000/-</u>
Super Deluxe Room		
Time of Admission	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
Package Includes	Length of Stay for : <u>2 days (24 Hrs)</u>	Length of Stay for : <u>3 days (72 Hrs)</u>
	Pharmacy up to : <u>Basic (12k)</u>	Pharmacy up to : <u>Basic (12k)</u>
	Investigations up to : <u>WBT, ICBP, IRBS</u>	Investigations up to : <u>1 NST, ICBP, 1 RBS</u>
Others	<u>MRD-2500/-</u>	<u>Disposables-10,000/-</u> <u>NHA-2000/-</u> <u>Diet-1000/-/day</u>
	<u>PPP-1500/-</u> <u>KAC-2,000/-</u> <u>Massage-1500/-</u> <u>1.5% D.A.</u> <u>5% GST ON Bed</u>	
Neonatologist Charges: <input type="checkbox"/> Covered <input checked="" type="checkbox"/> Not Covered	Epidural/Entonox: <input type="checkbox"/> Covered <input checked="" type="checkbox"/> Not Covered	
Initial Minimum Deposit:	<u>20,000/-</u>	

**MARKS:**

- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.** For Well baby care 2510 - 3010
- In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

**DECLARATION**

I Ravi Teja Samudra have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client

Signature Relationship

Signature of the Financial Counselor