

LSCS

VIH-00201251 IP-00060360  
**ACT** Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. BRILATA PATNAIK

**.LING**

Name



UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 16/6/26 Time : 1:58 PM Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : 220 Ward : L/W Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
16/6/26	3:10 PM	L/W	OT	Jyothi
16/6/26	4:50 PM	OT	MICU	Jyothi
16/6/26	12:10 AM	MICU	Room (208)	Jyothi

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
16/6/26	Iv. placement	①	✓ 3090853	} <u>Ravi</u>
16/6/26	PAC	①	✓ 3090854	
16/6/26	Catheterisation	①	✓ 3090853	
<del>cross checked by Ravi 16/6/26 @ 7:30pm</del>				

**ANY OTHER INFORMATION**

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Date: 19/6/26

Time: 12 AM

Prepared By: Ravi

Staff Nurse <u>Nayamoni</u>	Shift / Ward <u>AM</u> <u>19/6/26</u> <u>12 AM</u>	Billing Assistant	Billing Supervisor
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<b>Name</b>	Mrs WAJHIYA NAAZ	<b>UHID</b>	VIH-00201251
<b>Father/Guardian</b>	Mr KHAJA MUNTAJABUDDIN AHMED	<b>Age/Gender</b>	31 Y 8 M 8 D/Female
<b>Address</b>	h no-1-8-503/5, viquar nagar,prakash nagar, Begumpet, Hyderabad, Telangana, INDIA, 500016		
<b>IP No</b>	IP-00060360	<b>Admission Date</b>	16-06-2026
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	

### **DISCHARGE SUMMARY**

**Consultants:** Dr. SRILATA PATNAIK ,

**Diagnosis: G3P2L2 with 37+3 weeks with Previous LSCS with Hypothyroidism with small for gestational age baby with Umbilical hernia in latent labour for Emergency lower segment cesarean section.**

**EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 16.06.2026.**

**History:**

LMP: 28.09.2025

Obstetric formula: G3P2L2

EDD: 05.07.2026

Gestation at admission: 37+3 weeks

**Obstetric History:**

G1 - Female/ 5 1/2years/ FTLSCS/ Ankura hospital/ Hypothyroidism/ 2.9kg/ A&H/ BF x 40days

G2 - Male/ 2 1/2 years/ FTLSCS/ Premier hospital/ 3kg/ Anemia/ H/o IV Iron/ A&H/ BF x 1year

G3 - Present pregnancy, Spontaneous conception.

Name	Mrs WAJHIYA NAAZ	UHID	VIH-00201251
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Medical History: Nil

Family History: Mother- DM, HTN  
Father - HTN

Surgical History: 2 Previous LSCS

Allergies: Nil

**Antenatal Details:** Mrs WAJHIYA NAAZ was booked to Rainbow hospital since hospital. H/o UTI at 12 weeks and was managed conservatively. She had h/o Inj FCM 2 doses at 33+3 weeks and 34+3 weeks. Inj Betamethasone 12mg 2 doses given at 36 weeks. She was diagnosed with Hypothyroidism since conception and was on Tab Thyroxine 37.5mcg. She had regular antenatal checkups and investigations as advised. She was admitted at 37+3 weeks with Previous LSCS with Hypothyroidism with small for gestational age baby with Umbilical hernia in latent labour for Emergency lower segment cesarean section.

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

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

At admission on clinical examination the vitals were stable, uterus was acting, cervix was long, os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient and attenders have been explained regarding ~~the risk of continuing with vaginal delivery and~~ need for Emergency LSCS ~~has been explained and they opted to emergency LSCS.~~

She was decided for emergency C-section in view of previous LSCS with latent labour, prepared with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name	Mrs WAJHIYA NAAZ	UHID	VIH-00201251
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**Surgery Notes: Operative Details:**

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 16.06.2026

Time of Delivery: 3:29:06 PM

Type of Delivery: Emergency LSCS

Indication: Previous LSCS with latent labour

Analgesia: Spinal

**Baby Details:**

Date: 16.06.2026

Time: 3:29:06 PM

Sex: MALE

Weight: 2.980kg

Apgar: 7/10, 9/10

Gestational Age: 37+3weeks

NICU Admission: No

**Post-Operative Notes: Post Operative Period:**

She was closely monitored. Her vital signs remained stable. Uterus was

Name	Mrs WAJHIYA NAAZ	UHID	VIH-00201251
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well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

**Advice:**

1. Tab. Cefuroxime 500mg (Ceftum-500mg) twice daily till 22.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 22.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 22.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 22.06.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 29.06.2026 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).

Name	Mrs WAJHIYA NAAZ	UHID
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**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.



**Dr. SRILATA PATNAIK**  
MBBS MD

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

Name	Mrs WAJHIYA NAAZ	UHID
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VIH-00201251

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**Dr. SRILATA PATNAIK**  
MBBS MD

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

VIH-00201251 IP-00060360  
Mrs WAJHIYA NAAZ  
08-10-1994 31 Y 8 M 8 D (F)  
Dr. SRILATA PATNAIK



## SURGERY DETAILS

Date : 16/6/2026

Patient Name: Mrs. Wajhiya Naaz Date of Birth: 08-10-1994 Age: 31 yrs.

Gender: Female Ward: OT UHID No.: 201251

Date of Surgery: 16/06/2026  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery: EMERGENCY LOWER SEGMENT CAESAREAN SECTION J. SA

Time in: 03:20pm

Time Out: 04:20pm

	NAME	AMOUNT
1. Surgeon	Dr. Srilata patnaik	OT charges
2. Anaesthetist	Dr. Brunda	
3. Assistant Surgeon	Dr. Ashwini / Dr. Greshma	
4. OT Technician	Pr. Rakesh / Sr. Vaishnavi	
5. Circulating Nurse	Sr. Puloy / Sr. Meghana	
6. Assistant Nurse	Sr. prasanna	

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: 3090900 / 3090901

Order by: Manimala

3090900/901



# CONSUMABLES OF OT

Patient Name : .....  
 Gender  M  F UHIS/  
 Date : 16/06/25

Ref. No. F/CONB/SUR/OT/02  
 VIH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK

Circulating Staff : Sr. Ruby P Technician : Rakesh/Vaishnavi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack 1 GCS drape	1	1	Inj. Vit. K	1	1
LMA			Sutures			Cord Clamp	1	1
ECG leads : A/P/N		3	2347	1	1	Suction Catheter	1	1
HME filter : A/P/N			2364	1	1	Feeding Tube (10 NO)	1	1
Syringe 10 cc		5	1326	1	1	Vaccum Suction Set	1	1
05 cc		8	Gloves (12/2/PP) + (6/10)	2	2	Surgical Gloves (7/11/100)	2	2
02 cc		3	6 (GCS) + (2/25C)	1	1	Gauze Pack		
01 cc		3	12 (GCS) + 7 (CPP) + 6 (PP)	2	2	Syringe 1ml/2 ml	2	2
Cautery Plate : A/P/N			Surgical blade 22	1	1	Surgical Blade # 20	1	1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil			Protogown	2	2
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Cap Mask	1	1
minispike		1	Ointments					
Rillogol		1	Suction Catheter					
Fentanyl ventlan 18g		9	Cap. Mask			Latex gloves	4	4
Morphine Bioxamic		2	Gauze Pack			D. water (10ML)	1	1
Ketamine midazolam		1	Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad			Cap Mask	2	2
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel			Order No		
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage Gferizone					
Suppositories			Tegaderm					
Anamol : 80mg/250mg/170 mg			loban Allesorb					
Supridol 100 mg		1	Double J Stent					
Justin : 12.5 mg/25 mg/ 100 mg		1	Vaccum Suction set					
Tab. Misoprost : 200 mg		5	Plastic Bed Sheet					
			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Srilata P Anaesthesiologist Dr. Braund Nurse Sr. Prasoona OT Technician Rakesh  
 Order No. : 3090884 Ordered by : Ruby P



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060360	Ward	N 2F-LABOUR WARD
Patient Name	Mrs WAJHIYA NAAZ	Bed Name	LW 220
Age/Sex	31 Y 8 M 8 D / Female	Order No	0003090887
Date	16/06/2026 16:24	Prescription No	PRIP-1291521
Payor	SELPAY	Dispensed Date	16/06/2026 16:41
UHID	VIH-00201251		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
3	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	DRAW SHEET 180X80 PROTECTCARE		General	VI12012026	12/99	2	250.00	500.00
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B03K98	01/31	1	21.56	21.56
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
12	Encore Microptic gloves-6.5		H	26020O44IT	02/29	2	117.00	234.00
13	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
14	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
15	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
16	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
17	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
18	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
19	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
20	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
21	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
22	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5115	09/30	1	997.00	997.00
23	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
24	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	16	23.43	374.88
25	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261790	02/29	1	93.94	93.94
26	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
27	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
28	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
29	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
30	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
31	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	5L114	11/30	2	91.00	182.00
32	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00

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

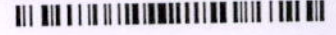
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,  
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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No IP-00060363 Ward N 2F-MICU  
Patient Name Baby B/O WAJHIYA NAAZ Bed Name CRDL-MICU-226-1  
Age/Sex 0 Y 0 M 0 D 1 H / Male Order No 0003090904  
Date 16/06/2026 16:57 Prescription No PRIP-1291523  
Payor SELFPAY Dispensed Date 16/06/2026 16:58  
UHID VIH-00205965

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	2	24.00	48.00
3	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif)	H	2254604	11/28	1	2.58	2.58
4	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
6	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	2	10.00	20.00
7	INFANT FEEDING TUBE-10	ROMSONS	GENERAL	G25G010443	06/30	1	68.00	68.00
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
9	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI20052026	12/30	2	450.00	900.00
10	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	2	10.00	20.00
11	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
12	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
<b>Total :</b>							<b>1,535.43</b>	<b>2,227.72</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RUBY FLORENCE VELPULA

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

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Age/Sex	31 Y 8 M 8 D / Female	Order No	0003090887
Date	16/06/2026 16:24	Prescription No	PRIP-1291521
Payor	SELPAY	Dispensed Date	16/06/2026 16:41
UHID	VIH-00201251		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
34	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
35	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
36	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
37	VENFLON I -18 G	BECTON DICKINSON (BD)	GENERAL	5344130	11/30	2	321.00	642.00
38	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
39	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5049	05/30	2	951.00	1,902.00
<b>Total :</b>							<b>11,788.00</b>	<b>16,812.76</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

VIH-00201251

IP-00060360

## IST OF MEDICAL CASE SHEET

Mrs WAJHIYA NAAZ

08-10-1994

31 Y 8 M 9 D

(F)

Dr. SRILATA PATNAIK



IP.No:

DOA:

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

 BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	01	-	-	
4	Patient Transfer Forms	03	-	-	
5	In-patient Medical Record	01	-	-	
6	Doctors Progress Sheets	03	-	-	
7	Nurses Progress notes	03	-	-	
	Consultation Sheets				
	General Consent for Treatment	01	-	-	
10	Consent for Surgery				
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	01	-	-	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)	02	-	-	
21	Pre Operative checklist	01	-	-	
22	Surgical safety Checklist	01	-	-	
23	Operation Theatre notes	01	-	-	
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	-	-	
26	Intake and Output chart (fluid Chart)	02	-	-	
27	Drug Chart (Regular prescription)	01	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Bundle Care checklist	02	-	-	
	rectal prosmilation	02	-	-	
	Pain Assessment	02	-	-	
	Baden - g	02	-	-	
	checklist for Thromboprophylaxis	01	-	-	
	Others	09	-	-	
	Total No. of Pages	<u>50</u>			

Signature and Date :

Neel

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060360

Admit Date : 16-Jun-2026

Admit Time : 01:58 PM UHID : VIH-00201251

Patient Details :

Patient Name : Mrs WAJHIYA NAAZ

Age : 31 Y 8 M 8 D

Guardian : Mr KHAJA MUNTAJABUDDIN AHMED

DOB : 08-10-1994

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : h no-1-8-503/5, viquar nagar,prakash nagar  
Begumpet Hyderabad Telangana INDIA  
500016

Phone No : 8008451809/ 9246180472

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr KHAJA MUNTAJABUDDIN AHMED

Relationship : W/O

Contact Address : h no-1-8-503/5, viquar nagar,prakash nagar  
Begumpet Hyderabad Telangana INDIA 500016

Phone No : 8008451809 / 8297477020

Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :


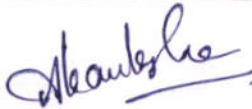
Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00201251 IP-00060360 Mrs WAJHIYA NAAZ 08-10-1994 31 Y 8 M 8 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission  16/6/26 @ 1:58 PM	Date & Time of Transfer Order  17/6/26 @ 12:00 AM
		Transfer Ordered by  DR. Nikhita	Reason for Transfer  Observation.
From Unit  MICU	To Unit  Room (206)	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File  36	Number of Imaging Films  NST - ①	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1) Paracetamol tablet ①5	①	
2.	2) Diclofenac		
3.	3) tramadol		
4.	4) under pad ① sameer ①		
5.	Bacirab ①		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  SR. pooja		Name of Person Ordered Transfer  DR. Nikhita	
Patient & Clinical Records Received by :  			
Date & Time of Patient Received :  17/6/26 @ 12:5 PM			

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

- Unavailable Bed       Nurse not Available       Available Bed not ready

Page 1 of 1

10/10/2020

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10/10/2020


# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00201251 IP-00060360 Mrs WAJHIYA NAAZ 08-10-1994 31 Y 8 M 8 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission  16/6/26 @	Date & Time of Transfer Order  16/6/26 @ 3:10 PM
		Transfer Ordered by  DR. Ashwini	Reason for Transfer  EM LSCS
From Unit  21w	To Unit  OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  32	Number of Imaging Films  NST - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  SR Jyothi		Name of Person Ordered Transfer  DR. Ashwini.	
Patient & Clinical Records Received by :  Meghana 16/6/26 3:10 PM			
Date & Time of Patient Received :			

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

- Unavailable Bed       Nurse not Available       Available Bed not ready

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00201251 IP-00060360 Mrs WAJHIYA NAAZ 08-10-1994 31 Y 8 M 8 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission  16/6/26 @ 1:58 PM	Date & Time of Transfer Order  16/6/26 @ 4:50 PM
		Transfer Ordered by  Dr. Brunda	Reason for Transfer  post opp care
From Unit  OT	To Unit  MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  <u>35</u>	Number of Imaging Films  NST-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  <u>Sr. Prasadone</u>		Name of Person Ordered Transfer  Dr. Brunda	
Patient & Clinical Records Received by :  <u>Jyothi</u>			
Date & Time of Patient Received :  16/6/26 @ 5 PM			

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

- Unavailable Bed                       Nurse not Available                       Available Bed not ready

## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 16/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify CLW

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:** \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
h3 p2l2 & 3+3 wky 5 Name of the Doctor: DR. Sri latapatnaik  
non-LSCS Hypertension Time Notified: \_\_\_\_\_

---

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

Past Medical History	Past Surgical History	Previous Hospital Admission
←	<u>2-prevc - LSS</u>	←

---

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>28/9/25</u>	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

---

**Obstetric History:** G 3 P 2 L 2 A \_\_\_\_\_

**Previous LSCS:** Yes

**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, HTN, Father - HTN

---

**Vital Signs / Measurements:** Temp: 98.6°F HR: 105 RR: 20b/m  
 BP: 120/85 mmHg Weight: \_\_\_\_\_ Height: 70.9kgs BMI: \_\_\_\_\_

---

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

Risk of Pressure Sore:  Yes  No Score 25 (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 mes. wajhiya

Name of Person Orientation was given to: mes. wajhiya

Orientation not given Reason: .....

Nurse Signature: Rani

Nurse Name: Rani

Date & Time: 16/11/20 @ 1:40 pm





7) Allergy:  Yes  No, If Yes : .....

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

9) Prenatal Medical History:

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

**Triage Category:** (Please tick on the category)  
 Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

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

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

Time seen by Doctor: 2:15 Pm

Nurse Name: Rani Nurse Signature: [Signature]

Date: 16/6/20 Time: 1:40 Pm



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Came to clinic with Pain Abdomen

LMP: 28/9/25

EDD:

Corrected EDD: 5/12/26

GA: 37+3 weeks

Obstetric Formula: G3P2L2

ML-7yrs, NCM

Obstetric History:

G1 - Female / 5 1/2 yrs / FT LSCS / Antenna

G2 - Male / 2 1/2 yrs / FT LSCS / Premixed Hospital

G3 - PP, Spontaneous conception

Present Pregnancy Record: Booked to RCH

since conception. H/O UTI at 12 weeks and was managed conservatively.

she had H/O IV PCM x 2 doses at 33+3 and 34+3 weeks. Ty. Bethesol

RISK FACTORS: 12mg AM 2 doses given

at 36 weeks. She was diagnosed with Hypothyroidism since conception and was on T. THYROXINE 37.5mg

- Hypothyroidism (37.5mg)
- 2 Previous LSCS
- SGA baby

## Obstetric Examination

Hospital / Hypothyroidism / 2.9 kg / A.M.H / BFX 40 days

Fundal Height: ~ T9

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others

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

FHS:  Normal  Tachy  Brady  Absent

## Per Speculum Examination

Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Not done

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

Height: 143 cm

Weight: 70.9 kg

Allergies: NIL

Breast:  Normal  Abnormal

General Examination:

Consciousness: clear

Pallor: (-)

Icterus: (+)

Edema: (+)

Temp: Afebrile

PR:

BP:

DTR: (+)

CVS: S1S2 (+)

RS BAE (+)

Liver/Spleen: (+)

Urine Output: Adequate

## DIAGNOSIS

G3P2L2 with 37+3 weeks with Previous LSCS with Hypothyroidism with Small for Gestational Age Baby in latent labour for emergency lower segment caesarean section



29th APRIL 2023

<p>Family History:          Mother - DM, HTN          Father - HTN.</p>	<p>Surgical History:          2 Previous CEs.</p>
<p>Medical History:          All</p>	<p>Medication History:          Metyu - Nil.</p>
<p>Plan of Care: <u>CI to Dr Srilata Mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- NBM</li> <li>- PAC</li> <li>- FHR monitoring</li> <li>- Patch preparation</li> <li>- Monitor vitals</li> <li>- Follow drug chart</li> <li>- Infusions</li> </ul> <p>- Send BT, CT, CBP</p> <p>- 1 @ PRBC reserve at Venu</p> <p>Labs Blood Blank.</p> <p>Noted by Ravi 16/6/26 @ 2:15 PM</p>	<p>Investigations: <b>BLOOD GROUP - B<sup>+</sup> POSITIVE</b></p> <p>HIV 2/6/26          HBsAg NR          Hcv NR          VDRL 8/6/26          ECG - (N)          2DEcho - (N)</p> <p>CBP - 9.4/12800 / 215/L          8/6/26          S.TSH - 3.99          FBS - 78          PLBS - 108</p> <p>Growth scan (16/6/26) TFFA scan (21/6/26)</p> <p>1 LUF 16 + 3 weeks          36 + 3 weeks          Cephalic CL - 36mm          PI - Post High          No anomalies</p> <p>AFI - 15.4cm          AC - 9Y          FTW - 2.423kg          Doppler - (N)</p> <p>NT scan (29/6/26)          12 + 3 weeks          NT - 1.0mm          Vagal bone (+)          CL - 3.9cm</p> <p><b>FTS - Low risk</b></p>

Doctor Name: Dr. Sneeshma  
 Signature: [Signature]  
 Date & Time: 16/6/26, 2:15 PM

Consultant Name: Dr. SRILATA PATNAIK  
 Signature: [Signature]  
 Date & Time: 16/6/26, 2:15 PM

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		POD-0.
16/6/26	4:17 PM	o/e pt cl/c
B23		GC fair
(Pr 4 hypothyroid)		afebrile
		BP - 114/84 mmHg
		PR - 82 bpm
		S/E - NAD
		PIA - w ~ w/r
		soft
		PIU - NAB
		U/O - 200ml
		Adeq, clear
		Adm
		NBM x 4 - blue
		- I/O chasting
		- w/f bleeding
		PV
		- monitor vitals
		- follow drug chart
		- inform sas
		H/ Dr. Ashu
<del>Noted by Ravi 16/6/26 @ 4:15 PM</del>		
16/6/2026	8:15 PM	POD - 0 (LSCS)
B23		o/e - pt is cl/c
(Hypothyroid)		GC - Fair
		BP - 122/88 mmHg
		PR - 69 bpm
		S/E - NAD
		PIA - w ~ w/r
		soft
		U/O - NAB
		Adm:
		- NBM till 10:30 PM
		- I/O chasting
		- w/f bleeding PV
		- monitor vitals
		- Follow drug chart
		- Inform sas
		Baby - A BF ⊕
		M
		Dr. Nikita
<del>Noted by pooja 16/6/26 @ 8 PM</del>		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/2026  
10:30 pm.

pt. can be  
shifted to  
room

O/E -  
pt is c/c/c  
vitals stable  
U/O - 1100 ml  
clear, adequate.  
L/E - NAB.

Adv:  
- water sips f/b clear  
liquids  
- soft diet after 2:15 Am.  
- flo chasting  
- monitor vitals  
- w/f bleeding pv

DR  
Dr. Nikhita

Noted by prathusha @ 10:30pm

17/6/2026  
8 Am.

U/O  
2900 ml.  
clear, adequate  
Remove  
foleys

Pop-1 (LSCS)

O/E - pt is c/c/c  
Gc - Fair  
Afebrile  
BP - 115/74 mmHg  
PR - 82 bpm.  
S/E - NAD  
PIA - ut - w/r  
soft, Bs (+)  
L/E - NAB  
Baby <sup>A</sup> <sup>M</sup> BF (+)

Adv:  
- soft diet  
- Adeq. Hydration  
- Ambulation  
- w/f bleeding pv  
- monitor vitals  
- Follow drug chart  
- Rufosm SOS.

DR  
Dr. Nikhita

Noted by  
Akanksha  
17/6/26  
@ 8 am



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.6.26 10:15 AM	[18100]	S B Drilala
Baby's mother breastfeeding Baby removed	<p>4 fair vital stable</p> <p>PA soft well hydrated BR (+) AS (+) Low lochea (+)</p>	<p>1) Ambulation</p> <p>3) ↑ milk intake</p> <p>3) Soft diet</p> <p>4) sent W antibiotics 4 hrs</p>
Note by Dr. P. S. Patnaik		
17/6/26 1 PM	<p>POD-1 (LSCS)</p> <p>O/E pt is c/c c/fair Afebrile</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- Soft diet</li> <li>- Adequate hydration</li> </ul>
<p>Urine passed</p> <p>Motion not passed</p>	<p>BP- 114/70 mmHg</p> <p>PR- 86 bpm</p> <p>S/E- NAD</p> <p>PIA- UT ~ WR soft BS (+)</p> <p>UE- NAB</p> <p>Baby- AH BF (+)</p>	<ul style="list-style-type: none"> <li>- Ambulation</li> <li>- W/F bleeding PV</li> <li>- Monitor vitals</li> <li>- Follow dry chest</li> <li>- Inform SOS</li> </ul>
Note by Dr. Yogeshwar		

VIH-00201251  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>17/6/26</u>	<u>POD-1 (LSCU)</u>	<u>Adv</u>
APM	o/e pt clw	Normal diet
P3L3	afebrile	- adq hydration
hypothyroidism	BP - 116/75 mmHg	- ambulation
	PR - 85bpm	- w/f bleeding
UP	STENAD	PO
MNP	PIAUTUR	- monitor vitals
	BS ⊕	- follow drug
	PIUNAB	- chart
	Galy A BF ⊕	- inform sos
	r/n	A/Dr. Ashwini
Note by Raja Patnaik 17/6/26		
<u>18/6/26</u>	<u>POD-2 (post USU)</u>	<u>Adv</u>
FAB	o/e pt clw	Normal diet
P3L3 hypothyroidism	afebrile	- w/f bleeding
	BP - 107/61 mmHg	PO
urine-passed	PR - subpm	- adq hydration
motion-passed	STENAD	- ambulation
	PIAUTUR	- monitor vitals
	BS ⊕	- follow drug
	PIUNAB	- chart
	Galy A BF ⊕	- inform sos
	r/n	A/Dr. Ashwini
Note by Raja Patnaik 18/6/26		



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18.6.26 10.30 AM		2nd POD! MB Dsilala
Baby & Mother Satisfied for discharge today	a/c fine vital stable P/A Soft Wt 11.1 kg AC ⊕ Asterix Icterus W. Schick (+)	Normal Diluent Oral med 3 Tab Incolax Suppository P/R
18/6/26 12 PM	Noted by palma 18/6/26	a
	Aseptic dressing done + Tegaderm - wound healthy	Dr. Yogeshwar



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/2026 2 PM	POD-2 (LSCS) o/c Pt is d/c/c uc fair Afebrile BP- 111/70 mmHg PR- 80 bpm. S/E - NAD PIA - Ut + WR Soft BS ⊕ L/E NAB Baby <sup>A</sup> / <sub>H</sub> BF ⊕	Adv - Normal diet - W/F bleeding pv - Monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Inform soc
	Urine passed Motion not passed Aseptic dressing done + Tegaderm T. Dulcolex suppository PR at evening	
		Dr Yogeshwar
Note by Pooja Reddy 18/6/2026		
18/6/2026 9 PM	POD-2 (LSCS) o/c Pt is d/c/c uc fair Afebrile BP- 120/73 mmHg PR- 75 bpm S/E - NAD PIA - Ut + WR Soft BS ⊕ L/E - NAB Baby <sup>A</sup> / <sub>H</sub> BF ⊕	Adv - Normal diet - W/F bleeding pv - Monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Inform soc
	Urine passed Motion passed aseptic dressing done + Tegaderm Pt can be discharged	

VIH-00201251 IP-00060360  
Mrs WAJHIYA NAAZ  
08-10-1994 31 Y 8 M 8 D (F)  
Dr. SRILATA PATNAIK



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. SRILATA PATNAIK.</i>	Date of Delivery: <i>16/06/26</i>
Assistant Surgeon: <i>Dr. ASHWINI</i>	Time of Delivery: <i>3:29 PM (06 SEC)</i>
Anaesthetist's Name: <i>Dr. BRINDHA.</i>	Gender of Baby: <i>MALE.</i>
Type of Anaesthesia: <i>SPINAL</i>	Weight of Baby: <i>2.9.80 Kg</i>
Neonatologist: <i>Dr. SRIKAR.</i>	AGPAR Score: <i>7/10, 9/10</i>
Scrub Nurse: <i>Sr. PRASOONA</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

Elective  Emergency

Indication: *Bevicore 2. LSCS in*

### 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

*latent labour*

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

CTG Description: *reactive*

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

Surgical Procedure: *Emergency LSCS LSA*

### Post Operative Diagnosis:

### Peri-Operative Complications:

Amount of Blood Loss: *300ml*

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

Uterine Closure:  One Layer  Two Layers ..... Vicryl ..... Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None ..... Suture  
 Sheath Closure: ..... Vicryl ..... Suture  
 Fat Closure:  Yes  No ..... Suture  
 Skin Closure:  Subcuticular  Mattress ..... Monocryl 3-0 ..... Suture  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter  Yes  No  Remove in ..... 1.2-24 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 X 4-6 hrs  
 IO waiting  
 WIF bleeding pu  
 monitor vitals  
 follow drug chart  
 inform obs

*Dr. Smita*

Doctor Name: Dr. Smita

Doctor Signature: .....

Date & Time: 16/6/25

# SURGICAL SAFETY CHECKLIST

VIH-00201251 IP-00060360

Mrs WAJHIYA NAAZ

08-10-1994 31 Y 8 M 8 D (F)

Dr. SRILATA PATNAIK



Age: 31yrs Gender: Female

Primary Name: EM-LSCS

Date: 16/6/26 In-time: 3:20pm Out-time: 4:30pm



Surgeon: Dr. Srilata Patnaik  
 Asst. Surgeon: Dr. Ashwini / Dr. Greshma  
 Anaesthetist: Dr. Brinda  
 Scrub Nurse: Sr. prasanna

## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN		Time: 3:05pm
<b>Patient Has Confirmed</b>		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does Patient have a:</b>		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Difficult Airway / Aspiration Risk?</b>		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>		
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature:		
Name: Dr. Brinda	16/6/26	

TIME OUT		Time: 3:20pm
<b>Confirm all team members have introduced themselves by Name and Role</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site → Lower Abdomen	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure → EM-LSCS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Anticipated Critical Events</b>		
<b>Surgeon Reviews:</b>		
What are the Critical or Unexpected Steps, Operative Duration → 1hr		
Anticipated Blood Loss → 1000ml	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Anaesthesia Team Reviews:</b>		
Are There Any Patient-specific Concerns? → Bleeding	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Nursing Team Reviews:</b>		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:		
Name: Meghana		

SIGN OUT		Time: 4:30pm
<b>Nurse Verbally Confirms with the Team:</b>		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
<b>To Surgeon, Anaesthetist and Nurse:</b>		
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature:		
Name: Dr. Greshma		

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. WATHIYA NAAZ Gender:  Male  Female Age : 31 YEARS

UHID No : VH-60201251 Date : 16/6/2026

### Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. WATHIYA NAAZ

(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, INFECTIONS, POST PARTUM HEMORRHAGE, ADHESIONS

### 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. SRILATA PATNAIK

### Consentee :

Signature : Wathiya Naaz

Name : MRS. WATHIYA NAAZ

Date & Time : 16/06/2026 2:20 PM

### Witness :

Signature : .....

Name : .....

Date & Time : .....

### Patient Attendant :

Signature : - KM A

Name : Khan's Muntazab Wajid Ahmed

Relationship with Patient : Husband

Date & Time : 16/06/2026 2:20 PM

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

Signature : SR

Name : DR. NEKHITA

Date & Time : 16/06/2026 2:25 PM



# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Wafhiya Naaz Age : 31y  
 Gender : M  F  - IP No : ..... Consultant : Dr. Srilata  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Madhav  
 Operative procedure planned : Emergency cesarean delivery

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

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

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

- Heart disease  Hypertension  Diabetes mellitus  Renal failure
- Hepatic disorders  Shock  Multiple organ failure  Polytrauma / RTA
- Incapacitating COPD  Others : Bleeding, Rsk of aspiration.

Comments : .....

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

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Wafhiya Naaz the above mentioned operation I Diagnostic I Therapeutic procedures Emergency cesarean delivery

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 / MAC 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 : ..... *Wajhiya Naaz* .....  
Name : ..... *wajhiya* .....  
Relationship with Patient: ..... *self* .....  
Date & Time : ..... *16/06/26* .....

Witness :

Signature : ..... *A.M. Alif* .....  
Name : ..... *Alif M. Alif* .....  
Date & Time : ..... *16/6/26 (Husband)* .....  
*spay*

Doctor (who is taking the consent) :

Signature : ..... *B. de* .....  
Name : ..... *Dr. Brunda* .....  
Date & Time : ..... *16/6/26, 2pm* .....

**Department of Anaesthesiology  
 PRE-ANAESTHETIC EVALUATION**

Name: Mrs. wajhiya Naaz Age: 31y Sex: F UHID.No: VIH-00 201251  
 Date: 16/6/25 Time: 2pm Proposed Operation: Emergency LSCS  
 Diagnosis: C3P3L2 T 2 prev LSCS  
 B.P / CRT: 110/70mmHg H.R: 76bpm Weight: 70.9kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 9.4 Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ HIV: 2 X-Ray: \_\_\_\_\_  
 PCV: \_\_\_\_\_ Urea: \_\_\_\_\_ Alb: \_\_\_\_\_ HBS Ag: YAR ECG: \_\_\_\_\_  
 WBC: 12,800 Creat: \_\_\_\_\_ Total Bill: \_\_\_\_\_ HCV: Blue 2D Echo: \_\_\_\_\_  
 Plate: 2.51 lakh Na: \_\_\_\_\_ Dir. Bill: \_\_\_\_\_ Blood group: B+ Stress/Anglo: \_\_\_\_\_  
 PT: \_\_\_\_\_ K: \_\_\_\_\_ LDH: \_\_\_\_\_ T3 \_\_\_\_\_ Other: \_\_\_\_\_  
 PTT: \_\_\_\_\_ Ca++: \_\_\_\_\_ Alk phos: \_\_\_\_\_ T4 \_\_\_\_\_  
 INR: \_\_\_\_\_ Mg++: \_\_\_\_\_ Amylase: \_\_\_\_\_ TSH \_\_\_\_\_  
 Cl-: \_\_\_\_\_ SGOT/SGPT: \_\_\_\_\_

Allergies: NICDA

Medical History: CVS:

RESP: Post-hypothyroidism Diabetes: —

CNS: on T-Thyronorm 50 mcg OD.

Renal: \_\_\_\_\_

Hepatic / GE: \_\_\_\_\_ Physical Activity: Moderate

Others: \_\_\_\_\_

Past Anaesthetic History: 2 prev LSCS LSCAB, Uneventful.

Physical Exam:

Airway: MP (2) B 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Lungs: R/L AE (+) clear.

Heart: S1S2 (+)

CNS: NAD

Pregnant:  Yes  No  NA Venous Access Site: (F) Spine Exam for regional: Midline.

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>T. Thyronorm</u>	<u>50 mcg OD</u>

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$  last food: 11 am (Solid)
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions: CBP to be sent

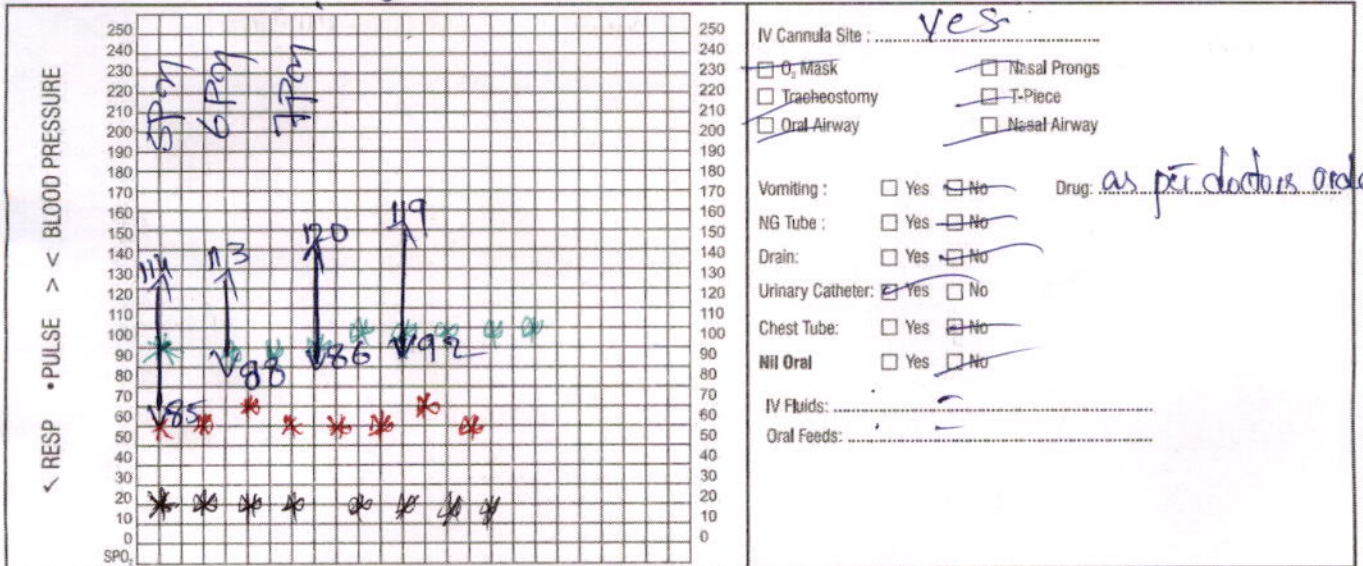
Signature: [Signature] Name: Dr. Brunda





POST-ANAESTHESIA UNIT RECORD

Received in PACU by : SR Jyothi Time Received : 11:30pm Time Discharged : 10:30pm



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/6/26	9:12m	0	patient is comfortable position	Jyothi

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : DR. BOUNDARAJ  
 Anaesthesiologist Signature : [Signature]

Date & Time: 16/6/26

PACU Nurse Name : SR. POOJA

PACU Nurse Signature : [Signature]

Date & Time: 16/6/26 at 10:30pm

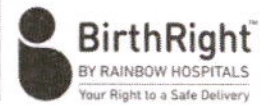
Reassessment Frequency:

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

Transferred to Unit by (PACU): SR POOJA

Date & Time: 16/6/26 at 10:30pm

VH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



Department of Anaesthesiology  
**EPIDURAL ANALGESIA RECORD**

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by  
 Doctor Signature: .....  
 Doctor Name: .....  
 Date and Time : .....



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 16/06/26

**To Be Filled In By Assigned Nurse:**

Department: LW ..... Duration of Procedure: 1R .....  
 Name of Surgeon: DR. Srilata Patnaik ..... Date of Admission: 16/6/26 .....

**Bundle Care Criteria: (Tick (✓) if done)**

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input checked="" type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Dnj: Tacim 1gm</u>	<u>Suhosini</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Jyoti</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	<u>Suhosini</u>
4.	Name of doctor or staff administering the antibiotic: <u>DR. Ashwini</u> Date & Time of antibiotic administration: <u>16/6/26 @</u> Date & Time procedure started: <u>16/6/26 @ 3:20pm</u>	<u>AS</u>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

VIH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



1

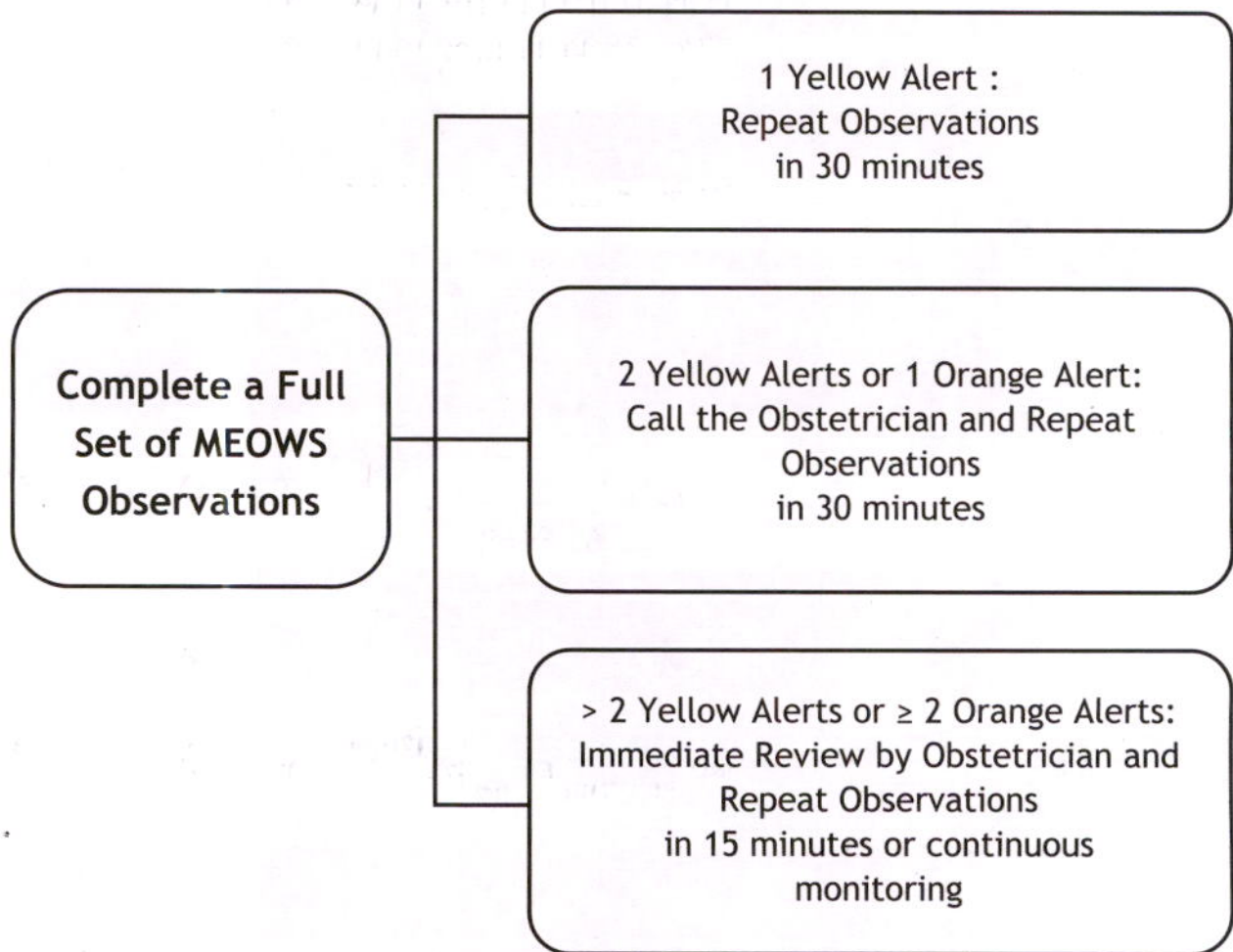


## Early Warning Observation Score Chart - Obstetrics

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

Date																											
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	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-00201251

IP-00060360

Mrs WAJHIYA NAAZ

08-10-1994

31 Y 8 M 8 D

(F)

Dr. BRILATA PATNAIK

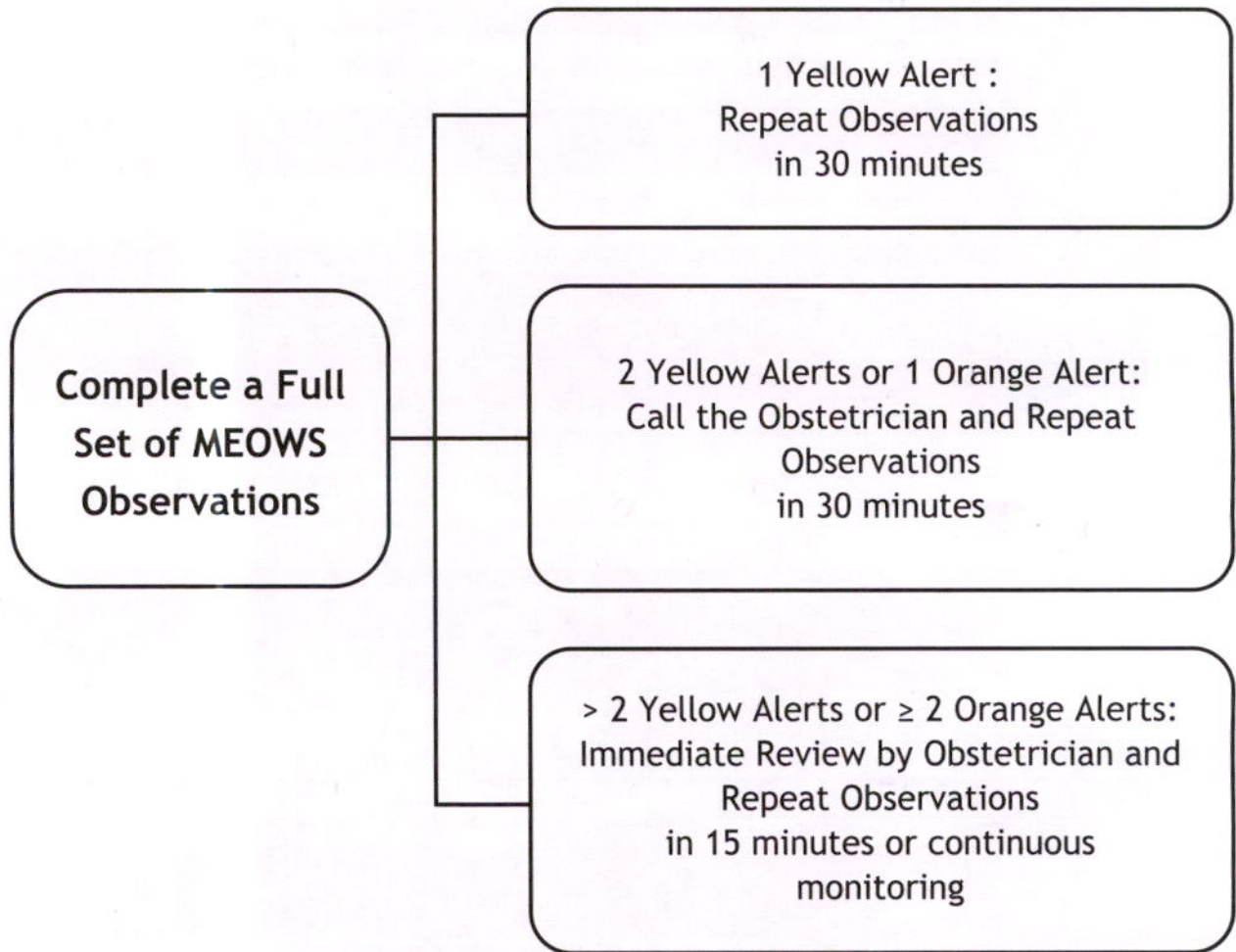


# Early Warning Observation Score Chart - Obstetrics

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		
17/6/20		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			
	0 - 10																										
Saturations	94 - 100 %			99				99			99				99			99			99			99			
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			36				36			36				36			36			36			36			
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70			75				85			75			85			82			80			78			78	
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110			117				100			111			116			112			110			119			120	
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70			75				65			69			75			72			75			78			70		
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓			✓			✓			✓			✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30			✓			✓			✓			✓			✓			✓			✓			✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			NA			NA			NA			NA			NA			NA			NA			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		
TOTAL ORANGE SCORES			0				0			0			0			0			0			0			0		
Nurse Initial			AP				AP			AP			AP			AP			AP			AP			AP		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 9 D (F)  
 Dr. SRILATA PATNAIK



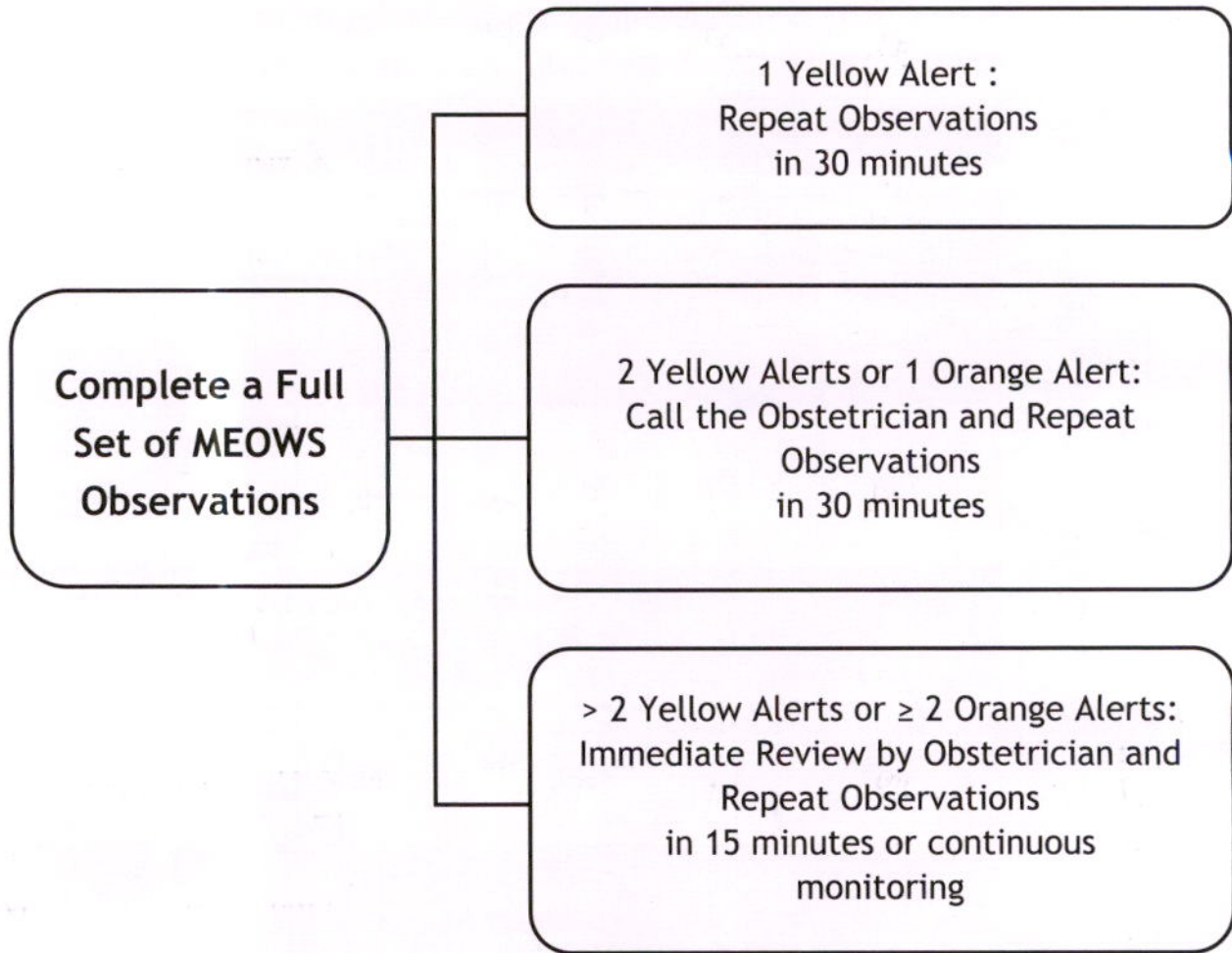
# Observation Score Chart - Obstetrics

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									
	0 - 10																								
Saturations	94 - 100 %			99			99			99			99			99									
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			36			36			36			36			36									
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			79			80			80			75			76									
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110			111			117			120			116									
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
80																									
70			70			70			69			73			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										
	Heavy / Foul																								
Liquor	Clear / Pink		NA			NA			NA			NA			NA										
	Green																								
TOTAL YELLOW SCORES			0				0			0			0			0									
TOTAL ORANGE SCORES			0				0			0			0			0									
Nurse Initial			P				P			PK			PK			PK									

Noted by  
 Prachi  
 19/10/26  
 CMA

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

Patient Sticker

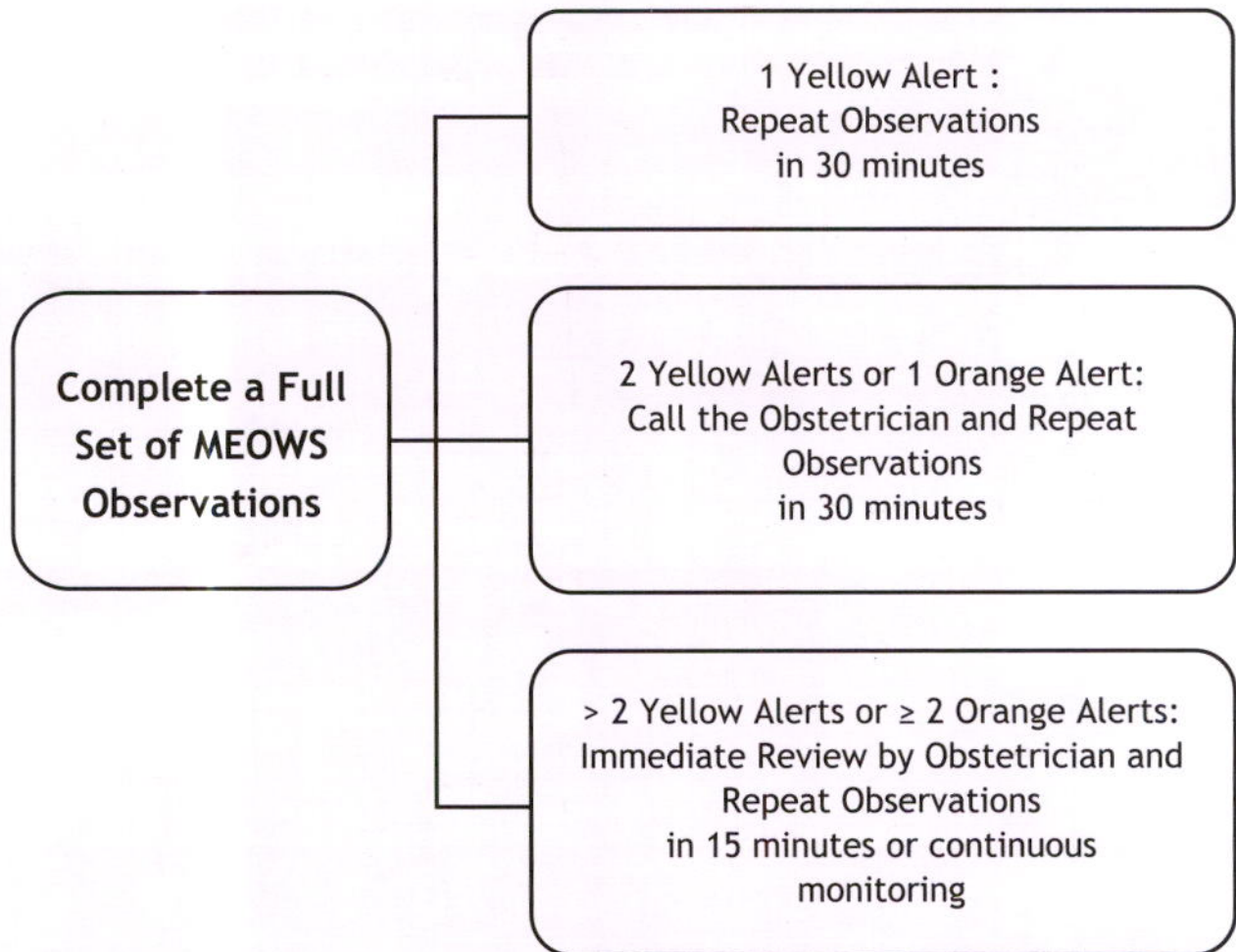


# Early Warning Observation Score Chart - Obstetrics

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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	Systemic Blood Pressure ↑	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
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)



# FLUID CHART

16/6/26

Sheet No. : .....

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		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>							
16/6/26	02:00 pm	RL 100ml										
	03:00 pm	RL 100ml							100ml			
	04:00 pm	RL 100ml per hrs										
	05:00 pm	RL 100ml per hrs							300ml			
	06:00 pm	RL 100ml per hrs							100ml			
	07:00 pm	RL 100ml per hrs							100ml			
<b>Total Intake :</b> 1300 ml.					<b>Total Output :</b> 1200ml							
16/6	08:00 pm	RL 100ml per hrs							100ml			
	09:00 pm	RL 100ml							100ml			
	10:00 pm	RL 100ml							100ml			
	11:00 pm	H <sub>2</sub> O 50ml							50ml			
	12:00 am	H <sub>2</sub> O 50ml							50ml			
	01:00 am	H <sub>2</sub> O 50ml							50ml			
<b>Total Intake :</b>					<b>Total Output :</b> 500ml							
17/6/26	02:00 am								200ml			
	03:00 am	Polyt							200ml			
	04:00 am	H <sub>2</sub> O							200ml			
	05:00 am								200ml			
	06:00 am	H <sub>2</sub> O							200ml			
	07:00 am								200ml			
<b>Total Intake :</b>					<b>Total Output :</b> 1200ml							
<b>Total 24 hrs. Intake</b>					<b>Total 24 hrs. Output</b> 2900ml							

VH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



# FLUID CHART

Sheet No. : .....

*17/6/26*

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
<i>17/6/26</i>	08:00 am		<i>Tea</i>									
	09:00 am								<i>✓</i>			
	10:00 am											
	11:00 am		<i>H<sub>2</sub>O</i>									
	12:00 pm								<i>✓</i>			
	01:00 pm									<i>✓</i>		
<b>Total Intake :</b>					<b>Total Output :</b>							
<i>17/6/26</i>	02:00 pm		<i>Rice</i>									
	03:00 pm								<i>✓</i>			
	04:00 pm											
	05:00 pm		<i>H<sub>2</sub>O</i>									
	06:00 pm								<i>✓</i>			
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
<i>17/6</i>	08:00 pm		<i>Rice water</i>									
	09:00 pm								<i>✓</i>			
	10:00 pm											
	11:00 pm		<i>H<sub>2</sub>O</i>	<i>want</i>								
	12:00 am											
	01:00 am		<i>H<sub>2</sub>O</i>	<i>want</i>						<i>✓</i>		
<b>Total Intake :</b>					<b>Total Output :</b>							
<i>17/6/26</i>	02:00 am											
	03:00 am		<i>H<sub>2</sub>O</i>	<i>want</i>					<i>✓</i>			
	04:00 am											
	05:00 am		<i>H<sub>2</sub>O</i>	<i>want</i>								
	06:00 am											
	07:00 am									<i>✓</i>		
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



# FLUID CHART

Sheet No. : ..... 3 .....

18/6/26

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.

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										}	}	
	09:00 am												
	10:00 am								✓				
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
18/6/20	02:00 pm										}	}	
	03:00 pm		RICE										
	04:00 pm								✓				
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
18/6/22	08:00 pm										}	}	
	09:00 pm		Rice water										
	10:00 pm								✓				
	11:00 pm		H <sub>2</sub> O 100ml										
	12:00 am												
	01:00 am		H <sub>2</sub> O 100ml							✓			
<b>Total Intake :</b>						<b>Total Output :</b>							
19/6/26	02:00 am										}	}	
	03:00 am		H <sub>2</sub> O 100ml										
	04:00 am								✓				
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



## 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: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. IRON	2 TAB	PO	ONCE DAILY	15/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. CALCIUM.	1 TAB	PO	ONCE DAILY	15/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY	15/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. THYROXINE	37.5 MCG	PO	ONCE DAILY	16/6	<input checked="" 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 : DR. WAJHIYA

Date & Time : 16/6/2026 2 PM

Nurse Name & Signature : Rani Rani

Date & Time : 16/06/26 @ 2 PM

VIH-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. BRILATA PATNAIK



## 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: ..... (206) .....

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 - THYROXINE	37.5 mcg	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB - PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB - PARACETAMOL	1 GM	PO	6 TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB - DICLOFENAC	50 MG	PO	8 TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB - TRAMADOL	100 MG	PO	8 TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ - CEFOTAXIME	1 GM	IV	12 TH HOURLY		<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. NEKHITA .....  
*(Signature)*

Date & Time: ..... 16/06/2026 ..... 9 PM .....

Nurse Name & Signature: ..... POOJA .....  
*(Signature)*

Date & Time: ..... 16/6/26 ..... @ 9 PM .....



# DRUG CHART

Date of Admission: 16/6/26 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)

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

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

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

Signature  
Name



REGULAR PRESCRIPTIONS

Weight. 70.9 kg Ward. LW

Dr. Debbika 16/6/26  
 Dr. Debbika 16/6/26  
 Dr. Debbika 16/6/26  
 Dr. Debbika 16/6/26  
 Dr. Debbika 16/6/26

<b>DRUG : T. THYROXINE</b>				Date Time	16/6	18/6															
Dose	Route	Frequency	Start Date	6 AM	17/6	18/6	19/6														
37.5 mcg	PO	ONCE DAILY	16/6/26	AM	PM	PM	PM														
Name & Signature of the Doctor Starting the Drugs: Dr. YOUNESHWARI																					
Additional Instructions: ON EMPTY STOMACH																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG : TAB. PARACETAMOL</b>				Date Time	17/6	18/6	19/6														
Dose	Route	Frequency	Start Date	12 AM	17/6	18/6	19/6														
16m	PO	6TH HOURLY	16/6/26	AM	PM	PM	PM														
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG : TAB. DICLOFENAC</b>				Date Time	16/6	17/6	18/6	19/6													
Dose	Route	Frequency	Start Date	6 AM	16/6	17/6	18/6	19/6													
50mg	PO	8TH HOURLY	16/6/26	AM	PM	PM	PM	PM													
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG : TAB. TRAMADOL</b>				Date Time	16/6	17/6	18/6	19/6													
Dose	Route	Frequency	Start Date	7 AM	16/6	17/6	18/6	19/6													
100mg	PO	8TH HOURLY	16/6/26	AM	PM	PM	PM	PM													
Name & Signature of the Doctor Starting the Drugs: Dr. BRUNDA																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					



I.V. FLUIDS CHART

Weight 70kg Ward LW



Position 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
16/6/26	2:15 PM	IV	FF	YI		16/6		
16/6/26	3 PM	IV	100mg HR	YI		16/6	B de Vashin	
16/6/26	3:30 PM	IV	FF	B de Vashin		16/6	B de Vashin	
16/6/26	4 PM	IV	800mg HR	B de Vashin		16/6		
16/6/26	7 PM	IV	100mg HR	YI		16/6		

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



Patient Name



I.P. No.

Sheet No.

Wards

Weight (kg)

**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-00201251 IP-00060360  
 Mrs WAJHIYA NAAZ  
 08-10-1994 31 Y 8 M 8 D (F)  
 Dr. SRILATA PATNAIK



## RESULT SHEET

Date	16/6/26				
Time	2:15 Pm				
Hb	10.3				
PCV	29.7				
RBC	3.80				
WBC	12.69				
N/L					
Platelets	2.52				
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 : 01/06/26 UHID/IP No.: VIIH-201251 Sl. No.: 12603  
 Name of Patient : Ms. Wajhiya Naaz Age: 31 Gender: F  
 Husband's Name : Mr. K M Ahmed Corporate/Occupation : Self Emp  
 Address: Begumpet Phone: 8008451809 Email : \_\_\_\_\_  
 Procedure/Plan: LSCS EDD/DOS: 05/07/26

MODE OF PAYMENT :  SELF  TPA : CASH  GIPSA : \_\_\_\_\_  OTHER

TARIFF INFORMATION : Dr. Srijata Patnaik

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward		<u>1,40,000/-</u>
Private Room		<u>1,60,000/-</u>
Deluxe Room		
Super Deluxe Room		
Package Includes	<i>Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.</i>	<i>Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges</i>
	Length of Stay for :	Length of Stay for : <u>3 day (48+2hr)</u>
	Pharmacy up to :	Pharmacy up to : <u>15,000/-</u>
	Investigations up to :	Investigations up to : <u>1 CBP NA+RBS</u>
Others		

Neonatologist Charges :  Covered  Not Covered Epidural/Entonox :  Covered  Not Covered

Initial Minimum Deposit : Total package

**REMARKS :**

- 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.
- Well baby care 25 to 30k  
Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.
- 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 K Haja Murtajab Uddin Ahmed 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.

K.M.A.  
Signature of the Client

Signatory Relationship

[Signature]  
Signature of the Financial Counselor