

**ACTIV** VIH-00186579 IP-00060230  
Mrs MADASU NIHARIKA  
15-03-1998 28 Y 2 M 20 D (F)  
Dr. BHAVANA K

**ING**

Name: \_\_\_\_\_



UHID N \_\_\_\_\_

Consultant : \_\_\_\_\_

Dept : \_\_\_\_\_

Date of Admission : 4/6/26 Time : 9:48pm Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : 219 Ward : LW Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
5/6/26	2:35 pm	Yw	OT	<i>[Signature]</i>
5/6/26	3:50 PM	OT	micu	<i>[Signature]</i>
5/6/26	8:30 PM	micu	Room (105)	<i>[Signature]</i>

**Cross Consultation Visit**

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







Patie

VIH-00186579 IP-00060230  
Mrs MADASU NIHARIKA  
15-03-1998 28 Y 2 M 21 D  
Dr. BHAVANA K



# SURGERY DETAILS

Date : 5/6/2026

Patient Name: Mrs. Madasu Niharika Date of Birth: 15-03-1998 Age: 28yrs

Gender: Female Ward: OT UHID No.: 186579

Date of Surgery: 5/6/2026  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency Lower Segment Caesarean Section  
↓ SA

Time in : 2:40 PM

Time Out : 3:40 PM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT Charges
2. Anaesthetist	Dr. Brinda	
3. Assistant Surgeon	Dr. Sowmya Sri / Dr. Nausheen	
4. OT Technician	Br. Rakesh / Sr. Vaishnavi	
5. Circulating Nurse	Sr. Bharani / Sr. Meghana	
6. Assistant Nurse	Sr. Maria / Sr. Vanitha	

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

Signature of the Surgeon: *Dr. Nausheen*

Signature of Circulating Nurse: *Meghana*

Order No: 3082209/08

Order by: *Bhavanil*

3087209/08



# CONSUMABLES OF OT

BM - LSCB

Patient Name : .....

Gender  M  F  U

Date : .....

05/06/26

VIH-00186579 IP-00060230

Mrs MADASU NIHARIKA

15-03-1998 28 Y 2 M 21 D

Dr. BHAVANA K



Circulating Staff : ..... Dr. Ruby P ..... Technician : ..... Sr. Vanitha .....

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCB drupe</u> →	1	1	Inj. Vit. K		2
LMA			Sutures			Cord Clamp		1
ECG leads : A/P/N		52	2346	1	1	Suction Catheter		
HME filter : A/P/N			2364	2	2	Feeding Tube		
Syringe 10 cc		5	1326	1	1	Vaccum Suction Set		
05 cc		4	Gloves <u>Sg 6 1/2</u>	2	2	Surgical Gloves (G+7) <u>LSCB</u>		
02 cc			<u>PF 6 1/2</u>	2	1	Gauze Pack		
01 cc						Syringe <u>1 ml / 2 ml</u>		2
Cautery Plate : A/P/N			Surgical blade 22	1	1	Surgical Blade # 20		1
IV set		1	NG tube			Koochies (S)		
RL		3	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<u>Protogown</u>		2
<u>Riligid</u>		2	Ointments			<u>Cap Mask</u>		1/2
<u>Cocaine</u>		0	Suction Catheter					
<u>Fentanyl - twemicar (30mg)</u>		1	Cap. Mask		0/0			
<u>Morphine Bioxamic</u>		2	Gauze Pack		1			
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate		1	Draw Sheet					
Myopyrolate			Abgel					
Ondansetron		1	Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%		1	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage <u>sterizone</u>		2			
			Tegaderm					
Suppositories			<u>loban ALLEGORB</u>		2			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet <u>DIA</u>		5			
Tab. Misoprost : 200 mg		2/5	Betadine Solution		2			
<u>curapine</u>		1	Microshield					
			Cotton Balls					
			Latex Gloves		0			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavana K Anaesthesiologist Dr. Brunda Nurse Sr. Maria / Sr. Vanitha OT Technician  
 Order No. : 3087212 Ordered by : Bhavana K

# 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-00060230	Ward	N 2F-LABOUR WARD
Patient Name	Mrs MADASU NIHARIKA	Bed Name	LW 222
Age/Sex	28 Y 2 M 21 D / Female	Order No	0003087212
Date	05/06/2026 15:38	Prescription No	PRIP-1289995
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 15:56
UHID	VIH-00186579		

S	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	2	775.00	1,550.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
4	CUROPINE (ATROPINE) INJ 1 ML	PHARMA CURE LABORATRIES	H	AS1466	08/27	1	7.33	7.33
5	DISPOSABLE APRONS STERILE XL	Mediblu		26050203	04/28	5	120.00	600.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26CO3K96	02/31	4	21.56	86.24
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	Encore Microptic gloves- 6.5		H	2510072605	10/28	1	117.00	117.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
11	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
13	INTRAFIX(TRANSFLO)	Bbraun Medical PvtLtd		25L13K8961	10/30	1	333.09	333.09
14	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
15	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI070052026	12/30	1	2,000.00	2,000.00
16	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
17	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5106	08/30	1	997.00	997.00
18	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
19	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
20	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
22	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
23	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	2	566.05	1,132.10
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
25	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
26	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	2	805.00	1,610.00
27	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	2	7.67	15.34
29	THEMICAR 30MG INJ 10ML		H	TMR24005	11/26	1	331.24	331.24
30	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
31	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
32	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5008	09/30	2	988.00	1,976.00

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

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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP-00060242	<b>Ward</b>	N 2F-MICU
<b>Patient Name</b>	Baby B/O MADASU NIHARIKA	<b>Bed Name</b>	CRDL-MICU-226-1
<b>Age/Sex</b>	0 Y 0 M 0 D 2 H / Female	<b>Order No</b>	0003087244
<b>Date</b>	05/06/2026 16:49	<b>Prescription No</b>	PRIP-1290012
<b>Payor</b>	SELF PAY	<b>Dispensed Date</b>	05/06/2026 16:55
<b>UHID</b>	VIH-00205659		

.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)		5344207	11/30	2	24.00	48.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	2	31.75	63.50
4	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
5	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	2	10.00	20.00
6	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
7	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
8	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
<b>Total :</b>							<b>783.42</b>	<b>1,299.17</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VEPULA

**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

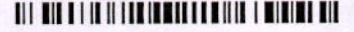
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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IP No	IP-00060230	Ward	N 2F-LABOUR WARD
Patient Name	Mrs MADASU NIHARIKA	Bed Name	LW 222
Age/Sex	28 Y 2 M 21 D / Female	Order No	0003087212
Date	05/06/2026 15:38	Prescription No	PRIP-1289995
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 15:56
UHID	VIH-00186579		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
<b>Total :</b>							<b>11,058.79</b>	<b>17,479.76</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Total - 1,34,610

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IV - 990 - 11

(100x3) GST - 1200 - 12

vac - 2000 - 13

MSH - 850 - 14

MAD - 2100 - 15

(1000x3) Pict - 3000 - 16

JUST - 5040 - 17

NHA - 1000 - 18

IF - 1260 - 19

Nonmd - 17,170 - 20

Pack - 1,00,000 - 21

IV - 990

Ins - 540

28179

ADMISSION SHEET

Registration Details :



Admission No : IP-00060230

Admit Date : 04-Jun-2026

Admit Time : 09:14 PM UHID : VIH-00186579

Patient Details :

Patient Name : Mrs MADASU NIHARIKA

Age : 28 Y 2 M 20 D

Guardian : Mr MANISH CHOUTI

DOB : 15-03-1998

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : flat no 203 indu residency kompally  
Kulsumpura Hyderabad Telangana INDIA  
500067

Phone No : 7702603730/

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit


Contact Details :

Name : Mr MANISH CHOUTI

Relationship : W/O

Contact Address : flat no 203 indu residency kompally Kulsumpura  
Hyderabad Telangana INDIA 500067

Phone No : 7702603730 / 8801134613

  
Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

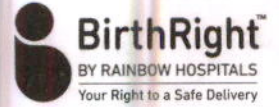
Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD

VIH-00186579 IP-00060230  
 Mrs MADASU NIHARIKA  
 15-03-1998 28 Y 2 M 20 D (F)  
 Dr. BHAVANA K



**FORM**

1



Date & Time of Admission 4/6/26 at 9:14pm	Date & Time of Transfer Order 5/6/26 @ 2:35 PM
Treating Consultant Name Dr. Nousheen	Transfer Ordered by DR. Nousheen
Reason for Transfer LSCS	
From Unit LW	To Unit OT
Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films NST -
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.		
2.		
3.	will -	
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring SR Prathyusha	Name of Person Ordered Transfer DR. Nousheen
---	---

Patient & Clinical Records Received by :

Meghana

Date & Time of Patient Received :

5/6/26 @ 2:35pm

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



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

H/o decreased fetal movements today evening. perceiving good movements now.

LMP: 16/09/2025 EDD:   
Corrected EDD: 23/6/2026 GA: 37+2 weeks

Obstetric Formula: G12A1  
ML - 2420 NCM

Menstrual History: Regular:  Yes  No

## Obstetric History:

G11 - 13 weeks / cystic hygroma / MERPC / RCH UKP / Dec 2024.  
Fundal Height: ~ TG.  
G12 - pp / spontaneous conception.

## Obstetric Examination

### Present Pregnancy Record:

Booked to RCH since conception. H/o UTI at 25+1 wks & 14+6 wks. Managed conservatively. H/o tightness of abdomen at 9+1 wks, managed conservatively.

Ut. Activity:  Relaxed  Mild  Mod  Severe  
Liquor:  Adequate  Oligo  Poly  
PP:  Cephalic  Breech  Others \_\_\_\_\_

### RISK FACTORS:

H/o Fever & body pain at 19+5 wks, managed conservatively. H/o decreased fetal movements at 30+5 wks & now

Head Fifths Palpable: \_\_\_\_\_  
FHS: 158 bpm.  Normal  Tachy  Brady  Absent

### Per Speculum Examination

Draining:  Present  Absent  Bleeding  
Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination

Cervix:  Long  Partially effaced  Effaced  
Os: Closed \_\_\_\_\_ Dilated TOP

Height: 157 cm

Weight: 64.45 kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination: pt is c/c

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile PR: 86 bpm

BP: 120/87 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adeq

Membranes:  Present  Absent  
Liquor:  Clear  Meconium  Blood Stained  
Presenting Part:  Vertex  Breech  Others  
Sutton:  -3  -2  -1  0  +1  +2  
Pelvis:  Adequate  Doubtful

## DIAGNOSIS

G12A1 with 37+2 weeks with hypothyroidism (100) with small for gestational age baby with reduced fetal movements for induction of labour.



<p>Family History:          Father - HTN.          Mother - DM, Hypothyroid.</p>	<p>Surgical History:          Lap. left pyeloplasty in 2021.</p>
<p>Medical History:          Hypothyroid since Dec. 2024.</p>	<p>Medication History:          Tab. Thyroxine 100 mcg OD.</p>
<p>Plan of Care: <u>CIE to Dr. Bhavana mam</u></p> <p>Ⓝ diet          NST 4th wly          T. miso 2S meg. now Hb          6th wly          consent          Part preparation          for monitoring          monitor vitals          follow drug chart          IOL IV fluid,          in forms 50S</p> <p>Noted by Subhavi 4/6/26 9:15 pm  </p>	<p>Investigations: <span style="border: 1px solid black; padding: 2px;">B6: 'A' POSITIVE</span></p> <p>25/05/2026          CBP - 12.4 / 11830 / 2.43          8/3/26          Leucocytes 2+ Ep-cells 4-5          pus cell 5+6</p> <p>• <u>Growth scan -</u>          2/6/2026.          SLIUF          37 wks.          Cephalic:          PL - post. high.          AFI - 12.6 cm.          AC - 8.1.          EFW - 2626 gm.          Dopplers - Ⓝ</p> <p>• <u>TIFFA scan -</u>          4/2/2026          SLIUF          20+1 wks.          PL - post. high.          CL - 38 mm.          No anomalies.</p> <p>• <u>NT scan -</u>          20/12/2025.          SLIUF          12+2 wks.          NT - 1.30 mm.          NB ⊕</p> <p style="border: 1px solid black; padding: 5px; display: inline-block;">FTS - low risk</p>

Doctor Name: DR. Nikhita

Signature:

Date & Time: 4/6/2026 9:15 pm

Consultant Name: Dr. Bhavana K.

Signature:

Date & Time: 4/6/2026



(1)

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26		Adv:
9:15 pm	O/E - pt is c/c/c	- (N) diet
	G/C - Faiz.	- Adeq. Hydration
	Afebrile	- NST 4th hourly
First dose	BP - 120/86 mmHg.	- FHR monitoring
Tab. Miso	PR - 86 bpm.	- monitor vitals
25 mcg kept	S/E - NAD.	- Ambulation
PU at 9:15 PM	PIA - ut - TG1	- Biting ball exercise
	cephalic	- Follow drug chart
	relaxed	- Inform SOS.
	FHR (+) 158 bpm.	
	V/E - G - long.	
	OS - TOF	
	PPUx 1-3/	
	memb (+)	
		Dr. Nikhita
5/6/26		Adv:
3:15 AM	O/E - pt is c/c/c	- (N) diet
	G/C - Faiz.	- Adeq. Hydration
	Afebrile.	- NST 4th hourly
2nd dose	BP - 122/73 mmHg	- FHR monitoring
Tab. miso	PR - 82 bpm.	- monitor vitals
25 mcg	S/E - NAD.	- Ambulation
kept PU at	PIA - ut - TG1.	- Biting ball exercise
3:15 AM	cephalic	- Follow drug chart
	irritable.	- Inform SOS.
	FHR (+) 150 bpm.	
	V/E - G - 1 inch	
	OS - 1A tight	
	PPUx - 1/3/	
	memb (+)	
		Dr. Nikhita



VIH-00186579

IP-00060230

Mrs MADASU NIHARIKA

15-03-1998

28 Y 2 M 20 D

(F)

Dr. BHAVANA K



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 9 AM	Keep 4 <sup>th</sup> dose at 11:20 AM if no progress, plan low	at 1 PM
<del>V/E - Same</del>		IB (Bhawana)
5/6/26 9:00 AM	C/S/B Dr. Bhawana mam	
ARM done liquor clear	O/E - pt is c/c GC - Fair Afebrile BP - 112/70 mmHg PR - 72 bpm S/E - NAD V/E - CX - lung OS - 1 finger tight PPUX   - 2   memb ⊕, liquor clear	Adv: - clear liquids - continuous FHR monitoring - Ambulation - Biting ball exercises - monitor vitals - w/F POL - Follow drug chart - Inform sas
<del>(Bhawana)</del>	P/A - ut ~ TG Cephalic FHR ⊕ 142 bpm 3C / 15-20 sec / 10 min	Dr. Nipita
	NOTED by Prathe @ 9 AM 5/6/26	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>05/06/26</del> 11:20 AM	C/I to Dr Bhavana Ma'am	
Tab Misoprostol 25 mcg given PO. 4th dose.	P/A: Irritable, ut in TA Cephalic 2c / 15s / 10 min. V/E: ex-long Os: 1F tight Vx: 1-2 Memb -, ligum clear.	A2 - Ambulate - Birthing ball exercises - FHR monitoring - utf POL - Monitor vitals - Inform SOS.
Noted by Prathu @ 11:20 AM 5/6/26		
<u>5/6/26</u> 2pm.	c/s/B Dr Sowmya Mam	A2 Dr. Sca
	o/e pt in c/cle eye fair Afebr BP- 112/70 mmHg PR- 76 bpm S/E NAD P/A ut NTG Irritable FHR ⊕ 146 bpm v/e ex 3/4 long os 1F ⊕ m ⊖ lig clear. PPVx - 2	- Adv - NST 4th hly - Obst: FHR monitoring - Monitor vitals. Dr Nausheen
Noted by Prathu @ 2pm 5/6/26		



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 2pm	<u>Counselling Notes</u>	
	Patient and attenders have been explained clearly regarding the non progress of labour, risk of fetal distress and risks of continuing normal vaginal delivery and need for emergency LSCS. and they opted for it.	<p><i>(Signature)</i>  <i>pt. husband</i></p> <p><i>Dr. Naushreen</i>  <i>nibait patient</i></p>
5/6/26 3:45pm	<p>Noted by prathu @ 2pm 5/6/26  <u>POD-0</u></p> <p>o/e pt is c/c</p> <p>P/LIAI  <u>Hypothyroid</u></p> <p>urine output 300ml      clean</p> <p>P/A soft      ut n/w/r      UENAB</p> <p>Baby MS BF ⊕</p>	<p>(Post LSCS)</p> <p>- NBM x 4hrs      - Rest</p> <p>- 1/0 charting      - W/F bleeding PV      - Monitor Vitals      - Follow day chart      - Inform S/S.</p>
	<p>Noted by prathu @ 3:45pm</p>	<p><i>(Signature)</i>  <i>Dr. Naushreen</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8:00 pm	POD-0 (LSCS) o/s Pt is clcl GC: fair Afebrile	Adv - <del>oral sips of water</del> clear liquids - w/f bleeding PV
O/S: 400ml Adequate, clear. Pt can be shifted to room	BP: 120/76 mmHg PR: 84 bpm S/E: NAD P/A: ut n/wk Soft, BS(+)	- 1/0 charting - monitor vitals - follow drug chart - Inform SOS - Soft diet after 2AM
	U/E: NAB Baby $\left\{ \begin{array}{l} A \text{ BS}(+) \\ H \end{array} \right.$	Adv Dr. Athar
	noted by pratheeksha @ 8pm	
6/6/26 7am	POD-1 o/s pt is clcl gc fair Afebrile	(Post LSCS) Adv
VO-2200ml clear, adq Remove Foley	BP-113/74 mmHg PR-89 bpm S/E NAD P/A soft ut n/w/R BS(+)	- Soft diet - Monitor Vitals - Follow drug chart - W/f bleeding PV - Ambulation - Hydration - Inform SOS
	U/E NAB Baby MS BS(+)	Adv Dr. Naushreen



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 1pm		
4p MNP	<p style="text-align: center;"><u>POD-1 (LSCS)</u></p> <p>O/E pt is c/c/c            GC fair            Afebrile            BP - 110/67 mmHg            PR - 83 bpm            S/E - NAD            P/A - ut w/r            Soft, BS (+)            UE - NAB.            Baby - ms, BF (+)</p>	<p style="text-align: center;"><u>Adv -</u></p> <ul style="list-style-type: none"> <li>- Normal diet.</li> <li>- w/f Bleeding P/V</li> <li>- Monitor vitals</li> <li>- follow drug chart</li> <li>- ambulation</li> <li>- hydration</li> <li>- refer SOS.</li> </ul> <p style="text-align: right;">Dr. Keshi</p>
6/6/26 9pm		
4p MNP	<p style="text-align: center;"><u>POD-1 (LSCS)</u></p> <p>O/E pt is c/c/c            GC fair            Afebrile            BP - 112/68 mmHg            PR - 85 bpm            S/E - NAD            P/A - ut w/r            Soft, BS (+)            UE - NAB            Baby - ms, BF (+)</p>	<p style="text-align: center;"><u>Adv -</u></p> <ul style="list-style-type: none"> <li>- Normal diet</li> <li>- w/f Bleeding P/V</li> <li>- Monitor vitals</li> <li>- follow drug chart</li> <li>- Ambulation</li> <li>- hydration</li> <li>- refer SOS.</li> </ul> <p style="text-align: right;">Dr. Keshi</p>

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
7/6/26 8:30 AM	POD-2 (LSCs)	
✓ E done - No active bleeding	O/E pt is c/c GC fair Afebrile	Adv - - (N) diet
urine passed	BP- 115/77 mmHg	- w/f Bleeding P/v
Motion Not passed	PR - 80 bpm S/E - NAD	- Ambulation - Hydration - Monitor vitals
suppository kept	P/A - ut w/R Soft, BS ⊕	- follow drug chart - Info SOS
Aseptic dressing done	S/E - NAB	
pt can be discharged	Baby - ms, BS ⊕	
		Dr. Car $\swarrow$ Dryogeshwar
noted by manasa 7/6 ca		

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Mrs. Madasu Niharika, Age: 28y, Sex: f, UHID.No: VIH-186579  
 Date: 5/6/26, Time: 2:10pm, Proposed Operation: Emergency LSCS  
 Diagnosis: G2A1, 37+2 wks, hypothyroidism, SGA baby  
 B.P./CRT: 120/80 mmHg, H.R: 86bpm, Weight: 65kgs, ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 12.4 g/l, Glucose: \_\_\_\_\_, Protein: \_\_\_\_\_, HIV: \_\_\_\_\_, X-Ray: \_\_\_\_\_  
 PCV: \_\_\_\_\_, Urea: \_\_\_\_\_, Alb: \_\_\_\_\_, HBS Ag: \_\_\_\_\_, ECG: \_\_\_\_\_  
 WBC: 11,830 cells, Creat: \_\_\_\_\_, Total Bill: \_\_\_\_\_, HCV: \_\_\_\_\_, 2D Echo: \_\_\_\_\_  
 Plate: 3-02 lacs, Na: \_\_\_\_\_, Dir. Bill: \_\_\_\_\_, Blood group: \_\_\_\_\_, Stress/Angio: \_\_\_\_\_  
 PT: \_\_\_\_\_, K: \_\_\_\_\_, LDH: \_\_\_\_\_, T3: \_\_\_\_\_, Other: \_\_\_\_\_  
 PTT: \_\_\_\_\_, Ca++: \_\_\_\_\_, Alk phos: \_\_\_\_\_, T4: \_\_\_\_\_  
 INR: \_\_\_\_\_, Mg++: \_\_\_\_\_, Amylase: \_\_\_\_\_, TSH: \_\_\_\_\_  
 Cl-: \_\_\_\_\_, SGOT/SGPT: \_\_\_\_\_

Allergies: NEDA

**Medical History:** CVS:

RESP: Gest-hypothyroidism, Diabetes: -

CNS: on T. Thyroxine 100mcg

Renal:

Hepatic / GE:

Physical Activity: Active

Others:

Past Anaesthetic History: left lap pyeloplasty in 2021

**Physical Exam:**

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

Lungs: Bil AC (+) clear

Heart: S1S2 (+)

CNS: NAD

Pregnant:  Yes  No  NA

Venous Access Site: (+) RG, Spine Exam for regional: Midline

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

last food: 8am

CURRENT MEDICATIONS	DOSAGE

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:

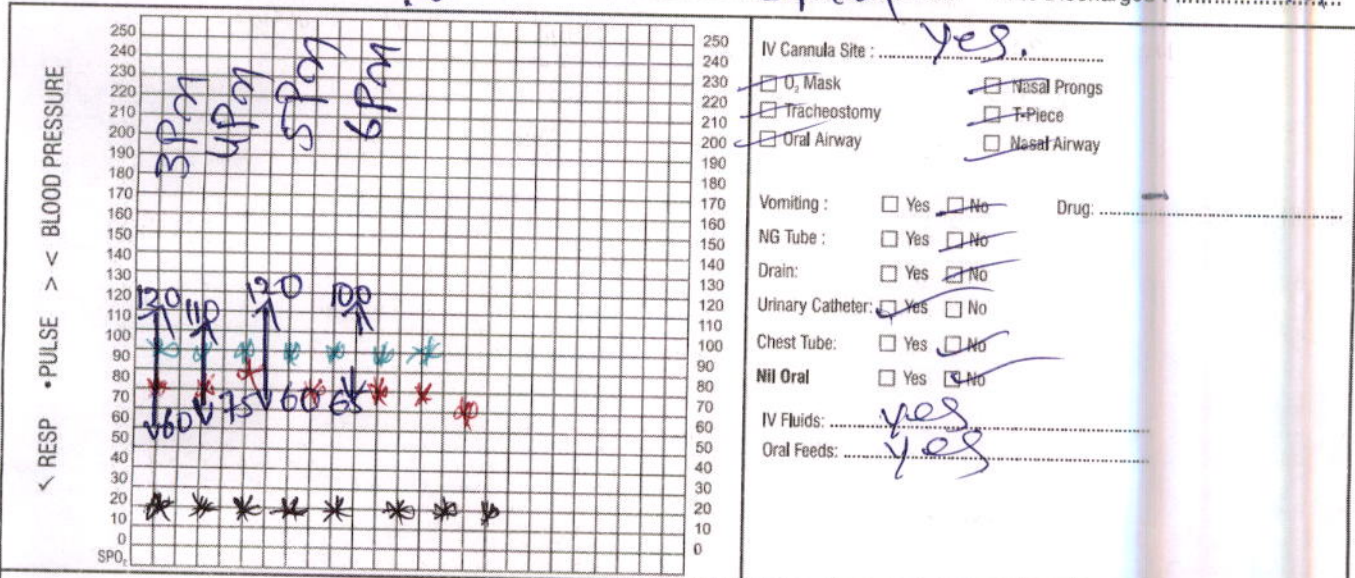
Signature: [Signature] Name: Dr. Branda





**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by: SR Prathyusha Time Received: 3PM Time Discharged: 8:30pm



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

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name: SR Bhavana  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 5/6/26  
 PACU Nurse Name: SP  
 PACU Nurse Signature: [Signature]  
 Date & Time: 5/6/26

- 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 Room (105)  
 Date & Time: 5/6/26 @ 8:30pm





## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. BHAVANA . K	Date of Delivery: 5/6/26
Assistant Surgeon: DR. SOWMYA SREE / DR NAUSHEEN	Time of Delivery: 2:49:24 PM
Anaesthetist's Name: DR. BRUNDA	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 2.839Kgs
Neonatologist: DR SRIKHAR	AGPAR Score: #10/10
Scrub Nurse: SIS . MARIA	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: GRAI with 37+2 weeks SGA baby Hypothyroidism with

Elective       Emergency      Indication: Non progress of labour.

Urgency

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

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

CTG Description: .....

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

Surgical Procedure: Emergency lower segment cesarean section

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: ~ 300 ml.      Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

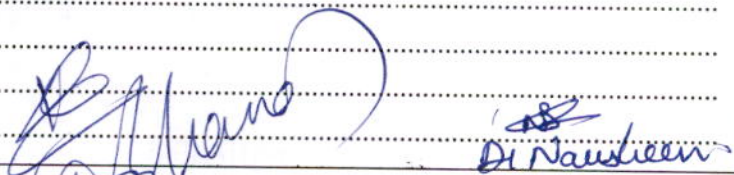
**Examination Findings when Appropriate:**

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

Skin Incision:  Pfannenstiel     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     CCT .....     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 1-0 ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None    ..... Suture  
Sheath Closure: ..... Vicryl no 1 ..... Suture  
Fat Closure:  Yes     No    ..... Monocryl ..... Suture  
Skin Closure:  Subcuticular     Mattress    ..... Monocryl ..... Suture  
Vaginal Evacuated  Yes     No  
Drain:  Yes     No     Remove in ..... days     Await instructions  
Catheter  Yes     No     Remove in 12 hrs ..... days     Await instructions  
Swap & Instruments count correct?  Yes     No     Post-op Antibiotics  Yes     No  
Intra-Operative Antibiotics Cover:  Yes     No     Thromboprophylaxis  Yes     No

Post-Operative Notes: NBM for 4 hrs, Rest, No charting,  
w/ F bleeding PV, Monitor Vitals, Follow drug chart,  
Inform BPs.



Doctor Name: .....

Doctor Signature: .....

Date & Time: 5/6/26 .....

VIH-00186579 IP-00060230  
 Mrs MADASU NIHARIKA 28 Y 2 M 20 D (F)  
 15-03-1998  
 Dr. BHAVANA K



1

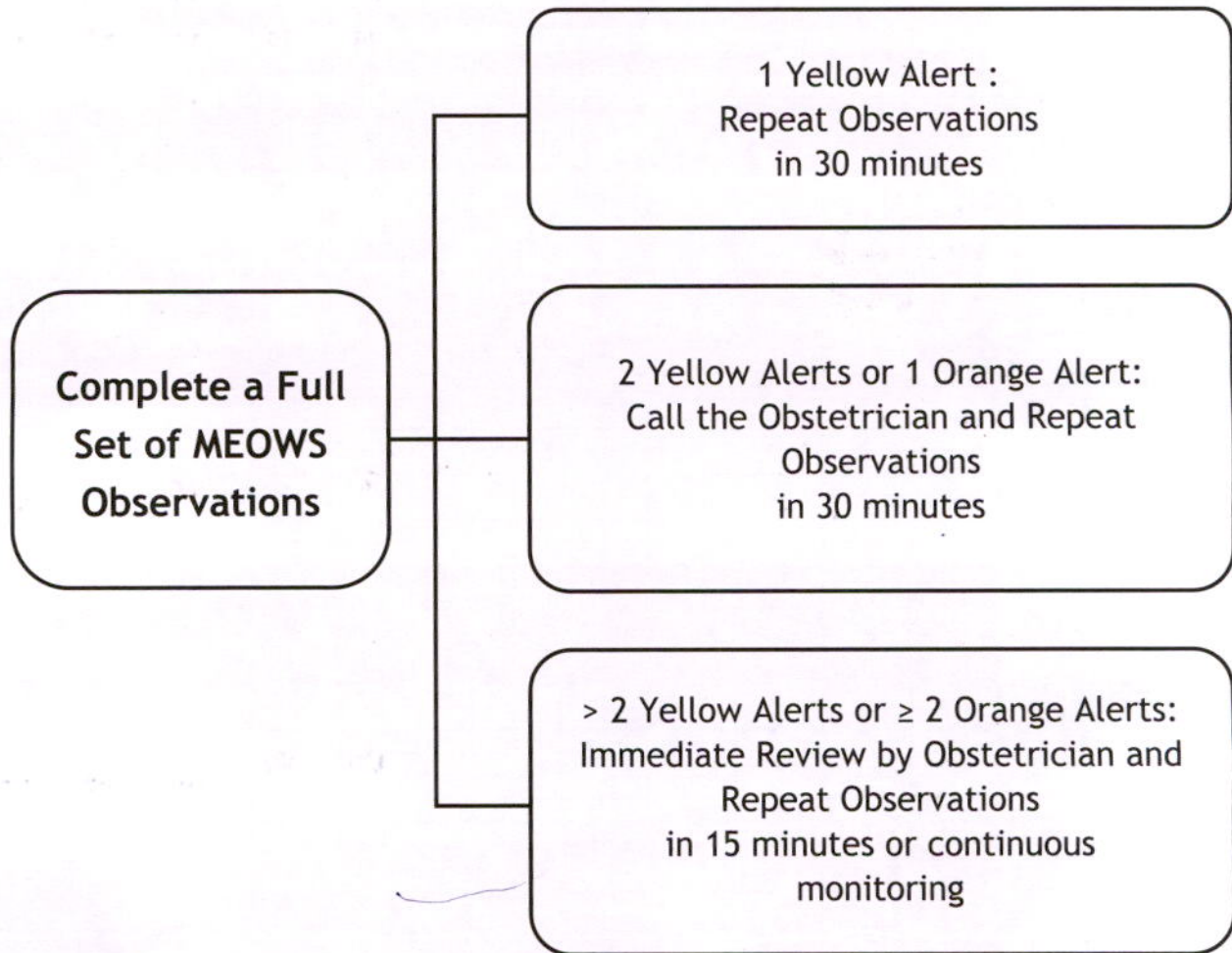


# Early Warning Observation Score Chart - Obstetrics

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

Date		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	
RESPI (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																									
	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																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



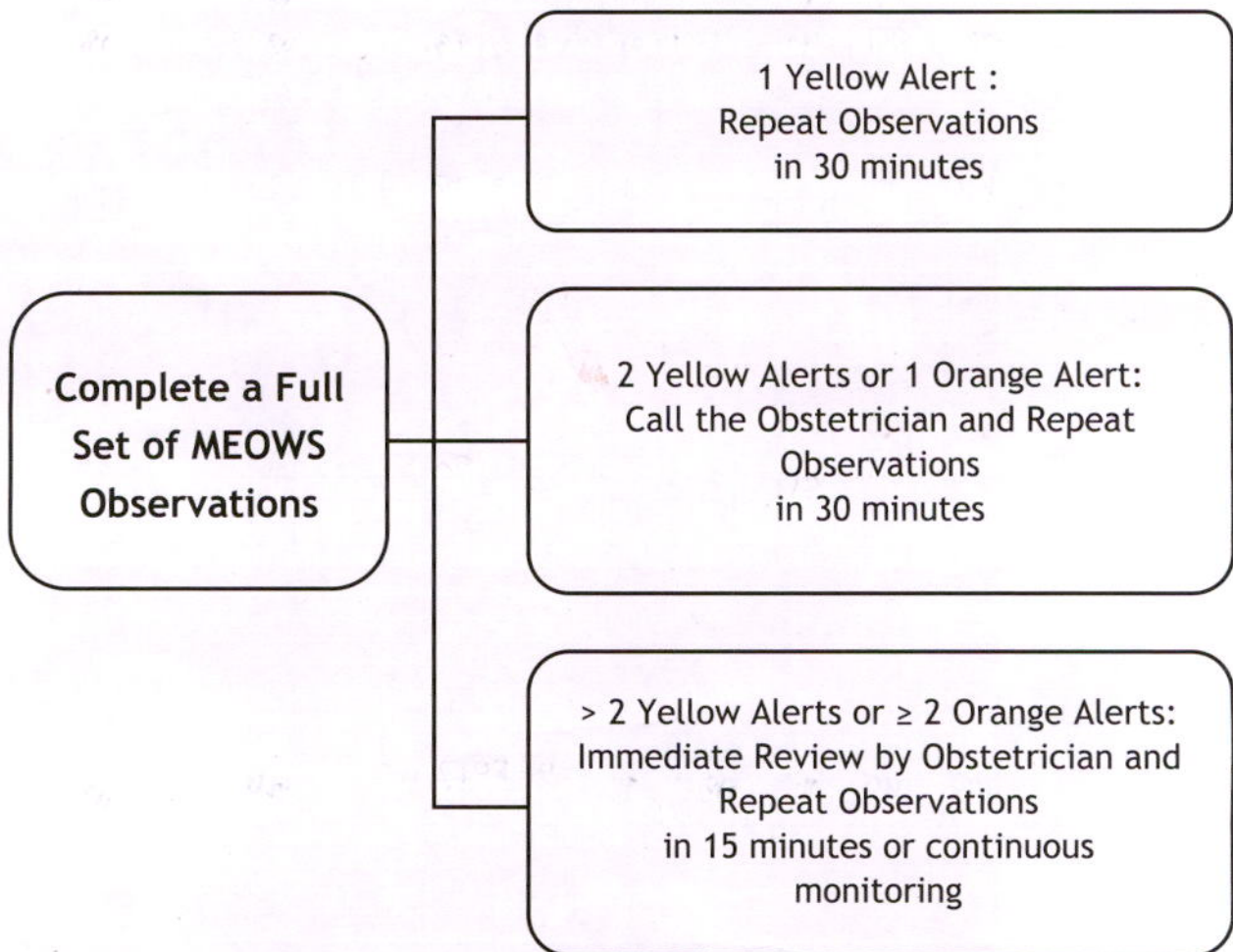
2

## Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Time																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
Saturations	0 - 10																								
	94 - 100 %	98	99	99	99	99	99	99	99	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	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2	37.2
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	94	92																						
	90																								
	80																								
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
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	110	105	100	112	117	105	110	122	120	122															
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40																									
Diastolic Blood Pressure	130																								
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70	67	70	72	70	75	79	72	73	73																
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Green																								
TOTAL YELLOW SCORES		0	1	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
Nurse Initial		CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB	CB

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

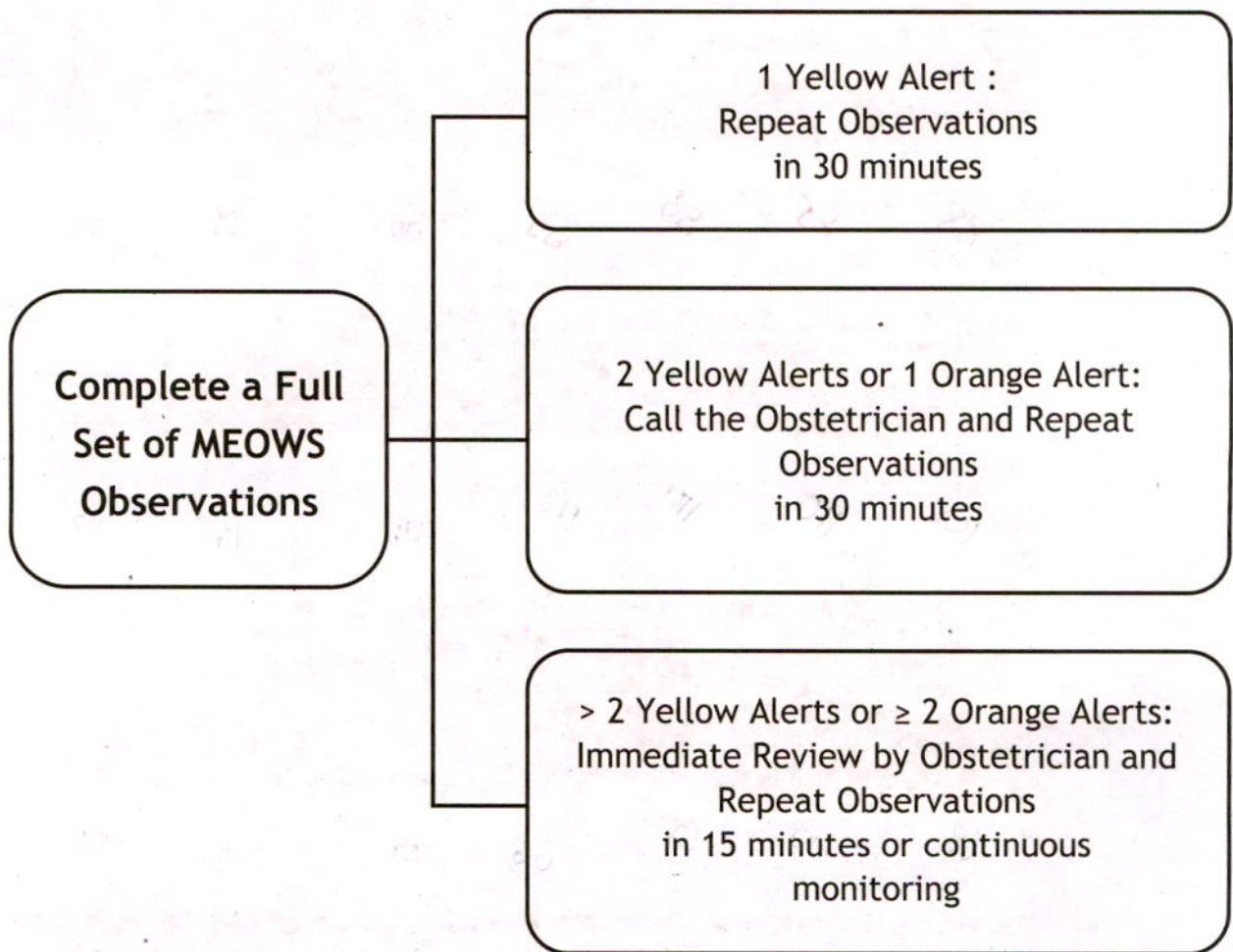


## Early Warning Observation Score Chart - Obstetrics

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## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00186579 IP-00060230  
 Mrs MADASU NIHARIKA  
 15-03-1998 28 Y 2 M 22 D (F)  
 Dr. BHAVANA K



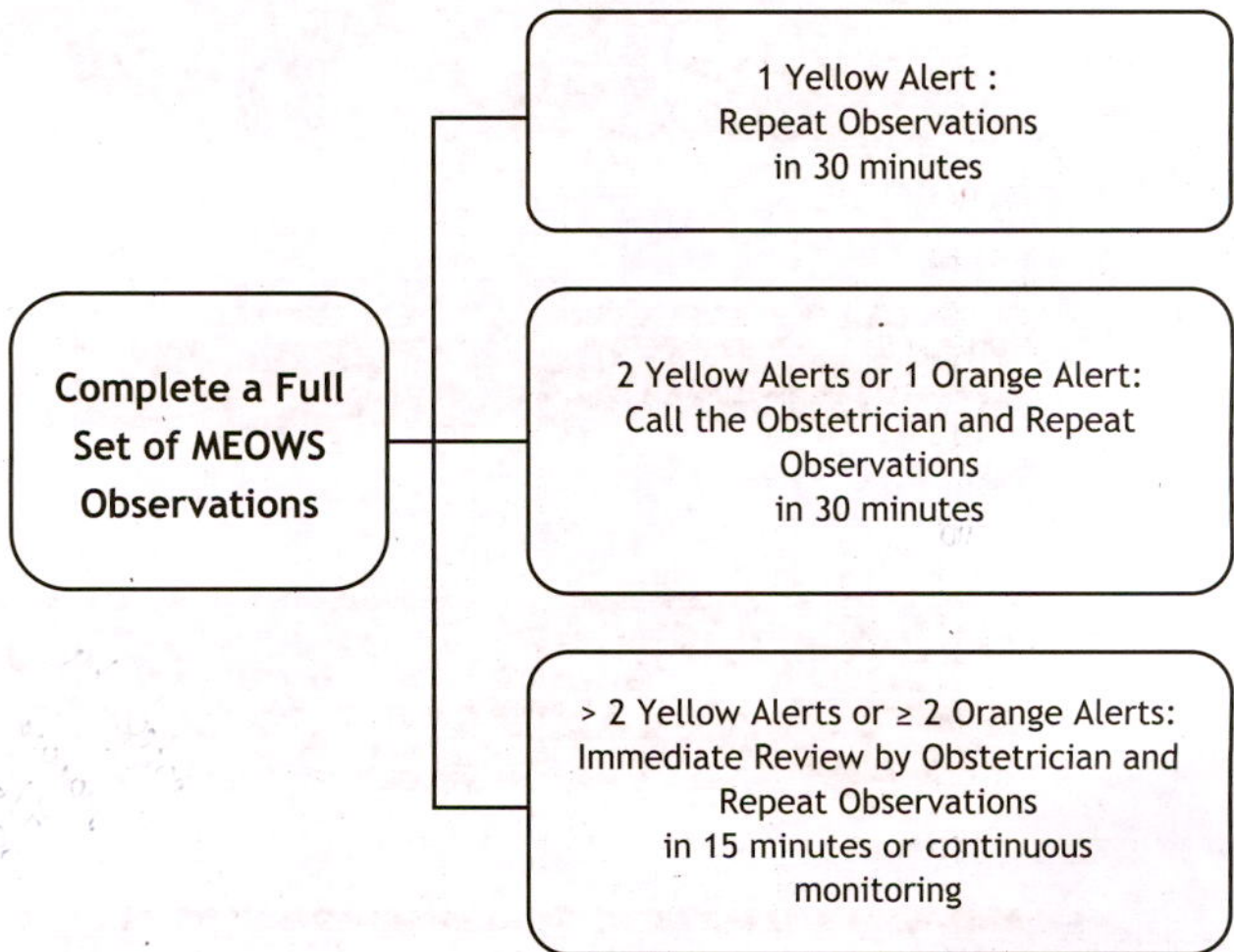
# Warning Observation Score Chart - Obstetrics

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

716		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		19																								
	0 - 10																										
Saturations	94 - 100 %		98%																								
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp <sup>c</sup>	40																										
	39																										
	38																										
	37		37																								
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	130																										
	120																										
	110																										
	100																										
	90		96																								
	80																										
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	60																										
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↑ Systolic Blood Pressure	190																										
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	170																										
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	110		110																								
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↓ Diastolic Blood Pressure	130																										
	120																										
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	90																										
	80																										
	70		70																								
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		✓																								
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓																								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		NA																								
	Heavy / Foul																										
Liquor	Clear / Pink		NA																								
	Green																										
TOTAL YELLOW SCORES			0																								
TOTAL ORANGE SCORES			0																								
Nurse Initial			JK																								

noted by  
 Manasa  
 7/6  
 09/20/22

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00186579 IP-00060230  
 Mrs MADASU NIHARIKA  
 15-03-1998 28 Y 2 M 20 D (F)  
 Dr. BHAVANA K



# 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	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>						
	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	50ml								0	} 21/6/26 11pm ruji 25/6/26 at 11:00 AM
	10:00 pm	H <sub>2</sub> O	100ml + RL 500ml								0	
	11:00 pm	H <sub>2</sub> O	50ml								0	
	12:00 am	H <sub>2</sub> O	50ml								0	
	01:00 am	H <sub>2</sub> O	50ml								0	
	01:00 am	H <sub>2</sub> O	50ml								0	
<b>Total Intake :</b>		800ml				<b>Total Output :</b>						
	02:00 am	H <sub>2</sub> O	100ml								0	} 5/6/26 ruji 5/6/26 at 11:00 AM
	03:00 am										0	
	04:00 am	H <sub>2</sub> O	100ml								0	
	05:00 am	H <sub>2</sub> O	100ml								0	
	06:00 am	H <sub>2</sub> O	50ml								0	
	07:00 am	H <sub>2</sub> O	50ml								0	
<b>Total Intake :</b>		300ml				<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>		1100ml										
<b>Total 24 hrs. Output</b>												





# FLUID CHART

Sheet No. : 2

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
5/26	08:00 am	H <sub>2</sub> O	100ml						✓	0	5/26 @ 11 AM	
	09:00 am	H <sub>2</sub> O	50ml							0		
	10:00 am	H <sub>2</sub> O	100ml							0		
	11:00 am	H <sub>2</sub> O	100ml						✓	0		
	12:00 pm	H <sub>2</sub> O	100ml							0		
	01:00 pm	H <sub>2</sub> O	100ml							50ml		
<b>Total Intake :</b>			500ml			<b>Total Output :</b>			passed 50ml			
5/26	02:00 pm	NBM							50ml	0	5/26 @ 5:30 AM	
	03:00 pm	RL NBM	1000ml/hr						50ml	0		
	04:00 pm	RL NBM	+20 units oxytocin (150ml/hr)						100ml	0		
	05:00 pm	RL	100ml	150ml					100ml	0		
	06:00 pm	RL	100ml	150ml					100ml	0		
	07:00 pm	IRL	100ml	150ml					50ml	0		
<b>Total Intake :</b>			500ml	500ml	<b>Total Output :</b>			450ml				
5/26	08:00 pm	RL		100ml					50ml	0	5/26 @ 8:30 PM	
	09:00 pm		H <sub>2</sub> O						100ml	0		
	10:00 pm								150ml	0		
	11:00 pm								300ml	0		
	12:00 am								100ml	0		
	01:00 am								150ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>			820ml			
6/6	02:00 am								150ml	0	6/6 @ 3 PM	
	03:00 am								130ml	0		
	04:00 am								200ml	0		
	05:00 am								150ml	0		
	06:00 am								130ml	0		
	07:00 am								150ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>			880ml			

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2,200 ml



# FLUID CHART

Sheet No. : .....

6/6/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
6/6	08:00 am	Rice + water							250ml		17	Rendu	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm									✓			
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
6/6	02:00 pm	Rice + water									17	Rendu	
	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	Rice water									17	Rendu	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
7/6/26	02:00 am	water								✓	17	Rendu	
	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**

**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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
7/6	08:00 am	Dolly + water									✓	}	Madasu 7/6
	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											} noted by Madasu 7/6 29.30	
	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**



①

## 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: ..... H/W ..... Shifted to: ..... Room (105) .....

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	100 MCG	PO	ONCE DAILY	4/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. IRON.	1 TAB	PO	ONCE DAILY	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. CALCIUM	1 TAB	PO	ONCE DAILY	4/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY	3/6/26	<input type="checkbox"/> C <input checked="" 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. NIKHITA .....

Date & Time : ..... 4/6/26 9:30 PM .....

Nurse Name & Signature : ..... K. Subasini & .....

Date & Time : ..... 4/6/26 @ 9:30 PM .....



## MEDICATION RECONCILIATION FORM

Drug Allergies: NIL  Not known any Drug Allergies

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

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

Shifting From: L/O Shifted to: Room (105)

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	100 mcg	PO	ONCE DAILY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB PARACETAMOL	1gm	PO	8H HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB DICOLOFENAC	50mg	PO	8H HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB TRAMADOL	100 mg	PO	8H HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ CEFOTAXIME	1gm	IV	8H HOURLY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB PANTOPRAZOLE	40 mg	PO	ONCE DAILY	05/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ TRANEXAMIC ACID	1gm	IV	8H HOURLY	05/06	<input checked="" 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. Arun DR. ARUN

Date & Time : 05/06/26 8:00 AM

Nurse Name & Signature : [Signature]

Date & Time : 05/06/26 8:00 PM



# DRUG CHART

Date of Admission: 4/6/26 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:																					

Signature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS



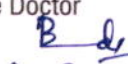
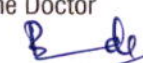
Weight 61.45kg Ward 2110

Deposta - macy gamal  
 4/18/26

Ce Shewi  
 5/6/26 at 6pm

Ce Shewi  
 5/6/26 @ 6pm

Ce Shewi  
 5/6/26 @ 6pm

DRUG: TAB. THYROXINE				Date Time	5/6	6/6	7/6
Dose	Route	Frequency	Start Date	6 AM	PM	ESW	ESW
100 MG	PO	ONCE DAILY	4/6	AM	PM	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:  DR. NIKHITA							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: TAB. PARACETAMOL				Date Time	5/6	6/6	7/6
Dose	Route	Frequency	Start Date	6 AM	PM	ESW	ESW
1GM	PO	8TH HOURS	5/6/26	AM	PM	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:  DR. BRUNDA				2 PM	10 PM	ESW	ESW
Additional Instructions:				PM	PM	ESW	ESW
Daily Doctor's Endorsement by a Sign							
DRUG: TAB. DICLOFENAC				Date Time	6/6	7/6	
Dose	Route	Frequency	Start Date	12 AM	PM	ESW	ESW
50MG	PO	8TH HOURS	5/6/26	AM	PM	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:  DR. BRUNDA				8 AM	4 PM	ESW	ESW
Additional Instructions:				PM	PM	ESW	ESW
Daily Doctor's Endorsement by a Sign							
DRUG: TAB. TRAMADOL				Date Time	5/6	6/6	7/6
Dose	Route	Frequency	Start Date	1 AM	PM	ESW	ESW
100MG	PO	8TH HOURS	5/6/26	AM	PM	ESW	ESW
Name & Signature of the Doctor Starting the Drugs:  DR. BRUNDA				3 PM	11 PM	ESW	ESW
Additional Instructions:				PM	PM	ESW	ESW
Daily Doctor's Endorsement by a Sign							

Patient Name : <b>Niho</b>	I.P. No.	Sheet No.	Wards	Weight (kg)
----------------------------	----------	-----------	-------	-------------

REGULAR PRESCRIPTIONS

<b>DRUG : INJ CEFOTAXIME</b>				Date	5/6/26														
				Time	10 AM	10 AM													
Dose	Route	Frequency	Start Dt.																
1GM	IV	8th HOURLY	5/6/26																
Name & Signature of the Doctor starting the Drugs:				<b>DR NAUSHEEN</b>															
Additional Instructions:				<b>STOP</b>															
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : T. PANTOPRAZOLE</b>				Date	5/6/26	5/6/26													
				Time	6 AM	6 PM													
Dose	Route	Frequency	Start Dt.																
40MG	PO	ONCE DAILY	5/6/26																
Name & Signature of the Doctor starting the Drugs:				<b>DR NAUSHEEN</b>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : INJ TRANEXAMIC ACID</b>				Date	5/6/26	5/6/26													
				Time	7 AM	11 AM													
Dose	Route	Frequency	Start Dt.																
1GM	IV	8th HOURLY	5/6/26																
Name & Signature of the Doctor starting the Drugs:				<b>DR NAUSHEEN</b>															
Additional Instructions:				<b>ONLY 3 DOSES</b>															
Daily Doctor's Endorsement by a Sign.				<b>STOP</b>															

<b>DRUG : INJ CEFOTAXIME</b>				Date	5/6/26														
				Time															
Dose	Route	Frequency	Start Dt.																
1GM	IV	12th HOURLY	5/6/26																
Name & Signature of the Doctor starting the Drugs:				<b>Shard D. Farmaz</b>															
Additional Instructions:				<b>AFTER TEST DOSE</b>															
Daily Doctor's Endorsement by a Sign.				<b>STOP</b>															

Dr. Naushreen 5/6/26 @ 6pm  
 Dr. Naushreen 5/6/26 @ 6pm  
 Dr. Naushreen 5/6/26 @ 6pm

5/6/26 4pm  
 Dr. Naushreen 5/6/26 @ 6pm



Patient Name :

I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

6/6/26 5pm  
Lizabet

<b>DRUG :</b> TAB. CEFIXIME				Date	6/6														
Dose	Route	Frequency	Start Dt.	Time															
200 mg	PO	12th Hourly	6/6/26	10am															
Name & Signature of the Doctor starting the Drugs:																			
<i>Dr. Kashni</i>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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





Weight. 60.45kg Ward. 4/12



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/6	9:15pm	TAB. MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
5/6	3:15 AM	TAB. MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
5/6	7:15AM	T. MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
5/6	9am	ENEMA PROCTOCLYSIS	100 ML	PR	[Signature]	[Signature]
5/6	10am	INJ. CEFOTAXIME	1GM	I.V.	[Signature]	[Signature]
		[AFTER TEST DOSE]				
5/6/26	11:20am	T. MISOPROSTOL	25MCG	PO	[Signature]	[Signature]
5/6/26	2:30 pm	INJ PANTOPRAZOLE	40MG	I.V.	[Signature]	[Signature]
5/6/26	2:30 pm	INJ METOCLOPRAMIDE	10MG	I.V.	[Signature]	[Signature]

Signature  
VERIFIED BY : Name



I.V. FLUIDS CHART

Weight. 64.45kg Ward. 210

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6	9:20 pm	RINGER LACTATE	IU	F/F		 Teja	4/6/26 10:20 pm		 Teja
5/6/26	3PM	RINGER LACTATE	IV	1000ml HR		 	5/6		 
5/6/26	3:15PM	RINGER LACTATE + 20 UNITS OXYTOCIN ADDED	IV	150ml HR		 	5/6		 
5/6	6:35 pm	RINGER LACTATE	IU	100ml HR		 	5/6		 

Signature .....

VERIFIED BY : Name .....

105

Patient Name : \_\_\_\_\_

VIH-00186579 IP-00060230  
Mrs MADASU NIHARIKA  
15-03-1998 28 Y 2 M 21 D (F)  
Dr. BHAVANA K

Registration No.: \_\_\_\_\_



**MEDICATION**  
**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
6/6/26	00.00	12AM.		
	1.00	TAB DICLOPENAC 50mg (TID)	[Signature]	Niharika
	2.00	6AM		
	3.00	TAB PHTHOXINE 100mg (OD)		
	4.00	TAB PANTOPRAZOLE 40mg (OD)		
	5.00	TAB PARACETAMOL 1gm (TID) 7AM		
	6.00	TAB PRANADOL 100mg (TID)		
	7.00	Inj PRANEXNIC AC 1gm (TID)		
	8.00	8AM.		
	9.00	TAB DICLOPENAC 50mg (TID)		
	10.00	10AM.		
	11.00	Inj CEPOTAXIME 1gm (OD)	[Signature]	[Signature]
	12.00	2PM		
	13.00	TAB PARACETAMOL 1gm (TID)		
	14.00	3PM		
	15.00	TAB PRANADOL 100mg (TID)		
	16.00	Inj PRANEXNIC 1gm (TID)		
	17.00	4PM.		
	18.00	TAB DICLOPENAC 50mg (TID)		
	19.00	10PM.		
	20.00	<del>Inj CEPOTAXIME 1gm (TID)</del> STOP	[Signature]	
	21.00	TAB PARACETAMOL 1gm (TID)		
	22.00	11PM.		
	23.00	TAB PRANADOL 100mg (TID)		
		<del>Inj PRANEXNIC 1gm (TID)</del> STOP		