

1

VIH-00135621 IP-00060375  
Mrs NEHA  
25-07-1989 36 Y 10 M 23 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY



**BILLING**

Neena

UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : Dr. madhumita Dept : 1st Floor  
Date of Admission : 17/6/26 Time : 12:40 pm Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_  
Room / Bed No : \_\_\_\_\_ Ward : Clw Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
17/6/26	2:40pm	MICU	OT	
17/06/26	3:45 PM	OT	MICU	
17/06/26	10:45 pm	MICU	Room (103)	




**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
17/6/26	Iv. placement	①	3091201	
17/6/26	catheterisation	①	3091200	
17/6/26	PAC	①	3091200	
Cross checked by manga 17/6/26 @ 7:56pm				

**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Elizabeth Gmon</i>	Billing Assistant	Billing Supervisor
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<b>Name</b>	Mrs NEHA	<b>UHID</b>	VIH-00135621
<b>Father/Guardian</b>	Mr ASHWANI KUMAR JHA	<b>Age/Gender</b>	36 Y 10 M 23 D/Female
<b>Address</b>	PLOT NO304,BLOCK -5,G K PRIDE APT, JJ Nagar Colony, Hyderabad, Telangana, INDIA, 500087		
<b>IP No</b>	IP-00060375	<b>Admission Date</b>	17-06-2026
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	19-06-2026

### DISCHARGE SUMMARY

**Consultant:** Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

**Diagnosis:** G4P1L1A2 with 39+2 weeks with Previous lower segment caesarean section with Advanced maternal age with Small for Gestational age baby for Elective lower segment caesarean section

**ELECTIVE LOWER SEGMENT CAESAREAN SECTION DONE ON 17.6.2026 UNDER SPINAL ANAESTHESIA**

#### **History:**

LMP: 15.9.2025

Obstetric formula: G4P1L1A2

EDD: 22.6.2026

Gestation at admission: 39+2 weeks

#### **Obstetric History:**

G1 - 8weeks/ spontaneous miscarriage/ D&C/ Military hospital 2019

G2 - male / 5years/ FTLSCS/ NPOL/ Hypothyroidism/ BW 3.5kg/ A&H/ BF 18months / military Hospital

G3 : 6weeks/ missed miscarriage/ 2025

G4 : Present pregnancy Spontaneous conception.

Name

Mrs NEHA

UHID

VIII-00135621

Medical History: Nil

Family History: Mother- Hypothyroidism

Surgical History: Previous LSCS

Allergies: Nil

**Antenatal Details:** Mrs. NEHA was booked to Rainbow Hospital at conception. She had regular antenatal checkups and investigations as advised. Her growth scan at 28 weeks showed SGA baby, managed conservatively. She had an uneventful antenatal period. She was admitted at 39+2 weeks with Previous lower segment caesarean section with Advanced maternal age with Small for Gestational age baby for Elective lower segment caesarean section.

**Investigations:** Enclosed

Blood group: B POSITIVE

**Management: Course in hospital:**

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

**Surgery Notes: Operative Details:**

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. Adhesions noted, dissected. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder drawn up and adherent to lower uterine segment, was reflected. A lower segment curvilinear incision given on the uterus. 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers.

Name

Mrs NEHA

UHID



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 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

### Delivery Details:

Date: 17.6.2026

Time of Delivery: 2:58Pm 56sec

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

### Baby Details:

Date: 17.06.2026

Time: 2:58Pm 56sec

Sex: male

Weight: 3.420kg

Apgar: 7/10, 9/10

Gestational Age: 39+2weeks

NICU Admission: No

### Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was 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. Taxim-O 200mg (Cefixime-200mg) twice daily till 23.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 23.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 23.6.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 23.6.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 30.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

**Care of the wound:**

1. You can bath and shower.
2. The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3. This gauze piece needs to be discarded after one use.

Name

Mrs NEHA

UHID



4. Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5. Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6. Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

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

  
**Dr. MADHUMITA ANIRUDDHA GITAY**

MBBS, MS, DNB

GYNECOLOGIST AND OBSTETRICIAN

03312

PatientName : Mrs NEHA  
 Age/Gender : 36 Y 10 M 23 D/ Female  
 Ward/Bed : N 2F-LABOUR WARD/ LW 220  
 Inpatient No. : IP-00060375  
 Admit Date : 17-06-2026  
 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :17-06-2026 13:06	
HEMOGLOBIN (Colorimetry)	12.3	g/dL	12 - 16
RBC COUNT (DC detection method)	4.05	10 <sup>12</sup> /L	4 - 5.2
PCV/HCT (Calculated)	35.3	VOL%	33 - 51
MCV (Calculated)	87.3	fL	80 - 100
MCH (Calculated)	30.3	pg/cells	26 - 34
MCHC (Calculated)	34.7	g/dL	32 - 36
RDW-CV (Calculated)	12.8	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	162	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	10.1	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	9.63	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	71	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	08	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

H-00135621

IP-00060375

Patient: NEHA

36 Y 10 M 23 D (F)

MADHUMITA ANIRUDDHA GITAY



### SURGERY DETAILS

Date : 17/6/26

Patient Name: Mrs. Neha Date of Birth: Age: 36y

Gender: Female Ward: OT UHID No.: 135621

Date of Surgery: 17/6/26  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2

Name of the Surgery : Elective Lower segment cesarean section done under spinal anesthesia

Time in : 2:42 PM Time Out : 3:40 PM

	NAME	AMOUNT
1. Surgeon	Dr. Madhumi G	OT charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Yogeshwari	
4. OT Technician	Laksh	
5. Circulating Nurse	Bhavana	
6. Assistant Nurse	Prasanna	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3091302 / 3091303

Order by: Manimala

3091302/3091303



# CONSUMABLES OF OT

BL  
LSCS

Patient Name : .....

Gender  M  F UHIK

Date : 17/06/26

VIH-00135621

Mrs NEHA

25-07-1989

Dr. MADHUMITA ANIRUDDHA GITAY

Ref. No. FICN

IP-00060375

36 Y 10 M 23 D (F)



Circulating Staff : Dr. Ruby P

Technician : Dr. S. Vaishnavi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack	1	1	Inj. Vit. K		1
LMA			Sutures	23NG	1	Cord Clamp		1
ECG leads : A/P/N		3		23GA	1	Suction Catheter		
HME filter : A/P/N				132G	1	Feeding Tube		
Syringe 10 cc		5			1	Vaccum Suction Set		
05 cc		4	Gloves	6(PF) + 6(2) (PF)	2+2	Surgical Gloves (6/2)		1
02 cc		2		6(2) (S) + 6(S)	1+1	Gauze Pack		1
01 cc						Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade	22 NO	1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil			Protogown		2
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Cap + Mask		2/2
O <sub>2</sub> mask (A)		1	Ointments		1	Latex gloves		4
Ritigal		1	Suction Catheter			Order No		
Fentanyl		1	Cap. Mask		1	3091317		
Morphine		1	Gauze Pack		1			
Ketamine			Mop Pack		3			
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag	Allesorb	1			
Bupivacine 0.25%		1	Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage	Sterizone	1			
			Tegaderm					
Suppositories			Ioban					
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		4			
Tab. Misoprost : 200 mg		5	Betadine Solution		2			
			Microshield		2			
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. Madhumita Anaesthesiologist

Dr. Madhav Nurse

Prasanna OT Technician

Order No. : 3091298 / 3091299

Ordered by : Manimala

## 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-00060375	Ward	N 2F-MICU
Patient Name	Mrs NEHA	Bed Name	MICU 226
Age/Sex	36 Y 10 M 23 D / Female	Order No	0003091299
Date	17/06/2026 15:49	Prescription No	PRIP-1291691
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	17/06/2026 15:50
UHID	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE OINT 20 GM	Win-MedicarePvtLtd	H	GC07126	02/28	1	131.46	131.46
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	1	103.95	103.95
6	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
7	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
8	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	4	120.00	480.00
9	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
12	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
13	Encore Microptic gloves- 6.5		H	26020O44IT	02/29	2	117.00	234.00
14	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
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	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	6	20.26	121.56
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	16	23.43	374.88
23	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		1C261641	02/29	1	44.93	44.93
24	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
25	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
26	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
27	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
28	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
29	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
30	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
31	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
32	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00

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

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Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

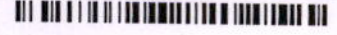
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Rainbow  
Children's  
Hospital

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP-00060375	Ward	N 2F-MICU
Patient Name	Mrs NEHA	Bed Name	MICU 226
Age/Sex	36 Y 10 M 23 D / Female	Order No	0003091298
Date	17/06/2026 15:49	Prescription No	PRIP-1291690
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	17/06/2026 15:50
UHID	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
<b>Total :</b>							<b>140.00</b>	<b>140.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

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

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Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	17/06/2026 15:50
UHID	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
34	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
35	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
36	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
<b>Total :</b>							<b>11,383.08</b>	<b>15,197.06</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Secunderabad

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6	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
7	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	1	73.23	73.23
8	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	4	120.00	480.00
9	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
12	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
13	Encore Microptic gloves- 6.5		H	26020044IT	02/29	2	117.00	234.00
14	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
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	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	6	20.26	121.56
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5115	09/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	16	23.43	374.88
23	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirrif		1C261641	02/29	1	44.93	44.93
24	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	GG26D040043	03/31	1	460.00	460.00
25	PENCAN 25G*3 1 2	Bbraun Medical Pvt.Ltd	GENERAL	24M24G8217	11/29	1	469.69	469.69
26	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
27	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
28	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
29	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
30	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
31	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
32	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00



**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,  
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

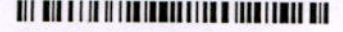
**VAT TIN :** 36920283145

**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**



<b>IP No</b>	IP-00060375	<b>Ward</b>	N 2F-MICU
<b>Patient Name</b>	Mrs NEHA	<b>Bed Name</b>	MICU 226
<b>Age/Sex</b>	36 Y 10 M 23 D / Female	<b>Order No</b>	0003091298
<b>Date</b>	17/06/2026 15:49	<b>Prescription No</b>	PRIP-1291690
<b>Payor</b>	MDINDIA HEALTH INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	17/06/2026 15:50
<b>UHID</b>	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
<b>Total :</b>							<b>140.00</b>	<b>140.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



## 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

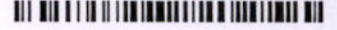
VAT TIN : 36920283145

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-00060375	Ward	N 2F-MICU
Patient Name	Mrs NEHA	Bed Name	MICU 226
Age/Sex	36 Y 10 M 23 D / Female	Order No	0003091299
Date	17/06/2026 15:49	Prescription No	PRIP-1291691
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	17/06/2026 15:50
UHID	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
34	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
35	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
36	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
						<b>Total :</b>	<b>11,383.08</b>	<b>15,197.06</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# 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-00060381  
Patient Name Baby B/O NEHA  
Age/Sex 0 Y 0 M 0 D 2 H / Male  
Date 17/06/2026 16:36  
Payor SELFPAY  
UHID VIH-00205966

Ward N 2F-MICU  
Bed Name CRDL-MICU-226-1  
Order No 0003091317  
Prescription No PRIP-1291697  
Dispensed Date 17/06/2026 16:37

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	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	2	10.00	20.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VU20052026	12/30	2	450.00	900.00
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
8	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
9	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	2	10.00	20.00
10	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
<b>Total :</b>							<b>779.85</b>	<b>1,320.14</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name



# 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-00060375	Ward	N 2F-MICU
Patient Name	Mrs NEHA	Bed Name	MICU 226
Age/Sex	36 Y 10 M 23 D / Female	Order No	0003091298
Date	17/06/2026 15:49	Prescription No	PRIP-1291690
Payor	MDINDIA HEALTH INSURANCE TPA PVT LTD	Dispensed Date	17/06/2026 15:50
UHID	VIH-00135621		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
Total :							140.00	140.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : SHEEPA PALANI

DEFICIENT MEDICAL CASE SHEET

VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



Patient No:  
 Ward:



IP.No:  
 DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Transfer Forms	3	—	—	
5	In-patient Medical Record	1	—	—	
6	Doctors Progress Sheets	1	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Consent for Surgery	1	—	—	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk	1	—	—	
14	Consent for Restraint	1	—	—	
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	—	—	
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	—	—	
21	Pre Operative checklist	1	—	—	
22	Surgical safety Checklist	1	—	—	
23	Operation Theatre notes	1	—	—	
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
	Drug Chart (Regular prescription)	3	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Thrombophlebitis	1	—	—	
	pain Assessment	2	—	—	
	Breast sore	1	—	—	
	others	9	—	—	
	<b>Total No. of Pages</b>	<b>46</b>			

*Noted by*  
*Banwika*  
*19/6/26*  
*@*

*Daily*  
 Signature and Date:

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP-00060375

Admit Date : 17-Jun-2026

Admit Time : 12:40 PM UHID : VIH-00135621

**Patient Details :**

Patient Name : Mrs NEHA

Age : 36 Y 10 M 23 D

Guardian : Mr ASHWANI KUMAR JHA

DOB : 25-07-1989

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO304,BLOCK -5,G K PRIDE APT JJ  
Nagar Colony Hyderabad Telangana INDIA  
500087

Phone No : 9963251136/

E-mail : na123@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 ASHWANI KUMAR JHA

Relationship : W/O

Contact Address : PLOT NO304,BLOCK -5,G K PRIDE APT JJ  
Nagar Colony Hyderabad Telangana INDIA  
500087

Phone No : 9963251136 / 7717212007

  
Signature

**Doctor Details :**

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :


**Payment Details :**

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MDINDIA HEALTH INSURANCE TPA  
PVT LTD

# PATIENT TRANSFER FORM

VIH-00135621      IP-00060375 Mrs NEHA 25-07-1989      36 Y 10 M 23 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission	Date & Time of Transfer Order
		Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	TAB :- PARACETAMOL - (15)		
2.	TAB :- TRAMADOL - (10)		
3.	TAB :- Diclofenac - (10)		
4.	TAB :- pantop - (15)		
5.	Swal - (1) underpad - (1) Baccitub - (1)		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Patient & Clinical Records Received by :		Date & Time of Patient Received :	

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

- Unavailable Bed     
  Nurse not Available     
  Available Bed not ready

①



# PATIENT TRANSFER FORM

VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



	Date & Time of Admission 17/6/26 @	Date & Time of Transfer Order 17/6/26 @ 2:30pm
Treating Consultant Name	Transfer Ordered by DR. MOUNIKA	Reason for Transfer EL. LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 34	Number of Imaging Films —	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.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr. Mounika

Name & Signature of Person who is Transferring mangan	Name of Person Ordered Transfer Dr. Mounika
--	--

Patient & Clinical Records Received by : Bhavani

Date & Time of Patient Received : (B) 17/06/26 @ 2:40PM

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

①

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# PATIENT TRANSFER FORM

Patient Name / I.P. No. IH-00135621 IP-00060375 r# NEHA 5-07-1989 36 Y 10 M 23 D (F) r. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 17/6/26 @ 12:00pm	Date & Time of Transfer Order 17/6/26 @ 3:45PM
		Transfer ordered by Dr. Vineetha	Reason for Transfer Postop care
From Unit OT	To Unit MCCU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <u>36</u>	Number of Imaging films Nil	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.			
2.	<u>NIL</u>		
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : <u>Dr. Yogeshwani</u>			
Name & Signature of Person who is Transferring <u>Sr. Bhavani</u>		Name of Person Ordered Transfer <u>Dr. Vineetha</u>	
Patient & Clinical records received by : <u>Meghna</u>			
Date & Time of Patient Received: <u>17/6/26 @ 6pm</u>			

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

Maternal Age with small for gestational age baby  
G4P1L1A2 with 39+2 weeks with previous LSCS  
for elective lower segment cesarean section

DIAGNOSIS

Height: 158 cm  
Weight: 73.9 kg  
Allergies: Nil  
Breast:  Normal  Abnormal  
General Examination:  Normal  
Consciousness:  Alert  
Icterus:   
Temp: 37.5°C  
BP: 111/60 mmHg  
CVS: S1S2   
Liver/Spleen: WND

Edema:   
Pallor:   
PR: 90 bpm  
DTR:   
RS BHE   
Urine Output: Adeq.

Os:  Dilated  Closed  
Membranes:  Present  Absent  
Liquor:  Clear  Blood Stained  
Presenting Part:  Vertex  Breech  Others  
Sutons:  Adequate  Doubtful  
Pelvis:  -3  -2  -1  0  +1  +2

- Previous LSCS  
- AMA  
- SGA baby

RISK FACTORS:

Obstetric History: G4P1L1A2  
ML - 8 yrs. NCM  
Obstetric Formula: G4P1L1A2  
G1 - 8 weeks / spontaneous miscarriage  
G2 - Male / 5 yrs / PTCS / Miscarriage / 8 wks  
G3 - 6 weeks / Missed Miscarriage / 10 wks  
G4 - PP spontaneous Record: 25: 49 49 due  
since conception. T1 Unsuccessful  
T2 T3

Per Speculum Examination:  Not done  
Draining:  Present  Absent  
Colour of Liquor:  Clear  Blood Stained

Head Fittus Palpable:  Normal  Tachy  Brady  Absent  
FHS:  148 bpm

Liquor:  Adequate  Cephalic  
Poly  Breech  Others  
Relaxed  Mild  Severe  
Mod  Severe

Obstetric Examination: Fundal Height: 34 cm  
Mitra:  Normal  Abnormal  
Baby:  Normal  Abnormal

Menstrual History: Regular  Yes  No  
Corrected EDD: 20/6/26  
LMP: 15/9/25  
GA: 39+2 weeks  
EDD: 20/6/26

PRESENTING COMPLAINTS

IP-00060375  
MRS NEHA  
25-07-1988  
36 Y 10 M 23 D (F)  
DR. MADHUMITA ANIRUDHA GITAY

Family History:

Mother - Hypothyroidism

Surgical History:

- Previous LSCS in 2021

Medical History:

NIL

Medication History:

Allagis - NIL

Plan of Care:

CI to Dr. Madhumita mam

Investigations:

BCr: 'B' POSITIVE

HbU  
 HBsAg } NR  
 HCV  
 VDRL  
 HPLC - (N)

5/6/26  
 11.9g  
 Creat - 0.4  
 HbA1c - 5.6  
 17/6/26  
 CBP - 12.3/9.63/1.62L

Admission

Consent

PAC

part preparation

NBM

Foleys catheterisation

FHR monitoring

- monitor vitals

- Follow drug chart

- Tetosm sos

- Send CBP

Noted by Ravi 17/6/26 @ 1:15 PM

Growth Scan (8/6/26)

SLDUP  
 33+4 weeks  
 Cephalic  
 PL - Post, High  
 AFP - 11.0 cm  
 AC - 8Y.  
 CRW - 1.896 kg  
 Doppler - (N)

TFFA Scan (4/6/26)

SLDUP  
 20+2 weeks  
 CL - 40 mm  
 No anomalies  
 - Small subcortical  
 cyst in upper pole  
 of left kidney  
 ~ 4.9 mm x 8.5 mm

Quadruple Marker - Low Risk  
 MISSED FTS

Consultant Name: Dr. MADHUMITA

Signature: [Signature]

Date & Time: 17/6/26, 1:15 PM

Dr. [Signature]

VIH-00135621

IP-00060375

Mrs NEHA  
25-07-1989 36 Y 10 M 23 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/5/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify UR

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

hupl a2e 39th wks e Name of the Doctor: Dr. freshma

mi - lsg e Amn for EL LSCS Time Notified: 1:15 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	<u>prev - LSCS in 2021</u>	—

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>15/9/26</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 type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 4 P 1 L 1 A 2

**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 - Hypertension

**Vital Signs / Measurements:** Temp: 98.6 F HR: 86 bpm RR: 18 br

BP: 110/20 Weight: 73.9 kg Height: 158 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 family

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

Call Bell in Reach :  Yes  No Waste Disposal Explained:  Yes  No  
Infusion Pump :  Yes  No Hand Hygiene Explained:  Yes  No  Others  
Above information given to Mrs. Neel Neha  
Name of Person Orientation was given to: Mrs. Neha  
Orientation not given Reason: .....

Nurse Signature: Rani  
Nurse Name: Rani  
Date & Time: 12/6/20 @ 1:30pm

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

VIH-00135621

IP-00060375

Pat Mrs NEHA  
25-07-1989 36 Y 10 M 23 D (F)  
Ag Dr. MADHUMITA ANIRUDDHA GITAY  
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	4pm	POD-0 (LSCS)
		% PT is c/d/c Adv
		GC fair - NBM x 4hrs
		Afebrile - W/F bleeding PV
	VO - 120ml	BP - 118/72 mmHg - Monitor Vitals
	clear	PR - 68 bpm - Follow drug chart
	<u>adequate</u>	S/E - NAD - I/O charting
		PIA - U+V WR - Rest
		Soft BS - Inform Jos
		2/E - NAD
		Baby A BF+ Dr. Madhumita
		Noted by Meghna Dryogeshwari
		17/6/26 @ 4pm
17/6/26	8pm	POD-0 Adv
	Pres	GC fair - sips of water s/b
	VO 550ml	afebrile - clear liquids
	<u>adq clear</u>	BP - 110/72 mmHg - Soft diet at 2am
		PR - 85 bpm - NO vomiting
		S/E - NAD - monitor vitals
		PIA U+V WR - follow drug chart
		BS +/+
		PIU NAD - Inform Jos

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by prathyusha @ 8pm

Dr. Aslam

- Soft diet
- W/F bleeding PU
- Monitor vitals
- Follow drug chart
- Adequate hydration
- Ambulation
- Inform SOS

Adv

Pod-1  
 o/c  
 pt is c/c  
 acetate  
 Attribic  
 BP - 108/70 mmHg  
 PR - 92 bpm  
 U/E - NAT  
 P/A - ut w/r  
 soft BS ⊕  
 U/E - NAT  
 Baby - RH BS ⊕

Urine passed  
Motion Not passed

18/6/26  
2PM

Dr. Aslam

- Soft diet
- W/F bleeding PU
- Monitor vitals
- ambulation
- follow drug chart
- hydration
- Inform SOS

Adv

Pod-1  
 o/c  
 acetate  
 Attribic  
 BP - 126/76 mmHg  
 PR - 79 bpm  
 X RAD  
 P/A ut w/r  
 BS ⊕  
 P/U NAT  
 bought BS ⊕

noted by  
Dr. Aslam  
@ 2PM

U.O 1980  
add over  
Remove  
faeces

18/6/26  
7am

VIH-00135621

IP-00060375

Mrs NEHA

25-07-1989

36 Y 10 M 23 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	POD - 1 (LSC)	
9pm		
	o/e pt is c/c/c	Adv
	Uc fair	- soft diet
	Afebrile	- w/f bleeding pv
Urine passed	BP - 112/70 mmHg	- Monitor vitals
	PR - 86 bpm	- Follow drug chart
Motion not passed	S/E NAB	- Adequate hydration
	PIA - Ut ~ WR	- Ambulation
	Soft BS ⊕	- Inform SOS
	U/E - NAB	
	Baby $\frac{A}{H}$ BF ⊕	
		Dr. Madhunita Dryogeshwari
	POD - 2 (LSC)	
	o/e	
19/6/26	PT is c/c/c	Adv
8:30 AM	Uc fair	- Normal diet
	Afebrile	- w/f bleeding pv
P2k A2	BP - 100/70 mmHg	- Monitor vitals
	PR - 80/min	- Ambulation
U - P	S/E NAB	- Adequate hydration
M - NP	PIA - Ut ~ WR	- Follow drug chart
	Soft BS ⊕	- Inform SOS
	U/E NAB	- Dulcolax suppository 2 PR
	Baby $\frac{A}{H}$ BF ⊕	
		Dr. Madhunita

VIH-00135621

IP-00060375

Mrs NEHA  
25-07-1989

36 Y 10 M 24 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	<u>POD-2</u>	
8:30 AM	Comfortable	• @ diet
	Vitals stable	• Ambulation
	P/A - ut - wk	• Dulcolax suppository
	soft nr	• 2 PR
	BS ⊕	• PE - can be discharged
	YE - no active bleeding	after passing stools
	Baby - w & bf	
		Dr. Madhume
19/6/26		
11 AM	aseptic dressing done	
	wound healthy	
		Noted by Besonika 19/6 @ 10 AM

IH-00135621 IP-00060375

Mrs NEHA

5-07-1989

36 Y 10 M 23 D (F)

Patient: DR. MADHUMITA ANIRUDDHA GITAY



# CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. MADHUMITA	Date of Delivery: 17/6/2026
Assistant Surgeon: DR. YOGESHWARI	Time of Delivery: 3:58:56 PM
Anaesthetist's Name: DR. MADHAV	Gender of Baby: MALE
Type of Anaesthesia: SPINAL	Weight of Baby: 3.420 kg
Neonatologist: DR. SHRIKAR	AGPAR Score: 7/10 9/10
Scrub Nurse: Srs PRASOONA	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

Elective  Emergency

Indication: Previous LSCS E

SGA baby = term gestation

### 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: ..... Knife to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective lower segment caesarean section done under spinal anaesthesia

### 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     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 1-0 ..... 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 x 6hr .....  
 ..... W/F bleeding PV .....  
 ..... I/O charting .....  
 ..... Monitor vitals .....  
 ..... Follow drug chart .....  
 ..... Rest .....  
 ..... Inform SOS .....  
 ..... Dr. Yogeshwar .....

Doctor Name: DR. MADHUMITA G. Doctor Signature: (Signature)

Date & Time: 17/6/2026 4pm

# SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Madhumita  
 Asst. Surgeon: Dr. Yogeshwari  
 Anaesthetist: Dr. Vikeetha  
 Scrub Nurse: Sr. Prasad

H-00135621 IP-00060375  
 NEHA  
 07-1989 36 Y 10 M 23 D (F)  
 MADHUMITA ANIRUDDHA GITAY

Age: 36yrs Gender: F  
 Name: Ch. Lela  
 Out-time: 9:45 PM



17/06/26

## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN	Time: <u>2:35 PM</u>
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" 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: <u>[Signature]</u>	
Name: <u>DR. M. VIKEEETHA</u>	

TIME OUT	Time: <u>2:42 PM</u>
<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 <u>Lower Abdomen</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Ch. Lela</u>	<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, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Shanvika</u>	

SIGN OUT	Time: <u>3:40 PM</u>
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Yogeshwari</u>	

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. NEHA Gender:  Male  Female Age : 36 YEARS

UHID No : VH - 00135621 Date : 17/06/2026

### 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)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon MRS. NEHA

(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, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION & ITS

ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY,

INFECTIONS, POST PARTUM HEMORRHAGE

### My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. MADHUMITA GIFTAY.

### Consentee :

Signature : [Signature]

Name : MRS. NEHA

Date & Time : 17/06/2026, 1 PM

### Witness :

Signature : .....

Name : .....

Date & Time : .....

### Patient Attendant :

Signature : [Signature]

Name : ASHWANI KUMAR JHA

Relationship with Patient: Husband

Date & Time : 17/06/2026, 1 PM

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

Signature : [Signature]

Name : DR. GEEESHMA

Date & Time : 17/06/2026, 1 PM

VIH-00135621

IP-00060375

Mrs NEHA

36 Y 10 M 23 D (F)

25-07-1989

Dr. MADHUMITA ANIRUDDHA GITAY



**nbow**  
**Idren's**  
**hospital**  
It takes a lot to treat the little.

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : NEHA Age : 36yr Gender : Male  Female

UHID NO: VIH 00135621 Surgeon Name: Dr. Madhumita

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Caesarean Section

## 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 anaesthetics 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 / Renal Tubular Acidosis  
 Incapacitating Chronic Obstructive Pulmonary Disease  
 Others : Bleeding

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 / my patient NEHA the above mentioned operation / Diagnostic / Therapeutic procedures Elective Caesarean Section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant :**

Signature : [Signature]

Name : NEHA JHA

Relationship with Patient: SELF

Date & Time : 17 JUNE 2026, 14:23

**Witness :**

Signature : [Signature]

Name : ASHWANI KUMAR JHA

Date & Time : 17 JUN 2026, 14:23

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

Signature : [Signature]

Name : Dr Madhar

Date & Time : 17/06/26



Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Neha Age: 36yr Sex: F UHID.No: VIH00135621

Date: 17/06/26 Time: 02:15pm Proposed Operation: Relative LSCU

Diagnosis: G1P1L4A2 + ptw. LSCU

B.P./CRT: 110/60 H.R: 92/min Weight: 73.9kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 12.3gm/l Glucose: ..... Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: ..... ECG: .....  
 WBC: ..... Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 1.62 lac/mm<sup>3</sup> Na: ..... Dir. Bill: ..... Blood group: ..... Stress/Angio: .....  
 PT: ..... K: ..... LDH: ..... T3 ..... Other: .....  
 PTT: ..... Ca++: ..... Alk phos: ..... T4 .....  
 NR: ..... Mg++: ..... Amylase: ..... TSH .....  
 Cl-: ..... SGOT/SGPT: .....

Allergies: NKDA

Medical History: CVS: (-)

RESP: ..... Diabetes: (-)

CNS: .....

Renal: .....

Hepatic / GE: ..... Physical Activity: Good

Others: .....

Past Anaesthetic History: LSCS -> SAB-UTJE

Physical Exam:

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

Lungs: BAG (+) clear ..... adequate ..... (N) ..... (N) ..... (N)

Heart: S1 (+) S2 (+)

JNS: NAD

Pregnant:  Yes  No  NA Venous Access Site: (+) Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr Madhavi

VIH-00135621

IP-00060375

Mrs NEHA  
25-07-1989 36 Y 10 M 23 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY



# ANAESTHESIA CHART



### Pre Induction Assessment:

Change in Patient Condition:  Yes  No      Fasting Status: Adequate

Physical Status:  Patient Identified       Consent Present       Chart Reviewed

H.R.: 96/min      B.P./CRT: 118/68      SpO<sub>2</sub>: 100%      R.R.: 18/min      Last Feed: >6hr  
 Pre-OP Diagnosis: G.P.L. Agipw-LSCs      Operation: Elective LSCs      Date: 17/06/26

Surgeon: Dr. Madhumita / Dr. Yogeswari      Anaesthesiologist: Dr. Madhav      Technician: Rakesh

TIME	N <sub>2</sub> O / AIR / O <sub>2</sub> LPM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
2:45	100	0					
3:50	100	0					
4:00	100	0					
4:10	100	0					
4:20	100	0					
4:30	100	0					
4:40	100	0					
4:50	100	0					
5:00	100	0					
5:10	100	0					
5:20	100	0					
5:30	100	0					
5:40	100	0					
5:50	100	0					
6:00	100	0					
6:10	100	0					
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18:40	100	0					
18:50	100	0					
19:00	100	0					
19:10	100	0					
19:20	100	0					
19:30	100	0					
19:40	100	0					
19:50	100	0					
20:00	100	0					
20:10	100	0					
20:20	100	0					
20:30	100	0					
20:40	100	0					
20:50	100	0					
21:00	100	0					
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00:10	100	0					
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03:10	100	0					
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08:00	100	0					
08:10	100	0					
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08:40	100	0					
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09:40	100	0					
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10:10	100	0					
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10:30	100	0					
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11:00	100	0					
11:10	100	0					
11:20	100	0					
11:30	100	0					
11:40	100	0					
11:50	100	0					
12:00	100	0					
12:10	100	0					

VIH-00135621

IP-00060375

Mrs NEHA  
25-07-1989

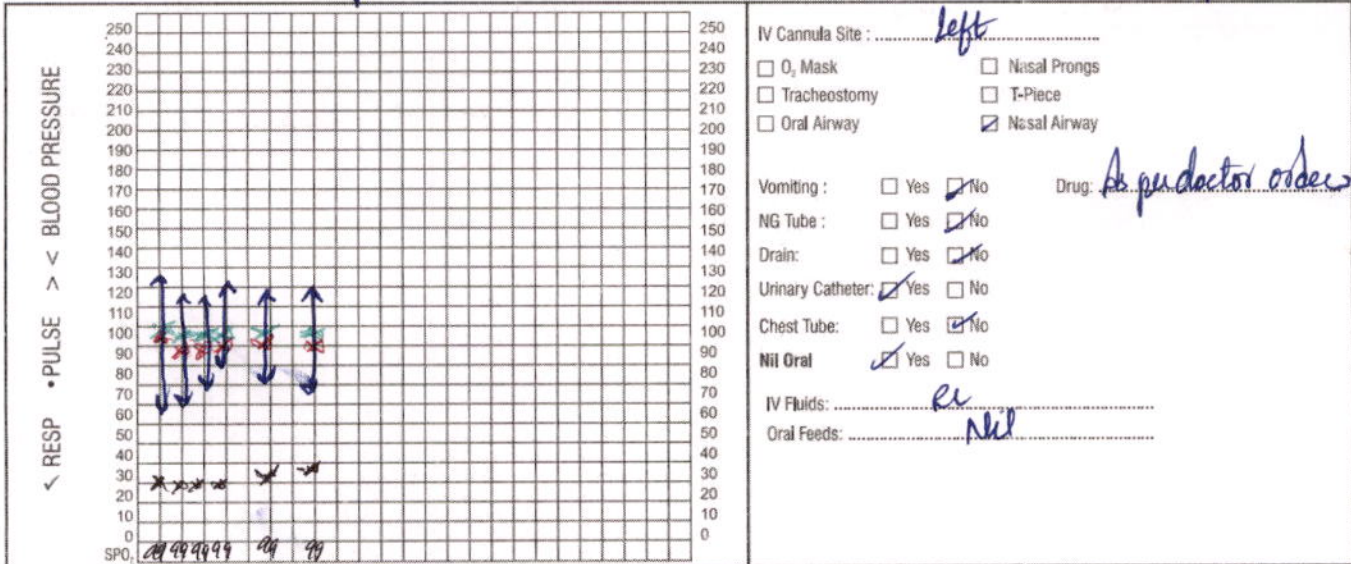
36 Y 10 M 23 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



### POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Meghana Time Received : 3:50pm Time Discharged : 9pm



### PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
17/6/26	7pm	2	Analgesics given as per doctor order	Me

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : Dr. Hima Bindhu

Anaesthesiologist Signature: [Signature]

Date & Time: 17/6/26 @

PACU Nurse Name : Meghana

PACU Nurse Signature: Me

Date & Time: 17/06/26 @ 3:50pm

#### 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): Prathusha

Date & Time: 17/6/26 @ 9pm



VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



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

Date: 17/6/26

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

Department: L/W Duration of Procedure: 1 hrs 2 min  
 Name of Surgeon: Dr. Madhumita Date of Admission: 17/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>1g Cefotaxim</u>	<u>Raw</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input checked="" type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: <u>L/W</u> Skin preparation done (cleansing surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Raw</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	(M)
4.	Name of doctor or staff administering the antibiotic: <u>Margya Devi</u> Date & Time of antibiotic administration: <u>17/6/26 @ 2pm</u> Date & Time procedure started: <u>17/06/26 @ 2:42PM</u>	(M)

- 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-00135621

IP-00060375

Mrs NEHA  
25-07-1989

36 Y 10 M 23 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



# OBSIETRIC TRIAGE ASSESSMENT FORM

Date: 12/6/26 Time of Arrival: 12:40 pm Time Seen by Nurse: 12:45 pm

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain  Preterm rupture of Membranes / Leaking Water PV  
 Bleeding PV: Slight / Heavy  Preterm Labor/ Labor  
 Decreased Fetal Movement  Spontaneous Rupture of Membrane / Leaking Water PV  
 No Fetal Movement  Other Reason: — A —

3) Vital Signs: Temperature: 98.6 F Pulse: 86 bpm RR: 18 bpm SpO<sub>2</sub>: 99% BP: 110/70 Weight: 73.9 kg

4) Gestational Criteria:

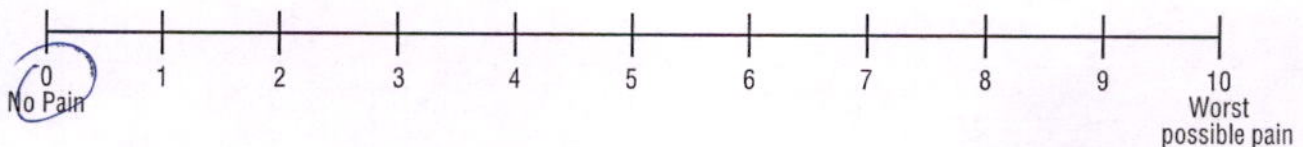
Gravida:	G <u>4</u>	P <u>1</u>	L <u>1</u>	A <u>2</u>
----------	------------	------------	------------	------------

LMP: 15/9/25 EDD: 22/6/26 Gestational Age: 39+2 wks

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Uterine Contraction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Membrane Rupture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Fluid Color:
Vaginal bleeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No specify:		

Pain Screening:

Numerical Pain Scale (NPS)



- Location: —
- Duration: — Days / Weeks / Months (Strike out which is not applicable)
- Character: —
- Frequency: —
- Interventions: —

6) Past History:

- a) Surgeries: prev - LSCS in 2021
- b) Medical: —



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

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

9) Prenatal Medical History:

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

**Triage Category:** (Please tick on the category)

**Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

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

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<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: 1:15 Pm

Nurse Name: Rani Nurse Signature: Rani

Date: 17/6/26 Time: 12:50 Pm



①

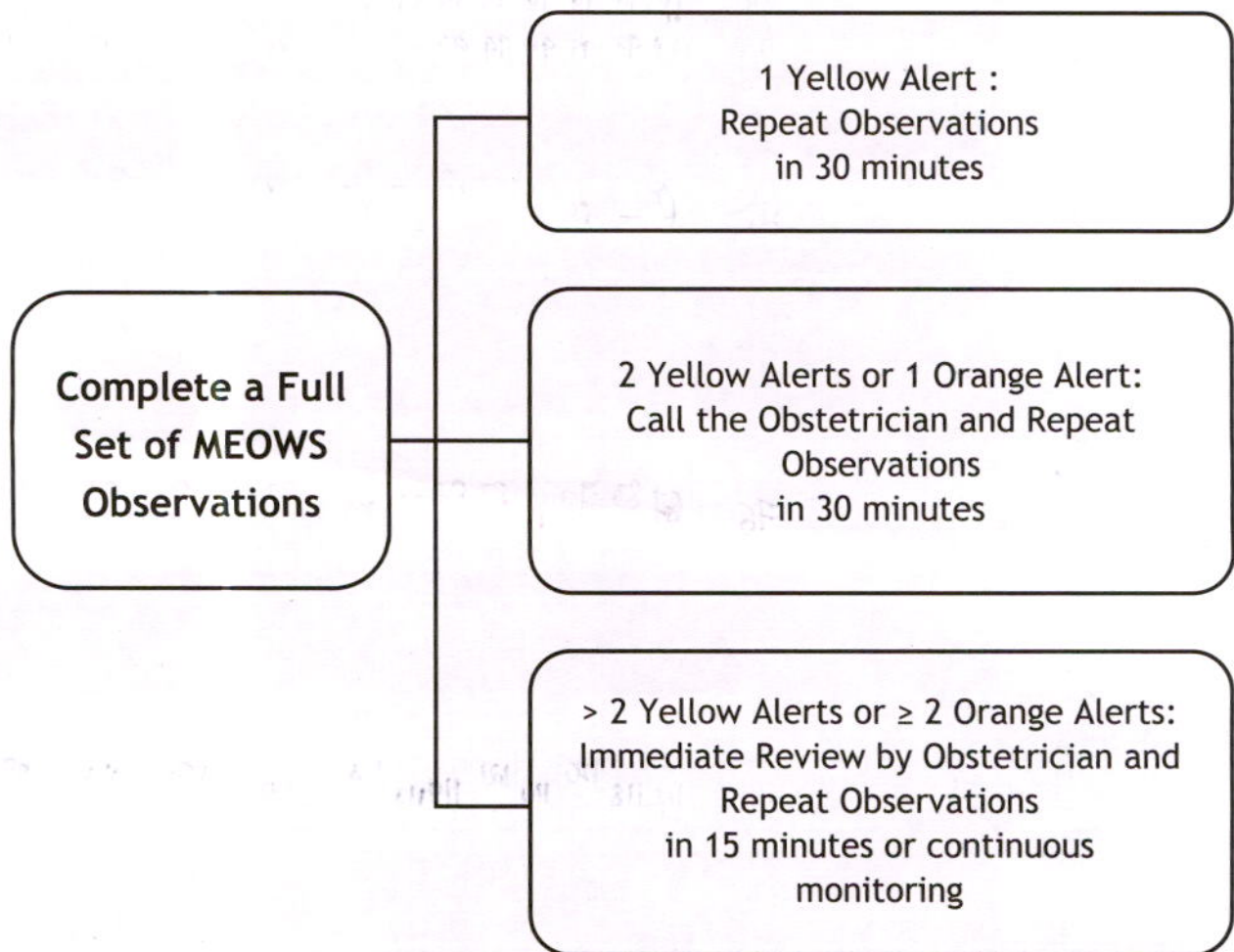


# Early Warning Observation Score Chart - Obstetrics

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	
17/6/20																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20						19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																									
Saturations	94 - 100 %						99	99	99	99	99	99	99	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																									
	36						36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80						76	67	80	77	79	80	82	80	80	79	82	80	79	80	79	80	80	80	80	
	70																									
	60																									
	50																									
40																										
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100						114	105	118	120	110	121	119	110	126	110	112	114	118							
	90																									
	80																									
	70																									
60																										
50																										
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70						70	67	70	69	76	81	78	70	76	72	78	70	72							
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																									
Liquor	Clear / Pink						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																									
TOTAL YELLOW SCORES							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	
Nurse Initial							B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 38 Y 10 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

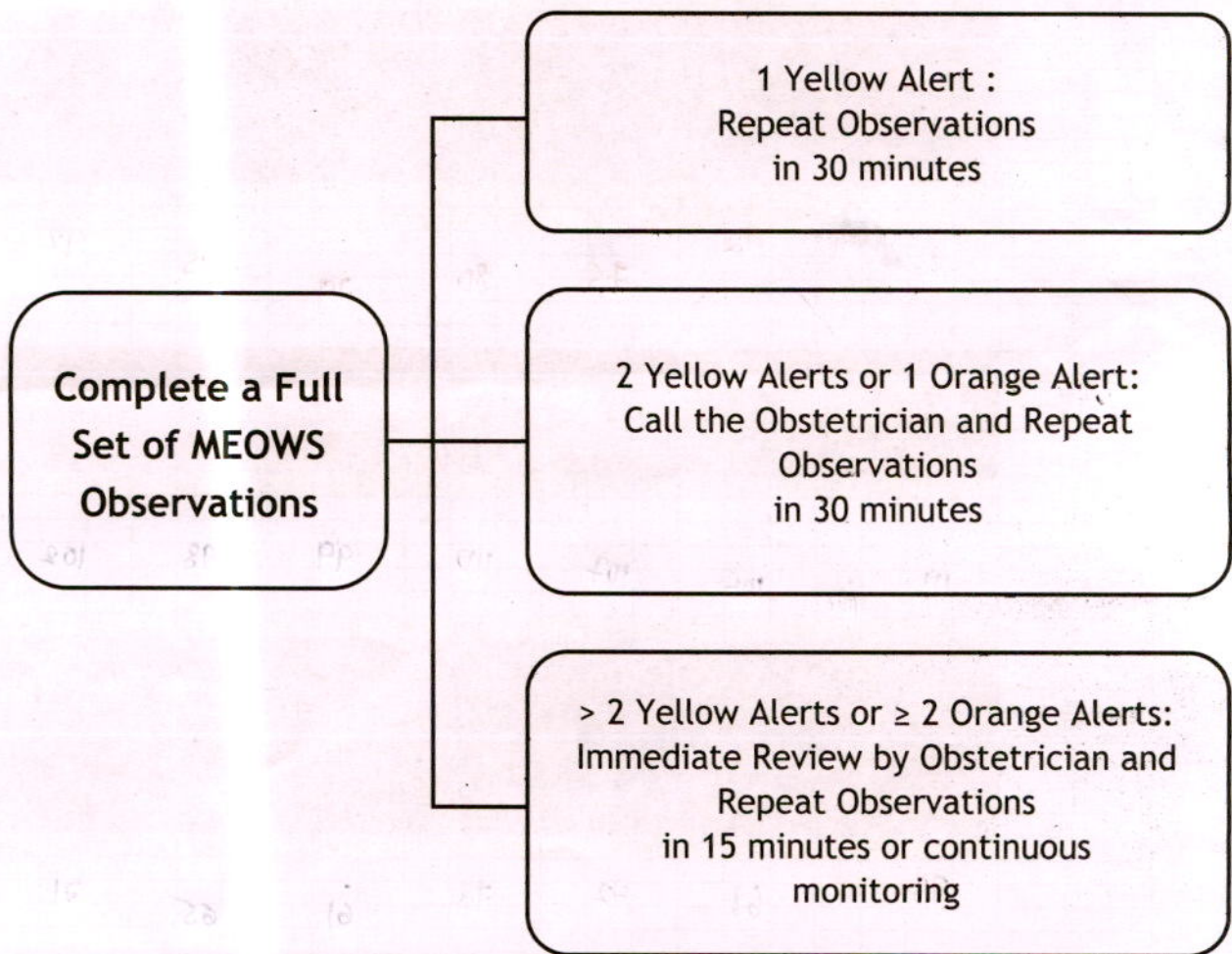


## Warning Observation Score Chart - Obstetrics

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

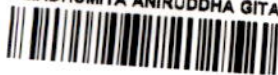
		Date																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		18	19	21			19		19			20			18			18						19
	0 - 10																								
Saturations	94 - 100 %		97	98	98			99		99			99			97			98						98
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp <sup>o</sup> C	40																								
	39																								
	38																								
	37		37 <sup>o</sup>	37 <sup>o</sup>	37 <sup>o</sup>																				
	36							36 <sup>o</sup>		36 <sup>o</sup>			36 <sup>o</sup>			36 <sup>o</sup>			36 <sup>o</sup>						36 <sup>o</sup>
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		86	90	92			75		80			79			85			92						78
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100		111		100			105		107			110			99			98			102			110
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		75		70			68		72			78			61			65			71			65
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓			✓			✓			✓		✓			✓			✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓	✓	✓			✓			✓			✓		✓			✓			✓		✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal		✓	✓	✓			✓			✓			✓		✓			✓			✓		✓	
	Heavy / Foul																								
Liquor	Clear / Pink		NA	NA	NA			NA			NA			NA		NA			NA			NA		NA	
	Green																								
TOTAL YELLOW SCORES			0	0	0			0			0			0		0			0			0		0	
TOTAL ORANGE SCORES			0	0	0			0			0			0		0			0			0		0	
Nurse Initial			MT	MT	MT			B			B			SL		SL			SK			SK		SK	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00135621 IP-00060375  
 Mrs NEHA 38 Y 10 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



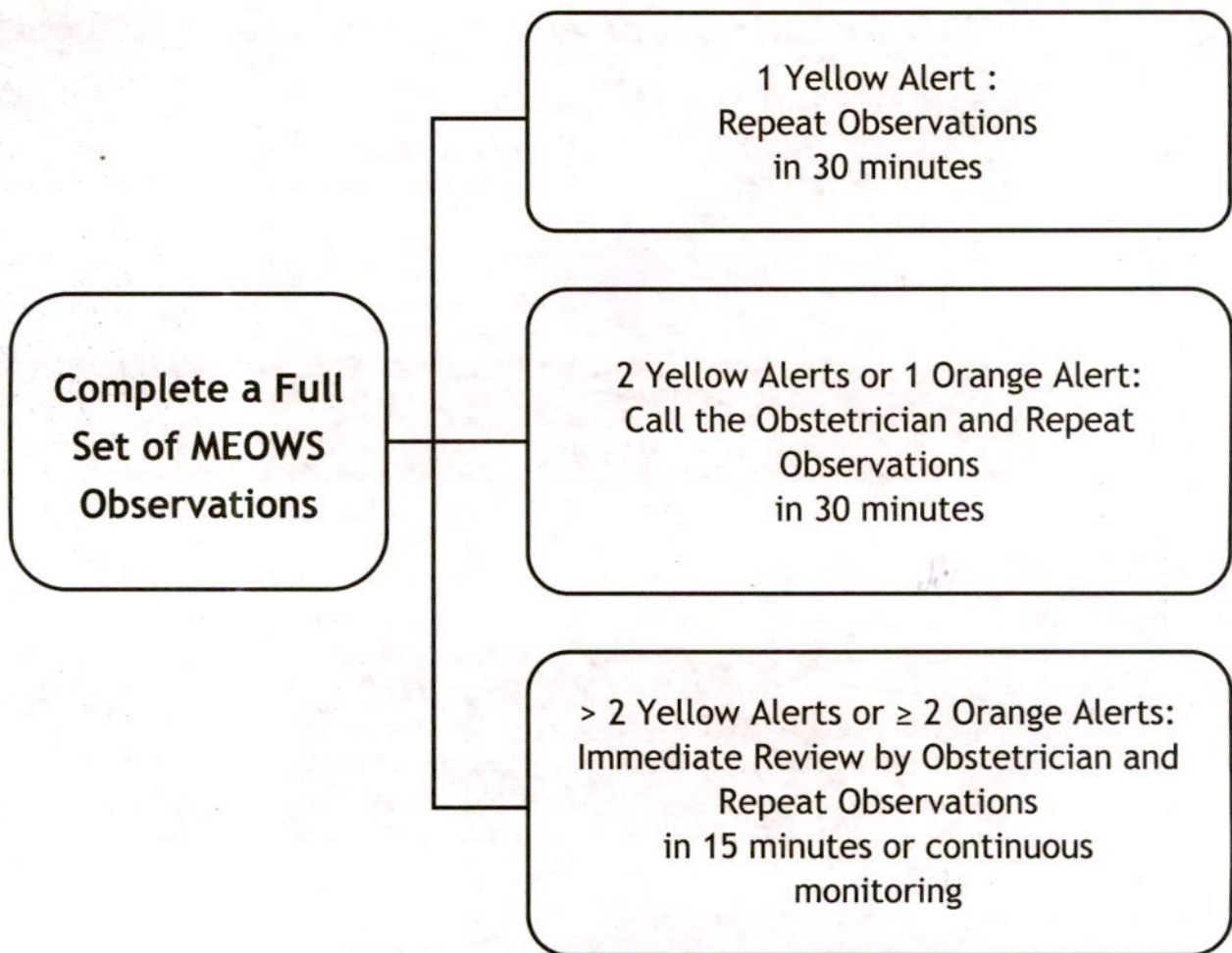
## Warning Observation Score Chart - Obstetrics

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		19																										
	0 - 10																												
Saturations	94 - 100 %		98																										
	< 94 %																												
Administered O <sub>2</sub> (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37		37.2																										
	36																												
	35																												
< 35																													
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70		72																										
	60																												
50																													
40																													
Systolic Blood Pressure	190																												
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	170																												
	160																												
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50																													
Diastolic Blood Pressure	130																												
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70																													
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert		✓																										
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30		✓																										
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal		✓																										
	Heavy / Foul																												
Liquor	Clear / Pink		✓																										
	Green																												
TOTAL YELLOW SCORES			0																										
TOTAL ORANGE SCORES			0																										
Nurse Initial			Y																										

*noted by Bedoneker  
 2/16  
 @10AM*

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... 1 .....

17/6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	NBM											
	01:00 pm	NBM+RLFF											
<b>Total Intake :</b>			500ml			<b>Total Output :</b>					punc 1		
	02:00 pm	NBM+RL 100ml									0		
	03:00 pm	RL NBM 200 ml/hr									0		
	04:00 pm	NBM + RL 100ml/hr							200ml		0		
	05:00 pm	NBM + RL 100ml/hr							100ml		0		
	06:00 pm	NBM + RL 100ml/hr							150ml		0		
	07:00 pm	NBM + RL 100 ml/hr							100ml		0		
<b>Total Intake :</b>			600ml			<b>Total Output :</b>					550ml		
	08:00 pm	H <sub>2</sub> O 50ml							100ml		0		
	09:00 pm	H <sub>2</sub> O 50ml							100ml		0		
	10:00 pm	H <sub>2</sub> O 50ml							100ml		0		
	11:00 pm								100ml		0		
	12:00 am								150ml		0		
	01:00 am								200ml		0		
<b>Total Intake :</b>						<b>Total Output :</b>					750ml		
	02:00 am								50ml		0		
	03:00 am								100ml		0		
	04:00 am								200ml		0		
	05:00 am								150ml		0		
	06:00 am								150ml		0		
	07:00 am								30ml		0		
<b>Total Intake :</b>						<b>Total Output :</b>					850ml		
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			<u>2150ml</u>				

VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

**FLUID CHART**

Sheet No. : ..... (2) .....

18/6/26

- 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	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		Mouth											
	09:00 am		200ml water							✓				
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm									✓				
<b>Total Intake :</b>						<b>Total Output :</b>								
18/6	02:00 pm													
	03:00 pm		Rice water							✓				
	04:00 pm													
	05:00 pm		Soup											
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
18/6	08:00 pm													
	09:00 pm		Rice											
	10:00 pm		water											
	11:00 pm													
	12:00 am									✓				
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
19/6	02:00 am													
	03:00 am													
	04:00 am		water											
	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** 6 times

VIH-00135621 IP-00060375  
 Mrs NEHA 36 Y 10 M 24 D (F)  
 25-07-1989  
 Dr. MADHUMITA ANIRUDDHA GITAY

# FLUID CHART

Sheet No. : ..... 2 .....

19/6/28

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
19/6	08:00 am	Opma water											
	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												
	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>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

*noted by Anthea  
 19/6  
 @ 10 AM*

Patient Sticker

# 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	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**



## 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/W ..... Shifted to: ..... OT .....

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	1 TAB	PO	ONCE DAILY	16/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. CALCIUM	1 TAB	PO	ONCE DAILY	16/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY	16/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NIKHITA .....

Date & Time : ..... 17/06/2026 1:30 PM .....

Nurse Name & Signature: Rani Rai .....

Date & Time : 17/6/26 @ 1:30 PM .....

VIH-00135621 IP-00060375  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

2



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

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

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

Shifting From: ..... micu ..... Shifted to: ..... Room 403 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ CEFOTAXIME	1gm	IV	12TH HOUR	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. PARACETAMOL	1gm	PO	QID	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. DICLOFENAC	50mg	PO	TID	17/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. TRAMADOL	100 mg	PO	TID	17/6	<input checked="" 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 : ..... A. Dr. Ashwini .....

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

Nurse Name & Signature: ..... Prathayasha P .....

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

VIH-00135621  
 Mrs NEHA  
 25-07-1989 36 Y 10 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

IP-00060375



# DRUG CHART

Date of Admission: 17/06/2021 Drug Allergies: NIL  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

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

REGULAR PRESCRIPTIONS

Weight. 23-9kg Ward. 4/W

16/06/26 at 12:00 PM  
 Ce Sranee 17/6/26 at 5pm  
 Ce Sranee 17/6/26 @ 5pm  
 Ce Sranee 17/6/26 @ 5pm  
 Ce Sranee 17/6/26 @ 5pm

**DRUG : Tab. PARALLETAMOL**

Dose	Route	Frequency	Start Date	Date/Time
1gm	PO	6thly	17/06	17/6 AM
Name & Signature of the Doctor Starting the Drugs:				6 AM
Additional Instructions:				12 PM
Daily Doctor's Endorsement by a Sign				6 PM

**DRUG : Tab. TRAMADOL**

Dose	Route	Frequency	Start Date	Date/Time
100mg	PO	8thly	17/06	17/6 AM
Name & Signature of the Doctor Starting the Drugs:				3 PM
Additional Instructions:				11 PM
Daily Doctor's Endorsement by a Sign				

**DRUG : Tab. DICLOFENAC**

Dose	Route	Frequency	Start Date	Date/Time
50mg	PO	8thly	17/06	18/6 AM
Name & Signature of the Doctor Starting the Drugs:				8 AM
Additional Instructions:				4 PM
Daily Doctor's Endorsement by a Sign				

**DRUG : INJ CEFOTAXIME**

Dose	Route	Frequency	Start Date	Date/Time
1gm	IV	12th HOURLY	17/6/26	17/6 AM
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

STOP 18/6/26 9 AM  
 DR. YOGESHWARI

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6	2pm	IV. CEFOTAXIME [AFTER TEST DOSE]	1GM	IV	[Signature]	[Initials]
17/6	1:30pm	IV. PANTOPRAZOLE	40 MG	IV	[Signature]	[Initials]
17/6	1:30pm	IV. METOCLOPRAMIDE	10 MG	IV	[Signature]	[Initials]
17/6	2:59pm	IV. CARBETOCIN	100mcg	IV	[Signature]	[Initials]
17/6	03:40 pm	Sup. TRAMADOL	100mg	PR	[Signature]	[Initials]
17/6	03:40 pm	Sup. DICLOFENAC	100mg	PR	[Signature]	[Initials]
17/6	3:15pm	IV. TRANSAMIC ACID	1gm	IV	[Signature]	[Initials]
17/6/20	3:40pm	T. MISOPROSTOL	800mcg	PR	[Signature]	[Initials]
19/6/20	8:30am	BISACODYL SUPPOSITORY	20MG	PR	[Signature]	[Initials]

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

I.V. FLUIDS CHART

Weight. 23.7kg Ward. 2/W



		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
17/6	12:50 pm	RINGER LACTATE	Iv	FIF			17/6		
17/6	2pm	RINGER LACTATE	Iv	100ML HR			17/6		
17/6	02:55 pm	RINGER LACTATE	Iv	900 ml/hr			17/6		
17/06	3:15pm	RINGER LACTATE	Iv	800ml hr			17/6		
17/06	5pm	RINGER LACTATE	Iv	100ml/ hr			17/6		

Signature

VERIFIED BY : Name

Patient Name	I.P. No.	Sheet No. <b>(1)</b>	Wards	Weight (kg) <b>73.9kg</b>
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REGULAR PRESCRIPTIONS

DRUG : T. PANTO PRAZOLE				Date															
				Time	8	16	06												
Dose	Route	Frequency	Start Dt.																
40mg	PO	ONCE DAILY	17/6/26																
Name & Signature of the Doctor starting the Drugs:				Am <i>[Signature]</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. CEFIXIME				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	12TH HOURLY	18/6/26																
Name & Signature of the Doctor starting the Drugs:				Am <i>[Signature]</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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

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

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

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

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