

ACTIV VIH-00140260 IP-00060300 **ING**

Mrs E ARISHA
16-09-1995 30 Y 8 M 25 D (F)

Name:

Dr. BHAVANA K

UHID N



Consultant :

Dept :

Date of Admission : 10/6/26 Time : 11:55 AM Date of Discharge : Time :

Room / Bed No : 228 Ward : Hw micu Suggested Billable bed type :

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|---------|------|-----------|--------------------|
| 10/6/26 | 1:26 PM | MICU | O-T | [Signature] |
| 10/6/26 | 3:00 PM | OT | MICU | [Signature] |
| 10/6/26 | 7:40 AM | MICU | Room(205) | [Signature] |
| | | | | |
| | | | | |

Cross Consultation Visit

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

PROCEEDURE

| Date | Proceedure | Quantity | Order No. | Signature |
|---|---------------|----------|-----------|-----------|
| 10/6/26 | PAC | 1 | 3088736 | Tijer |
| 10/6/26 | I.V placement | 1 | | |
| 10/6/26 | Cathexation | 1 | 3088736 | Tijer |
| <hr/> | | | | |
| crossed checked by Tijer 10/6/26 at 7:50 AM | | | | |
| / | | | | |

ANY OTHER INFORMATION

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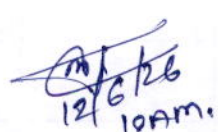
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Date: 12/6/26 Time: 10 AM Prepared By: Mishra

| | | | |
|--|---|-------------------|--------------------|
| Staff Nurse  | Shift / Ward  | Billing Assistant | Billing Supervisor |
|--|---|-------------------|--------------------|

VIH-00140260 IP-00060300
 Mrs E ARISHA 30 Y 8 M 25 D (F)
 16-09-1995
 Dr. BHAVANA K



SURGERY DETAILS

Date : 10/06/26

Patient Name: Mrs. E. ARISHA Date of Birth: 16-09-1995 Age: 30 Yr

Gender: FEMALE Ward: OT UHID No.: 140260

Date of Surgery: 10/06/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery: EMERGENCY LSCS LSA

Time in : 1:40 PM

Time Out : 2:45 PM

| | NAME | AMOUNT |
|----------------------|-------------------------------------|------------|
| 1. Surgeon | Dr. BHAVANA K | OT CHARGES |
| 2. Anaesthetist | Dr. VINETHA | |
| 3. Assistant Surgeon | Dr. KASAMI | |
| 4. OT Technician | Gr. VAISHNAV | |
| 5. Circulating Nurse | Gr. MANIMALA | |
| 6. Assistant Nurse | Gr. RUBY.F / Gr. VARITHA | |

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: 308846 / 308847

Order by: Ruby.F



CONSUMABLES OF OT

Patient Name :

Gender M F UHS

Date : 10/06/26

VIH-00140260 IP-00060300
Mrs E ARISHA
16-09-1995 30 Y 8 M 25 D (F)
Dr. BHAVANA K



Circulating Staff : Dr. Manimala Technician :

| 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 | 2 | 2 | Cord Clamp | | 1 |
| ECG leads : A/P/N | | 3 | | 2 | 2 | Suction Catheter | 6 | 6 |
| HME filter : A/P/N | | | | 1 | 1 | Feeding Tube | 6 | 6 |
| Syringe 10 cc | | | | 1 | 1 | Vaccum Suction Set | | 1 |
| 05 cc | | 2 | Gloves | 6 | 6 | Surgical Gloves | 6 | 6 |
| 02 cc | | 2 | | 1 | 1 | Gauze Pack | | 1 |
| 01 cc | | | | 1 | 1 | Syringe 1 ml/ 2 ml | | 2 |
| Cautery Plate : A/P/N | | | Surgical blade | 2 | 2 | Surgical Blade # 20 | | 1 |
| IV set | | | NG tube | | | Koochies (S) | | 1 |
| RL | | 3 | Cautery Pencil | | | Protogum | | 2 |
| NS : 10ml/100 ml/ 500ml/1000ml | | | Koochies | | | Cap + Mask | | 2 |
| Rip. gel | | 1 | Ointments | | 1 | Latex gloves | | 4 |
| Biokamic | | 2 | Suction Catheter | | | D/w 10 ml | | 1 |
| Fentanyl Swab | | 4 | Cap. Mask | | 10 | | | |
| Morphine | | | Gauze Pack | | 8 | | | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | | Steristrip | | | | | |
| Rocuronium | | | Underpad | | | | | |
| Glycopyrolate | | | Draw Sheet | | | | | |
| Myopyrolate | | | Abgel | | | | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 25g/Spinal Needle 22 | | 1 | Urobag | | 1 | | | |
| Bupivacine 0.25% | | | Chest Drainage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | 1 | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | 1 | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | loban | | | | | |
| 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 | | 5 | | | |
| Tab. Misoprost : 200 mg | | 4 | Betadine Solution | | 2 | | | |
| PT | | | Microshield | | 2 | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 16 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon Dr. Bhavana K Anaesthesiologist Dr. Vinodha Nurse Sr. Ruby F OT Technician Ms. Varisha
 Order No. : 30885 Ordered by : Rekha F

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-00060300 | Ward | N 2F-MICU |
| Patient Name | Mrs E ARISHA | Bed Name | MICU 228 |
| Age/Sex | 30 Y 8 M 25 D / Female | Order No | 0003088851 |
| Date | 10/06/2026 16:24 | Prescription No | PRIP-1290633 |
| Payor | MEDI ASSIST INSURANCE TPA PVT LTD | Dispensed Date | 10/06/2026 16:25 |
| UHID | VIH-00140260 | | |

| 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 | KP1713921 | 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 | GB03926 | 01/28 | 1 | 131.46 | 131.46 |
| 5 | BETADINE SOLUTION 10% 100 ML | WIN MEDICARE PVT. LTD | General | MD01426 | 03/28 | 2 | 103.95 | 207.90 |
| 6 | BIOXAMIC 500 MG INJ | Biocare Pharmaceuticals | H | C3BIO004 | 01/28 | 2 | 73.23 | 146.46 |
| 7 | DISPOSABLE APRONS STERILE XL | Mediblu | | 26050203 | 04/28 | 5 | 120.00 | 600.00 |
| 8 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26C03K96 | 02/31 | 2 | 21.56 | 43.12 |
| 9 | DSYRINGS 2.5ML(NIPRO) | NIPRO | GENERAL | 26A06K07 | 12/30 | 2 | 11.25 | 22.50 |
| 10 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | EB260026 | 04/29 | 3 | 61.00 | 183.00 |
| 11 | Encore Microptic gloves-6.5 | | H | 2510072605 | 10/28 | 2 | 117.00 | 234.00 |
| 12 | ENCORE MICROPTIC GLOVES-6 PF | ELITE MEDICALS | GENERAL | 260300751T | 03/29 | 1 | 128.00 | 128.00 |
| 13 | EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML | Neon Laboratories Ltd | | 091670 | 11/27 | 4 | 18.90 | 75.60 |
| 14 | FACE MASK-3LAYER THREADED | Sunrise | | 012605O2 | 04/29 | 10 | 10.00 | 100.00 |
| 15 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274054 | 11/28 | 1 | 18.74 | 18.74 |
| 16 | LSCS DRAPE PACK SAFE SECURE | | | VI03062026 | 12/30 | 1 | 2,000.00 | 2,000.00 |
| 17 | MISOPROST TAB 200MCG 4S | CIPLA LIMITED | H | 5GH0383 | 11/26 | 2 | 20.26 | 40.52 |
| 18 | MISOPROST TAB 200MCG 4S | CIPLA LIMITED | H | 5GH0384 | 12/26 | 2 | 20.26 | 40.52 |
| 19 | MONOCRYL 3-0 NW 1326 | ETHICON SUTURES-J&J C1 | | T5106 | 08/30 | 1 | 997.00 | 997.00 |
| 20 | MOPS 30X30 8PLY 5S X-RAY | DATT MEDI PRODUCTS | H | M2642SF036 | 04/30 | 3 | 949.00 | 2,847.00 |
| 21 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | 26AR001 | 03/29 | 16 | 23.43 | 374.88 |
| 22 | PENCAN 25G*3 1 2 | Bbraun Medical PvtLtd | GENERAL | 24K26G8217 | 09/29 | 1 | 469.69 | 469.69 |
| 23 | RILIGOL 100 MCG INJ CARBITOCIN | | H | FF712501G | 03/28 | 1 | 566.05 | 566.05 |
| 24 | RL 500 ML CLOSED SYSTEM | Fresenius Kabi India Pvt Ltd | | 1C261729 | 02/29 | 3 | 69.39 | 208.17 |
| 25 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26C2003M | 02/31 | 2 | 91.00 | 182.00 |
| 26 | SGLOVE # 7.0(SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D2005 | 03/31 | 1 | 91.00 | 91.00 |
| 27 | STERIZONE PAD ST-91 9X25(4151-012) | DYNAMIC TECHNO | GENERAL | 10941B | 01/29 | 1 | 805.00 | 805.00 |
| 28 | SUPRIDOL SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP349016 | 10/27 | 1 | 36.92 | 36.92 |
| 29 | SURGEONS CAP | Mediblu | GENERAL | VI03062026 | 12/30 | 10 | 10.00 | 100.00 |
| 30 | SURGICAL BLADE 22 | Surgeon | GENERAL | 22C100126 | 12/30 | 1 | 7.67 | 7.67 |
| 31 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26B010713 | 01/31 | 1 | 739.00 | 739.00 |
| 32 | VICRYL 1-0 NW 2364 | ETHICON SUTURES-J&J C1 | | T5008 | 09/30 | 1 | 988.00 | 988.00 |
| 33 | VICRYL 1-0 VP 2346 | ETHICON SUTURES-J&J C1 | | T5013 | 05/30 | 2 | 951.00 | 1,902.00 |



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Rainbow Children's Hospital - Secunderabad

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

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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-00060300 | Ward | N 2F-MICU |
| Patient Name | Mrs E ARISHA | Bed Name | MICU 228 |
| Age/Sex | 30 Y 8 M 25 D / Female | Order No | 0003088851 |
| Date | 10/06/2026 16:24 | Prescription No | PRIP-1290633 |
| Payor | MEDI ASSIST INSURANCE TPA PVT LTD | Dispensed Date | 10/06/2026 16:25 |
| UHID | VIH-00140260 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|------|--------------------|------------------------|----------|----------|----------|----------------|------------------|------------------|
| 34 | VICRYL 3-0 VP 2437 | ETHICON SUTURES-J&J C1 | | TT5035 | 04/30 | 1 | 663.00 | 663.00 |
| | | | | | | Total : | 11,348.23 | 16,213.67 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

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

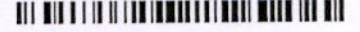
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CIN : L85110TG1998PLC029914

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-00060302
Patient Name Baby B/O E ARISHA
Age/Sex 0 Y 0 M 0 D 4 H / Female
Date 10/06/2026 17:26
Payor SELFPAY
UHID VIH-00205791

Ward N 2F-MICU
Bed Name CRDL-MICU-228-1
Order No 0003088868
Prescription No PRIP-1290645
Dispensed Date 10/06/2026 17:27

| 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 | 5344207 | 11/30 | 2 | 24.00 | 48.00 |
| 3 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirilif | H | I2254341 | 10/28 | 1 | 2.58 | 2.58 |
| 4 | EASYCLOT-K1 1MG INJ 0.5 ML | | H | L1152508A | 10/27 | 1 | 31.75 | 31.75 |
| 5 | ENCORE MICROPTIC GLOVES-7 PF | ANSEL | | 260301121T | 03/29 | 1 | 128.00 | 128.00 |
| 6 | FACE MASK-3LAYER THREADED | Sunrise | | 01260502 | 04/29 | 2 | 10.00 | 20.00 |
| 7 | INFANT FEEDING TUBE-6 | ROMSONS | GENERAL | G26A010116 | 12/30 | 1 | 63.00 | 63.00 |
| 8 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | 26AR001 | 03/29 | 4 | 23.43 | 93.72 |
| 9 | PROTO GOWN (ADULT) (PROTECTCARE) | | General | VI20052026 | 12/30 | 2 | 450.00 | 900.00 |
| 10 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26C2003M | 02/31 | 1 | 91.00 | 91.00 |
| 11 | SUCTION CATHETER 6 ROMSONS | ROMSONS | | G25L010663 | 11/30 | 1 | 91.00 | 91.00 |
| 12 | SURGEONS CAP | Mediblue | GENERAL | VI03062026 | 12/30 | 2 | 10.00 | 20.00 |
| 13 | SURGICAL BLADE 20 | Surgeon | | 071125 | 10/30 | 1 | 7.67 | 7.67 |
| 14 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26B010713 | 01/31 | 1 | 739.00 | 739.00 |
| Total : | | | | | | | 1,712.43 | 2,275.72 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

| | | | |
|------------------------|--|-----------------------|----------------------|
| Name | Mrs E ARISHA | UHID | VIH-00140260 |
| Father/Guardian | Mr C RAJENDRA | Age/Gender | 30 Y 8 M 25 D/Female |
| Address | H.NO:8-6-129, GANGA PUTRA HASMETHPET OLD BOWENPALLY SEC-BAD, Bowenpally, Hyderabad, Telangana, INDIA, 500011 | | |
| IP No | IP-00060300 | Admission Date | 10-06-2026 |
| Ref Doctor | Self | Discharge Date | 12-06-2026 |

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37 weeks with IVF conception with Gestational Diabetes Mellitus (diet) with Hypothyroidism with Thick Placenta with Echogenic Intracardiac Focus in left ventricle with Echogenic Bowel with Bilateral Pelviectasis with Breech presentation in labour for Emergency Lower Segment Cesarean Section.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 10.06.2026.

History:

LMP: 24.09.2025

Obstetric formula: Primigravida

EDD: 1.07.2026

Gestation at admission: 37 weeks.

Obstetric History:

G1 - Present pregnancy IVF conception (1st cycle- own gametes).

Medical History: Hypothyroidism since 13 years of age.

Family History: Nil

Surgical History: Lap. ovarian cystectomy since 2022.

| | | | |
|------|--------------|------|--------------|
| Name | Mrs E ARISHA | UHID | VIH-00140260 |
|------|--------------|------|--------------|

Diagnostic hysteroscopy in 2024.

Allergies: Nil

Antenatal Details: Mrs E ARISHA was booked to Rainbow hospital at 15+5 weeks of gestation. Previous ANC's done at Oasis fertility center. She had regular antenatal checkups and investigations as advised. She had h/o urinary tract infection at 16+3 weeks - E. Coli isolated & managed conservatively. She was diagnosed with gestational diabetes mellitus at 29+2 weeks & managed with diet. She was on Tab. Ecosprin 150 mg since conception & stopped at 36 weeks. She came with complaints of back pain since last night. She was admitted at 37 weeks with IVF conception with Gestational Diabetes Mellitus (diet) with Hypothyroidism with Thick Placenta with Echogenic Intracardiac Focus in left ventricle with Echogenic Bowel with Bilateral Pelviectasis with Breech presentation in labour for Emergency Lower Segment Cesarean Section.

Blood group: "O" POSITIVE.

Management: Course in hospital and Delivery Details:

At admission on she complained of back pain since last night, on clinical examination the vitals were stable, uterus was relaxed, cervix was long & closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient & attenders explained regarding breech presentation of baby, in latent labour, risk of continuing with vaginal delivery & need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of breech presentation in labour , prepared 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.

| | | |
|------|--------------|------|
| Name | Mrs E ARISHA | UHID |
|------|--------------|------|

IH-00140260

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered with total breech extraction. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 10.06.2026
Time of Delivery: 1:54:07 PM
Type of Delivery: Emergency LSCS
Indication: Breech in latent labour.
Analgesia: Spinal

Baby Details:

Date: 10.06.2026
Time: 1:54:07 PM
Sex: Female.
Weight: 2.630 kg
Apgar: 7/10, 9/10.
Gestational Age: 37 weeks.
NICU Admission: No

Post-Operative Notes: Post Operative Period:

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

| | | | |
|------|--------------|------|--------------|
| Name | Mrs E ARISHA | UHID | VIH-00140260 |
|------|--------------|------|--------------|

well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. 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 16.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 16.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 16.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 16.06.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 112.5 mcg once daily on empty stomach till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 15.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

| | | |
|------|--------------|------|
| Name | Mrs E ARISHA | UHID |
|------|--------------|------|



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.
- 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 doctorin 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. BHAVANA K

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

Rainbow Children's Hospital - Secunderabad

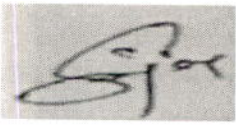
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009
040-42462200, Ext 2000,2001,2002,

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

Insurance COPY
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PatientName : Mrs E ARISHA
Age/Gender : 30 Y 8 M 25 D/ Female
Ward/Bed : N 2F-MICU/ MICU 228
Inpatient No. : IP-00060300
Admit Date : 10-06-2026
Discharge Date :

| Investigation | Result | Unit | Biological Reference Interval |
|--|--|---|-------------------------------|
| COMPLETE BLOOD PICTURE (Specimen : BLOOD) | | TEST RESULT STATUS : REPORT AUTHORISED | |
| Order Date :10-06-2026 12:27 | | | |
| HEMOGLOBIN (Colorimetry) | 12.8 | g/dL | 12 - 16 |
| RBC COUNT (DC detection method) | 4.07 | 10 ¹² /L | 4 - 5.2 |
| PCV/HCT (Calculated) | 35.7 | VOL% | 33 - 51 |
| MCV (Calculated) | 87.7 | fL | 80 - 100 |
| MCH (Calculated) | 31.5 | pg/cells | 26 - 34 |
| MCHC (Calculated) | 36.0 | g/dL | 32 - 36 |
| RDW-CV (Calculated) | 12.8 | % | 11.5 - 13.1 |
| PLATELET COUNT (DC Detection Method) | 227 | 10 ⁹ /L | 150 - 450 |
| MPV (Calculated) | 8.8 | fL | 6.5 - 10 |
| WBC COUNT (DC Detection Method) | 9.08 | 10 ⁹ /L | 4.5 - 11 |
| Differential Count | | | |
| NEUTROPHILS (Microscopy, Leishman stain) | 74 | % | H 35 - 66 |
| LYMPHOCYTES (Microscopy, Leishman stain) | 20 | % | L 24 - 44 |
| MONOCYTES (Microscopy, Leishman stain) | 5 | % | 4 - 10 |
| EOSINOPHILS (Microscopy, Leishman stain) | 1 | % | 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

| Investigation | Result | Unit | Biological Reference Interval |
|---|--------|--|-------------------------------|
| RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA) | | TEST RESULT STATUS : REPORT ENTERED | |
| Order Date :10-06-2026 19:49 | | | |
| RANDOM BLOOD GLUCOSE (GOD/POD) | 129 | mg/dl | 70 - 140 |

ADMISSION SHEET

Registration Details :



Admission No : IP-00060300 Admit Date : 10-Jun-2026 Admit Time : 11:55 AM UHID : VIH-00140260

Patient Details :

Patient Name : Mrs E ARISHA Age : 30 Y 8 M 25 D
Guardian : Mr C RAJENDRA DOB : 16-09-1995
Gender : Female Religion : OTHERS
Occupation : Martial Status : Married
Address (H) : H.NO:8-6-129, GANGA PUTRA HASMETHPET Phone No : 8801838613/ 9701033692
OLD BOWENPALLY SEC-BAD Bowenpally E-mail : HARISHA.SIRI16@GMAIL.COM
Hyderabad Telangana INDIA 500011

Admission Details :

Bed Type : MICU Bed No : MICU 228 Ward Name : N 2F-MICU
Room No : MICU 228 Admission Type : First Visit

Contact Details :

Name : Mr C RAJENDRA Relationship : W/O
Contact Address : H.NO:8-6-129, GANGA PUTRA HASMETHPET Phone No : 8801838613 / 9701033692
OLD BOWENPALLY SEC-BAD Bowenpally
Hyderabad Telangana INDIA 500011


Signature

Doctor Details :

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

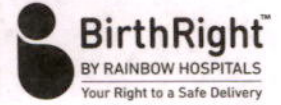
Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



ET FOR OBSTETRICS



Presenting Complaints

c/o - Back pain at night

LMP: 24/9/25

EDD:

Corrected EDD: 1/7/26

GA: 37 weeks

Obstetric Formula: Primigravida

MS - Syss NCM

Obstetric History:

G1 - PP - IVF conception (1st cycle - own gametes)

Fundal Height:

Ut in TGT

Booked to RCH at 15 + 5 weeks

Prenatal at Oasis fertility centre.

Present Pregnancy Record:

Diagnosed with Gestational Diabetes Mellitus at 29 + 2 weeks

4 managed with Diet

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS: H10 UTI at 16 + 3 weeks

FHS: Normal Tachy Brady Absent

weeks - E.coli 4 managed conservatively on Tab Ciprofloxacin 150mg since conception & stopped at 36 weeks

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 159 cm

Weight: 80.5 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c

Pallor: (-)

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR: 98 bpm

BP: 130/82 mmHg

DTR: (+)

CVS: S1S2 (+)

RS BAE (+)

Liver/Spleen: NAD

Urine Output: Adequate

DIAGNOSIS

Primigravida with 37 weeks with IVF conception with Gestational Diabetes Mellitus (Diet) with Hypothyroidism (11.2-5) with Thick placenta with Echogenic Intracardiac focus in left ventricle with Echogenic Bowel with Bilateral pelviectasis with Breech for Emergency

| | |
|--|---|
| <p>Family History: Nil</p> | <p>Surgical History: - Laparoscopic ovarian cystectomy 2022 - Hysteroscopy - Diagnostic at 2024</p> |
| <p>Medical History: H10 Hypothyroidism at 13 yrs of age</p> | <p>Medication History: on Tab Thyroxine 112.5mcg OD</p> |
| <p>Plan of Care: C/I to Dr Bhavara Maham</p> <ul style="list-style-type: none"> - Admission - consent - PAC - NBM - part preparation - Foley's catheterization - HR monitoring - follow day chart - monitor vitals - send CBP - Inform SOS <p>NOTED by Karale 10/6/26 @12PM</p> <p><i>(Signature)</i> NIPS - low risk</p> | <p>Investigations: (BG - \emptyset POSITIVE)</p> <p>HIV } 10/6/26 HBsAg } NR HCV } CBP- 12.8 / 9080 / 2.27 L VDRL }</p> <p>18/2/26 - TIFFA scan</p> <ul style="list-style-type: none"> - SLIUF - 20 + 3 weeks - Thick placenta (4.7cm) - Echogenic Intra cardiac focus in left ventricle - Echogenic Bowel & B/L <p>20/12/25 - NTS scan</p> <ul style="list-style-type: none"> - SLIUF - 12 + 1 week - NT - 1.1 mm - CL - 37 mm <p>30/5/26 - Growth scan</p> <ul style="list-style-type: none"> - SLIUF - 25 + 3 weeks - Breech - PL - post, High - AFL - 15.2cm - AC - 97 - efw - 2.541 kg - Dopplers - (N) |

Doctor Name: Dr Farnaz Khan

Signature: *(Signature)*

Date & Time: 10/6/26 11:55 AM

Consultant Name: Dr Bhavara Maham

Signature: *(Signature)*

Date & Time: 10/6/26

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



SS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--|---|---|
| 10/6/26 3PM | POD-0 (LSCS) | |
| UO - 200ml clear, adeq | o/e pt is c/c Gc fair afebrile BP - 110/73 mmHg PR - 83bpm S/E - NAD P/A - ut ~ w/r Soft, BS =/= | Adv - - NBM x 4 hours - I/O charting - w/f Bleeding P/V - Monitor vitals - Follow drug chart - Inform SOS |
| NOTED by Kanak 10/6/26 @ 3PM | L/E - NAB Baby A BF ⊕ M | Dr. Kash |
| 10/6/26 | POD-0 (LSCS) | |
| 7PM P/L GDM CD Hypothyroidism UO - 300ml Clear bright colour Adequate pt can be shifted to room | o/e pt is c/c Gc fair afebrile BP PR - 88bpm S/E - NAD P/A - ut ~ w/r Soft BS =/+ L/E - NAB Baby A BF ⊕ | Adv - clear liquids - I/O charting - Adequate hydration - Monitor vitals - W/f bleeding P/V - Follow drug chart - Inform SOS - Soft diet after AM |

NOTED by Kanak per vaginal examination Dr Yogeshwari
 10/6/26 @ 7PM above No active bleeding (PT.0)



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------------------------|--|--|
| 10/6/26 9pm | POD-0 (LSCS) | |
| | O/E pt is c/c/c | Adv |
| P/LI | Gc fair Afebrile | - clear liquids - soft diet after 2AM |
| GDM (D) Hypothyroidism | BP- 114/72 mmHg PR- 86 bpm | - w/f bleeding pv - monitor vitals |
| Uo- 75ml clear adequate | S/E- NAD P/A- Ut- WR soft BS (+) L/E- NAB | - No clusting - Adequate hydration - Follow drug chart - Inform sos |
| | Baby ^A BF (+) | Dr Ashmi Dr Yogeshwar |
| 10/6/26 7am | O/E pt is c/c/c Gc fair Afebrile | Adv - soft diet - w/f bleeding pv |
| P/LI GDM (D) Hypothyroidism | BP- 119/70 mmHg PR- 84 bpm | - Adequate hydration - Ambulation |
| adg c/c/c Uo 1600ml some phlegm | S/E- NAD P/A- Ut- WR Soft BS (+) | - Monitor vitals - Follow drug chart - Inform sos |
| | L/E- NAB Baby ^A BF (+) | Dr Ashmi Noted by Dipika @ 9pm |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|--------------------|----------------------|
| 11/6/26 | POD - 1 (Post CCS) | |
| 11:30 PM | O/E Rt to clote | Adv |
| | UG fair | - Soft diet |
| P/L \pm GDM (D) | Afebrile | - W/F Bleeding PV |
| <u>Ethypoidium</u> | BP - 110/71 mmHg | - Ambulation |
| | PR - 22 bpm | - Adequate hydration |
| | S/E - NAD | - Monitor vitals |
| Urine Paused | PIA - Ut w/WR | - Follows day chart |
| <u>Motion Not Paused</u> | Soft BS (+) | - Inform for |
| | C/E - NAB | |
| | Baby [A, BF (+)] | |
| Noted by <u>Aravindha</u> 11/6/26 @ 5pm | | |
| 11/6/26 | POD - 1 (Post CCS) | |
| 8 PM | O/E Rt to clote | Adv |
| | UG - fair | - (N) diet |
| P/L \pm GDM (D) | Afebrile | - W/F Bleeding PV |
| <u>Ethypoidium</u> | BP - 110/70 mmHg | - Ambulation |
| | PR - 21 bpm | - Adequate hydration |
| | S/E - NAD | - Monitor vitals |
| Urine Paused | PIA - Ut w/WR | - Follows day chart |
| <u>Motion Paused</u> | Soft BS (+) | - Inform for |
| | UG - NAB | |
| | Baby [A, BF (+)] | |
| Noted by <u>Deepika</u> 11/6/26 @ 8pm | | |



NG SHIFT HAND OVER FORM

| | | | | | | | |
|--|---|---|---|---|---|---|----------------|
| SITUATION | Diagnosis: <i>primi with 37 weeks with IVF conception conception with gestational diabetes melutes (oral) with hypothyroid (1.2) with</i> | | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known | | | |
| | Surgery / Procedure: <i>EmLSCS.</i> | | | If Yes Specify: <i>Nil.</i> | | | |
| BACKGROUND | Date | <i>10/6/26</i> | <i>10/6/26</i> | <i>10/6/26</i> | <i>11/6/26</i> | <i>11/6/26</i> | |
| | Shift | <i>M</i> | <i>OT</i> | <i>E</i> | <i>N</i> | <i>M</i> | |
| | Medical Condition (Any special condition to be noted): | <i>-</i> | <i>GDM</i> | <i>strip of water</i> | <i>⑤ diet</i> | <i>③ diet</i> | <i>③ diet</i> |
| Diet: | <i>NBM</i> | <i>NBM</i> | <i>strip of water</i> | <i>⑤ diet</i> | <i>③ diet</i> | <i>③ diet</i> | |
| ASSESSMENT | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Ventilation (RA, NP, NIV, VENTI): | <i>RA</i> | <i>RA</i> | <i>RA</i> | <i>RA</i> | <i>RA</i> | |
| | Tubes/Drains/Catheter: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Vital Signs: | Temp: | <i>98.1F</i> | <i>98.4F</i> | <i>98.1F</i> | <i>98.4F</i> | <i>98.0F</i> |
| | | Res: | <i>18b/min</i> | <i>19b/min</i> | <i>18b/min</i> | <i>18b/min</i> | <i>19b/min</i> |
| | SpO ₂ : | <i>99%</i> | <i>99%</i> | <i>99%</i> | <i>99%</i> | <i>99%</i> | |
| | Pulse: | <i>88b/min</i> | <i>84b/min</i> | <i>88b/min</i> | <i>84b/min</i> | <i>82b/min</i> | |
| | BP: | <i>113/76mmHg</i> | <i>112/71mmHg</i> | <i>110/72mmHg</i> | <i>110/70mmHg</i> | <i>103/62mmHg</i> | |
| | LOC: | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | <i>conscious</i> | |
| | Fall Risk Score: | <i>15</i> | <i>15</i> | <i>15</i> | <i>15</i> | <i>15</i> | |
| Pain Score: | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | | |
| Skin Integrity | <i>Intact</i> | <i>Intact</i> | <i>Intact</i> | <i>Intact</i> | <i>Intact</i> | | |
| Recommendations | Safety Needs: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Physiotherapy: | <i>-</i> | <i>-</i> | <i>-</i> | <i>nil</i> | <i>nil</i> | |
| | Others Specify: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Special Diet: | <i>NBM</i> | <i>NBM</i> | <i>clear liq</i> | <i>⑤ diet</i> | <i>③ diet</i> | |
| | Critical Lab Test / Values: | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | <i>-</i> | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| PU Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| DVT Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| ADL (Dependent / Non Dependent): | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | | |
| Post Operative Procedure Special Orders: | | <i>NBM Monitor vitals check chart</i> | | | | | |
| Handed Over By Name : | <i>Karal</i> | <i>Manima</i> | <i>Karal</i> | <i>Dupika</i> | <i>Akanbale</i> | <i>Akanbale</i> | |
| Signature / ID : | <i>020573</i> | <i>020573</i> | <i>020573</i> | <i>607469</i> | <i>606609</i> | <i>606609</i> | |
| Date: | <i>10/6/26</i> | <i>10/6/26</i> | <i>10/6/26</i> | <i>11/6/26</i> | <i>11/6/26</i> | <i>11/6/26</i> | |
| Time: | <i>@ 1:26pm</i> | <i>@ 3:30pm</i> | <i>@ 7:40pm</i> | <i>@ 8am</i> | <i>@ 2pm</i> | <i>@ 8pm</i> | |
| Taken Over By Name : | <i>Manima</i> | <i>Karal</i> | <i>Dupika</i> | <i>Akanbale</i> | <i>Akanbale</i> | <i>Dupika</i> | |
| Signature / ID : | <i>020573</i> | <i>020573</i> | <i>607469</i> | <i>606609</i> | <i>606609</i> | <i>607469</i> | |
| Date: | <i>10/6/26</i> | <i>10/6/26</i> | <i>10/6/26</i> | <i>11/6/26</i> | <i>11/6/26</i> | <i>11/6/26</i> | |
| Time: | <i>@ 1:26pm</i> | <i>3:10pm</i> | <i>@ 8pm</i> | <i>@ 8am</i> | <i>@ 2pm</i> | <i>@ 8pm</i> | |

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



NURSING SHIFT HAND OVER FORM

| | | | | | | | |
|--|--|---|---|--|--|--|--|
| SITUATION | Diagnosis: <i>Primigravida 37 weeks & IVF conception & GDM & Hypothyroidism & thick placenta & echogenic subacardiac focus on left ventricle & breech presentation</i> | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known | | | | |
| | Surgery / Procedure: <i>Em. LSCS.</i> | | If Yes Specify: <i>P.O.D. - 2</i> Post OP Day: | | | | |
| BACKGROUND | Date | <i>12/6/26</i> | <i>12/6/26</i> | | | | |
| | Shift | <i>N</i> | <i>M</i> | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | |
| ASSESSMENT | Diet: | <i>NB diet</i> | <i>D diet</i> | | | | |
| | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ventilation (RA, NP, NIV, VENTI): | <i>RA</i> | <i>RA</i> | | | | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Vital Signs: | Temp: | <i>98.3 F</i> | <i>98.0 F</i> | | | |
| | | Res: | <i>16 blm</i> | <i>16 blm</i> | | | |
| | | SpO ₂ : | <i>99%</i> | <i>99%</i> | | | |
| | | Pulse: | <i>82 blm</i> | <i>83 blm</i> | | | |
| | | BP: | <i>118/77</i> | <i>110/71(82)</i> | | | |
| | | LOC: | <i>conscious</i> | <i>conscious</i> | | | |
| Fall Risk Score: | <i>15</i> | <i>15</i> | | | | | |
| Pain Score: | <i>0</i> | <i>0</i> | | | | | |
| Skin Integrity | <i>Intact</i> | <i>Intact</i> | | | | | |
| Recommendations | Safety Needs: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Physiotherapy: | <i>-</i> | <i>SP</i> | | | | |
| | Others Specify: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Special Diet: | <i>NB diet</i> | <i>Dependent</i> | | | | |
| | Critical Lab Test / Values: | | | | | | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | PU Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | DVT Prophylaxis: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ADL (Dependent / Non Dependent): | <i>Dependent</i> | <i>Dependent</i> | | | | | |
| Post Operative Procedure Special Orders: | | <i>D/c</i> | | | | | |
| Handed Over By Name : | <i>Dimpley</i> | <i>Akanksha</i> | | | | | |
| Signature / ID : | <i>607416</i> | <i>606602</i> | | | | | |
| Date: | <i>12/6/26</i> | <i>12/6/26</i> | | | | | |
| Time: | <i>@8AM</i> | <i>@9AM</i> | | | | | |
| Taken Over By Name : | <i>Akanksha</i> | <i>Hile</i> | | | | | |
| Signature / ID : | <i>606602</i> | <i>Sampling</i> | | | | | |
| Date: | <i>12/6/26</i> | <i>12/6/26</i> | | | | | |
| Time: | <i>@8AM</i> | <i>@11AM</i> | | | | | |

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



NURSING CARE RECORD



Date: 12/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--------------|------|---|------------|---------------|-----------------------------|
| Morning | | | | Discharge notes Doctor came for rounds & Advice Discharge | | | Arishu 12/6/26 @ 9 AM |
| Afternoon | | | | | | | |
| Night | | | | | | | |

VH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1996 30 Y 8 M 26 D (F)
 Dr. BHAVANA K



NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--------------|------|----------------|------------|---------------|------------------------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Night | | | | | | | |

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



①

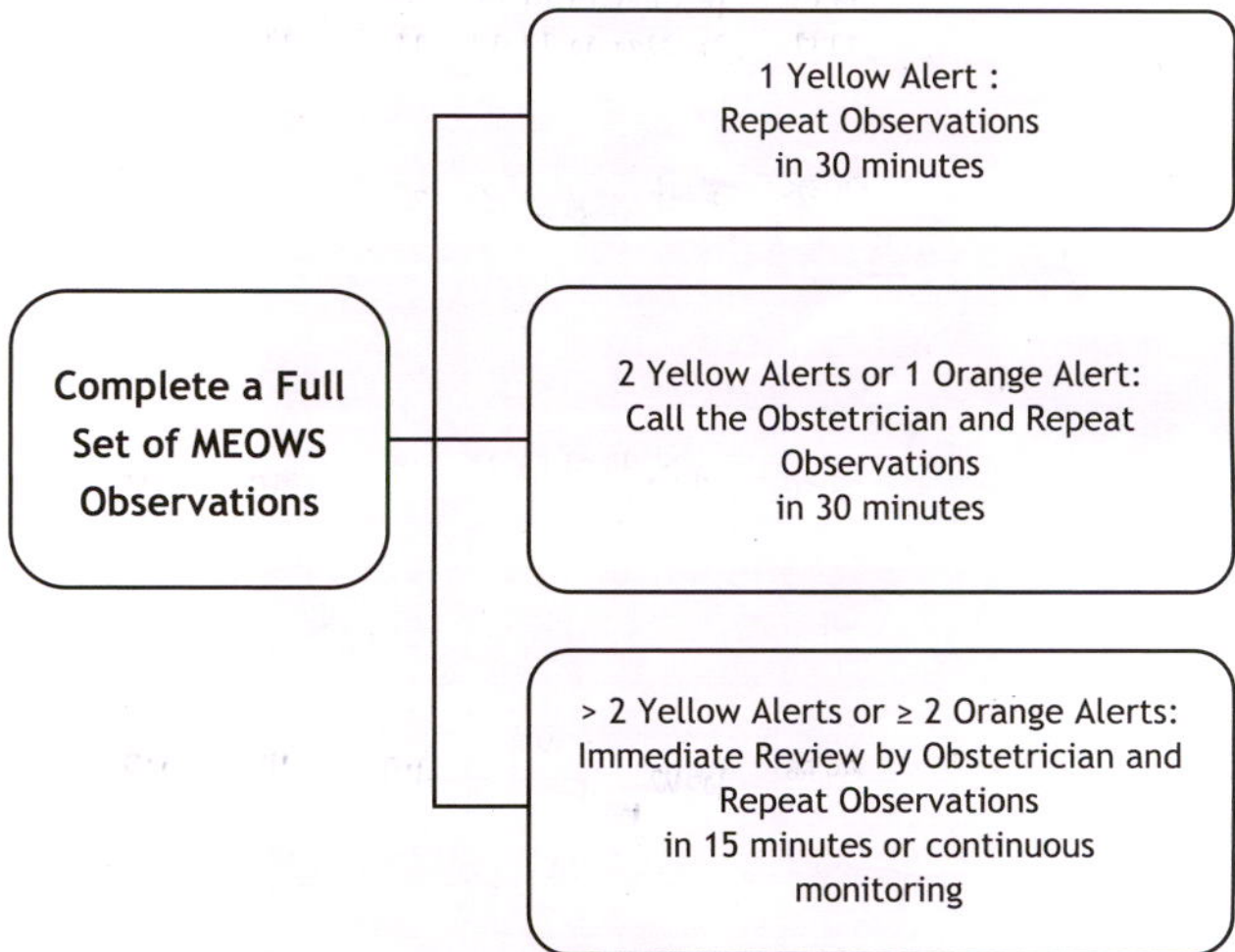


Early warning Observation Score Chart - Obstetrics

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

| Date | | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------------------------------|-------------------------|-----|---|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | | | | 19 | 19 | 18 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | 99 | 99 | 98 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | 88 | 86 | 84 | 86 | 90 | 89 | 87 | 90 | 84 | 80 | 85 | 82 | 80 | 85 | 82 | 80 | 85 | 82 | 80 | 85 | 82 | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | | | | | 120 | 126 | 105 | 112 | 100 | 102 | 130 | 119 | 118 | 110 | 119 | 118 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 119 | |
| 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | 73 | 70 | 67 | 70 | 67 | 69 | 70 | 70 | 67 | 60 | 70 | 67 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 60 | 75 | |
| NEURO RESPONSE [✓] | Alert | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| TOTAL ORANGE SCORES | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Nurse Initial | | | | | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | 1 | 10 | |

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00140280 IP-00060300
 Mrs E ARISHA 30 Y 8 M 25 D (F)
 16-09-1995
 Dr. BHAVANA K

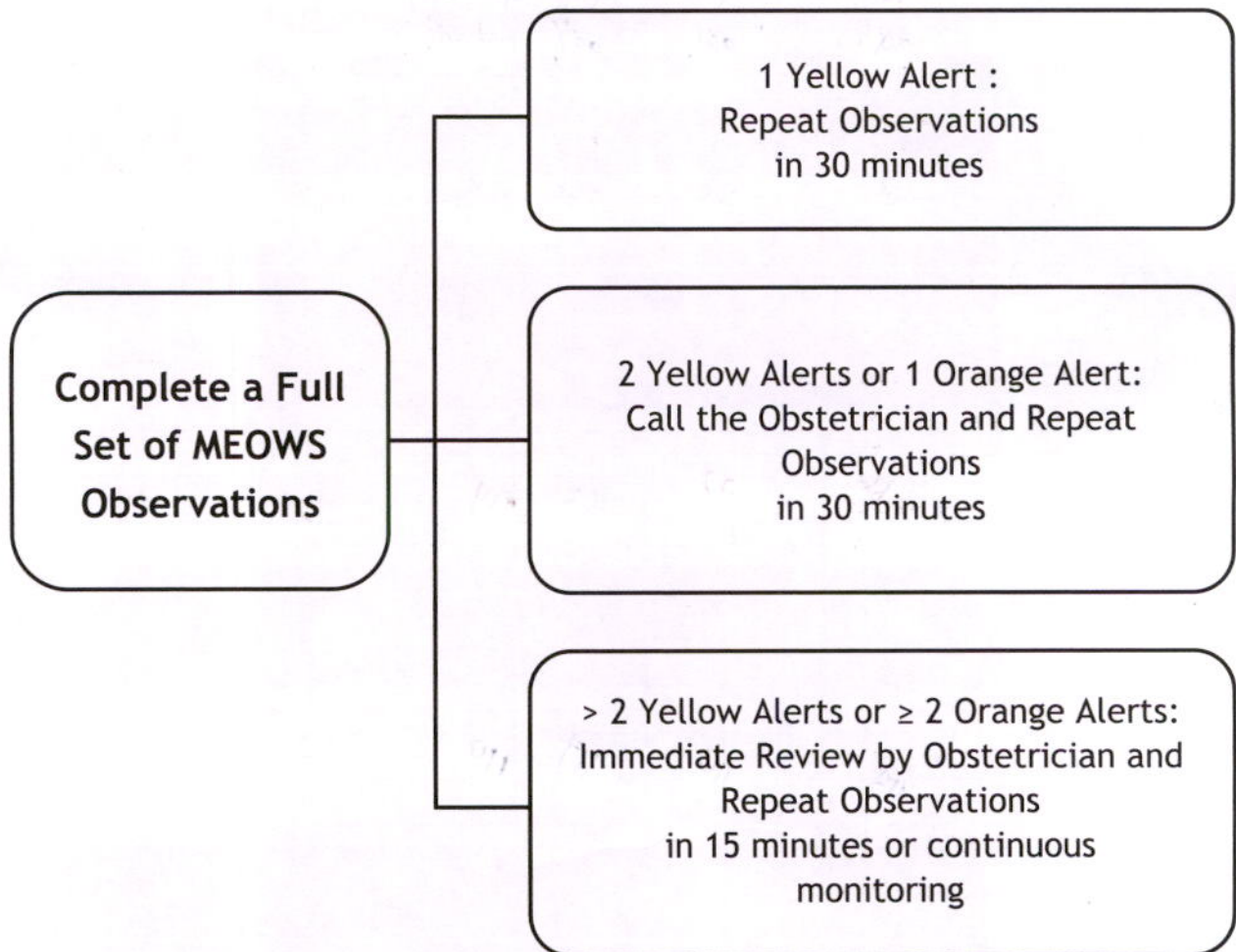


Early warning Observation Score Chart - Obstetrics

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

| | | Date | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--------------|------|---|------|----|----|------|---|---|------|------|------|---|----|------|----|----|------|---|----|---|---|----|------|----|
| | | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | | | 19 | | | 19 | | | 19 | 19 | 19 | | | 19 | | | 19 | | | | | | | 19 |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | 99% | | | 99% | | | 99% | 99% | 99% | | | 99% | | | 99% | | | | | | 99% | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | 36°C | | | 36°C | | | 36°C | 36°C | 36°C | | | 36°C | | | 36°C | | | | | | 36°C | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | 70b | | | 72 | | | 68 | 74 | | | 72 | | | 75 | | | | | | | 72 | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systemic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | | | ✓ | | | ✓ | | | ✓ | ✓ | | | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | | | ✓ | | | ✓ | | | ✓ | ✓ | | | ✓ | | | ✓ | | | ✓ | | | ✓ | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | NA | | | NA | | | NA | ✓ | | | NA | | | NA | | | ✓ | | | NA | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | NA | | | NA | | | NA | NA | | | NA | | | NA | | | NA | | | NA | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | 0 | | | 0 | | | 0 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| TOTAL ORANGE SCORES | | | | 0 | | | 0 | | | 0 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| Nurse Initial | | | | A | | | T | | | S | A | | | S | | | S | | | S | | | S | | |

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 26 D (F)
 Dr. BHAVANA K

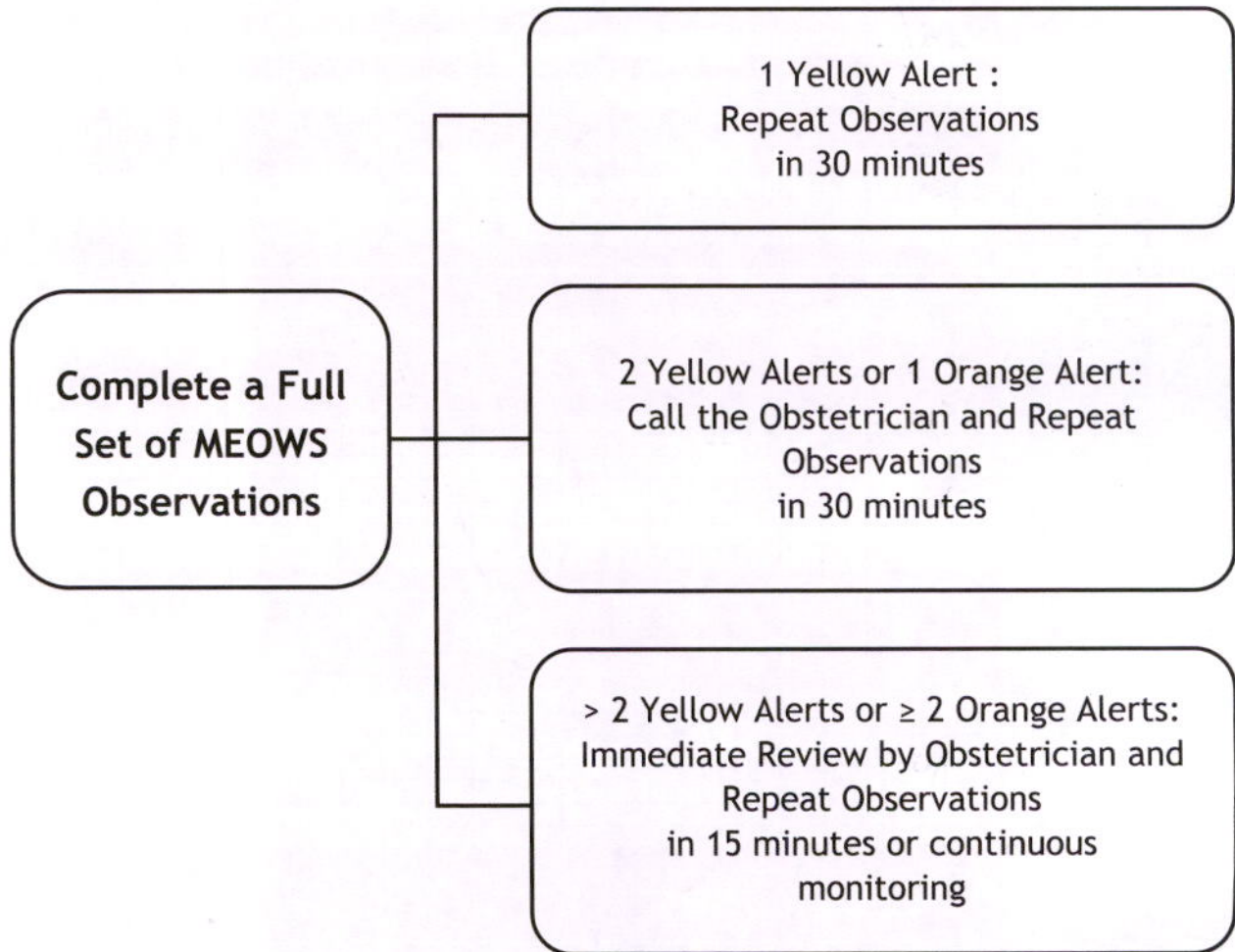


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

1

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

| Date | Time | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-------------------------|----------------|----------|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| 10/6 | 08:00 am | | | | | Nil | | | | | | |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | NBM + RL | FF | | | | | | ✓ | | | |
| | 12:00 pm | NBM + RL | FF | | | | | | | | | |
| | 01:00 pm | NBM + RL | 100ml/hr | | | | | | 50ml | | | |
| Total Intake : | | 600ml | | | Total Output : | | | | | 50ml | @IPn | |
| 10/6 | 02:00 pm | RL NBM | 900ml/hr | | | | | | | | | |
| | 03:00 pm | RL NBM | +200 IU OXYGEN | | | | | | | | | |
| | 04:00 pm | RL + NBM | 100ml/hr | | | | | | 100ml | | | |
| | 05:00 pm | RL + NBM | 100ml/hr | | | | | | 100ml | | | |
| | 06:00 pm | NBM + RL | 100ml/hr | | | | | | 50ml | | | |
| | 07:00 pm | H ₂ O + 50ml | +RL | 100ml/hr | | | | | 50ml | | | |
| Total Intake : | | | | | Total Output : | | | | | 300ml | | |
| 10/6 | 08:00 pm | | | | | | | | 50ml | | | |
| | 09:00 pm | | | | | | | | 50ml | | | |
| | 10:00 pm | | | | | | | | 100ml | | | |
| | 11:00 pm | | | | | | | | 100ml | | | |
| | 12:00 am | | | | | | | | 100ml | | | |
| | 01:00 am | | | | | | | | 100ml | | | |
| Total Intake : | | | | | Total Output : | | | | | 500ml | | |
| 11/6 | 02:00 am | | | | | | | | 200ml | | | |
| | 03:00 am | | | | | | | | 100ml | | | |
| | 04:00 am | | | | | | | | 200ml | | | |
| | 05:00 am | | | | | | | | 100ml | | | |
| | 06:00 am | | | | | | | | 100ml | | | |
| | 07:00 am | | | | | | | | 100ml | | | |
| Total Intake : | | | | | Total Output : | | | | | 800ml | | |

Total 24 hrs. Intake

Total 24 hrs. Output 1,600ml



FLUID CHART

Sheet No. : (2)

11/6/26

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

| Date | Time | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------------|----------|------------------|-------|-----|-----------------------------|-----------|-------|----------|-------|---------------------------------|-------------|-------------------------------|
| | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 11/6/26 | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | Oral | | | | | | | | | | P. Arisha 11/6/26 @ 9pm |
| | 10:00 am | H ₂ O | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | ✓ | | | |
| 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 11/6/26 | 02:00 pm | leichi | | | | | | | | | | P. Arisha 11/6/26 @ 8pm |
| | 03:00 pm | + | | | | | | | ✓ | | | |
| | 04:00 pm | H ₂ O | | | | | | ✓ | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | H ₂ O | | | | | | | ✓ | | | |
| | 07:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 11/6/26 | 08:00 pm | | | | | | | | | | | Deepika 11/6/26 @ 8am |
| | 09:00 pm | H ₂ O | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | water | | | | | | | ✓ | | | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| 12/6/26 | 02:00 am | water | | | | | | | | | | Deepika 11/6/26 @ 8am |
| | 03:00 am | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | |
| | 06:00 am | H ₂ O | | | | | | | ✓ | | | |
| | 07:00 am | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| Total 24 hrs. Intake | | | | | Total 24 hrs. Output | | | | | | | |

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 26 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|---------------------------------|-----------------------|-----|-----|--------|-----------|-------|----------|-------|--------------------------------|--|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| <i>12/6/20</i> | 08:00 am | <i>Adlyt H₂O</i> | | | | | | | | ✓ | | <i>Adlyt 12/6/20 @ 9:00 AM</i> | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | Total Output : | | | | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | Total Output : | | | | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
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| Total Intake : | | | Total Output : | | | | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | Total Output : | | | | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

| | |
|--|---|
| Surgeon's Name: DR. BHAVANA K. | Date of Delivery: 10/6/24. |
| Assistant Surgeon: DR. SOWMYA SRI / DR. KASHMI | Time of Delivery: 1:54:07 Pm |
| Anaesthetist's Name: DR. VINITHA. | Gender of Baby: FEMALE |
| Type of Anaesthesia: SPINAL | Weight of Baby: 2.630 kg. |
| Neonatologist: DR. SRIKAR. | AGPAR Score: 7/10, 9/10. |
| Scrub Nurse: SIS. RUBY / SIB. VANITHA | NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Pre-Operative Diagnosis: Primid/37 weeks / IVF / GDM (D) / Hypothyroid / Thick Placenta / EHF
in LV / Echogenic Bowel / ALO / Proliferative / Breech.

Elective Emergency

Indication: Breech in labour.

Urgency

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

Decision time: Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: EMERGENCY LSCS ↓ SA.

Post Operative Diagnosis:

Peri-Operative Complications:

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

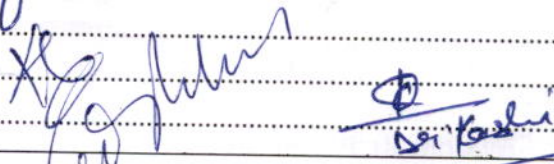
Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

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

Uterine Closure: One Layer Two Layers Vicryl Suture
 Peritoneal Closure: Pelvic Abdominal None Vicryl Suture
 Sheath Closure: Vicryl 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 10-12 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: ADU - (i) HBMX4 flows
(ii) w/f Bleeding P/V
(iii) I/O Charting
(iv) Monitor vitals
(v) Follow drug chart
(vi) Inform SOS.


Doctor Name: Dr. Bhavana K. Doctor Signature:
 Date & Time: 10/6/26 . 3pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: G. Arisla Age: 20 yr Sex: Female UHID No: V14-00140260

Date: 10/06/26 Time: 11:45 am Proposed Operation:

Diagnosis: primi 27 wks.

B.P / CRT: 130/90 H.R: 108 bpm Weight: 80.5 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

144

| | | | | |
|--------------------|------------------|-------------------|--------------------------------|---------------------|
| Hgb: <u>12.2</u> | Glucose: | Protein: | HIV: <u>NR</u> | X-Ray: |
| PCV: | Urea: | Alb: | HBS Ag: <u>NR</u> | EKG: |
| WBC: <u>8500</u> | Creat: | Total Bill: | HCV: | 2D Echo: |
| Plate: <u>2.24</u> | Na: | Dir. Bill: | Blood group: <u>O positive</u> | Stress/Angio: |
| PT: | K: | LDH: | T3: | Other: |
| PTT: | Ca++: | Alk phos: | T4: | |
| INR: | Mg++: | Amylase: | TSH: | |
| Cl-: | SGOT/SGPT: | | | |

Allergies: NICDA

Medical History: CVS:

RESP: nil significant Diabetes: DM on diet

CNS:

Renal:

Hepatic / GE:

Physical Activity: METS > 4

Others: hypothyroidism (+)

Past Anaesthetic History: ovarian laparoscopic hysterectomy in 2022 & GA

no sev d-TIVA - 2025 July

Physical Exam: no diagnostic hysteroscopy & TIVA in 2025

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (W) Neck: (W) Teeth: Intact

Lungs: clear (+)

Heart: SB (+)

CNS: HM (+)

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|---------------------|
| <u>T-Thyroxine</u> | <u>112 mcg .od.</u> |
| | |
| | |
| | |

Pre-Operative Instructions:

breakfast - 9 am today.
water - 30 min back.

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

Signature: [Signature] Name: DR. M. VINETHAN

- Sub. pantop 40mg iv.
- Sub. peritrovan 10mg i.v.
- CRP: 12.2/900/2.27L
- 4 hrs.

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 Mrs E ARISHA
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 Dr. BHAVANA K



ANAESTHESIA CHART



Change in Patient Condition: Yes No

Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 96/min B.P / CRT: 120/80 with SpO₂: 100% R.R: 16/min Last Feed: _____

Pre-OP Diagnosis: Primi 27wks Operation: Emergency C/Sec Date: 10/08/20

Surgeon: Dr. K. Kharguvel / Dr. Srinivas Anaesthesiologist: Dr. Vaneetha Technician: Mr. Vasudhara

| TIME | N/O /AIR /O, LPM | HALO /SO /SEVO | Drugs: | Antibiotic | Suppository | Blood Loss |
|-------|------------------|----------------|--------------|--------------|-----------------------|------------|
| 1:45 | 2L | (S) | <u>100mg</u> | <u>given</u> | | |
| 2:00 | | | <u>100mg</u> | | <u>DICLOFENAC 100</u> | |
| 2:15 | | | <u>ACD</u> | | <u>TRAMADOL 100</u> | |
| 2:30 | | | | | | |
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LAB Values: _____

ABG: _____

GRBS: _____

Others: _____

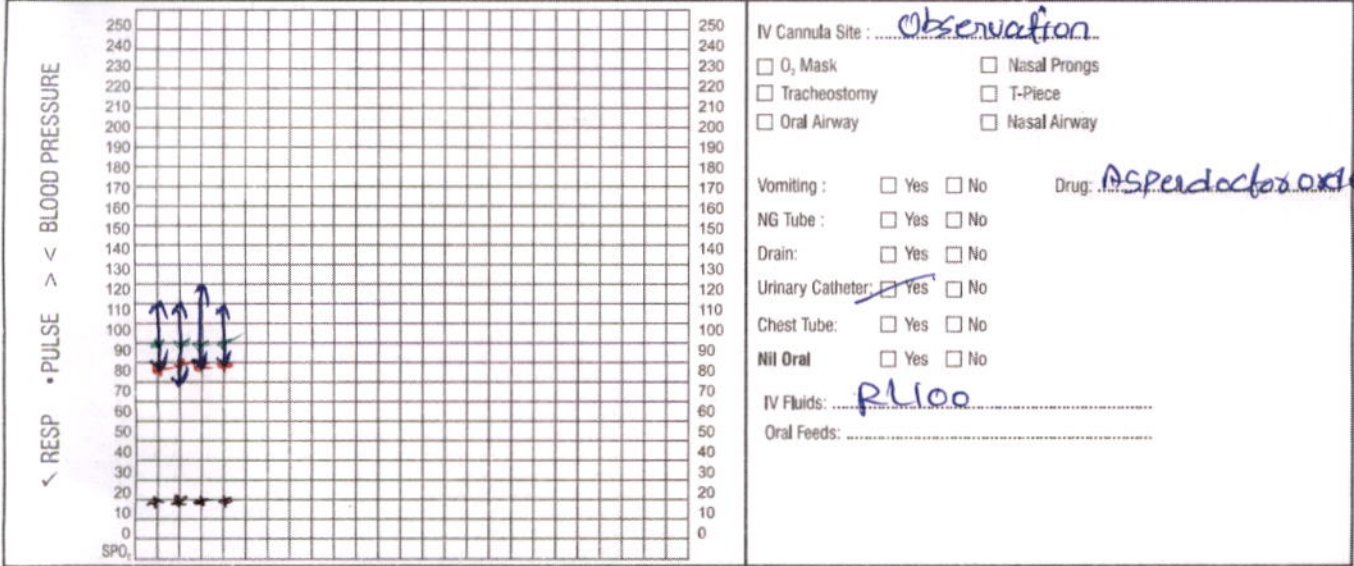
| | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>(2) UL</u> <input type="checkbox"/> Art Site: _____ <input checked="" type="checkbox"/> EKG Lead <u>3 lead</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake | Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>1:40 PM</u> OP Start: <u>1:45 PM</u> OP End: <u>2:45 PM</u> Leave OR: _____ Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>(2) UL, 18g</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____ | Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# _____ at _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other | Regional: <input checked="" type="checkbox"/> Extremity <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: <u>Sitting</u> Site: <u>L2-L4</u> Needle Size: <u>25g (W)</u> Depth: _____ Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>0.5% (CH) BUPIVACAINE 200</u> Bolus: <u>10mg (2cc) - FENTANYL</u> Infusion: _____ Block Level: <u>T4</u> Comments: _____ Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>CH</u> Name of the Doctor: <u>DR. M. VANEETHA</u> Signature of the Doctor: _____ |
|--|--|---|---|

VIH-00140260
 Mrs E ARISHA
 18-09-1995
 Dr. BHAVANA K
 IP-00060300
 30 Y 8 M 25 D (F)



RE UNIT RECORD

Received in PACU by : Kamal Time Received : 3:10 PM Time Discharged : 7:40 PM



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

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---------|------|------------|----------------------------|--------------------|
| 10/6/26 | 6 PM | 2 score | Tab: paracetamol 1gm given | <u>[Signature]</u> |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name : Dr. Bhavana K
 Anaesthesiologist Signature: [Signature]
 Date & Time: 10/6/26
 PACU Nurse Name : Kamal
 PACU Nurse Signature: [Signature]
 Date & Time: 10/6/26 3:30 PM

Reassessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post surgical patient, patient with chronic pain, patient with severe pain
 a. Every 2 hours for first 24 hours
 b. After 24 hours every 4 hours
 c. Prior to pain relieving intervention
 d. Within 30-60 minutes after pain relief intervention
 Transferred to Unit by (PACU): [Signature] Ram (205)
 Date & Time: 10/6/26 @ 7:40 PM



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: MICU Shifted to: Room (205)

| 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. PANTOPRAZOLE | 40 MG | PO | ONCE DAILY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | TAB. PARACETAMOL | 1 GM | PO | 6TH HOURLY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | TAB. TRAMADOL | 100 MG | PO | 8TH HOURLY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | TAB. DICLOFENAC | 50 MG | PO | 8TH HOURLY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | INJ. CEFOTAXIME | 1 GM | I.V. | 12TH HOURLY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | TAB. THYROXINE | 112.5 MCG | PO | ONCE DAILY | 10/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | INS. TRANEXAMIC ACID | 1 GM | I.V. | 8TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA

Date & Time : 10/6/2026 7 PM

Nurse Name & Signature: Manish

Date & Time : 10/6/26 07 PM

VIH-00140260 IP-00060300
 Mrs E ARISHA
 16-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



.....ICATION 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: M.C.U Shifted to: Room

| 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 | 1TAB | PO | ONCE DAILY | 9/6 | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 2 | TAB CALCIUM | 1TAB | PO | ONCE DAILY | 9/6 | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 3 | TAB FOLIC ACID | 1TAB | PO | ONCE DAILY | 9/6 | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 4 | TAB THYROXINE | 112.5 MCG | PO | ONCE DAILY | 10/6 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: *F. Han*
Dr. Farnaz

Date & Time: 10/6/26 12 pm

Nurse Name & Signature: *Alinda* *[Signature]*

Date & Time: 10/8/26 12 PM



DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. THYROXINE

| | | | | | |
|--------|-------|------------|------------|------|------|
| Date | | | | 11/6 | 12/6 |
| Time | | | | 11/6 | 12/6 |
| Dose | Route | Frequency | Start Date | | |
| 12.5mg | PO | ONCE DAILY | 10/06 | 6 AM | 12/6 |

Name & Signature of the Doctor Starting the Drugs:
 Dr. G. G. G. Dr. G. G. G.

Additional Instructions:
 ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

DRUG : TAB. PARACETAMOL

| | | | | | | |
|------|-------|-----------|------------|------|------|------|
| Date | | | | 10/6 | 11/6 | 12/6 |
| Time | | | | 10/6 | 11/6 | 12/6 |
| Dose | Route | Frequency | Start Date | | | |
| 1g | PO | DAILY | 10/06 | 6 AM | 12/6 | |

Name & Signature of the Doctor Starting the Drugs:
 Dr. M. V. V. Dr. M. V. V.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. TRAMADOL

| | | | | | | |
|-------|-------|-----------|------------|------|------|------|
| Date | | | | 10/6 | 11/6 | 12/6 |
| Time | | | | 10/6 | 11/6 | 12/6 |
| Dose | Route | Frequency | Start Date | | | |
| 100mg | PO | DAILY | 10/06 | 6 AM | 12/6 | |

Name & Signature of the Doctor Starting the Drugs:
 Dr. M. V. V. Dr. M. V. V.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. DICLOFENAC

| | | | | | | |
|------|-------|-----------|------------|------|------|------|
| Date | | | | 10/6 | 11/6 | 12/6 |
| Time | | | | 10/6 | 11/6 | 12/6 |
| Dose | Route | Frequency | Start Date | | | |
| 50mg | PO | DAILY | 10/06 | 6 AM | 12/6 | |

Name & Signature of the Doctor Starting the Drugs:
 Dr. M. V. V. Dr. M. V. V.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dr. J. J. J.

Dr. J. J. J.

Dr. J. J. J.

Dr. J. J. J.

VIH-00140280 IP-00080300
 Mrs E ARISHA
 15-09-1995 30 Y 8 M 25 D (F)
 Dr. BHAVANA K



I.P. No. Sheet No. Wards Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : INJ. CEFOTAXIME Date/Time 10/6 11/6

| | | | |
|------|-------|-------------|-----------|
| Dose | Route | Frequency | Start Dt. |
| 1gm | IV | 12th hourly | 10/6 |

Name & Signature of the Doctor starting the Drugs: Dr. Kashri

Additional Instructions: 10 AM 11/6/26 STOP 11/6/26 11:30 PM

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. PANTOPRAZOLE Date/Time 11/6 12/6

| | | | |
|------|-------|------------|-----------|
| Dose | Route | Frequency | Start Dt. |
| 40mg | PO | ONCE DAILY | 10/6 |

Name & Signature of the Doctor starting the Drugs: Dr. Kashri

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. TRANEXAMIC ACID Date/Time 10/6 11/6

| | | | |
|------|-------|------------|-----------|
| Dose | Route | Frequency | Start Dt. |
| 1gm | IV | 8th hourly | 10/6 |

Name & Signature of the Doctor starting the Drugs: Dr. Kashri

Additional Instructions: FOR 3 DOSES.

Daily Doctor's Endorsement by a Sign.

DRUG : T- CEFIXIME Date/Time 10/6 11/6

| | | | |
|-------|-------|-------------|-----------|
| Dose | Route | Frequency | Start Dt. |
| 200mg | PO | 12th hourly | 10/6 |

Name & Signature of the Doctor starting the Drugs: Dr. Kashri

Additional Instructions: 10 PM

Daily Doctor's Endorsement by a Sign.

Dr. Kashri

Dr. Kashri

Dr. Kashri

Dr. Kashri
Chater 1116126

VIH-00140260 IP-00060300
Mrs E ARISHA
16-09-1995 30 Y 8 M 25 D (F)
Dr. BHAVANA K

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

...GULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | | | | | | |

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|--|-------|-----------|-----------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | | | | | | |



Weight. Ward.

| Date Time | Nurse Sig. | Dose | Nurse Sig. | Dose | Nurse Sig. | Dose | Nurse Sig. |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|
| | | | | | | | |
| Route | | Dose | | Dose | | Dose | |
| Start Date | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | |
| Additional Instructions: | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

| Date Time | Nurse Sig. | Dose | Nurse Sig. | Dose | Nurse Sig. | Dose | Nurse Sig. |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|
| | | | | | | | |
| Route | | Dose | | Dose | | Dose | |
| Start Date | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | |
| Additional Instructions: | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---------|----------|------------------------------------|-----------------------------|-------|-------------|------------|
| 10/6/26 | 1:00 PM | INJ. CEFOTAXIME (APR TEST DOSE) | 1 GM | IV | [Signature] | [Initials] |
| 10/6/26 | 12:10 PM | INJ. PANTOPRAZOLE | 40 MG | IV | [Signature] | [Initials] |
| 10/6/26 | 12:10 PM | INJ. METOCLOPRAMIDE | 10 MG | IV | [Signature] | [Initials] |
| 10/06 | 1:55 PM | INJ. CARBETOCIN | 100 mcg | IV | [Signature] | [Initials] |
| 10/06 | 2:00 PM | INJ. TRANEXAMIC ACID | 1 gm | IV | [Signature] | [Initials] |
| 10/06 | 2:40 PM | COMP. DICLOFENAC | 100 mg | PR | [Signature] | [Initials] |
| 10/06 | 2:40 PM | OPP. TRAMADOL | 100 mg | PR | [Signature] | [Initials] |
| 10/6 | 2:40 PM | TAB. MISOPROSTOL | 800 mcg | PR | [Signature] | [Initials] |

Signature VERIFIED BY: Name

Eust
Dr. [Signature]



I.V. FLUIDS CHART

Weight Ward.

| Date | Time | Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|---------|---------|---|-------|--------------------|----------------|---------------|---------------------|----------------|---------------|
| 10/6/20 | 12 PM | RINGER LACTATE | IV | FF | G | [Signature] | 10/6 | [Signature] | [Signature] |
| 10/6/20 | 1:15 PM | RINGER LACTATE | IV | 100ml/hr | G | [Signature] | 10/6 | [Signature] | [Signature] |
| 10/6/20 | 1:40 PM | RINGER LACTATE | IV | 900ml/hr | G | [Signature] | 10/6 | [Signature] | [Signature] |
| 10/6/20 | 2:40 PM | RINGER LACTATE + 20 IU OXYTOCIN | IV | 1000ml/hr | G | [Signature] | 10/6 | [Signature] | [Signature] |
| 10/6 | 4:00 PM | Ringer Lactate + 9 | IV | 100ml/hr | [Signature] | [Signature] | 10/6 | [Signature] | [Signature] |
| | | | | | | | | | |
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Signature
 VERIFIED BY: Name