

(CERCLABE)



ACTIVI VIH-00203314 IP-00060372 IG

Mrs DR RAJIVI
23-05-1993 33 Y 0 M 25 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Name: --



UHID No

----- Consultant : ----- Dept : -----

Date of Admission : 17/6/26 Time : ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	12:25pm	MICU	OT	<i>[Signature]</i>
17/06/26	1:10PM	OT	MICU	<i>[Signature]</i>

Cross Consultation Visit

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

VIH-00203314 IP-00060372
 Mrs DR RAJIVI
 23-05-1993 33 Y 0 M 25 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



SURGERY DETAILS

Date : 17/6/26

Patient Name: Mrs. DR. Rajivi Date of Birth: 23/05/1993 Age: 33y2r

Gender: Female Ward : OT UHID No.: 203314

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

Name of the Surgery : Cervical cerclage done under spinal anaesthesia

Time in : 12:30 PM

Time Out : 1:00 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. madhumita	OT charges
2. Anaesthetist	Dr. vineetha	
3. Assistant Surgeon		
4. OT Technician	Sr. vai shnavi	
5. Circulating Nurse	Sr. Ruby.p	
6. Assistant Nurse	Sr. parasona	

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

Signature of the Surgeon *[Signature]*

Signature of Circulating Nurse *[Signature]*

Order No:

Order by:



011738

CONSUMABLES OF OT

Cervical cerclage

VIH-00203314 IP-00060372
 Mrs DR RAJVI
 23-05-1993 33 Y 0 M 25 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



Age :
 Time :

Circulating Staff : *Sr* Technician : *F/06/26*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		<i>3</i>	<i>5061</i>		<i>1</i>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc						Vaccum Suction Set		
05 cc		<i>2</i>	<i>Gloves sgl 6/6</i>		<i>2+1</i>	Surgical Gloves		
02 cc		<i>2</i>	<i>encose 6/6</i>		<i>2+1</i>	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<i>2</i>	Cautery Pencil			<i>Last Jolly 2/1</i>		
NS : 10ml/100 ml/ 500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask		<i>8+8</i>			
Morphine			Gauze Pack		<i>1</i>			
Ketamine			Mop Pack					
Propofol			Steristrip <i>under pad</i>		<i>1</i>			
Rocuronium			Underpad <i>welton 12</i>		<i>1</i>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel <i>Allesorb</i>		<i>1</i>			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		<i>4</i>	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) <i>Anawin</i>		<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet <i>APP</i>		<i>1</i>			
Tab. Misoprost : 200 mg			Betadine Solution		<i>1</i>			
<i>PF - (6.5)</i>		<i>1</i>	Microshield		<i>1</i>			
			Cotton Balls					
			Latex Gloves		<i>8</i>			
			Ramdione Scrub					
			Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :
 Order No. : *SR 24071* Ordered by : *306 3091188/*

**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-00060372	Ward	N 2F-MICU
Patient Name	Mrs DR RAJIVI	Bed Name	MICU 230
Age/Sex	33 Y 0 M 25 D / Female	Order No	0003091188
Date	17/06/2026 13:05	Prescription No	PRIP-1291660
Payor	SELPAY	Dispensed Date	17/06/2026 13:07
UHID	VIH-00203314		

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	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	1	103.95	103.95
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
7	Encore Microptic gloves- 6.5		H	26020044IT	02/29	3	117.00	351.00
8	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
9	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	8	10.00	80.00
10	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	170724	06/27	1	100.00	100.00
11	NELTON CATHETER 12FR	Polymed	GENERAL	22514978H	07/30	1	78.00	78.00
12	NITRILE EXAMINATION GLOVES # F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	8	23.43	187.44
13	PENICAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
14	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	2	69.39	138.78
15	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
16	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
17	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	8	10.00	80.00
18	THEMICAPHE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
19	TRUSILK 4 SN5061 PCM	Sutures India		BB250633	10/30	1	511.00	511.00
20	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS15	03/28	1	140.00	140.00
Total :							2,877.56	3,730.77

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Name	Mrs DR RAJIVI	UHID	VIH-00203314
Father/Guardian	Mr RAKESH	Age/Gender	33 Y 0 M 25 D/Female
Address	Pt no 49, East kakatiya nagar, Seeds schiol, Neredmet, Hyderabad, Telangana, INDIA, 500056		
IP No	IP-00060372	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	

DISCHARGE SUMMARY

Consultants : Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: Primigravida with 16+5 weeks with Hypothyroidism with Anemia with Short Cervix for Cervical Cerclage.

CERVICAL CERCLAGE WAS DONE UNDER SPINAL ANAESTHESIA ON 17.6.2026

History:

LMP: 20/2/2026

Obstetric formula: Primigravida

EDD: 27/11/2026

Gestation at admission: 16+5 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Nil

Surgical History: Appendectomy done in 2008

Allergies: Nil

Name	Mrs DR RAJIVI	UHID	VIH-00203314
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Antenatal Details: Mrs DR RAJIVI was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with Hypothyroidism since conception and on Tab. Thyroxine 12.5mcg . She had h/o anemia at 14 weeks and managed conservatively. Cervical length assessment scan was done at 14+6 weeks showed SLIUF, Cervical length- 29mm , Placenta -anterior. She was admitted 16+5 weeks with Hypothyroidism with Anemia with Short Cervix for Cervical Cerclage.

Investigations: Enclosed.
Blood Group- 'O' **POSITIVE**

Surgery Notes:

Operation performed: Cervical Cerclage was done under spinal anaesthesia

Indication: Short Cervix (29mm)

Operative findings:

- Under strict aseptic conditions, under SA, patient placed in lithotomy position, parts painted and draped.
- Anterior and posterior vaginal walls retracted using SIMS speculum.
- Anterior lip of cervix held using Sponge holding forceps.
- Cervical cerclage done using Mc Donald's Stitch and knot placed anteriorly.
- Hemostasis secured.
- No active bleeding.
- Instruments and mop count tallied.

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:

Name	Mrs DR RAJIVI	UHID	VIH-00203314
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1. Tab. Taxim-O (Cefixime) 200mg twice daily till 21.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol) (2tabs) thrice daily till 19.06.2026 (7am-3pm-10pm) after food.
3. Tab. Duphaston 10mg (Dydrogesterone) twice daily after food till further orders.
4. Tab. Pantoprazole 40 mg once daily till 21.06.2026 (7am) before food.
5. Continue Tab. Thyroxine 12.5mcg once daily before breakfast (7am) till further orders.
6. Inj. Hydroxyprogesterone 500mg (Proluton) Intramuscular once a week for one month.
7. TIFFA scan on 15-17/7/2026 and review with reports.
8. Continue Tab Iron, Calcium, Folic acid as advised till further orders.

Review after one month on 17/7/2026 in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122

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

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

Name :

Rajivi.

Signature :

[Handwritten Signature]

Name	Mrs DR RAJIVI	UHID	VIH-00203314
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Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.



Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312


Registrar/Resident/C.M.O

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060372 **Admit Date** : 17-Jun-2026 **Admit Time** : 11:00 AM **UHID** : VIH-00203314

Patient Details :

Patient Name : Mrs DR RAJIVI **Age** : 33 Y 0 M 25 D
Guardian : Mr RAKESH **DOB** : 23-05-1993
Gender : Female **Religion** :
Occupation : **Martial Status** :
Address (H) : Pt no 49, East kakatiya nagar, Seeds schiol **Phone No** : 7416448825/ 8520904024
Neredmet Hyderabad Telangana INDIA **E-mail** : rajvikalpakuri@gmail.com
500056

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 RAKESH **Relationship** : W/O
Contact Address : Pt no 49, East kakatiya nagar, Seeds schiol **Phone No** : 7416448825 / 8520904024
Neredmet Hyderabad Telangana INDIA 500056


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 : SELFPAY

1

PATIENT TRANSFER FORM


Patient Name & UHID No. VIH-00203314 IP-00060372 Mrs DR RAJIVI 23-05-1993 33 Y 0 M 25 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 17/6/2026	Date & Time of Transfer Order 17/6/26 @ 12:25pm
From Unit micu		Transfer Ordered by DR. Yogeshwar	Reason for Transfer Cereclage
To Unit OT		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 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.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DR. Yogeshwar			
Name & Signature of Person who is Transferring Sis. Meghana		Name of Person Ordered Transfer DR. Yogeshwar	
Patient & Clinical Records Received by : Ruby P			
Date & Time of Patient Received : 17/06/26 @ 12:25 AM			

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

2

PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00203314 IP-00060372 Mrs DR RAJVI 23-05-1993 33 Y 0 M 25 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 17/6/26 @ 11:00 AM	Date & Time of Transfer Order 17/6/26 @ 1:10 PM
		Transfer ordered by Dr. vineetha	Reason for Transfer post operative care.
From Unit OT	To Unit MICU.	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 38	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.	← NIL →		
2.			
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Yogeshwari			
Name & Signature of Person who is Transferring Manimala		Name of Person Ordered Transfer Dr. vineetha.	
Patient & Clinical records received by : manan 17/6/26 @ 1:10pm			
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

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II ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 20/2/2026 EDD: _____
 Corrected EDD: 27/11/2026 GA: 16 + 5 weeks

Obstetric Formula: primigravida
ML-10 months NCM

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

I - PP, spontaneous conception

Fundal Height: 16 wks

Booked to RCH since conception
Diagnosed with Hypothyroidism
Present Pregnancy Record: since conception
on Tab Thyroxine 12.5mcg OP.
4/0 anemia 46-10.9 at 14 wks.
cervical length assessment scan
was done at 14+6 wks showed

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS: cervical length 29mm

FHS: Normal Tachy Brady Absent
150bpm

Hypothyroidism
short cervix (29mm)

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 159 cm

Weight: 70 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: clec Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 88bpm

BP: 100/60mmHg DTR: ⊕

CVS: S1, S2 ⊕ RS BAE ⊕

Liver/Spleen: (N) Urine Output: Adequate

DIAGNOSIS

primigravida with 16 + 5 weeks with Hypothyroidism
with short cervix
for cervical cerclage



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>Appendicectomy done 2008</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care: <u>CI to DR. MADHUMITA MAM</u></p> <ul style="list-style-type: none"> - Admission - NBM - PAC - Monitor FHR - Monitor vitals - Inj Probuton (Hydroxyprogesterone) 500mg IM stat - Follow drug chart - Consent - Part preparation - Inform SOS - send CBP. <p>Noted by Meghna 17/6/2026 11AM</p>	<p>Investigations:</p> <p>25/5/26 HIV } NR HBsAg } HCV } RPR }</p> <p>25/5/26 CBP- 10.9 9600 3.29L 17/6/2026 CBP- 8.9 9.66 3.13L</p> <p>4/6/2026 Cervical length assessment scan 14+6 wks. SLIUF, CL- 29mm PI- Anterior</p> <p>21/5/2026 NT scan 12+6 wks SLIUF NT- 1.5mm</p> <p>BQ- '0' POSITIVE</p> <p>FTS- Low Risk</p>

Doctor Name: DR. YOGESHWARI

Signature: [Signature]

Date & Time: 17/6/2026 11AM

Consultant Name: DR. MADHUMITA GITAY

Signature: [Signature]

Date & Time: 17/6/2026

Patie

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 17/6/26 Time of Arrival: 10:50 AM Time Seen by Nurse: 10:55 AM

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: crucilage

3) Vital Signs: Temperature: 98.6°f Pulse: 86 b/min RR: 19 b/min SpO₂: 99% BP: 95/60 mmHg Weight: 70 kg

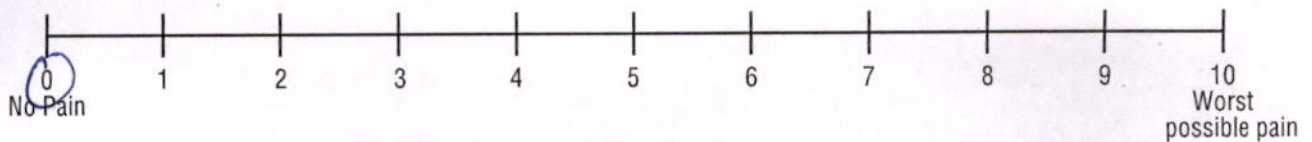
4) Gestational Criteria:

Gravida:	G <u>—</u>	P <u>3</u>	L <u>—</u>	A <u>—</u>
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LMP: 20/2/26 EDD: 27/11/26 Gestational Age: 16+5 wks

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

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Appendectomy done 2008
- b) Medical: Nil



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / 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"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 11 Am

Nurse Name : Meghana Nurse Signature: Ns

Date: 17/6/25 Time: 10:11 Am

VIH-00203314
 Mrs DR RAJVI
 23-05-1993
 Dr. MADHUMITA ANIRUDDHA GITAY
 33 Y 0 M 25 D (F)
 IP-00060372

1



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify clw

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Admitted for cerclage Doctor Notified on Admission: Yes No

Name of the Doctor: DR. Yogeshwari Time Notified: 11AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Appendectomy done 2008</u>	<u>Yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>20/2/2026</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G — P primi L — A —

Previous LSCS: Yes

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other Nil

Vital Signs / Measurements: Temp: 98.4 F HR: 80 bpm RR: 19 bpm

BP: 114/68 mmHg Weight: 70 kg Height: 159 cm 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 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 23 (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. Dr. Rajvi

Name of Person Orientation was given to: Mrs. Dr. Rajvi

Orientation not given Reason: -

Nurse Signature: [Signature]

Nurse Name: Manga Devi

Date & Time: 17/6/20 @ 11:05 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	1:15pm	POD-0 (cerclage)
		O/E
		At Ps c/c
		Adv
		ac fair - NBM x 2hrs
		Afebrile - W/F bleeding PV
		BP - 100/70 mmHg - Monitor vitals
		PR - 78 bpm - Follow drug chart
		S/E - NAD - FHR monitoring
		P/A - Utr ~ 16wk - Rest
		Soft BS - Inform SOS
		L/E - NAB
<p>woked by manger 17/6/26 @ 11:15 PM Dr Yogeshwar</p>		
17/6/26	3:15 PM	POD-0 (Cerclage)
		O/E At Ps c/c
		ac fair Adv
		Afebrile - sips of oral fluids
		BP - 114/74 mmHg - clear fluids
		PR - 80 bpm - soft diet
		S/E - NAD - W/F Bleeding PV
		P/A - Utr ~ 16wk - Monitor vitals
		Soft BS (+) - Follow drug chart
		L/E - NAB - FHR monitoring
		Inform SOS
<p>woked by manger 17/6/26 @ 3:15 PM</p>		

Under Paired

Patient can be discharged

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr Yogeshwar

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. DR. RAJIVI Gender: Male Female Age : 33 YEARS

UHID No : 114-00203314 Date : 17/6/2026
IP-

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)

CERVICAL CERCLAGE

upon MRS. DR. RAJIVI

(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, INFECTION, CHANCES OF RUPTURE OF MEMBRANES
CHANCES OF SPONTANEOUS MISCARRIAGE, CHANCES OF
PRETERM LABOUR

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.

(Signature)
Dr. Madhumita

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

Consentee :

Signature : *(Signature)*

Name : Rajivi

Date & Time : 17/6/2026 11 AM

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : *(Signature)*

Name : B. RAKESH

Relationship with Patient : Husband

Date & Time : 17/06/2026 11 AM

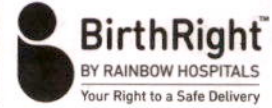
Doctor (who is taking the consent) :

Signature : *(Signature)*

Name : DR. YOUNESHWARI

Date & Time : 17/6/2026 11 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. Dr. Rajivi Age : 33 yr. Gender : Male Female

UHID NO: MH-00203314 Surgeon Name: Dr. Madhumita

Anaesthesiologist : Dr. Vineeta

Operative procedure planned : Cervical cerclage

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Hypotension, Bradycardia, PDPH

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 Mrs. Dr. Rajivi the above mentioned operation / Diagnostic / Therapeutic procedures Cervical cerclage

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 anesthesia.

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

I authorize the anaesthetic team to perform any additional procedures (for example, 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 :
Name :
Relationship with Patient:
Date & Time :

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature :
Name :
Date & Time :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Dr. Rajini Age: 22 yr. Sex: female UHID.No:
 Date: 11/06/20 Time: 11:45 AM Proposed Operation: cervical cerclage.
 Diagnosis: Primigravida with - Hypothyroidism & Cervical cerix.
 B.P./CRT: 100/60 H.R: 88/min Weight: 70 kg ASA Physical Status: 1 2 3 4 5
HT: 159 cm

Laboratory Data:

Hgb: <u>8.9</u>	Glucose: <u> </u>	Protein: <u> </u>	HIV: <u> </u>	X-Ray: <u> </u>
PCV: <u> </u>	Urea: <u> </u>	Alb: <u> </u>	HBS Ag: <u>NR</u>	ECG: <u> </u>
WBC: <u>9.6</u>	Creat: <u> </u>	Total Bill: <u> </u>	HCV: <u> </u>	2D Echo: <u> </u>
Plate: <u>3.1</u>	Na: <u> </u>	Dir. Bill: <u> </u>	Blood group: <u>O positive</u>	Stress/Angio: <u> </u>
PT: <u> </u>	K: <u> </u>	LDH: <u> </u>	T3: <u> </u>	Other: <u> </u>
PTT: <u> </u>	Ca++: <u> </u>	Alk phos: <u> </u>	T4: <u> </u>	
INR: <u> </u>	Mg++: <u> </u>	Amylase: <u> </u>	TSH: <u> </u>	
	Cl-: <u> </u>	SGOT/SGPT: <u> </u>		

Allergies: NRDA.

Medical History: CVS: no active cardio respiratory complaints.

RESP: Diabetes: (-)

CNS:

Renal: nil significant

Hepatic / GE: Physical Activity: Active.

Others: Hypothyroidism (+) post concept - T-Thyroxine 12.5mcg OD.

Past Anaesthetic History: No open appendectomy in 2008 & SAB - uneventful.

Physical Exam:

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

Lungs: Clear (+), clear.

Heart: S1S2 (+)

CNS: Normal (+)

Pregnant: Yes No NA Venous Access Site: (+) 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>12.5 mcg.</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - NIL ORAL Water / ORS 2 Hours Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: CRP.
- last feed solid @ 6.30 AM
Wain - 9.00 AM.

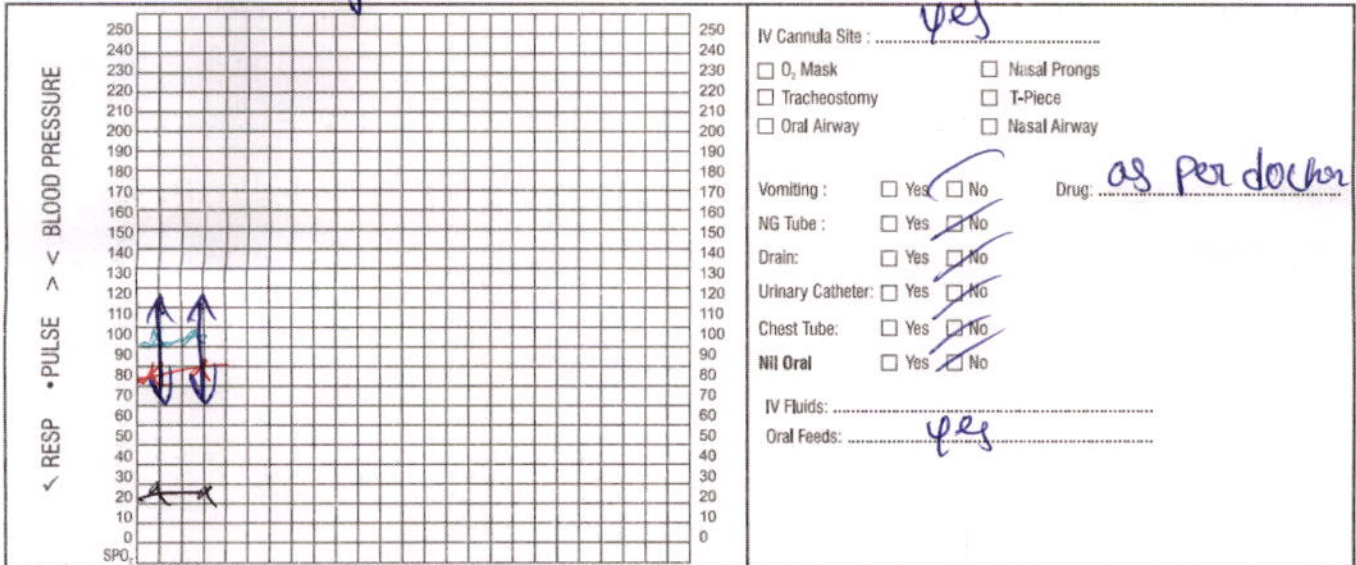
Signature: [Signature] Name: DR. M. VINAYATHA

Patier



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : manga Devi Time Received : 1:10pm Time Discharged : 3pm



IV Cannula Site : yes

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug : as per doctor on
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral Yes No

IV Fluids : _____
 Oral Feeds : yes

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			<u>ni -</u>	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : DR. madhav

Anaesthesiologist Signature: _____

Date & Time: 17/6/20

PACU Nurse Name : manga Devi

PACU Nurse Signature: _____

Date & Time: 17/6/20 @ 1:15pm

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): manga Des

Date & Time: 17/6/20



OPERATION NOTES

Surgeon : DR. MADHUMITA GITAY

Asst. Surgeon : DR. YOGESHWART

Pre-Operative Diagnosis:

Surgical Procedure : Cervical cerclage done under spinal anesthesia

Indications for Surgery : primigravida with 16+5 woks with Hypothyroidism with short cervix (29mm) for cervical cerclage.

Date : 17/06/26

Start Time : 12:30 PM

End Time : 1:00 PM

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 20 ml

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes: under strict aseptic conditions, under spinal anesthesia patient placed in lithotomy position, parts painted and draped.

- Anterior and posterior vaginal wall separated & retracted using sims speculum

- Anterior lip of cervix held using sponge holding forceps
- Cervical cerclage done using Mc Donald's technique with silk suture with knot placed anteriorly
- Hemostasis secured
- No active bleeding
- Instruments & sponges count tallied

Adv

- NBM x 2hr
- Rest
- Monitor vitals
- Follow dtagchart
- FHR Monitoring
- W/F bleeding PV
- Inform SOS

Y
Dr Yogeshwari

Name of the Surgeon: DR. MADHUMITA GITAY

Signature of the Surgeon:

Date & Time: 17/6/2026 1:15 PM .

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Madhumita
 Asst. Surgeon : Dr. Yogeshwari
 Anaesthetist : Dr. Vineeth
 Scrub Nurse : Dr. Prasanna

VIH-00203314 IP-00060372
 Mrs DR RAJIVI
 23-05-1993 33 Y 0 M 25 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY
 Date : 17/6/26 In-time : 12:30PM Out-time : 1:10 PM

Age : 33yr Gender : Female
 Surgery Name : Cervical cerclage



Before Induction of Anaesthesia >>

SIGN IN Time: 12:30PM

Patient Has Confirmed

Identity Yes No
 Site Yes No
 Procedure Yes No
 Consent Yes No

Site Marked Yes No CNA

Anaesthesia Safety Check Completed Yes No

Pulse Oximeter on Patient & Functioning Yes No

Does Patient have a:

Known Allergy? Yes No

Difficult Airway / Aspiration Risk?

Yes, & Equipment / Assistance Available Yes No

Risk of > 500ml Blood Loss (7ml/kg In Children)?

Yes, and Adequate Intravenous Access and Fluids Planned Yes No NA
 Blood Units Reserved Yes No NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? Yes No NA

Signature : [Signature]
 Name : DR. N. VINEETHA

Before Skin Incision >>

TIME OUT Time: 12:30PM

Confirm all team members have introduced themselves by Name and Role Yes No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Mrs. Dr. Rajivi

Correct Patient (Check ID Band) Yes No
 Correct Site (Prox) Yes No
 Correct Procedure Cervical cerclage Yes No

Anticipated Critical Events

Surgeon Reviews:

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 15min Blinding 10ml Yes No NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? Yes No NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes No NA

Is Essential Imaging Displayed? Yes No NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. Yes No

Signature : [Signature]
 Name : Ruby P

Before Patient Leaves Operating Room

SIGN OUT Time: 1:00PM

Nurse Verbally Confirms with the Team:

The Name of the Procedure Recorded Yes No
 That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA
 The Specimen is Labelled (including patient name) Yes No NA
 Whether there are any Equipment Problems to be addressed Yes No NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? Yes No

Signature : [Signature]
 Name : DR. YOGESHWARI

VIH-00203314
 Mrs DR RAJVI
 23-05-1993
 33 Y 0 M 25 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

IP-00060372



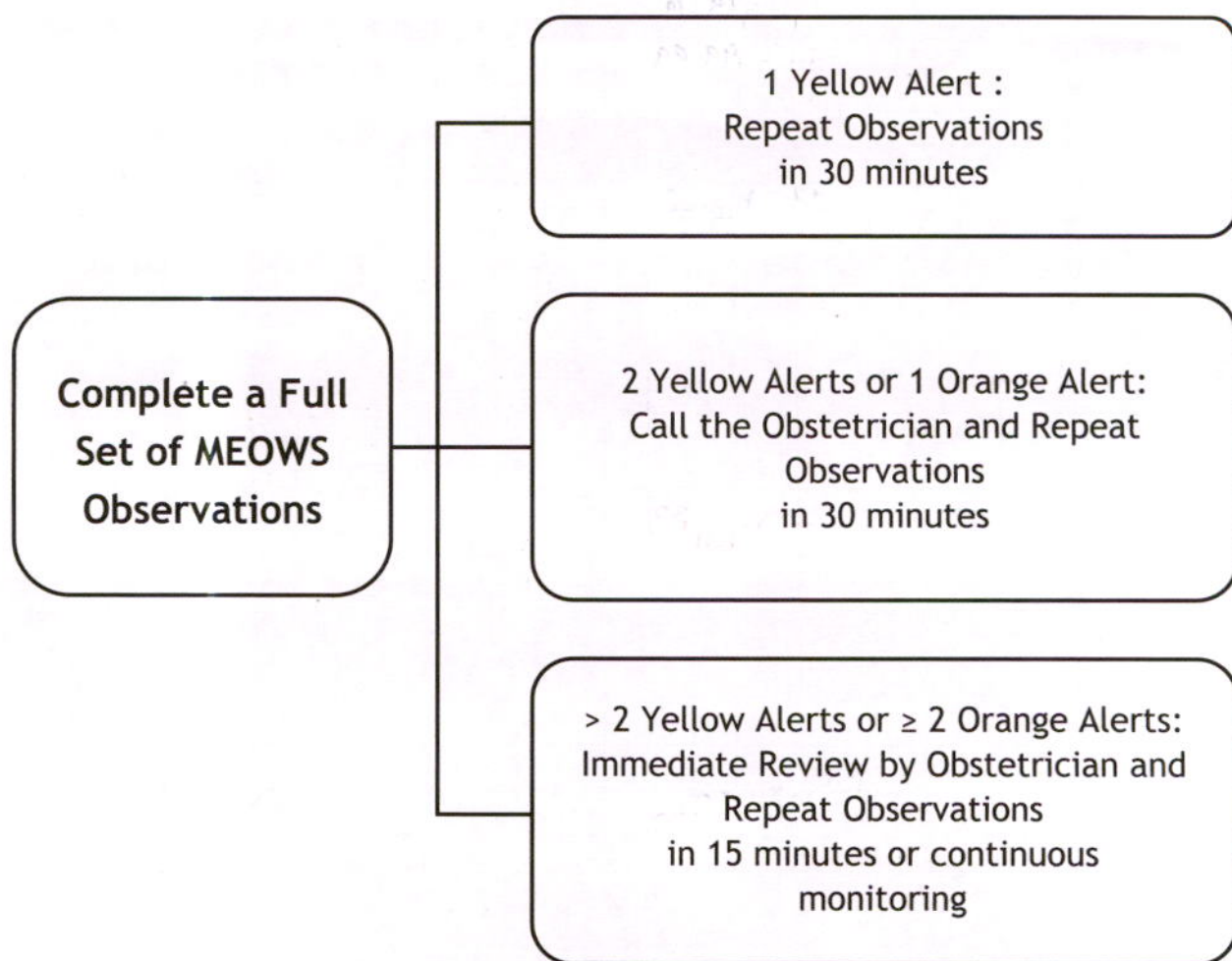
Patient Stix

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																											
17/6/26		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20						19	19	19	19																	
	0 - 10																										
Saturations	94 - 100 %						99	99	99	99																	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp ^c	40																										
	39																										
	38																										
	37						37	37	37	37																	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70							70	70	70	70																
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120							120	119	115	119	110															
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70							70	74	66	71	69	66															
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert						✓	✓	✓	✓	✓																
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30						✓	✓	✓	✓																	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal						NA	NA	NA	NA	✓																
	Heavy / Foul																										
Liquor	Clear / Pink						NA	NA	NA	NA	✓																
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00203314 IP-00060372

Mrs DR RAJIVI

23-05-1993 33 Y 0 M 25 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



Patient St



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
17/6/20	08:00 am	NBM										
	09:00 am	NBM										
	10:00 am	NBM								✓		
	11:00 am	NBM + RL FF								✓		
	12:00 pm	NBM + RL 100ml/hr								✓		
	01:00 pm	RL NBM										
	Total Intake :						Total Output : pane					
17/6	02:00 pm	NBM + RL 100ml									0	
	03:00 pm	H2O 50ml									0	
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
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

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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
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	
-----------------------------	--



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	11:40 AM	INJ HYDROXYPROGESTERONE CAPROATE	500MG	IM	[Signature]	[Nurses]
17/6/26	11:35 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[Signature]	[Nurses]
17/6/26	11:20 AM	INJ PANTOPRAZOLE	40MG	IV	[Signature]	[Nurses]
17/6/26	11:20 AM	INJ METOCLOPRAMIDE	10MG	IV	[Signature]	[Nurses]
17/6/26	1:00 PM	SUPP. TRAMADOL	100 mg	PR	[Signature]	[Nurses]

VERIFIED BY : Name Signature



ESTIMATION SLIP



Date: 15/06/2026 UHID/IP No.: VII-203314 Sl. No.: 28888

Name of Patient: Dr. Rajivi Age: 32 Gender: F

Father's / Husband's Name: Mr. Rakesh Corporate/Occupation:

Address: 6/11 Phone: 8520904024 Email:

Procedure/Plan: Caesarean DOS: 17/06/20

MODE OF PAYMENT: SELF TPA GIPSA OTHER

TARIFF INFORMATION: Dr. Bhavana-k (Dr. Madhumitha)

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges						8	had	2	1
Doctor's Fee							stay		
L. Tax									4,800
PARTICULARS					AMOUNT (₹)				
Surgeon's / Anesthetist's Fee / O.T Charges					36,000/-				
O.T Consumables					3,000/- Subject to approval by TPA/Insurance Company				
Instrument Charges					Not Covered by TPA/Insurance Company				
Pharmacy, Consumables & Investigations					As per actual - Not Included In Estimation				
Equipment Charges	Monitor: 1,500/-		Oxygen:		Infusion Pump/Syringe Pump:				
	Ventilator	Conventional:	HFO-SLE 5000:		HFO-Sensormedix:				
	Phototherapy	Single Surface:	Double Surface:		Triple Surface:				
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.					As per actual - Not Included In Estimation				
Package					MRD - 2,500/- Rec - 2,000/-				
Others									
Initial Minimum Deposit					45,000/-				

REMARKS:

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non-L Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

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

Signature of the Client: Rajivi Signatory Relationship: Signature of the Financial Counselor: [Signature]