

LSCS

**ACTI** VIH-00159654 IP-00060421  
Mrs SRI DIVYA VEETUKURI  
20-08-1996 29 Y 10 M 0 D (F)  
Dr. KAPPAGANTULA APARNA

**ING**

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



UHID # \_\_\_\_\_

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

Date of Admission : 20/6/26 Time : 1:21 PM Date of Discharge : 23/6/26 Time : 1:30 AM

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>20/6/26</u>	<u>2:40 PM</u>	<u>MICU</u>	<u>OT</u>	<u>[Signature]</u>
<u>20/6/26</u>	<u>4:31 PM</u>	<u>OT</u>	<u>Micu</u>	<u>[Signature]</u>
<u>21/6/26</u>	<u>12:30 AM</u>	<u>ICU</u>	<u>Room (214)</u>	<u>[Signature]</u>

**Cross Consultation Visit**

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

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/6/26	Blood grouping + HIV (card method)		[Signature]
20/6/26	HBsAg	V126021003	
<del>cross checked by Tera 20/6/26 at 5:30 pm</del>			
21/6/26	GRBS - 82 ms/dl	26021061	[Signature]
20/6/26	GRBS! - 7umg 9:00pm	V126021035	[Signature]
<del>cross checked by manya 20/6/26 @ 11:30am</del>			
21/6/26	PLBS - 109 mg/dl	26021099	[Signature]
21/6/26	CBP (PBS pack)	26021133	[Signature]
21/6/26	GRBS - 6:30am - 106 ms/dl (PBS)	26021135	[Signature]
22/6/26	GRBS - 11:27AM - 112 ms/dl (PBS)	26021231	[Signature]
<del>cross checked by [Signature]</del>			







21A

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

VIH-00159854 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-06-1996 29 Y 10 M 1 D (F)  
 Dr. KAPPAGANTULA APARNA

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



Abdomen growth

# NEBULISATION CHART

4th hourly.

Date	Time	Drug	Nurse	Parents Signature
21/6	00.00	9Am - 106cm		
	1.00	9pm - 113cm		
21/6/26	2.00	6pm - 106cm		
	3.00	9pm - 107cm		
	4.00	1pm - 105cm		
	5.00	6Am - 103cm		
	6.00	10Am - 104cm		
	7.00	8pm - 110cm		
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

VIH-00159654 IP-00060421  
Mrs SRI DIVYA VEETUKURI  
20-08-1996 29 Y 10 M 0 D (F)  
Dr. KAPPAGANTULA APARNA



### SURGERY DETAILS

Date : 20/6/26

Patient Name : Mrs. Sri Divya Veetukuri Date of Birth : 20-08-1996 Age : 29Y

Gender : Female Ward : OT UHID No. : 159654

Date of Surgery : 20/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

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

Time in : 3:03 PM Time Out : 4:30 pm

	NAME	AMOUNT
1. Surgeon	Dr. Aparna	OT charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Nausheen	
4. OT Technician	Tech. Vaishnavi	
5. Circulating Nurse	Sr. Manitha	
6. Assistant Nurse	Sr. Maria / Sr. Meghana	

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. : 3092681/80 Order by : [Signature]



# CONSUMABLES

## OF OT

VIH-00159654 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 29 Y 10 M 0 D (F)  
 Dr. KAPPAGANTULA APARNA

Age : .....

Time : 20/6/26

Circulating Staff : Vanitha Technician : Yashwanth

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS		1	Inj. Vit. K		1
LMA			Sutures 2347		1	Cord Clamp		1
ECG leads : A/P/N		3	4259		3	Suction Catheter		
HME filter : A/P/N			1320		1	Feeding Tube		
Syringe 10 cc		5	883		1	Vaccum Suction Set		
05 cc		5	Gloves 916/12		2	Surgical Gloves 916, T		2
02 cc		5	<del>916/12</del>		2	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N		1	Surgical blade NO-22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		1	Cautery Pencil		1			
NS : 10ml/100 ml/ 500ml/1000ml			Koochies			Protogone		2
Rilipol		1	Ointments					
Bioxamic		2	Suction Catheter					
Fentanyl			Cap. Mask		10	Latex gloves		4
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		3	Cap Mask		2
Propofol			Steristrip Steizone		1			
Rocuronium			Underpad		1	Order No: 3092697		
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel		1			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag Allesorb		1			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) Anawin		1	Romodrain bag					
Antibiotics			Bandage					
Nitro Midazolam		1	Tegaderm Protogone		1			
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet D/A		6			
Tab. Misoprost : 200 mg		3	Betadine Solution		3			
<del>PRC</del>		1	Microshield		21			
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Dr. K. Aparna  
Surgeon

Dr. Vineetha  
Anaesthesiologist

Dr. Manu  
Nurse

OT Technician

Order No. : 3092679

Ordered by : Retana

# 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-00060421	Ward	N 2F-MICU
Patient Name	Mrs SRI DIVYA VEETUKURI	Bed Name	MICU 229
Age/Sex	29 Y 10 M 0 D / Female	Order No	0003092679
Date	20/06/2026 17:57	Prescription No	PRIP-1292299
Payor	FAMILY HEALTH PLAN INSURANCE TPA LTD	Dispensed Date	20/06/2026 18:03
UHID	VIH-00159654		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			2604071	04/31	1	563.00	563.00
3	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	3	103.95	311.85
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
7	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706I0B	08/27	1	1,153.00	1,153.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	3	28.13	84.39
9	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	2	28.13	56.26
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	5	11.25	56.25
12	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
13	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	VI02012026	12/99	7	10.00	70.00
14	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
15	LSCS DRAPE PACK SAFE SECURE			VI16062026	12/30	1	2,000.00	2,000.00
16	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
18	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5115	09/30	1	997.00	997.00
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	16	23.43	374.88
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
22	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172406	10/27	1	1,195.00	1,195.00
23	PROLENE 1 NW 883	ETHICON SUTURES-J&J C1		V5001	01/30	1	565.00	565.00
24	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115	12/29	1	450.00	450.00
25	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
26	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
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	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
30	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A260229S	02/31	1	308.00	308.00
31	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A260229S	02/31	2	308.00	616.00
32	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00

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

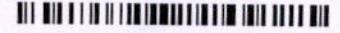
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,  
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP-00060421	Ward	N 2F-MICU
Patient Name	Mrs SRI DIVYA VEETUKURI	Bed Name	MICU 229
Age/Sex	29 Y 10 M 0 D / Female	Order No	0003092679
Date	20/06/2026 17:57	Prescription No	PRIP-1292299
Payor	FAMILY HEALTH PLAN INSURANCE TPA LTD	Dispensed Date	20/06/2026 18:03
UHID	VIH-00159654		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T0054	06/30	1	951.00	951.00
<b>Total :</b>							<b>13,110.38</b>	<b>16,478.11</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

J.

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060424	Ward	N 2F-MICU
Patient Name	Baby B/O SRI DIVYA VEETUKURI	Bed Name	CRDL-MICU-229-1
Age/Sex	0 Y 0 M 0 D 3 H / Female	Order No	0003092697
Date	20/06/2026 18:55	Prescription No	PRIP-1292312
Payor	SELPAY	Dispensed Date	20/06/2026 18:55
UHID	VIH-00206107		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP- ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	2	10.00	20.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115	12/29	2	450.00	900.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
8	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
<b>Total :</b>							<b>678.85</b>	<b>1,209.14</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



Name	Mrs SRI DIVYA VEETUKURI	UHID	VIH-00159654
Father/Guardian	Mr SRINIVAS	Age/Gender	29 Y 10 M 0 D/Female
Address	2-2-220/56 , SRI SAI SURYA ENCLAVE, Bolaram, Hyderabad, Telangana, INDIA, 110005		
IP No	IP-00060421	Admission Date	20-06-2026
Ref Doctor	Self	Discharge Date	23-06-2026

## DISCHARGE SUMMARY

**Consultant:** Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

**Diagnosis:** G2P1L1 with 37+1 weeks with Previous LSCS with Gestational Diabetes Mellitus (M) with Steroids covered with Breech presentation with Uterine Artery PI increased admitted for Elective lower segment cesarean section.

**ELECTIVE LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANAESTHESIA ON 20.6.2026**

### **History:**

LMP:17/9/2025

Obstetric formula: G2P1L1

EDD: 10/7/2026

Gestation at admission:37+1 weeks

### **Obstetric History:**

G1 - Male/3 yrs/3.2kg/FTLSCS/maternal request/RCH VKP/NICU 2days/Bf-no/uneventful

G2 - Present pregnancy Spontaneous conception.

Medical History: Nil

Name

Mrs SRI DIVYA VEETUKURI UHID

VIH-00159654

Family History: Father-HTN

Surgical History: Previous LSCS in 2023

Allergies: Nil

**Antenatal Details:** Mrs SRI DIVYA VEETUKURI was booked to Rainbow hospital at 28 weeks of gestation. She had Previous antenatal checkups done at LIFE SPRING Hospital. She had h/o loose motion at 34+6 weeks and managed conservatively. She had h/o Bipedal edema at 35+6 weeks and managed conservatively. She was diagnosed with Gestational diabetes mellitus at 27 weeks and managed on Tab. metformin 250mg twice daily . Two doses of Inj. Betamethasone given at 34 weeks. She was admitted at 37+1 weeks with Previous LSCS with Gestational Diabetes Mellitus (M) with Steroids covered with Breech presentation with Uterine Artery PI increased admitted for Elective lower segment cesarean section.

**Investigations:** Enclosed

Blood group: 'O' **POSITIVE**

**Management: Course in hospital:**

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

**Surgery Notes: Operative Details:**

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was bladder drawn up , adhesions present ,lower uterine segment not formed , vascular. A lower segment curvilinear incision given on the uterus. Baby head

<b>Name</b>	Mrs SRI DIVYA VEETUKURI	<b>UHID</b>	VH-00139654
-------------	-------------------------	-------------	-------------

high up. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. ABGEL placed. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given sublingually and 200 mcg per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 20/6/2026  
 Time of Delivery: 3:20:50PM  
 Type of Delivery: Elective LSCS  
 Indication: Previous LSCS with unstable lie  
 Analgesia: Spinal

**Baby Details:**

Date: 20/6/2026  
 Time: 3:20:50PM  
 Sex: Female  
 Weight: 2.740KG  
 Apgar: 7/10, 9/10  
 Gestational Age: 37+1 weeks  
 NICU Admission: NO

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

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for

Name

Mrs SRI DIVYA VEETUKURI UHID

VIH-00159654

discharge. Wound care and medications were explained to patient supplemented by written information.

**Advice:**

1. Tab. Ceftum ( Cefuroxime 500 mg) twice daily till 26.06.2026 (9am-9pm) after food.
2. Tab. Dolo 650 mg (Paracetamol 650 mg) twice daily till 26.06.2026 (12pm-5pm) after food.
3. Tab. Hifenac P twice daily till 26.06.2026 (8am- 9pm) after food.

Review after 5 days on 26/6/2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

**Care of the wound:**

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

Name	Mrs SRI DIVYA VEETUKURI	UHID
------	-------------------------	------

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

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

**Dr. KAPPAGANTULA APARNA**  
MBBS, MD  
OBSTETRICIAN & GYNAECOLOGIST  
43142

PatientName : Mrs SRI DIVYA VEETUKURI Inpatient No. : IP-00060421  
 Age/Gender : 29 Y 10 M 0 D/ Female Admit Date : 20-06-2026  
 Ward/Bed : N 2F-LABOUR WARD/ LW 219 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>BLOOD GROUPING (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 14:02
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>HIV TEST ( CARD METHOD ) (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 14:02
HIV TEST ( CARD METHOD )	Non-reactive		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :20-06-2026 23:28
RANDOM BLOOD GLUCOSE (GOD/POD)	74	mg/dl	70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 08:24
RANDOM BLOOD GLUCOSE (GOD/POD)	82	mg/dl	70 - 140
<b>RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)</b>			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 19:04
RANDOM BLOOD GLUCOSE (GOD/POD)	109	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 06:25
HEMOGLOBIN (Colorimetry)	10.4	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.46	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	29.1	VOL%	L 33 - 51
MCV (Calculated)	84.1	fL	80 - 100
MCH (Calculated)	30.2	pg/cells	26 - 34
MCHC (Calculated)	35.9	g/dL	32 - 36
RDW-CV (Calculated)	13.6	%	H 11.5 - 13.1

**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,

**PatientName** : Mrs SRI DIVYA VEETUKURI **Inpatient No.** : IP-00060421  
**Age/Gender** : 29 Y 10 M 2 D/ Female **Admit Date** : 20-06-2026  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
PLATELET COUNT (DC Detection Method)	194	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	7.5	fL	6.5 - 10
WBC COUNT (DC Detection Method)	<b>13.63</b>	<b>10<sup>9</sup>/L</b>	H 4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	82	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	14	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : NEUTROPHILIC LEUCOCYTOSIS 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 :22-06-2026 06:46
RANDOM BLOOD GLUCOSE (GOD/POD)	106	mg/dl	70 - 140

<b>PatientName</b>	: Mrs SRI DIVYA VEETUKURI	<b>Inpatient No.</b>	: IP-00060421
<b>Age/Gender</b>	: 29 Y 10 M 0 D/ Female	<b>Admit Date</b>	: 20-06-2026
<b>Ward/Bed</b>	: N 2F-LABOUR WARD/ LW 219	<b>Discharge Date</b>	:

**HEPATITIS B SURFACE ANTIGEN ( HBSAG ) ( Specimen :SERUM )**

RESULT

TEST RESULT STATUS : REPORT AUTHORISED  
Order Date : 20-06-2026 14:02:52

NEGATIVE



Dr. SRUJANA SHYAMALA MD, DNB  
( Consultant Pathologist )

..... End of the Report .....

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060421

Admit Date : 20-Jun-2026

Admit Time : 01:21 PM UHID : VIH-00159654

### Patient Details :

Patient Name : Mrs SRI DIVYA VEETUKURI

Age : 29 Y 10 M 0 D

Guardian : Mr SRINIVAS

DOB : 20-08-1996

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : 2-2-220/56 , SRI SAI SURYA ENCLAVE  
Bolaram Hyderabad Telangana INDIA 110005

Phone No : 9490478679/ 8106318960

E-mail : na123@gmail.com

### Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit


### Contact Details :

Name : Mr SRINIVAS

Relationship : W/O

Contact Address : 2-2-220/56 , SRI SAI SURYA ENCLAVE  
Bolaram Hyderabad Telangana INDIA 110005

Phone No : 9490478679

  
Signature

### Doctor Details :

Doctor Name : Dr. APARNA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : FAMILY HEALTH PLAN INSURANCE  
TPA LTD

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060421

Admit Date : 20-Jun-2026

Admit Time : 01:21 PM UHID : VIH-00159654

### Patient Details :

Patient Name : Mrs SRI DIVYA VEETUKURI

Age : 29 Y 10 M 0 D

Guardian : Mr SRINIVAS

DOB : 20-08-1996

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : 2-2-220/56 , SRI SAI SURYA ENCLAVE  
Bolaram Hyderabad Telangana INDIA 110005

Phone No : 9490478679/ 8106318960

E-mail : na123@gmail.com

### Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

### Contact Details :

Name : Mr SRINIVAS

Relationship : W/O

Contact Address : 2-2-220/56 , SRI SAI SURYA ENCLAVE  
Bolaram Hyderabad Telangana INDIA 110005

Phone No : 9490478679

Signature

### Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

### Payment Details :

Deposit Amount : 20000.00

Payment Mode : DC/CC Card

Payor Name : FAMILY HEALTH PLAN INSURANCE  
TPA LTD



# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/6/26 Time of Arrival: 1:00 pm Time Seen by Nurse: 1:05 pm

1) Level of Consciousness:  Conscious  Semi-Conscious  Unconscious

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

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

3) Vital Signs: Temperature: 98.6 Pulse: 86b/m RR: 17b/m SpO<sub>2</sub>: ..... BP: 110/80 Weight: 83kg

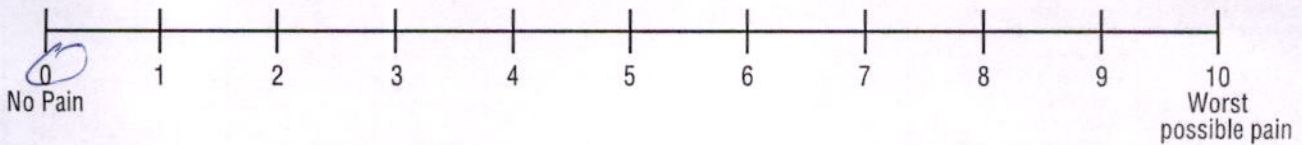
4) Gestational Criteria:

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

LMP: 17/9/25 EDD: 10/7/26 Gestational Age: 37+1wks

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

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: previous LSCS in 2023
- b) Medical: nil

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

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

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

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

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

Time seen by Doctor: 2 PM

Nurse Name : Kamal Nurse Signature: [Signature]

Date: 20/6/20 Time: 2 PM



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

LMP: 17/9/2025

EDD: 10/7/2026

Corrected EDD: 10/7/2026

GA: 37+1 wks

Obstetric Formula: G2P1L1

Menstrual History: Regular:  Yes  No

ML-4yr NCM

## Obstetric Examination

Obstetric History:

I - 34yrs / male / 302kg / FTLSCs / Maternal Request RCH UKP / A & H NICU 2 days / BF-NO  
 Fundal Height: T4 uneventful.

II - PP Spontaneous conception

Booked to RCH at 28wks previous LSCs

Present Pregnancy Record: No loose motion at 34+6 wks managed conservatively

Ut. Activity:  Relaxed  Mild  Mod  Severe

No swelling over leg & frequent urination at 35+ wks managed conservatively diagnosed with Gestational diabetes mellitus at 27wk on tab metformin 250mg BD

Liquor:  Adequate  Oligo  Poly

Cephalic  Breech  Others \_\_\_\_\_

## RISK FACTORS:

Too doses of steroids in Betnazole covered at 34wks.

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

FHS:  Normal  Tachy  Brady  Absent

⊕ 168bpm

NTscan missed previous LSCs steroids covered 40m cm Breech UA increased PI

## 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 \_\_\_\_\_

Height: 157 cm

Weight: 83 kg

Allergies: cough syrup

Breast:  Normal  Abnormal

Membranes:  Present  Absent

## General Examination:

Liquor:  Clear  Meconium  Blood Stained

Consciousness: c/c/c Pallor: ⊖

Presenting Part:  Vertex  Breech  Others

Icterus: ⊖ Edema: ⊖

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

Temp: Afebrile PR: 90bpm

Pelvis:  Adequate  Doubtful

BP: DTR: ⊕


CVS: S1S2 ⊕ RS BAE ⊕

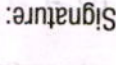
Liver/Spleen: Normal Urine Output: Adequate

## DIAGNOSIS

G2P1L1 with 37+1 wks with previous LSCs with Gestational diabetes mellitus (GDM) with steroids covered with Breech presentation with increased uterine artery PI for elective lower segment cesarean section

<p>Surgical History:</p> <p>Previous USCs in 2008</p>	<p>Medical History:</p> <p>Tab metformin - 250mg 12<sup>th</sup> body</p>	<p>Plan of Care: C/I to DR. Aparna mam</p> <p>Admission: GRSS-90</p> <p>NBM</p> <p>part preparation</p> <p>Monitor FHR</p> <p>consent</p> <p>PAC</p> <p>Monitor vitals</p> <p>- 1 @ PRBC received at Tamaraka</p> <p>- Follow drug chart for BP.</p> <p>Send Blood grouping, HIN, H&amp;Ag, cord method,</p> <p>- Inform SOS</p> <p>- Foley's catheterisation</p> <p>Noted by Kunal 20/6/2026 2pm</p>	<p>Family History:</p> <p>Father - HTN</p>
<p>Investigations:</p> <p>Bq - 10<sup>+</sup> Positive</p> <p>H/W } NK          H&amp;Ag }          HCV }</p> <p>CBP - 11.6   11800   1.55 L          Creatinine - 0.8          LT - Normal          VITD - 19.3          VITB12 - 297.2</p>	<p>11/06/2026</p> <p>Growth scan</p> <p>34+3 wks</p> <p>SLUF, Breech</p> <p>ETW - 12.7cm</p> <p>ETW - 2339gm</p> <p>AC - 22%</p> <p>PI - Fundal</p> <p>Doppler - UA - increased PI</p> <p>Fetal doppler normal</p> <p>Missed NT scan</p> <p>19/12/2026</p> <p>TIFF scan</p> <p>19 - 20 wks</p> <p>SLUF</p> <p>CL - 40mm</p> <p>No anomalies</p>		

Doctor Name: DR. YOGESHWARI  
 Signature:   
 Date & Time: 20/6/2026 2pm

Consultant Name: DR. APARNA K.  
 Signature:   
 Date & Time: 20/6/2026



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>20/6/2026</u>	<u>POD-0 (Lecs)</u>	
5pm		
<u>P/Lc</u> <u>4DM (m)</u>	O/E pt is c/c/c Uc fair Afebrile	<u>Adv</u> - NBM x 6 hr - Monitor vitals
	BP - 130/70 mmHg	- Follow drug chart
<u>Uo - 550ml</u> <u>clear</u> <u>adequate</u>	PR - 86 bpm S/E - NAD	- I/O charting - Reet
	PIA - ut - wk soft BS ⊕ -/-	- W/F bleeding PV - Inform SOS
Noted by kanala 20/6/26 @ 5pm	L/E - NAB Baby - $\frac{A}{H}$ BF ⊕	Dr Yogeshwar
<del>20/6/26</del>	<del>CLI to Dr Kiran Machar (Physician)</del>	
	← pt.	
<del>20/6/2026</del> 20/6/2026 3pm	<u>POD-0 (Lecs)</u>	<u>Adv:</u>
	O/E - pt is c/c/c G/C - Fair	- NBM till 11 pm - monitor vitals
<u>U/O</u> <u>clear, adequate</u>	Afebrile BP - 140/73 mmHg	- I/O charting - W/F bleeding PV
	PR - 84 bpm	- Follow drug chart
	S/E - NAD PIA - ut - w/r	- Inform SOS

Dr. Nikhita

L/E - NAB



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026	POD-0 (LSCS)	
12 PM	O/E - pt is c/c/c	Adug
P2L2 GDM (M)	GC - Fair	- water sips fl/b
	Afebrile	- clear liquids
U/O	BP - 110/70 mmHg	- soft diet after passing flatus
1300	PR - 82 bpm	- I/O charting
clear, adeq.	S/E - NAD.	- monitor vitals
pt. can be shifted to 300m	PIA - Wt - W/R.	- w/f bleeding pu
	AG - 107 cm. Soft, BS (+)	- Follow drug chart
	L/E - NAB	- Jufosm sas.
	Baby ← <sup>A</sup> <sub>M</sub> BF (+)	- AG ut hourly
		Dr. Nikhita
Noted by Rain 20/6/26 @ 11 PM		
21/6/2026	POD-1	
8 AM	O/E - pt is c/c/c	Adug
P2L2 GDM (M)	GC - Fair	- soft diet.
	Afebrile	- Adeq. hydration
	BP - 112/72 mmHg	- Ambulation
	PR - 80 bpm.	- w/f bleeding pu
U/O	S/E - NAD.	- monitor vitals
800 ml	PIA - Wt - W/R.	- Follow drug chart
clear, adeq.	Soft, BS (+)	- Jufosm sas.
Remove Foley's	L/E - NAB	
FBS, PLBS	Baby ← <sup>A</sup> <sub>M</sub> BF (+)	
today		Dr. Nikhita
FBS - 86 mg/dl		Dr. James

Noted by Dupika  
 21/6/26 @ 8 AM



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 1:30pm	POD-1	(Post LSCS)
PALA 4PM(M)	o/e pt is c/c/c gc fair afeb BP - 123/80mmHg PR - 78bpm. o/e NAD PIA ut w/r Soft BS ⊕ LIE NAB Baby MSB ⊕	Adv - Soft diet - w/f bleeding pv - Monitor Vitals - Follow dmy chart - Ambulation - Hydration - Inform SAs
UP PLBS -		
		<del>AS</del> Dr. Nandees
21/6/26 10pm	POD-1 (LSCS)	Steddy SIRAS at 2PM
Vine passed Motion Not passed	o/e pt is c/c/c gc fair afebrile BP - 126/72mmHg PR - 70bpm S/E - NAD PIA - ut w/r Soft BS ⊕ LIE NAB Baby H B ⊕	Adv - soft diet - W/F bleeding pv - Monitor vitals - Follow dmy chart - Ambulation - Adequate hydration - Inform SAs
send CBP. tomorrow check CBS		Monitors Temperature & body AG check at 6AM. Dr. Yogeswarar (P.T.O.)

Noted by  
Deepika  
21/6/26  
@ 10pm

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 7 AM	POD-2 (LSCS) o/e Pt is c/c	
FBS-106mg/dl	GC fair	Adv - Normal diet
Urine passed	Afebrile	- W/F bleeding PV
Motion Not passed	BP-126/72mmHg	- Monitor vitals
Suppository 1cpt	PR- 70bpm	- Follow drug chart
trace CBP.	S/E - NAD	- Adequate hydration
Do PBBS	PA - Utw WR	- Ambulation
	soft BS ⊕	- Inform SOS
	L/E - NAB	
	Baby $\leftarrow$ BF ⊕	
		Dr Yogeshwari
	Noted by Dupika 22/6/26 @ 7 AM	
22/6/26 11:30 AM	POD-2 (Post LSCS) o/e Pt is c/c	
	GC fair	Adv - (N) diet
PBBS-112mg/dl	Afebrile	- W/F Bleeding PV
Urine Passed	BP- 127/78 mmHg	- Ambulation
Motion Not Passed	PR- 86 bpm	- Adequate hydration
	S/E - NAD	- Monitor vitals
	PA - Utw WR	- Follow drug chart
CBP-104/3630/142	soft BS ⊕	- Inform SOS
	L/E - NAB	
	Baby $\leftarrow$ BF ⊕	



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	Pod-2 (Post UCSD)	
7:30 PM	O/E Rt to clc.	Asu
	Gc- fair	- (N) diet
	Afebrile	- W/F Bleeding PV
Urine Paused.	BP- 120/80 mmHg	- Ambulation
Motion Paused	PR- 80 bpm	- Adequate hydration
	S/E- NAD.	- Monitor vitals
	P/A- Utw WIR	- Follows drug chart
	Soft RS (+)	- Inform cos.
	L/E- NAB.	
	Baby FA, BF (+)	Asu
	H'	Asu
noted by Akambili	22/6/26 @ 10 PM	
23/6/26	Pod- (Post UCSD)	
8 AM	O/E Rt to clc	Asu
	Gc- fair	- (N) diet
	Afebrile	- W/F Bleeding PV
Urine Paused	BP- 120/78 mmHg	- Ambulation
Motion Paused	PR- 82 bpm	- Adequate hydration
	S/E- NAD	- Monitor vitals
ASD done	P/A- Utw WIR	- Follows drug chart
wound healed	Soft RS (+)	- Inform cos.
It can be discharged	L/E- NAB	
	Baby FA, BF (+)	Asu
	H'	





### SING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2DM, C3741Wks &amp; pmslscs</i> <i>GDM (m) &amp; sem cur Breech</i>			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....			
	Surgery / Procedure: <i>LSCS ↓ 500</i>			Post OP Day:			
BACKGROUND	Date	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	
	Shift	<i>E</i>	<i>mm</i>	<i>E</i>	<i>night</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>GDM</i>	<i>-</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	
Diet:	<i>NBM</i>	<i>S diet</i>	<i>NBM</i>	<i>light</i>	<i>liquid</i>	<i>S 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>-</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>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>
		Res:	<i>20b/m</i>	<i>20b/m</i>	<i>20b/m</i>	<i>15b/m</i>	<i>18b/m</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99.1</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>82b/m</i>	<i>82b/m</i>	<i>82b/m</i>	<i>86b/m</i>	<i>83b/m</i>
		BP:	<i>110/60mmHg</i>	<i>115/60mmHg</i>	<i>110/70mmHg</i>	<i>110/70</i>	<i>110/70</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>15</i>	<i>0</i>	<i>15</i>	<i>15</i>	<i>15</i>	
Pain Score:	<i>0</i>	<i>1</i>	<i>0</i>	<i>2 score</i>	<i>2</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>-</i>	<i>pill</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>-</i>	<i>NBM</i>	<i>liquid</i>	<i>liquid</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>pill</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>w/lf bleeding</i>	<i>w/lf bleeding</i>	<i>w/lf bleeding</i>		
Handed Over By Name :	<i>Mama</i>	<i>Mama</i>	<i>Kishini</i>	<i>Rani</i>	<i>Deepika</i>	<i>sushila</i>	
Signature / ID :	<i>020573</i>	<i>018133</i>	<i>020477</i>	<i>020822</i>	<i>607469</i>	<i>816995</i>	
Date:	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	
Time:	<i>2:49pm</i>	<i>5pm</i>	<i>8pm</i>	<i>12:55pm</i>	<i>@ 8AM</i>	<i>2PM</i>	
Taken Over By Name :	<i>Mama</i>	<i>Sukhini</i>	<i>Rani</i>	<i>Deepika</i>	<i>sushila</i>	<i>padma</i>	
Signature / ID :	<i>018133</i>	<i>020477</i>	<i>020822</i>	<i>607469</i>	<i>816995</i>	<i>600329</i>	
Date:	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>20/6/26</i>	<i>21/6/26</i>	<i>21/6/26</i>	
Time:	<i>2:49pm</i>	<i>5pm</i>	<i>8pm</i>	<i>@ 12:55pm</i>	<i>8AM</i>	<i>@ 2pm</i>	

### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2 DM with 37+1 wks with previous 1ses with gestational diabetes me 1194(m) with steroid covered with breech presentation</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify: .....					
BACKGROUND	Date	<i>21/6/26</i>	<i>21/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>23/6/26</i>	
	Shift	<i>E</i>	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	
Diet:	<i>(C) diet</i>	<i>(S) diet</i>	<i>(N) diet</i>	<i>(M) diet</i>	<i>(C) 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 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	
	Vital Signs:	Temp:	<i>98.6F</i>	<i>98.6F</i>	<i>98.7F</i>	<i>98.6F</i>	<i>98.0F</i>
		Res:	<i>19b/m</i>	<i>19b/m</i>	<i>20b/m</i>	<i>19b/m</i>	<i>19b/m</i>
		SpO <sub>2</sub> :	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>	<i>99%</i>
		Pulse:	<i>79b/m</i>	<i>79b/m</i>	<i>85b/m</i>	<i>79b/m</i>	<i>82b/m</i>
		BP:	<i>115/70</i>	<i>115/70</i>	<i>127/75mmHg</i>	<i>120/80</i>	
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</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>Nil</i>	<i>Nil</i>	<i>Nil</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>(C) diet</i>	<i>(S) diet</i>	<i>(N) diet</i>	<i>(M) diet</i>	<i>(C) diet</i>	
	Critical Lab Test / Values:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</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	
	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>PLBS.</i>		<i>PBBS done</i>				
Handed Over By Name :	<i>padma</i>	<i>Duipika</i>	<i>reje</i>	<i>padma</i>	<i>Akantha</i>		
Signature / ID :	<i>606329</i>	<i>607469</i>	<i>014924</i>	<i>606329</i>	<i>606607</i>		
Date:	<i>21/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>23/6/26</i>		
Time:	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>	<i>@ 2pm</i>	<i>@ 8AM</i>		
Taken Over By Name :	<i>Duipika</i>	<i>Reje</i>	<i>padma</i>	<i>Akantha</i>	<i>file sending</i>		
Signature / ID :	<i>607469</i>	<i>014924</i>	<i>606329</i>	<i>606607</i>	<i>to</i>		
Date:	<i>21/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>22/6/26</i>	<i>23/6/26</i>		
Time:	<i>@ 8pm</i>	<i>@ 8AM</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>noted by</i>		

*23/6/26*  
*250*

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

Name: Mrs. Sri Divya Age: 29yr Sex: female UHID.No: \_\_\_\_\_  
 Date: 20/06/26 Time: 2.10 Pm Proposed Operation: Active LICE  
 Diagnosis: h2p.h. & 3rd wks. & previous LICE & GDM  
 B.P / CRT: \_\_\_\_\_ H.R: \_\_\_\_\_ Weight: 63kg ASA Physical Status:  1  2  3  4  5

Laboratory Data:	
Hgb: <u>11.6</u>	Glucose: <u>90</u>
PCV: _____	Urea: _____
WBC: <u>11000</u>	Creat: <u>0.8</u>
Plate: <u>1.5 L</u>	Na: _____
PT: _____	K: _____
PTT: _____	Ca++: _____
INR: _____	Mg++: _____
	Cl-: _____
	SGOT/SGPT: _____
	Protein: _____
	Alb: _____
	Total Bill: <u>100</u>
	Dir. Bill: _____
	LDH: _____
	Alk phos: _____
	Amylase: _____
	SGOT/SGPT: _____
HIV: _____	X-Ray: _____
HBS Ag: <u>NR</u>	ECG: _____
HCV: _____	2D Echo: _____
Blood group: <u>O+ve</u>	Stress/Angio: _____
T3: _____	Other: _____
T4: _____	
TSH: _____	
Allergies: <u>NRDA</u>	

Medical History: CVS: /  
 RESP: \_\_\_\_\_ Diabetes: GDM (+)  
 CNS: NI Significant placenta fundal.  
 Renal: \_\_\_\_\_  
 Hepatic / GE: \_\_\_\_\_ Physical Activity: \_\_\_\_\_  
 Others: \_\_\_\_\_

Past Anaesthetic History: H/O 1 prev. LICE & CAB - (Head Heaving.)

Physical Exam:  
 Airway: MP 1 (2) 4 Mouth Opening: 3f Mentohyoid Distance: (w) Neck: (w) Teeth: Intact  
 Lungs: Clear (+), clear.  
 Heart: S1 (+)  
 CNS: Normal (+)

Pregnant:  Yes  No  NA Venous Access Site: (+) (UL, RB) Spine Exam for regional: normal  
 Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA nil

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>T. METFORMIN</u>	<u>500mg 12-HRly.</u>

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

last feed breakfast - 12 Pm.

Signature: \_\_\_\_\_ Name: DR. M. VINETHA

VIH-00159654 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 29 Y 10 M 1 D (F)  
 Dr. KAPPAGANTULA APARNA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition:  Yes  No Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present  Chart Reviewed

H.R: 112/min B.P / CRT: 130/90/44 SpO<sub>2</sub>: 100% R.R: 16/min Last Feed: 12 pm - 100ml

Pre-OP Diagnosis: CD Pyl & 3rd Int c Pro. LCR Operation: elective LCR Date: 20/08/26

Surgeon: Dr. K. Adarsh Anaesthesiologist: Dr. Vinodh Technician: Ms. Vaishnavi

TIME	N <sub>2</sub> O / AIR IO, LPM	HALO / ISO / SEVO	Drugs	Notes
3:05	15	30	100mg	Analytic 50ml
			TRANEXAMIC ACID 100mg PR	Suppository TRANEXAMIC ACID 100mg PR
				Blood Loss
				NOTES

NO.	SaO <sub>2</sub>	bp	HR	RR
		98	99	98
		92	98	98

Fluids	Blood
RL	→ → → →

B.P	V Systolic	A Diastolic	X Mean	Heart Rate
240				
220				
200				
180				
160				
140				
120				
100				
80				
60				
40				
20				
0				

LAB Values

AGG

CRP

Chem

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>20/12</u> <input type="checkbox"/> Cuff Site: <u>20/12</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO <sub>2</sub> Monitor <input type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input checked="" 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 type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other  Times: Anaes Start: <u>3:02 PM</u> OP Start: <u>3:10 PM</u> OP End: <u>4:30 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"/> R <u>20G 1.5G</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <sub>2</sub> <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: Extremity _____ Specify: _____ <input checked="" 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</u> Depth: _____ Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>0.5% Bupivacaine 20ml</u> Bolus: <u>1.5ml (0.75ml)</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 <input type="checkbox"/> AA Name of the Doctor: <u>DR. M. VINODH</u> Signature of the Doctor: _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

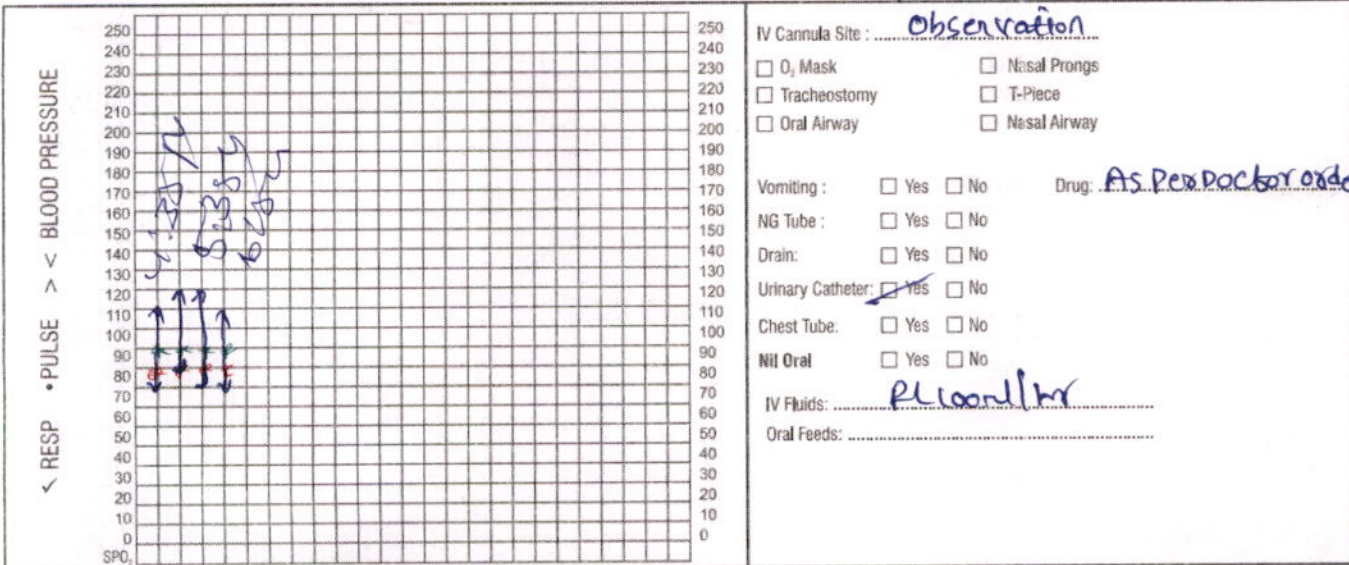


P

JNIT RECORD

21/6/26  
 12:30 AM

Received in PACU by : shekhar Time Received : 11:35 PM Time Discharged : 12:30 AM



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						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:
ACTIVITY						
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
RESPIRATION						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
COLOR						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
20/6/26	9 pm	2 score		Shekhar

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : shekhar

PACU Nurse Signature: shekhar

Date & Time: 20/6/26 8 PM

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): Shekhar

Date & Time: 20/6/26 @ 12:30 AM





## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR K APARNA	Date of Delivery: 20/6/2026
Assistant Surgeon: DR. NAUSHEEN / DR. YOGESHWARI	Time of Delivery: 3:20:50 PM
Anaesthetist's Name: DR. VINEETA	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 2.740 kg
Neonatologist: DR. HARISH	AGPAR Score: 7/10, 9/10
Scrub Nurse: Sis MARIA, Sis MEGHNA	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO

### Pre-Operative Diagnosis:

Elective       Emergency

Indication: G2 P1 L1 with 37+1 wk & previous LSCS with 40m(m) breech & UA increased resistance for Elective steroid covered LSCS.

### Urgency

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

Decision time: .....      Knife to rectus: .....

CTG Description: .....

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

Surgical Procedure: Elective Lower segment caesarean section under spinal anaesthesia.

### Post Operative Diagnosis:

Peri-Operative Complications: No wound dehiscence, postoperative fever, nausea, vomiting, chest pain, analgesia, stable vital signs.

Amount of Blood Loss: 300 ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

**Examination Findings when Appropriate:**

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

*Previous skin scar excised*

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 *ABUCL kept.*  
 Delivery of head:  Manual  Forceps  
 Liquor:  Clear  Meconium:  I  II  III  Blood  Offensive  Not Offensive  
 Delivery of Placenta:  Manual  CCT .....  Complete  Incomplete  Piecemeal  
 Cord Appearance: ..... *Normal* Cord around the neck  Yes  No  
 Appearance of placenta: ..... *Normal* Cavity explored  Yes  No  
 Uterus, tubes and ovaries:  Normal  Not Normal Sterilization:  Yes  No

Uterine Closure: *Bladder drawn up, Adhesions present, Lower uterine segment not formed & vascular.*  One Layer  Two Layers *11'nyl, Catgut Suture*  
 Peritoneal Closure:  Pelvic  Abdominal  None *Catgut Suture*  
 Sheath Closure: ..... *Prolene Suture*  
 Fat Closure:  Yes  No *Catgut Suture*  
 Skin Closure:  Subcuticular  Mattress *Monocryl Suture*  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter  Yes  No  Remove in *12hrs* days  Await instructions  
 Swap & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No  
 Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No  
 Post-Operative Notes: *NBM, Rest, 1/2 charting, wlf bleeding PV, Monitor vitals, Follow day chart, Inform SAs.*

*Dr. Aparna*

Doctor Name: *DR. APARNA* Doctor Signature: .....  
 Date & Time: *20/6/26 ; 4:45 PM.*

VIH-00159654 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 29 Y 10 M 0 D (F)  
 Dr. KAPPAGANTULA APARNA

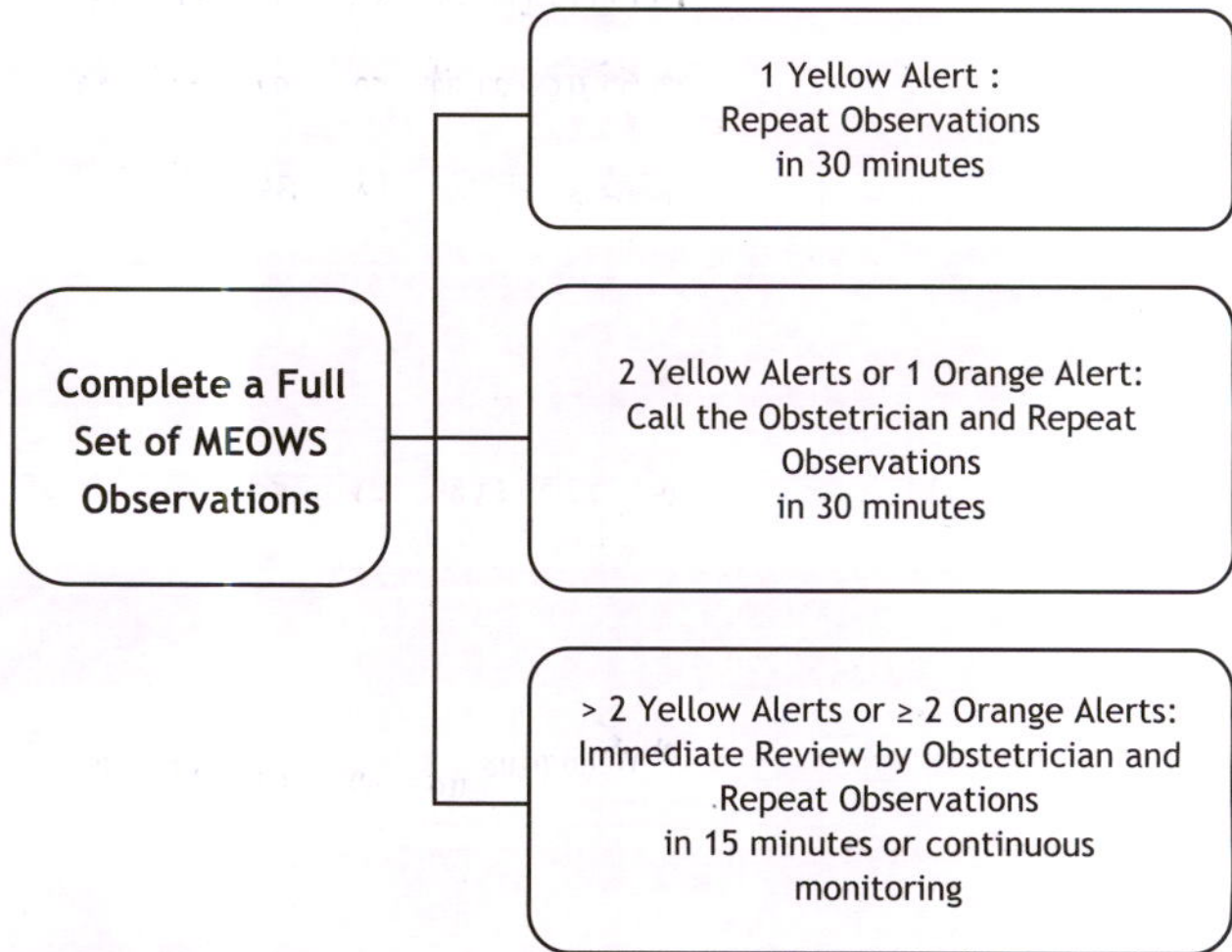


# Early Warning Observation Score Chart - Obstetrics

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

20/6/26		Date																														
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7						
RESP (write rate in corresp. box)	> 30																															
	21 - 30																															
	11 - 20																															
	0 - 10																															
Saturations	94 - 100 %																															
	< 94 %																															
Administered O <sub>2</sub> (L/min.)																																
Temp °C	40																															
	39																															
	38																															
	37																															
	36																															
	35																															
< 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																																
40																																
Diastolic Blood Pressure	130																															
	120																															
110																																
100																																
90																																
80																																
70																																
60																																
50																																
40																																
NEURO RESPONSE [✓]	Alert																															
	Voice																															
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)

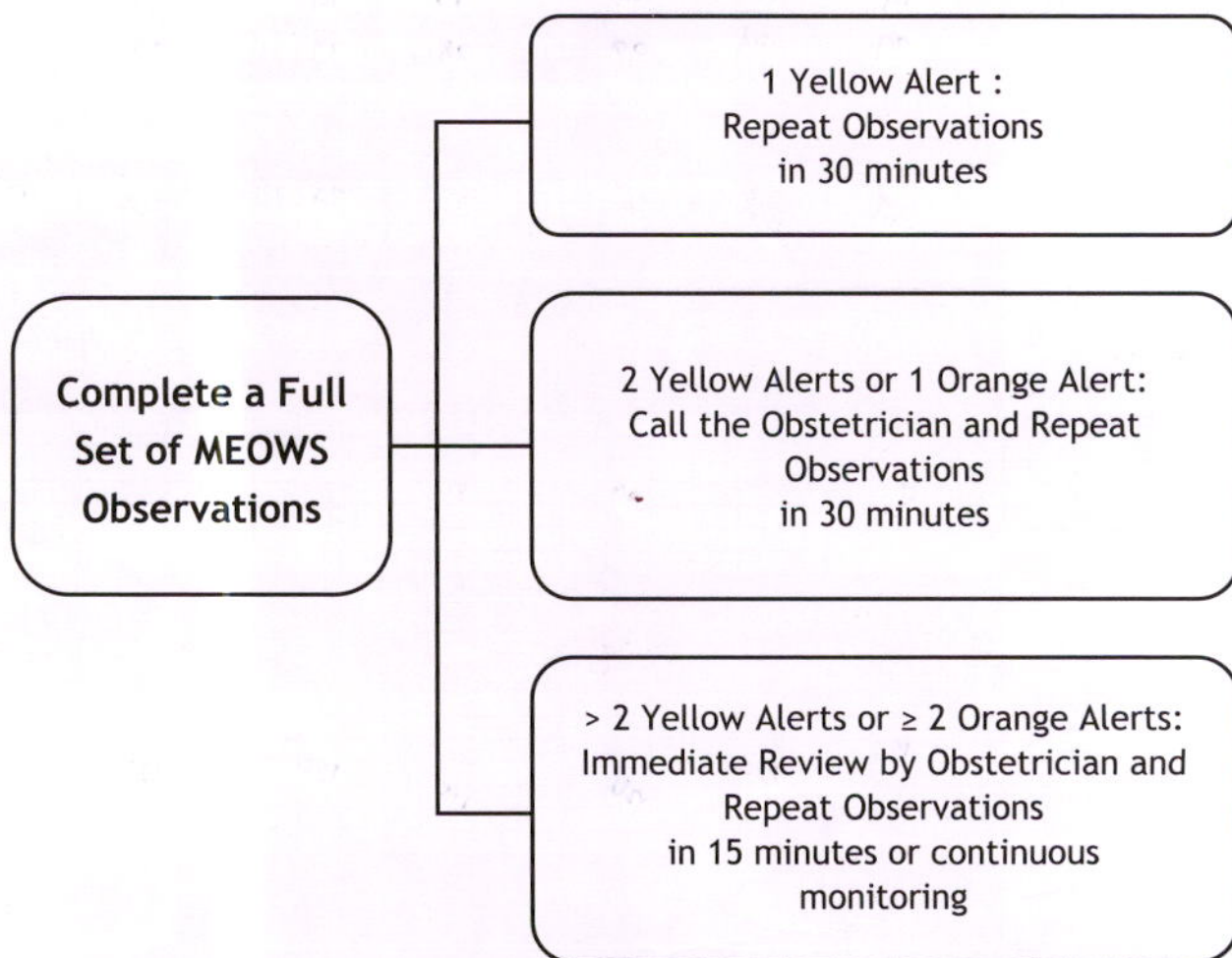


## Early Warning Observation Score Chart - Obstetrics

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

21/6/26		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20			19		19		19		19		19		19		19		19		19		19		19		19	
	0 - 10																										
Saturations	94 - 100 %			99		99		99		99		98		99		98		99		98		99		99		99	
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp <sup>c</sup>	40																										
	39																										
	38																										
	37																										
	36			36		36		36		37		37		37		37		37		37		37		37		37	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			75		80		79		80		80		72		70		80		80		80		80		80	
	70																										
	60																										
	50																										
40																											
↑ Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130			123		120		120		115		120		126		126		126		126		126		126		126	
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
↓ Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80			80		76		79		79		70		72		70		70		70		70		70		70		
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Voice			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Pain			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Unresponsive																										
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																										
Liquor	Clear / Pink			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	
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial				AP		AP		AP		AP		AP		AP		AP		AP		AP		AP		AP		AP	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00159854 IP-00080421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 28 Y 10 M 2 D (F)  
 Dr. KAPPAQANTULA APARNA

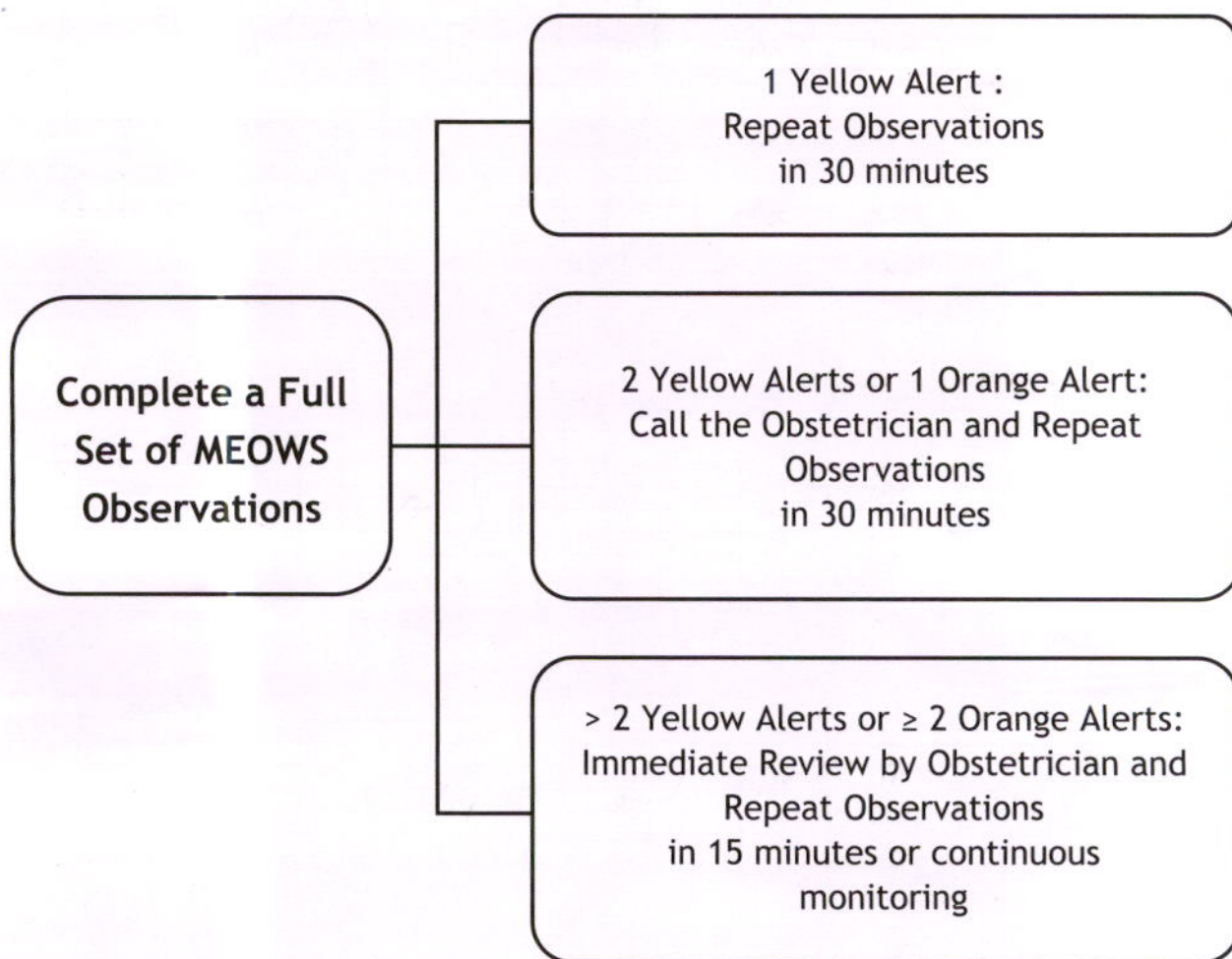


## Early warning Observation Score Chart - Obstetrics

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

Date		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19			19			19				19					19							
	0 - 10																									
Saturations	94 - 100 %			99			99			99				98					99							
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36.0			35.0			36.0				37.0					36.0							
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			86			75			80				79					71							
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			127			111			120				121												
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			78			75			80				81												
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓					✓								
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓			✓			✓			✓					✓								
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			NA			NA			NA			NA					NA								
	Heavy / Foul			0																						
Liquor	Clear / Pink			NA			NA			NA			NA					NA								
	Green																									
TOTAL YELLOW SCORES				0			0			0			0					0								
TOTAL ORANGE SCORES				0			0			0			0					0								
Nurse Initial				DL			PA			P			P					P								

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00159854 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 29 Y 10 M 1 D (F)  
 Dr. KAPPAGANTULA APARNA

# 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.

		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											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm	NBM								0		
	03:00 pm	RL NBM	900ml						600	0		
	04:00 pm	NBM+RL	100ml							0		
	05:00 pm	NBM+RL	100ml						600ml	0		
	06:00 pm	NBM+RL	100ml						100ml	0		
	07:00 pm	NBM+RL	100ml						100ml	0		
<b>Total Intake :</b> 1300ml					<b>Total Output :</b> 800ml							
	08:00 pm	NBM-RL	100ml						100ml	0		
	09:00 pm	NBM-RL	100ml						100ml	0		
	10:00 pm	NBM-RL	100ml						100ml	0		
	11:00 pm	H2O PL	100ml						100ml	0		
	12:00 am	H2O PL	100ml						100ml	0		
	01:00 am								100ml	0		
<b>Total Intake :</b>					<b>Total Output :</b> 600ml							
	02:00 am	H2O							100ml			
	03:00 am	H2O							150ml			
	04:00 am								100ml			
	05:00 am								100ml			
	06:00 am	H2O							100ml			
	07:00 am								100ml			
<b>Total Intake :</b>					<b>Total Output :</b> 600ml							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2000ml

20/6/26

Abdomen - curtl - 9:30pm - 46 (cont. Pwch)

21/6/26

1:30AM - 109cm

5:30AM - 105cm

21/6/26

→ Every with hourly

⇒ 9AM - 106 - cm

⇒ 2pm - 113 cm

⇒ 6pm - 106 - cm.





# FLUID CHART

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

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
22/6/26	08:00 am											P. Raj 22/6/26 @ 12 PM
	09:00 am	Jelly								✓		
	10:00 am											
	11:00 am	H <sub>2</sub> O					✓			✓		
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
22/6/26	02:00 pm											Padma 22/6/26 @ 3 pm
	03:00 pm	Oral H <sub>2</sub> O								✓		
	04:00 pm											
	05:00 pm											
	06:00 pm	H <sub>2</sub> O								✓		
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
23/6/26	08:00 pm	Rice										Akash 23/6/26 @ 2 AM
	09:00 pm	H <sub>2</sub> O								✓		
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
23/6/26	02:00 am											Akash 23/6/26 @ 8 AM
	03:00 am	H <sub>2</sub> O										
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

22/6/26 Abdominal girth.

4 pm → 110 cm.

VIH-00159654 IP-00060421  
 Mrs SRI DIVYA VEETUKURI  
 20-08-1996 29 Y 10 M 0 D (F)  
 Dr. KAPPAGANTULA APARNA



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NI .....  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: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. METRONIDAZOLE	500 MG	IU	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. TRANEXAMIC ACED	1 GM	IU	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SUPPOSITORY PARACETAMOL	250 MG	PR	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SUPPOSITORY DILLOFENAC	100 MG	PR	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NEKHITA .....

Date & Time : ..... 20/6/2026 11 PM .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 20/6/26 11 PM .....



A

## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Cough Syrup .....  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: ..... LW ..... Shifted to: ..... O-T .....

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	T. METFORMIN	250mg	PO	12TH HOURLY	19/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. IRON	1TAB	PO	ONCE DAILY	19/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CALCIUM	1TAB	PO	ONCE DAILY	19/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. FOLIC ACID	1TAB	PO	ONCE DAILY	19/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Youeshwari .....

Date & Time : ..... 20/6/2026 2PM .....

Nurse Name & Signature: ..... Aparna Das .....

Date & Time : ..... 20/6/26 2PM .....

VIH-00150654 IP-00060421  
Mrs BRI DIVYA VEETUKURI  
20-08-1996 29 Y 10 M 0 D (F)  
Dr. KAPPAGANTULA APARNA



# DRUG CHART

Date of Admission: 20/6/2026 Drug Allergies: cough syrup  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

Signature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight..... 83KG Ward..... 4W

DRUG : TAB. PARACETAMOL				Date Time
Dose 500mg	Route PO	Frequency 6 HRLY	Start Date 20/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				<del>STOP 20/6/26 9:45 PM DR. YOGESHWARI</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. TRAMADOL				Date Time
Dose 100mg	Route PO	Frequency 8 HRLY	Start Date 20/06	
Name & Signature of the Doctor Starting the Drugs: DR. M. VINETHA				<del>STOP 20/6/2026 5 PM DR. YOGESHWARI</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : SUPPOSITORY PARACETAMOL				Date Time
Dose 250mg	Route PR	Frequency 12TH HOURLY	Start Date 20/6/26	12 PM
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				<del>STOP 20/6/2026 2 PM DR. YOGESHWARI</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : INJ CEFOTAXIME				Date Time
Dose 1gm	Route IV	Frequency 12TH HOURLY	Start Date 20/6/26	6 AM
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				<del>STOP 22/6/2026 2 AM DR. YOGESHWARI</del>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Chatt 20/6/26



Patient Name :	I.P. No.	Sheet No. <b>②</b>	Wards <b>E/W</b>	Weight (kg) <b>83kg</b>
----------------	----------	--------------------	------------------	-------------------------

REGULAR PRESCRIPTIONS

Chitr 2016/26

DRUG : T. PANTOPRAZOLE				Date	21/6															
				Time	2/6															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	ONCE DAILY	20/6/26																	
Name & Signature of the Doctor starting the Drugs:				Am																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Chitr 2016/26

DRUG : SUPPOSITORY DICLOFENAC				Date	20/6															
				Time	2/6															
Dose	Route	Frequency	Start Dt.																	
100mg	PR	12TH HOURLY	20/6/26	8AM																
Name & Signature of the Doctor starting the Drugs:				9PM HOLD																
Additional Instructions:				STOP 22/6/2026 2 PM DR YOUGESHWARI																
Daily Doctor's Endorsement by a Sign.																				

S. macy Comal 22/6/26

DRUG : T. CEFUROXIME				Date	22/6															
				Time																
Dose	Route	Frequency	Start Dt.																	
500mg	PO	12TH HOURLY	22/6/26	10 AM																
Name & Signature of the Doctor starting the Drugs:				DR YOUGESHWARI																
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign.																				

S. macy Comal 22/6/26

DRUG : T. PARACETAMOL				Date	22/6															
				Time																
Dose	Route	Frequency	Start Dt.																	
650mg	PO	12TH HOURLY	22/6/26	12 PM																
Name & Signature of the Doctor starting the Drugs:				5 PM																
Additional Instructions:				T. Dolo 650mg																
Daily Doctor's Endorsement by a Sign.																				



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

**REGULAR PRESCRIPTIONS**

<b>DRUG : T. ACELO</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:				<p><i>STOP.</i></p> <p><i>Dr Yogeshwari</i></p> <p><i>22/6/2020</i></p>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

S. maceel kumar 22/6/20

<b>DRUG : T. ACELOFENAC + PARACETAMOL</b>				Date	22/6/20															
				Time	8 AM															
Dose	Route	Frequency	Start Dt.																	
325 + 100mg	PO	12TH HOURLY	22/6/20																	
Name & Signature of the Doctor starting the Drugs:				<p><i>Dr Yogeshwari</i></p> <p><i>9 PM</i></p>																
Additional Instructions:				T. HIFENAC - P																
Daily Doctor's Endorsement by a Sign.																				

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

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

VIH-00159854 IP-00080421  
Mrs SRI DIVYA VEETUKURI  
20-08-1996 29 Y 10 M 2 D (F)  
Dr. KAPPAGANTULA APARNA



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

**REGULAR PRESCRIPTIONS**

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

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

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

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





Weight: 83kg Ward: 11a

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6/26	1:50 PM	INS CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	[Signature]	[Signatures]
20/6/26	1:40 PM	INS PANTOPRAZOLE	40mg	IV	[Signature]	[Signatures]
20/6/26	1:40 PM	INS METOCLOPRA -MIDE	10mg	IV	[Signature]	[Signatures]
20/06	3:21 PM	WT CARBETOCIN	100 mcg	IV	[Signature]	Rakesh [Signature]
20/06	3:25 PM	INS TRANEXAMIC ACID	1gm	IV	[Signature]	Rakesh [Signature]
20/06	4:00 PM	SUPP TRAMADOL	100 mg	PR	[Signature]	Rakesh [Signature]
20/6/26	4:40 PM	T. MISOPROSTOL	400 MCg	SUBLIN -GUAL	[Signature]	Vaishnavi [Signature]
20/6/26	4:40 PM	T. MISOPROSTOL	200 MCg	PR	[Signature]	Vaishnavi [Signature]
20/6/26	9 PM	INS PARACETAMOL	1gm	IV	[Signature]	[Signature]

Signature: \_\_\_\_\_  
 VERIFIED BY: Name \_\_\_\_\_

Phik  
20/6/26



I.V. FLUIDS CHART

Weight: 83kg Ward: 2/W

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

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
20/6/26	1:40 pm	RINGER LACTATE	IV	FF	Y	<del>W</del> W	20/6	<del>W</del> W	<del>W</del> W
20/6/26	2:20 pm	RINGER LACTATE	IV	100ml/hr	Y	<del>W</del> W	20/6	<del>W</del> W	Rakesh W
20/6/26	3:10 pm	RINGER LACTATE	IV	900ml/hr	W	Rakesh W	20/6	W	Rakesh W
20/6/26	9 pm	RINGER LACTATE	IV	100ml/hr	W	<del>W</del> W	20/6	<del>W</del> W	<del>W</del> W