

ACTIVITY FOR BILLING

VIH-00198879 IP-00060348
Mrs PEDYALA KAVYA SREE
19-07-1999 26 Y 10 M 27 D (F)
Dr. SRILATA PATNAIK

Name: -----

UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 15/6/26 Time: 8:03 AM Date of Discharge: 15/6/26 Time: 2 PM

Room / Bed No: 220 Ward: G/W Suggested Billable bed type: -----




WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	2:26 PM	L/W	OT	[Signature]
15/6/26	9:10 PM	OT	MICU	[Signature]
15/6/26	10:00 PM	MICU	Room (202)	[Signature]

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/6/26	IV Placement	①	3090398	
	Crown checked	by	G. Stemi	15/6/26 at 8 am
15/6/26	PAC	①	3090489	
15/6/26	catheterisation	①	3090490	
no 880 checked by team 15/6/26 at 6:40pm				
/				

ANY OTHER INFORMATION

.....

.....

.....

.....



.....

.....

Date: 17/6/26

Time: 2 PM

Prepared By: S. Nela
17/6/26
C 2 PM

<p>Staff Nurse</p> 	<p>Shift / Ward</p> 	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
--	---	--------------------------	---------------------------



Name	Mrs PEDYALA KAVYA SREE	UHID	VIH-00198979
Father/Guardian	Mr RAGHUNANDAN	Age/Gender	26 Y 10 M 27 D/Female
Address	..., State Bank Of India, Hyderabad, Telangana, INDIA, 500095		
IP No	IP-00060348	Admission Date	15-06-2026
Ref Doctor	Self	Discharge Date	17-06-2026

DISCHARGE SUMMARY

Consultants: Dr. SRILATA PATNAIK, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

Diagnosis: Primigravida with 34+2 weeks with Hypothyroidism with Preterm Premature Rupture of Membranes for Steroid Coverage & Observation.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 15.06.2026.

History:

LMP: 16.10.2025

Obstetric formula: Primigravida

EDD: 25.07.2026

Gestation at admission: 34+2 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Nil

Family History: Nil

Surgical History: Nil

Allergies: Nil

Name	Mrs PEDYALA KAVYA SREE	UHID	VIH-00198979
------	---------------------------	------	--------------

Antenatal Details: Mrs PEDYALA KAVYA SREE was booked to Rainbow hospital since conception. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism since conception & was on Tab. Thyroxine 37.5 mcg. She had h/o chicken pox at 25 weeks & was managed conservatively. She came with c/o leaking pv at 34+2 weeks. She was admitted at 34+2 weeks with Hypothyroidism with Preterm Premature Rupture of Membranes for Steroid Coverage & Observation.

Investigations: Enclosed, Blood group: "**A**" **POSITIVE**

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long, closed. On per speculum examination, leaking present, liquor clear. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. One dose of Inj. Betnesol 12 mg IM given after checking GRBS. CBP, CRP, CUE, urine culture sensitivity, HVS were sent. Growth scan done on 15.06.2026 showed, SLIUF, 34+2 weeks, cephalic, AFI- 6.6 cm s/o oligohydramnios, EFW- 2278 gm, AC- 11 %, Placenta - posterior high, dopplers-normal. Patient & attenders explained regarding preterm premature rupture of membranes & oligohydramnios with presumed fetal distress & need for emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view of PPRM & oligohydramnios, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully

Name	Mrs PEDYALA KAVYA SREE
-------------	------------------------

UHID	VH-00198979
-------------	-------------

opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered by using forceps. Short umbilical cord noted. 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. Placenta sent for HPE. Uterus closed in layers. One seedling fibroid of 1 cm size noted over posterior uterine wall. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum & 400 mcg intracavitary as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 15.06.2026
 Time of Delivery: 3:09:40 PM
 Type of Delivery: Emergency LSCS
 Indication: Preterm premature rupture of membranes with oligohydramnios.
 Analgesia: Spinal

Baby Details:

Date: 15.06.2026
 Time: 3:09:40 PM
 Sex: Male
 Weight: 2.525 kg
 Apgar: 8/10 ,10/10.
 Gestational Age: 34+2 weeks.
 NICU Admission: Yes.

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given

Name	Mrs PEDYALA KAVYA SREE	UHID	VIH-00198979
------	---------------------------	------	--------------

thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Ceftum (Cefuroxime-500mg) twice daily till 21.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 21.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 21.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 21.06.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 37.5 mcg once daily on empty stomach till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after one week on 21.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

Name	Mrs PEDYALA KAVYA SREE	UHID
------	------------------------	------

Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean Section

Care of the wound:

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

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

Name: *Raghumandan*

Raghumandan.
Signature:

Relationship: *Husband*

This summary was explained by:

Summary prepared by: Dr.

Spatul

Dr. SRILATA PATNAIK
MBBS MD

Registrar/Resident/C.M.O

PatientName : Mrs PEDYALA KAVYA SREE
Age/Gender : 26 Y 10 M 27 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 220

Inpatient No. : IP-00060348
Admit Date : 15-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :15-06-2026 08:03			
HEMOGLOBIN (Colorimetry)	10.1	g/dL	L 12 - 16
RBC COUNT (DC detection method)	4.20	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	30.0	VOL%	L 33 - 51
MCV (Calculated)	71.3	fL	L 80 - 100
MCH (Calculated)	24.1	pg/cells	L 26 - 34
MCHC (Calculated)	33.8	g/dL	32 - 36
RDW-CV (Calculated)	14.3	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	287	10 ⁹ /L	150 - 450
MPV (Calculated)	9.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.72	10 ⁹ /L	4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	73	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	23	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	3	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(+) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :15-06-2026 08:03			
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		
CHEMICAL			
PROTEIN (Protein error of pH indicator)	NIL		
GLUCOSE (GOD POD method)	NIL		

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 PEDYALA KAVYA SREE Inpatient No. : IP-00060348
 Age/Gender : 26 Y 10 M 27 D/ Female Admit Date : 15-06-2026
 Ward/Bed : N 2F-LABOUR WARD/ LW 220 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT +		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	3 - 5	HPF	L 0 - 5
EPITHELIAL CELLS	3 - 4	HPF	L 0 - 5
RBCS.	2 - 4	HPF	L 0 - 2



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 08:03			
CRP (Immunoturbidimetry)	20	mg/L	H <10



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 :15-06-2026 08:23			
RANDOM BLOOD GLUCOSE (GOD/POD)	103	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
BLEEDING TIME/CLOTING TIME (Specimen : BLOOD)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 12:49			
BLEEDING TIME	2 MIN : 30 SEC	min.	1 - 5
CLOTING TIME	6 MIN : 00 SEC		3 - 7



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VH-00198979 IP-00060348

Mrs PEDYALA KAVYA SREE

19-07-1999 26 Y 10 M 27 D (F)

Dr. SRILATA PATNAIK

Patient

Ward:



IP.No: 60348

DOA: 15/6/26

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060348 Admit Date : 15-Jun-2026 Admit Time : 08:03 AM UHID : VIH-00198979

Patient Details :

Patient Name : Mrs PEDYALA KAVYA SREE Age : 26 Y 10 M 27 D
Guardian : Mr RAGHUNANDAN DOB : 19-07-1999
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : .. State Bank Of India Hyderabad Telangana Phone No : 9014537526/ 9092496639
INDIA 500095 E-mail : na@gmail.com

Admission Details :

Bed Type : MICU Bed No : LW 220 Ward Name : N 2F-LABOUR WARD
Room No : LW 220 Admission Type : First Visit

Contact Details :

Name : Mr RAGHUNANDAN Relationship : W/O
Contact Address : .. State Bank Of India Hyderabad Telangana Phone No : 9014537526 / 9092496639
INDIA 500095

Signature

Doctor Details :

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

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 20000.00
Payor Name : SELFPAY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify CTD
 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: P/v Bleeding Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Aneshay
 Time Notified: 7:30 Am

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>nil</u>	<u>no</u>

<p>Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>16/10/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
--	--	---

Obstetric History: G P nil L A

Previous LSCS: no

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

Vital Signs / Measurements: Temp: 98.6 F HR: 82/mt RR: no/mt
 BP: 118/2mmHg Weight: 78.9 kg Height: 158 cm BMI: 31.6 kg/m²

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

VIH-00198979 IP-00060348
Mrs PEDYALA KAVYA SREE
19-07-1999 26 Y 10 M 27 D (F)
Dr. SRILATA PATNAIK



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 14 (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. Campasru

Name of Person Orientation was given to: Mrs. Campasru


Orientation not given Reason:

Nurse Signature: *[Signature]*

Nurse Name: A. Suman

Date & Time: 15/6/26 at 7 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00198979 IP-00060348 Mrs PEDYALA KAVYA SREE 19-07-1999 26 Y 10 M 27 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 15/06/26 @ 8:03 AM	Date & Time of Transfer Order 15/06/26 @ 4:10 PM
Transfer Ordered by Dr. Vineetha		Reason for Transfer Post op care	
From Unit OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 44	Number of Imaging Films 10 ST (3)	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"/>			
Name & Signature of Person who is Transferring Sr. Ruby. P.		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical Records Received by : Jyothi			
Date & Time of Patient Received : 15/06/26 @ 11:40 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

PATIENT TRANSFER FORM



VIH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK



Date & Time of Admission <i>15/6/26 @ 8:03 AM</i>		Date & Time of Transfer Order <i>15/6/26 @ 2:26 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Nikhita.</i>	Reason for Transfer <i>EM. LSCY</i>
From Unit <i>ICW</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>40</i>	Number of Imaging Films <i>NST 8</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>nil</i>	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No
Dr. Nikhita

Name & Signature of Person who is Transferring <i>Srs. Rami</i>	Name of Person Ordered Transfer <i>Dr. Nikhita.</i>
--	--


Patient & Clinical Records Received by :
mayia

Date & Time of Patient Received : *15/6/26 2:26pm*

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

PATIENT TRANSFER FORM

Patient Name & UHID No. AH-00188979 IP-00060348 Mrs PEDYALA KAVYA SREE 9-07-1999 26 Y 10 M 27 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 15/6/26 @ 8:03 AM	Date & Time of Transfer Order 15/6/26 @ 10:00 AM
Transfer Ordered by DR. Yogeshwari		Reason for Transfer observation	
From Unit MICU.	To Unit ROOM [202]	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 38	Number of Imaging Films NST - 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tabl - Paracetamol 1 gm	13	
2.	Tabl - Diclofenac 50mg	10	
3.	Tabl - TRAMADOL 100mg	10	
4.	Tabl - Pantoprazole	10	
5.	Under pad	1	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring SR - <i>[Signature]</i>		Name of Person Ordered Transfer DR. Yogeshwari	
Patient & Clinical Records Received by : <i>[Signature]</i>			
Date & Time of Patient Received : 15/6/26 @ 10:20 PM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came to clo leaking PV since Morning

Obstetric Formula: *Primigravida.*
ML- 3yas NCM.

Obstetric History:

G1 - PP, Spontaneous conception.

LMP: 16/10/25

EDD:

Corrected EDD: 25/12/26

GA:

34+2 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ~ 34 weeks

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

⊕ 148 bpm

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Present Pregnancy Record: Booked to RCH since conception. H/o chickenpox at 25 weeks and was managed conservatively. Inj. TT two dose (TACHICOUR BOOMD)

RISK FACTORS: Taken. She was diagnosed

⊖ Hypothyroidism since conception & is on L-TYROXINE 37.5 mg.

- Preterm Premature Rupture of Membranes.

- Hypothyroidism (37.5 mg)

Height: 158 cm

Weight: 78.9 kg

Allergies: ALL

Breast: Normal Abnormal

General Examination:

Consciousness: etc

Pallor: ⊖

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 84 bpm

BP: 110/75 mmHg

DTR: ⊕

CVS: S1 S2 ⊕

RS BAE ⊕

Liver/Spleen: ⊖

Urine Output: Adequate

DIAGNOSIS

Primigravida with 34+2 weeks with hypothyroidism with Preterm Premature Rupture of Membranes with anemia for observation / steroid coverage.



<p>Family History:</p> <p>NIL</p>	<p>Surgical History:</p> <p>NIL</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>Alleyika - NIL</p>
<p>Plan of Care: <u>CS to Dr. Srilata Mann</u></p> <ul style="list-style-type: none"> - Admission GRBS - 103 mg/dL - FHR monitoring - Pains preparation - \textcircled{N} diet - Monitor vitals - Follow drug chart - Ij. Betamethasone 12mg, 2 doses qm 12 hrs apart - NST 6th hly - send CRP, CRP, HVS, CUE, Urine c/s - Inform SOS - Growth scan today <p>Noted by Karan @ 7:30 AM 15/6/26</p>	<p>Investigations: BLOOD GROUP - 'A' POSITIVE</p> <p>HIV } 11/6/26 HbsAg } TSH - 2.07 HCV } MR. CBP - 10.1 / 11.63 / 3.49 L VDRL } 15/6/2026</p> <p>BT - 2:30 sec CT - 6 min</p> <p><u>APPOARTH Scan (2/6/26)</u>. <u>TIFFAICAM (12/3/26)</u>.</p> <p>SLIUF. SLIUF 32+3 weeks 20+4 weeks Cephalic. CL - 33mm.</p> <p>PI - Post, High. (Both lateral ventricles of brain measures 8.1mm, 8.8mm. are in normal limits)</p> <p>AFI - 14.3cm. Echogenic foci in both cardiac ventricles</p> <p>EPW - 2.112kg. - No anomalies.</p> <p>AC - 31Y.</p> <p>Dopplers - \textcircled{N}</p> <p>FHS - low risk</p> <p><u>NT Scan (16/1/26)</u> SLIUF, 12+6 wks. NT - 11.6mm Nasal bone $\textcircled{+}$ CL - 31mm.</p>

Doctor Name: Dr. Greesha
 Signature: [Signature]
 Date & Time: 15/6/26, 7:30 AM

Consultant Name: Dr. SRILATA PATNAIK
 Signature: [Signature]
 Date & Time: 15/6/26, 7:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 7 AM	o/e pt is c/c/c GC fair Afebrile	Adv - diet Clear liq
1st dose	BP- 110/78 mmHg PR- 84 bpm	- W/F leaking pv/contractions - Bed rest & foot end elevation
Sup: Betnesol 12mg 2mg glon @ 7 AM	S/E - NAD P/A - Ut ~ 34 wks Relaxed FHR ⊕ 148 bpm	- FHR monitoring - NST 6th hrly - Monitor vitals
Trace HVS, CRP, CRP, CVG, Urine c/s	P/S - No active leak White discharge ⊕ HVS taken	- Follow drug chart - Inform soc.
Growth scan today	V/E - Cx long Os - closed F	<i>Dr. Yogeshwar</i>
Noted by <i>Dr. Ran</i> 15/6/26 9:30 AM	@ 7 AM 15/6/26 o/e pt is c/c/c GC fair	Adv - clear liquids - W/F Leaking pv / contraction - Bed rest & foot end elevation.
1st dose inj Betnesol given at 7 AM 2nd dose at 7 PM	Afebrile BP- 110/72 mmHg PR- 86 bpm	- FHR monitoring continuously - NST 6th hrly
Trace HVS, CRP, CVG, Urine c/s	S/E - NAD P/A - Ut ~ 34 wks Relaxed FHR ⊕ 148 bpm	- Monitor vitals - Follow drug chart - Inform
Growth scan today	V/E - Leak ⊕	

*Noted by Ran
15/6/26 @
a:30pm*

Dr. Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 9:46 AM	C/S/B pr. srilata mam	
	o/e	Adv
	PT ps c/c/c	- Bed rest & foot end elevation
Growth scan today	u/c fair	- Continuous FHR monitoring
	Afebrile	- monitor vitals
	BP - 112/72 mmHg	- Follow drug chart
	PR - 86 bpm	- pad for observation
Trace CBP, CRP, WBC, Ucs, HUS	S/E - NAD	- padt preparation
	P/A - ut ~ 34 wks	- NST 4th hourly
	Relaxed	
1st dose Betnesol given at 7 AM	FHR ⊕ 150 bpm	
	P/S - leak ⊕	→ Inj Kexolan
	Ex lung, Post	deput severe
	as if high	Instat
	? memb ⊕	→ Em. Lec
	liquor clear	if MEL / spinal
	PPVx kshup	fetal chshw /
		alline leaky w
		& unfavourable
		Es,
15/6/26 10 AM	C/I to Dr. srilata mam	
	CBP - 10.1 / 10720 / 2.87L	
	CUE - Blood ⊕	
	pus cells - 3-5	
	Epithelial cells - 3-4	
	RBCs - 2-4	
	CRP - 20	
		DR. Nikita

Hgb = 10.1 g/dl
 CRP = 20
 TCC = 10,000/mm³

Noted by Ravi
 15/6/26 @ 10 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref No.: F / HW / PGN / INPR / 15
VIH-00198979 IP-00060348
Mrs PEDYALA KAVYA SREE
19-07-1999 26 Y 10 M 27 D (F)
Dr. SRILATA PATNAIK

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/06/2026	12:40 pm	c / J to Dr. Srilata mam
		Growth scan -
		SLIUF
		34+2 wks
		Cephalic
		placenta - post. high
		AFI - 6.6 cm. largest pool - 3.3 cm. (oligohydramnios)
		Ac - 11.1
		EFW - 2278 gm
		Dopplers - (N)
Noted by Ran 15/6/26 @ 12:40 pm		Dr. Nikita
15/6/26	1 pm	Counselling Notes
		patient and attenders explained about presence of active leak and oligohydramnios and risk of fetal distress and need for emergency LSC and they opted for it
		- Monitor FHR
		- NBM
		- Neonatal counselling
		- PAC IOPRBC Reserved at Puchira
		- BR, CT send
		- foley's catheterization part preparation
Noted by Ran 15/6/26 @ 1 pm		Dr. Yogeshwar

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

15/6/2026
4:20 pm

PLI
Hypothyroid

U/O
150 ml
clear, adequate

POD-0 (post LSCS)

O/E - pt is c/c/c

Gc - Fair

Afebrile

BP - 111/74 mmHg

PR - 77 bpm

S/E - NAD

PIA - ut ~ w/R

soft, BS $\frac{+}{-}$

L/E - NAB

Baby - NICU

Adv:

- NBM for 6 hours
- Rest
- I/O charting
- monitor vitals
- w/F bleeding pv
- Follow drug chart
- Inform sos

Dr. Nikhita

Notes by

15/6/26 at 4:20 PM

15/6/26
9 pm

POD-0 (Post LSCS)

O/E

pt is c/c/c

ac fair

Afebrile

BP - 109/60 mmHg

PR - 100 bpm

S/E - NAD

PIA - ut ~ w/R

soft, BS $\frac{+}{+}$

L/E - NAB

Baby - NICU

per vaginal examination done
No active bleeding

15/6/26 @ 9 pm

Adv

- clear liquids
- soft diet at 6 AM (6 AM)
- I/O charting
- monitor vitals
- w/F bleeding pv
- Follow drug chart
- Inform sos
- Adequate hydration

U/O - 650 ml
clear
adequate

pt can be
shifted to
room

Notes by

Dr. Yogeshwari



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-1 (LSCS)	
16/6/26 7 AM	O/E Pt is c/c/c Gc fair Afebrile BP- 113/61 mmHg PR 86 bpm S/E - NAD PIA - ut ~ WR Soft BS (+) f f	Adv - Soft diet - Monitor vitals - Adequate hydration - Ambulation - Follow drug chart - W/F bleeding pv - Inform sos
UD - 2100ml clear adequate Remove foley's		
Motion not passed	L/E - NAB. Baby - NICU.	
		Dr Yogeshwar
Noted by Alekhya 16/6/26 @ 8am		
16/6/2026 3 pm	POD-1 (LSCS) O/E - pt is c/c/c Gc - fair Afebrile BP - 110/70 mmHg PR - 80 bpm S/E - NAD PIA - ut ~ W/R Soft, BS (+) L/E - NAB. Baby - NICU	Adv: - Soft diet - monitor vitals - Adequate Hydration - Ambulation - Follow drug chart - W/F bleeding pv - Inform sos.
urine passed Motion not passed.		
		Dr. Nikhita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/2026 8:30 pm	POD-1 (LSCS)	Adv:
urine passed motion not passed	O/E - pt is c/c/c Gc - Fair Afebrile BP - 100/67 mmHg. PR - 75 bpm S/E - NAD P/A - ut ~ w/r. soft, BS (+) U/E - NAB. Baby - NFW	(N) diet - Adeq Hydration - Ambulation - w/f bleeding PV - monitor vitals - Follow drug chart - Inform sas.
		Dr. Niklita
		note by Peta 16/6/26 3pm
17/6/2026 7:45 Am	POD-2 (LSCS)	Adv:
urine passed motion not passed	O/E - pt is c/c/c Gc - Fair Afebrile BP - 106/69 mmHg. PR - 81 bpm S/E - NAD P/A - ut ~ w/r. soft, BS (+) U/E - NAB. Baby - NFW	(N) diet - Adeq Hydration - Ambulation - w/f bleeding PV - monitor vitals - Follow drug chart - Inform sas.
		Dr. Niklita

VIH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE 26 Y 10 M 27 D (F)
 19-07-1999
 Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.6.26 10 AM	[2nd POD]	S B D Bilalala
Baby at Mother's breast Can be discharged tomorrow by	<p>Refire</p> <p>Vitals stable</p> <p>Lupheron MD</p> <p>PIA - soft</p> <p>Wt 11.5 kg</p> <p>BP 100/70</p> <p>Low Lochia</p>	<p>① No anal diet</p> <p>② No oral</p> <p>S</p>
<p>Note by Rajeev 17/6/26 9081</p>		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. PEDYALA KAVYA SREE Gender: Male Female Age : 26 YEARS
 UHID No : UH-00198979 / 60348 Date : 15/6/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION:
 upon MRS. PEDYALA KAVYA SREE
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION & ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE, INFECTIONS, NEED FOR BABY TRANSFER TO NICU.

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. SRILATA PATNAIK

Consentee :

Signature : [Signature]
 Name : MRS. PEDYALA KAVYA SREE
 Date & Time : 15/06/2026 4pm

Patient Attendant :

Signature : [Signature]
 Name : Raghunandan
 Relationship with Patient: Husband
 Date & Time : 15/06/2026 4pm

Witness :

Signature :
 Name :
 Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : DR. NAUSHEEN
 Date & Time : 15/06/2026 4pm

CONSENT FORM FOR GENERAL ANAESTHESIA / MONITORED ANAESTHESIA (

IH-00198979 IP-00060348
Mrs PEDYALA KAVYA SREE
9-07-1999 26 Y 10 M 27 D (F)
Dr. BRILATA PATNAIK



Patient Name : Mrs. Kavya Sree Age : 26 yrs Gender : Male Female

UHID NO: VH-00198979 Surgeon Name: Dr. Srilatha

Anaesthesiologist : Dr. Srilatha

Operative procedure planned : Emergency lower segment caesarean section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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. Kavya Sree the above mentioned operation / Diagnostic / Therapeutic procedures Emergency

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 : P. Kalya Sree

Name : Mrs. Kalya Sree

Relationship with Patient: self

Date & Time : 15/6/26 1:30pm

Witness :

Signature : [Signature]

Name : Dr. Nikhita :

Date & Time : 15/6/26 1:45 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. SARITHA

Date & Time : 15/6/26 1:30pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Age: Sex: UHID.No :

Date: Time: Proposed Operation: Sur. Ucs

Diagnosis: Piini E 36⁺ weeks E Hypothyroidism E preterm E PPRDM

B.P / CRT: 110/80 H.R: subpm Weight: 78.9kg ASA Physical Status: 1 2 3 4 5

15/6/26

Laboratory Data:

Hgb: <u>10.1</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>10,720</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2.8</u>	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS :

RESP :

Diabetes :

CNS :

Renal :

Hepatic / GE :

Physical Activity: good

Others : h/o Hypothyroidism

Past Anaesthetic History: Nil

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening:

Mentohyoid Distance:

Neck:

Teeth:

Lungs : cl-clear

Heart: S2

CNS:

Pregnant: Yes No NA

Venous Access Site : LUL Spine Exam for regional :

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T-Thyronin</u>	<u>37.5mg</u>

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL
 → Water / ORS 2 Hours
 → Others 6 Hours
 carrot juice at 10 AM
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Santhi

VIH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK



ANAESTHESIA CHART



Pre Induction Assessment

Change in Patient Condition: Yes No

Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 100/min B.P / CRT: 104/62/44 SpO₂: 100% R.R: 16/min Last Feed: _____

Pre-OP Diagnosis: Mild to Moderate Hypothyroidism Operation: Emergency LSCS Date: 15/06/26

Surgeon: Dr. Srilata Patnaik Anaesthesiologist: Dr. Sankar / Dr. Virendra Technician: Ms. Vasudha

TIME	2:05	2:15	2:30	2:45	3:00
N ₂ O / AIR / O ₂ LPM					
HALO / SO / SEVO					
Drugs:					
	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
ETCO ₂	<u>CR</u>	<u>CR</u>	<u>CR</u>	<u>CR</u>	<u>CR</u>
ECG					
Temperature					
Urine Output					
Fluids Blood					
B.P					
V Systolic					
A Diastolic					
X Mean					
• Heart Rate					
Tourniquet on Time					
Tourniquet off Time					
Throat Pack In					
Throat Pack Out					

LAB Values

FiO₂ _____ SaO₂ _____

ETCO₂ _____

ECG _____

Temperature _____

Urine Output _____

<input checked="" type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <input type="checkbox"/> Cuff Size: <u>20L</u> <input type="checkbox"/> Art Site: _____ <input checked="" type="checkbox"/> EKG Lead <u>2 lead</u> <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input checked="" type="checkbox"/> Other Times: Anaes Start: <u>2:00 PM</u> OP Start: <u>2:05 PM</u> OP End: <u>4:00 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"/> APT: _____ <input checked="" type="checkbox"/> IV: <u>20L, 18G</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O <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-L3</u> Needle Size: <u>25G (W)</u> Depth: _____ Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>0.5% (4) Bupivacaine</u> <u>2cc to 0.5cc (2mg) Bupivacaine</u> Bolus: _____ 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 Name of the Doctor: <u>DR. M. VIRENDRAN</u> Signature of the Doctor: _____
--	---	--	---

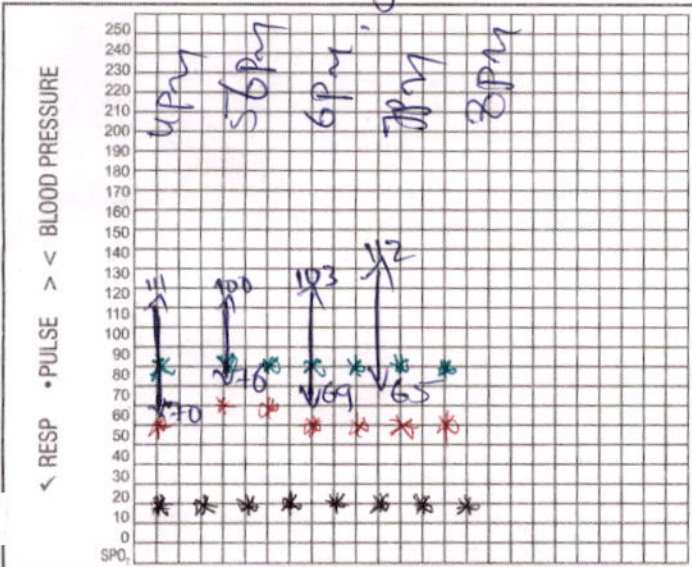
Antibiotic
 Suppository
TRANADOL 100mg PR
Diclofenac PR 100mg PR
 Blood Loss

NOTES



POST-ANAESTHESIA UNIT JNIT RECORD

Received in PACU by : SR Jyothi Time Received : Up on Time Discharged : 10:00 PM



IV Cannula Site : Yes
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug: AS per doctors order.
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral : Yes No
 IV Fluids : Yes
 Oral Feeds : _____

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	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 deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2	2	
TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/6/26	6 PM	2 score	Analgesic given	Jyothi

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name : DR. M. VINAYATHA
 Anaesthesiologist Signature: _____
 Date & Time: 15/6/26
 PACU Nurse Name : SR. Anuradha
 PACU Nurse Signature: _____
 Date & Time: 15/6/26 @ 6 PM

Reassessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post surgical patient, patient with chronic pain, patient with severe pain
 a. Every 2 hours for first 24 hours
 b. After 24 hours every 4 hours
 c. Prior to pain relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): SR. Anuradha Ram (202)
 Date & Time: 15/6/26 @ 6 PM

VIH-00198879 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Santata Patnaik
 Asst. Surgeon: Dr. Pasrao / Dr. Nibitha
 Anaesthetist: Dr. Santan / Vineetha
 Scrub Nurse: sr. maria / B. Harif.

VIH-00198979 IP-00060348
 Mrs. PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK

Age: 26yr Gender: F
 Emergency Name: EM-LCS

Date: 15/6/26 In-time: 3pm Out-time: 4pm



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>2:55pm</u>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does Patient have a:		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature: <u>[Signature]</u>		
Name: <u>DR. M. VINASTHA</u>		

TIME OUT		Time: <u>3pm</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>P. Kavya Sree</u>		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<u>EM-LSCS</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>PPH 45min 1000ml</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Anaesthesia Team Reviews: <u>Hypotension</u>		
Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Signature: <u>[Signature]</u>		
Name: <u>Arby</u>		

SIGN OUT		Time:
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: <u>[Signature]</u>		
Name: <u>Dr. Nikhita</u>		



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. SRILATA PATNAIK.	Date of Delivery: 15/06/26
Assistant Surgeon: DR. FARNAAZ / DR. NIKITHA	Time of Delivery: 03:09 PM (40 sec)
Anaesthetist's Name: DR. VINEETHA / DR. SARITHA	Gender of Baby: MALE.
Type of Anaesthesia: SPINAL	Weight of Baby: 2.525 kg
Neonatologist: DR. VISHAL	AGPAR Score: 8/10 10/10
Scrub Nurse: Sr. MARIA / Br. ARIF	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: *Pregnant with 34+2 wks with hypothyroidism & preterm premature rupture of membranes for steroid coverage + emergency LSCS.*

Urgency: Elective Emergency

Indication: *Preterm premature rupture of membranes with oligohydramnios.*

Decision time: *15 min.* Knife to rectus:

CTG Description: *Reassuring*

If there was a delay give the reasons:

Surgical Procedure: *Emergency lower segment caesarean section under spinal anaesthesia.*

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No *seedling fibroid of approx size 1 cm noted over post uterine wall.*
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT (N) Complete Incomplete Piecemeal
 Cord Appearance: (N) *Short cord* Cord around the neck Yes No
 Appearance of placenta: (N) Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers *Catgut 1.0, Vicryl 1.0* Suture
 Peritoneal Closure: Pelvic Abdominal None Suture
 Sheath Closure: *Vicryl No. 1* Suture
 Fat Closure: Yes No *Catgut 1.0* Suture
 Skin Closure: Subcuticular Mattress *Monocryl 3.0* Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in *12 hrs* days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
 - NBM for 6 hours
 - Rest
 - No chesting
 - monitor vitals
 - w/f bleeding pu
 - Follow drug chart
 - Inform SAs
(Signature) Dr. Nikhita

Doctor Name: Dr. Seelata Patraik Doctor Signature:
 Date & Time: 15/06/2026

VH-00198879 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK

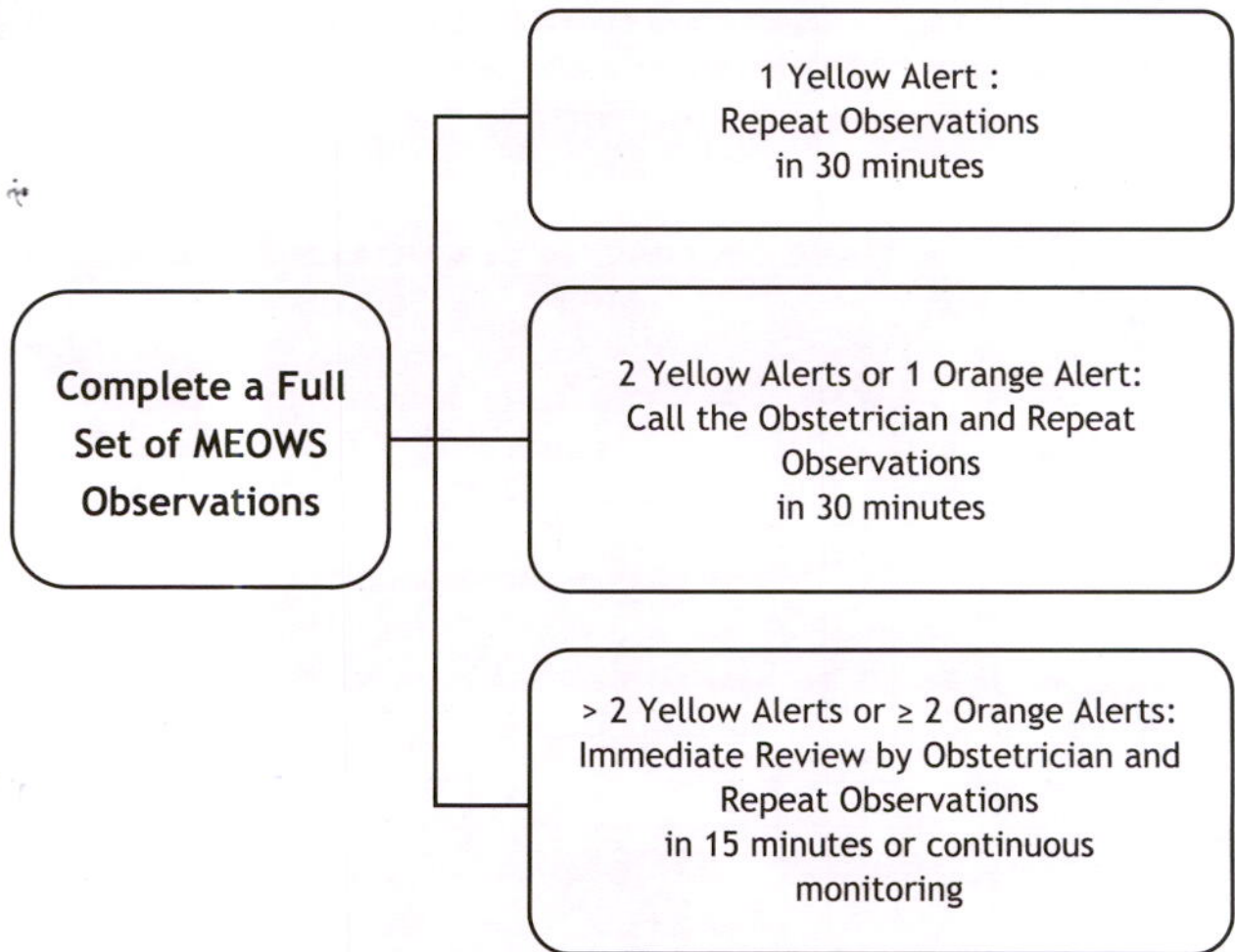


Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT
 TRIGGERS ONE 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																														
	0 - 10																														
Saturations	94 - 100 %																														
	< 94 %																														
Administered O ₂ (L/min.)																															
Temp ^o C	40																														
	39																														
	38																														
	37																														
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60																														
	50																														
40																															
↑ Systolic Blood Pressure	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
60																															
50																															
↓ Diastolic Blood Pressure	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60																														
	50																														
	40																														
	NEURO RESPONSE [✓]	Alert																													
		Voice																													
		Pain																													
Unresponsive																															
URINE mls / hour	> 30																														
	< 30																														
Proteinuria	Protein ++																														
	Protein > ++																														
Lochia	Normal																														
	Heavy / Foul																														
Liquor	Clear / Pink																														
	Green																														
TOTAL YELLOW SCORES																															
TOTAL ORANGE SCORES																															
Nurse Initial																															

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



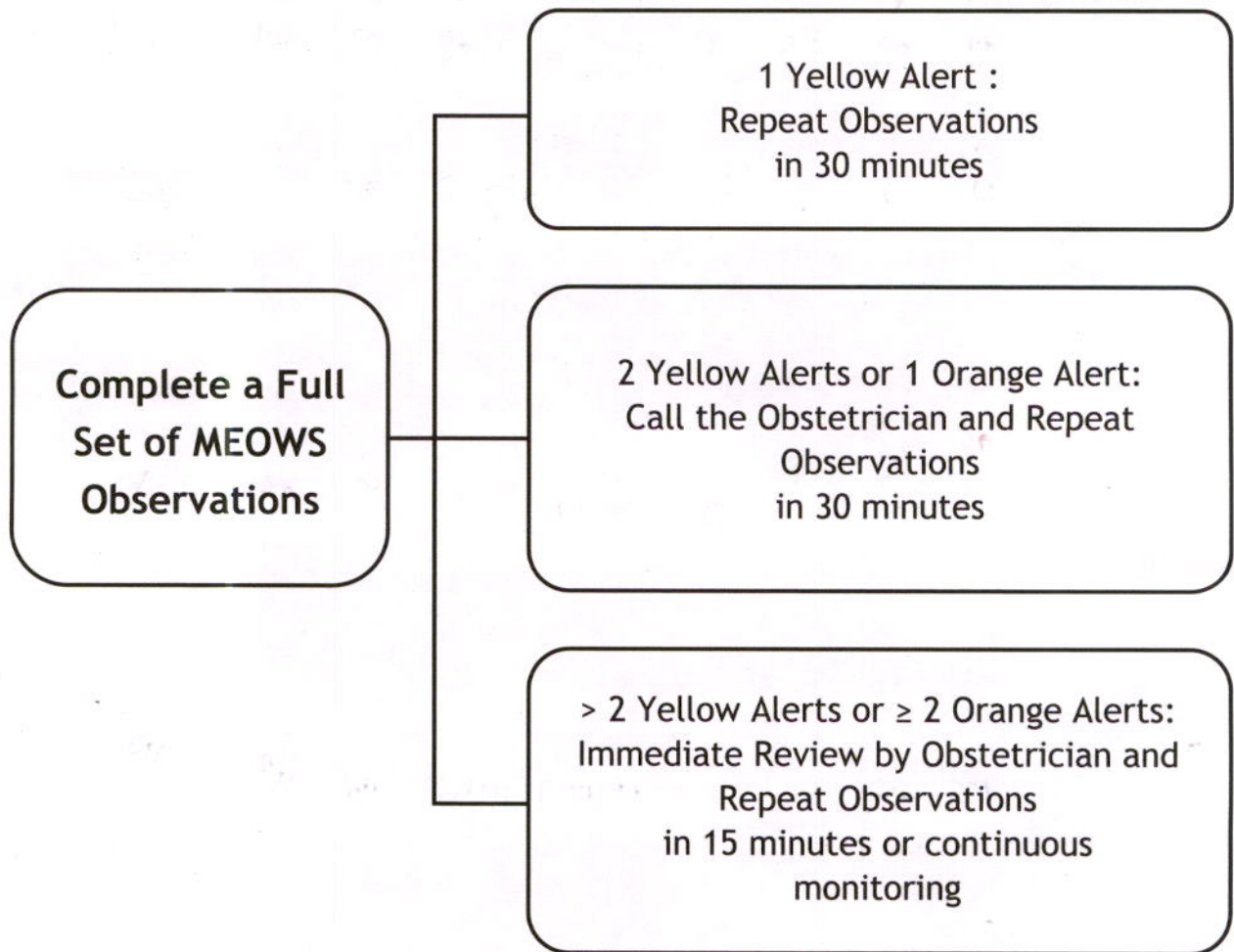
2

Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19		
	0 - 10																										
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0		
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	96																									
	90		88	60																							
	80																										
	70																										
	60																										
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	105	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	
	90																										
	80																										
70																											
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
70																											
60	56	60	70	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72	72		
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS	AS		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

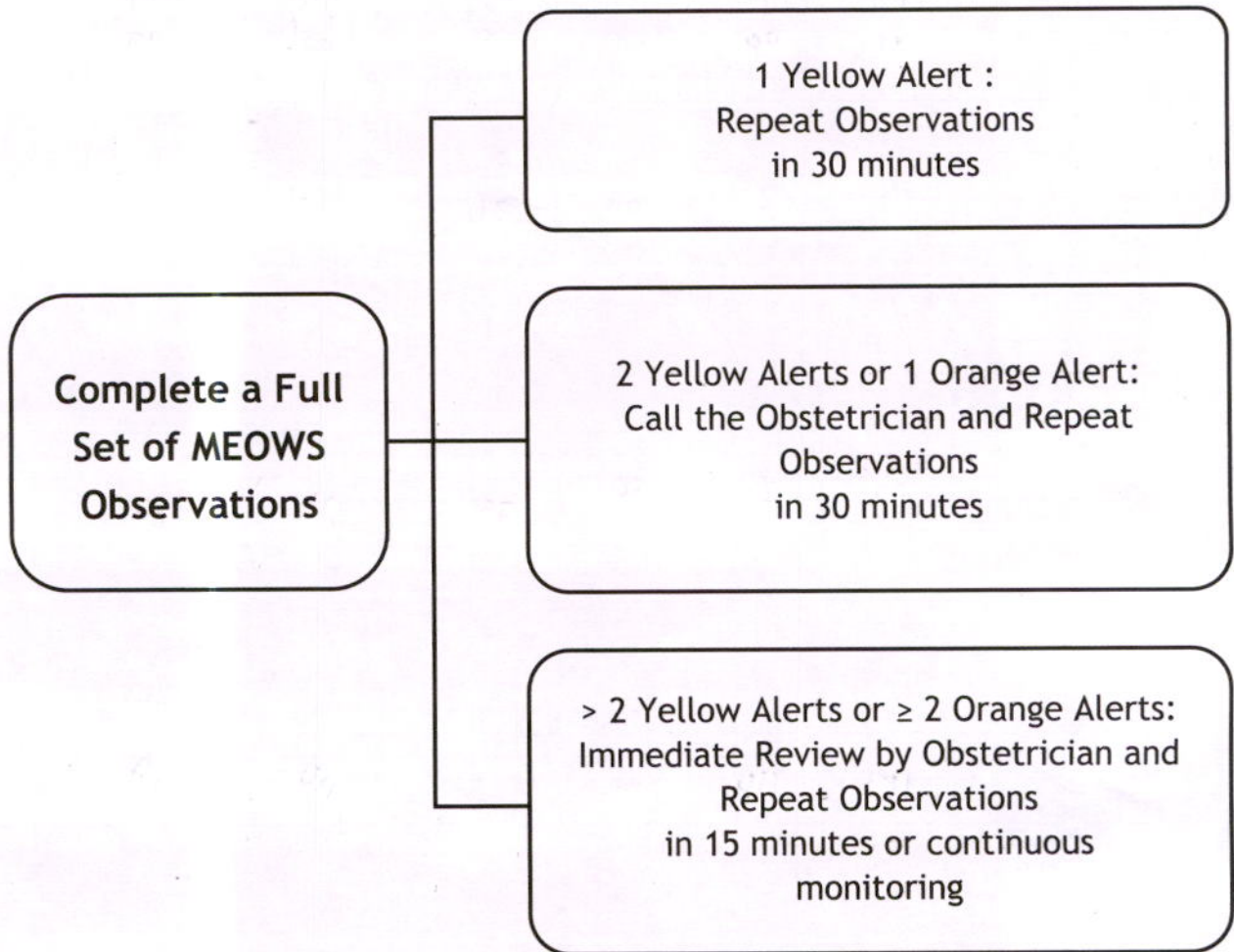


Early Warning Observation Score Chart - Obstetrics

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

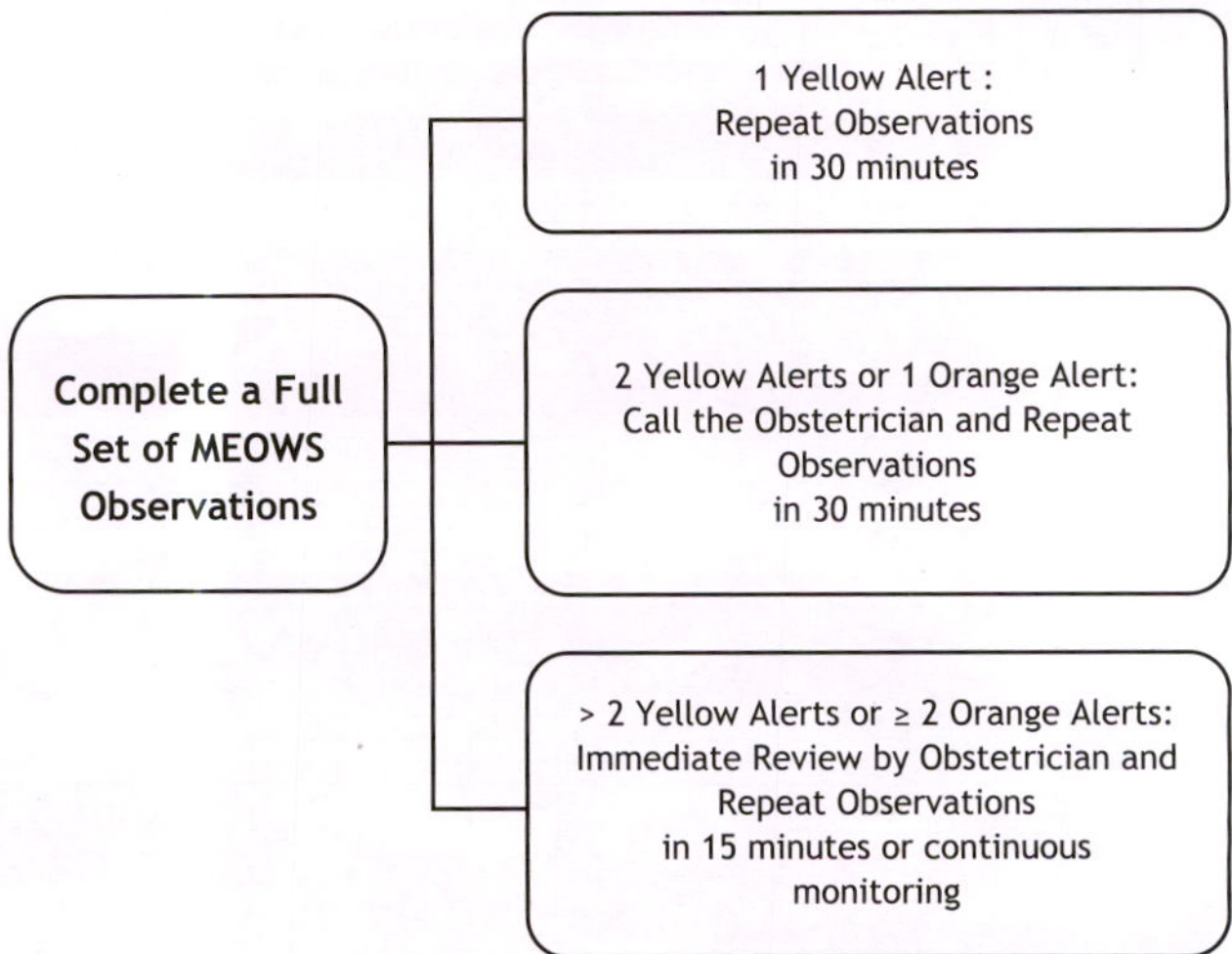
Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19		19		19		19		19		19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %			99		99		99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36			36		37		36		36		36		36		36		36		36		36		36	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			84		80		80		75		71		82		81		81		81		81		81	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100			113		110		112		100		110		107		106		106		106		106		106	
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			71		70		75		67		69		65		69		65		65		69		69	
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert			✓		N		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			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	
	Green																								
TOTAL YELLOW SCORES				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	
Nurse Initial				S		S		AK		AK		AK		AK		AK		AK		AK		AK		AK	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



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 Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
15/6	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 100ml

Total 24 hrs. Output 0ml

FHR Monitoring chart

<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>Contracta</u>
15/6/26	6 AM	142 b/min	mf
	6 ³⁰ AM	138 b/min	
	7 AM	136 b/min	
	7 ³⁰ AM	144 b/min	
	8 AM	146 b/min	
	8:30 AM	146 b/min	
	9 AM	142 b/min	
	9:30 AM	140 b/min	
	10 AM	146 b/min	
	10:30 AM	139 b/min	
	11 AM	142 b/min	
	11:30 AM	140 b/min	
	12 PM	142 b/min	
	12:30 PM	146 b/min	
	1 PM	140 b/min	
	1:30 PM	139 b/min	
	2 PM	142 b/min	
	2:20 AM	142 b/min	

shift to Room



FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
15/6/26	08:00 am	H ₂ O 100ml							✓			Jyothi
	09:00 am	H ₂ O 100ml										
	10:00 am	H ₂ O 100ml										
	11:00 am	H ₂ O 100ml							✓			
	12:00 pm	RL 100ml										
	01:00 pm	RL 100ml										
Total Intake :		600 ml				Total Output :						
15/6/26	02:00 pm	NBM							✓			Jyothi
	03:00 pm	NBM RL 200ml										
	04:00 pm	RL NBM 100ml per hrs						4:40 pm	150			
	05:00 pm	RL NBM 100ml per hrs						5:20 pm	200			
	06:00 pm	RL NBM 100ml per hrs							100ml			
	07:00 pm	RL NBM 100 ml water given							100ml			
Total Intake :		600 ml				Total Output :					550 ml	
15/6	08:00 pm	RL 100ml per hrs							50ml			Jyothi
	09:00 pm	H ₂ O + RL 100ml/hr							50ml			
	10:00 pm	H ₂ O + 50ml							50ml			
	11:00 pm								100ml			
	12:00 am	ORS							200ml			
	01:00 am	Coconut water.							100ml			
Total Intake :						Total Output :					550 ml	
	02:00 am								100ml			Jyothi
	03:00 am								200ml			
	04:00 am	H ₂ O							200ml			
	05:00 am								100ml			
	06:00 am	H ₂ O							200ml			
	07:00 am								200ml			
Total Intake :						Total Output :					200ml	

Total 24 hrs. Intake : _____

Total 24 hrs. Output : 2,100 ml

VIH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK

FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
16/6/26	08:00 am	Polg									} Dupika 16/6/26 @2pm	
	09:00 am	+							Removed 30/10/3			
	10:00 am	H2O										
	11:00 am											
	12:00 pm								✓			
	01:00 pm											
Total Intake :					Total Output :							
16/6/26	02:00 pm										} Polg Del 16/6/26 @2pm	
	03:00 pm	Rice										
	04:00 pm								✓			
	05:00 pm	H2O										
	06:00 pm											
	07:00 pm									✓		
Total Intake :					Total Output :							
16/6/26	08:00 pm										} Akash 16/6/26 @2a	
	09:00 pm	Rice										
	10:00 pm	H2O							✓			
	11:00 pm											
	12:00 am											
	01:00 am									✓		
Total Intake :					Total Output :							
17/6/26	02:00 am										} Akash 17/6/26 @2a	
	03:00 am											
	04:00 am								✓			
	05:00 am	H2O										
	06:00 am											
	07:00 am									✓		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

17/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
17/6/26	08:00 am									✓		R. R. S. 17/6/26 02:30	
	09:00 am		Idly										
	10:00 am												
	11:00 am		H2O							✓			
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
17/6/26	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

VIH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D (F)
 Dr. SRILATA PATNAIK



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: ICU Shifted to: Ward

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. THYROXINE	37.5 mcg	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. IRON	1 TAB	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Geetha

Date & Time: 15/6/26 7:10 AM

Nurse Name & Signature: U. Sharmila

Date & Time: 15/6/26 7 am



2

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

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

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

Shifting From: MICU Shifted to: Room(202)

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. THYROXINE	37 ⁰⁵ mcg	PO	ONCE DAILY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS CEFOTAXIME	1gm	IV	12TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. PARACETAMOL	1gm	PO	6TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. DICLOFENAC	50mg	PO	8TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. TRAMADOL	100mg	PO	8TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	15/6/26	<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. YOGESHWARDI

Date & Time : 15/6/2026 9 PM

Nurse Name & Signature: Shanal Shanal

Date & Time : 15/6/26 @ 9 PM



DRUG CHART

Date of Admission: 15/6/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 78.9 kg Ward: 45

P. P. Dabla
 U. S. Ramani
 15/6/26 @ 8 AM

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date	Date/Time
37.5mg	PO	ONCE DAILY	15/6/26	15/6/26 8 AM
				16/6/26 12 PM
				17/6/26 12 PM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

S. Srinivas
 D. P. Dabla
 15/6/26 @ 8 AM

DRUG : INT. CEFOTAXIME

Dose	Route	Frequency	Start Date	Date/Time
1GM	IV	12th hourly	15/6/26	15/6/26 8 AM
				16/6/26 12 PM

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

Additional Instructions:
 Stop by 16/6/26 7 AM
 DR. YOGESHWAR

Daily Doctor's Endorsement by a Sign

15/6/26 6 PM
 S. Srinivas
 D. P. Dabla

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date	Date/Time
1gm	PO	Q4HRly	15/6/26	15/6/26 12 AM
				16/6/26 6 AM
				17/6/26 12 PM

Name & Signature of the Doctor Starting the Drugs:
 DR. M. VINESH

Additional Instructions:

Daily Doctor's Endorsement by a Sign

15/6/26 6 PM
 S. Srinivas
 D. P. Dabla

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Date	Date/Time
50mg	PO	Q4HRly	15/6/26	15/6/26 7 AM
				16/6/26 11 PM
				17/6/26 11 PM

Name & Signature of the Doctor Starting the Drugs:
 DR. M. VINESH

Additional Instructions:

Daily Doctor's Endorsement by a Sign



Date Time	Nurse Sig	Dose	Nurse Sig	Dose	Nurse Sig	Dose	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.	

Date Time	Nurse Sig	Dose	Nurse Sig	Dose	Nurse Sig	Dose	Nurse Sig
VARIABLE DOSE		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
15/6/26	8:20 AM	INT. CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	[Signature]	[Nurses]
15/6/26	7 AM	INS. Dexamethasone	12 MG	IM	[Signature]	[Nurses]
15/6/26	7 AM	INS. Dexamethasone	12 MG	IM	[Signature]	HOLD
15/6/26	10:00 AM	INS. HYDROXY PROGES-TERONE CAPROATE	500 MG	IM	[Signature]	[Nurses]
15/6/26	2 PM	INS. PANTOPRAZOLE	40 MG	IV	[Signature]	[Nurses]
15/6/26	2 PM	INS. METOCLOPRAMIDE	10 MG	IV	[Signature]	[Nurses]
15/6/26	3:10 PM	INT. CARBETOCIN	100 mcg	IV	[Signature]	[Nurses]
15/6/26	4:00 PM	SUPP. DICLOFENAC	100 MG	PR	[Signature]	[Nurses]
15/6/26	4:00 PM	SUPP. TRAMADOL	100 MG	PR	[Signature]	[Nurses]

Signature

VERIFIED BY: Nair

15/6/26
 2 PM
 [Handwritten notes and signatures]

VIH-00198979 IP-00060348
Mrs PEDYALA KAVYA SREE
19-07-1999 26 Y 10 M 27 D (F)
Dr. SRILATA PATNAIK

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

REGULAR PRESCRIPTIONS

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

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

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

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

1. The first part of the paper is a list of the names of the people who were present at the meeting.

Name	Address	Phone Number	Occupation
John Doe	123 Main St	555-1234	Teacher
Jane Smith	456 Elm St	555-5678	Doctor
Bob Johnson	789 Oak St	555-9012	Engineer
Alice Brown	101 Pine St	555-3456	Artist
Charlie White	202 Cedar St	555-7890	Lawyer
Diana Green	303 Birch St	555-2345	Writer
Frank Black	404 Spruce St	555-6789	Musician
Grace King	505 Willow St	555-0123	Scientist
Henry Lee	606 Ash St	555-4567	Historian
Ivy Clark	707 Hickory St	555-8901	Journalist
Jack Hall	808 Sycamore St	555-2345	Actor
Karen Young	909 Magnolia St	555-6789	Designer
Leo Adams	1010 Dogwood St	555-0123	Chef
Mia Baker	1111 Redwood St	555-4567	Photographer
Noah Carter	1212 Cypress St	555-8901	Entrepreneur
Olivia Evans	1313 Juniper St	555-2345	Architect
Peter Foster	1414 Fir St	555-6789	Politician
Quinn Gibson	1515 Hemlock St	555-0123	Artist
Rachel Hill	1616 Larch St	555-4567	Teacher
Samuel King	1717 Spruce St	555-8901	Engineer
Tina Lee	1818 Cedar St	555-2345	Writer
Uma Miller	1919 Birch St	555-6789	Designer
Victor Nelson	2020 Willow St	555-0123	Historian
Wendy Owen	2121 Ash St	555-4567	Journalist
Xavier Parker	2222 Hickory St	555-8901	Actor
Yara Quinn	2323 Sycamore St	555-2345	Designer
Zoe Reed	2424 Magnolia St	555-6789	Entrepreneur
Adam Scott	2525 Dogwood St	555-0123	Architect
Bella Torres	2626 Redwood St	555-4567	Photographer
Charlie Walker	2727 Cypress St	555-8901	Entrepreneur
Diana Young	2828 Juniper St	555-2345	Architect
Frank Adams	2929 Fir St	555-6789	Politician
Grace Baker	3030 Hemlock St	555-0123	Artist
Henry Carter	3131 Larch St	555-4567	Teacher
Ivy Evans	3232 Spruce St	555-8901	Engineer
Jack Foster	3333 Cedar St	555-2345	Writer
Karen Gibson	3434 Birch St	555-6789	Designer
Leo Hill	3535 Willow St	555-0123	Historian
Mia King	3636 Ash St	555-4567	Journalist
Noah Lee	3737 Hickory St	555-8901	Actor
Olivia Miller	3838 Sycamore St	555-2345	Designer
Peter Nelson	3939 Magnolia St	555-6789	Entrepreneur
Quinn Owen	4040 Dogwood St	555-0123	Architect
Rachel Parker	4141 Redwood St	555-4567	Photographer
Samuel Quinn	4242 Cypress St	555-8901	Entrepreneur
Tina Reed	4343 Juniper St	555-2345	Architect
Uma Scott	4444 Fir St	555-6789	Politician
Victor Torres	4545 Hemlock St	555-0123	Artist
Wendy Walker	4646 Larch St	555-4567	Teacher
Xavier Young	4747 Spruce St	555-8901	Engineer
Yara Adams	4848 Cedar St	555-2345	Writer
Zoe Baker	4949 Birch St	555-6789	Designer
Adam Carter	5050 Willow St	555-0123	Historian
Bella Evans	5151 Ash St	555-4567	Journalist
Charlie Foster	5252 Hickory St	555-8901	Actor
Diana Gibson	5353 Sycamore St	555-2345	Designer
Frank Hill	5454 Magnolia St	555-6789	Entrepreneur
Grace King	5555 Dogwood St	555-0123	Architect
Henry Lee	5656 Redwood St	555-4567	Photographer
Ivy Miller	5757 Cypress St	555-8901	Entrepreneur
Jack Nelson	5858 Juniper St	555-2345	Architect
Karen Owen	5959 Fir St	555-6789	Politician
Leo Parker	6060 Hemlock St	555-0123	Artist
Mia Quinn	6161 Larch St	555-4567	Teacher
Noah Reed	6262 Spruce St	555-8901	Engineer
Olivia Scott	6363 Cedar St	555-2345	Writer
Peter Torres	6464 Birch St	555-6789	Designer
Quinn Walker	6565 Willow St	555-0123	Historian
Rachel Young	6666 Ash St	555-4567	Journalist
Samuel Adams	6767 Hickory St	555-8901	Actor
Tina Baker	6868 Sycamore St	555-2345	Designer
Uma Carter	6969 Magnolia St	555-6789	Entrepreneur
Victor Evans	7070 Dogwood St	555-0123	Architect
Wendy Foster	7171 Redwood St	555-4567	Photographer
Xavier Gibson	7272 Cypress St	555-8901	Entrepreneur
Yara Hill	7373 Juniper St	555-2345	Architect
Zoe King	7474 Fir St	555-6789	Politician
Adam Lee	7575 Hemlock St	555-0123	Artist
Bella Miller	7676 Larch St	555-4567	Teacher
Charlie Nelson	7777 Spruce St	555-8901	Engineer
Diana Owen	7878 Cedar St	555-2345	Writer
Frank Parker	7979 Birch St	555-6789	Designer
Grace Quinn	8080 Willow St	555-0123	Historian
Henry Reed	8181 Ash St	555-4567	Journalist
Ivy Scott	8282 Hickory St	555-8901	Actor
Jack Torres	8383 Sycamore St	555-2345	Designer
Karen Walker	8484 Magnolia St	555-6789	Entrepreneur
Leo Young	8585 Dogwood St	555-0123	Architect
Mia Adams	8686 Redwood St	555-4567	Photographer
Noah Baker	8787 Cypress St	555-8901	Entrepreneur
Olivia Carter	8888 Juniper St	555-2345	Architect
Peter Evans	8989 Fir St	555-6789	Politician
Quinn Foster	9090 Hemlock St	555-0123	Artist
Rachel Gibson	9191 Larch St	555-4567	Teacher
Samuel Hill	9292 Spruce St	555-8901	Engineer
Tina King	9393 Cedar St	555-2345	Writer
Uma Lee	9494 Birch St	555-6789	Designer
Victor Miller	9595 Willow St	555-0123	Historian
Wendy Nelson	9696 Ash St	555-4567	Journalist
Xavier Owen	9797 Hickory St	555-8901	Actor
Yara Parker	9898 Sycamore St	555-2345	Designer
Zoe Quinn	9999 Magnolia St	555-6789	Entrepreneur
Adam Reed	10000 Dogwood St	555-0123	Architect

2. The second part of the paper is a list of the names of the people who were present at the meeting.

3. The third part of the paper is a list of the names of the people who were present at the meeting.

4. The fourth part of the paper is a list of the names of the people who were present at the meeting.

5. The fifth part of the paper is a list of the names of the people who were present at the meeting.



SURGERY DETAILS

Date : 15/6/26
 Patient Name: Mrs. P. Kavya Sree Date of Birth: 19.07.1999 Age: 26 yrs
 Gender: Female Ward: OT UHID No.: 198979
 Date of Surgery: 15/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: Emergency lower segment section under spinal anaesthesia ✓

Time in : 3:00pm ✓

Time Out : 4pm ✓

	NAME	AMOUNT
1. Surgeon	Dr. Srilata Patnaik ✓	OT Charges ✓
2. Anaesthetist	Dr. Sasitha / Dr. Vineetha	
3. Assistant Surgeon	Dr. Farooq / Dr. Nikitha	
4. OT Technician	Teeb-Vaishnavi / Rakesh	
5. Circulating Nurse	S. Praveena / Sr. Ruby P	
6. Assistant Nurse	Sr. Maria / Sr. Arif	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3090575 / 3090576

Order by: Ruby P

Handwritten notes in the top left corner, possibly including a date or page number.

Handwritten notes in the top right corner, possibly including a name or title.

Handwritten notes in the middle left section.

Main body of handwritten notes in the center, appearing to be a list or series of entries.

Handwritten notes in the bottom right corner, possibly including a date like '11/11-30'.



CONSUMABLES

OF OT EM-LSC

Patient Name :

Gender M

Date : SA

VH-00198979 IP-00060348
 Mrs PEDYALA KAVYA SREE
 19-07-1999 26 Y 10 M 27 D
 Dr. SRILATA PATNAIK



15/6/26

Circulating Staff :

Ruby P.

Technician :

Vaishnavi

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	2364		1	Suction Catheter		1
HME filter : A/P/N			9259		1	Feeding Tube no 6		1
Syringe 10 cc		5	1326		1	Vaccum Suction Set		1
05 cc		4	Gloves Sq 7, 6 1/2		1+1	Surgical Gloves		1
02 cc			PF 6, 6 1/2		1+2	Gauze Pack		1
01 cc		3				Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade No-22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		1
RL		3	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies			Protogon		2
minispike		1	Ointments Betadine		1			
Rilipol		1	Suction Catheter			E.C.G leads		1
Fentanyl		2	Cap. Mask		10+10			
Morphine		1	Gauze Pack		1	Cap+ Mask		5+5
Ketamine			Mop Pack		2			
Propofol			Steristrip Steuzone		1			
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag Altesorb		1			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban Protogon		2			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet D/A		5			
Tab. Misoprost : 200 mg		4	Betadine Solution		2			
Glove 6 1/2 (PF)		1	Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Dr. Sulata
Surgeon

Dr. Santha
Anaesthesiologist

Dr. Maria / Dr. Vaishnavi
Nurse OT Technician

Order No. : 3090582

Ordered by : Ruby

**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-00060348	Ward	N 2F-LABOUR WARD
Patient Name	Mrs PEDYALA KAVYA SREE	Bed Name	LW 223
Age/Sex	26 Y 10 M 27 D / Female	Order No	0003090582
Date	15/06/2026 17:24	Prescription No	PRIP-1291405
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	15/06/2026 17:59
UHID	VIH-00198979		

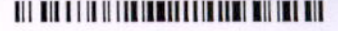
S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE OINT 20 GM	Win-MedicarePvtLtd	H	GB03926	01/28	1	131.46	131.46
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	2	103.95	207.90
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
7	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	5	120.00	600.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	5	28.13	140.65
9	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	3	24.00	72.00
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	5	21.56	107.80
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
12	Encore Microptic gloves-6.5		H	26020O44IT	02/29	3	117.00	351.00
13	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
14	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
16	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
17	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
18	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
19	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
23	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
24	PHENPRES INJ 10 MG 1ML	Neon Laboratories Ltd	H	10062	06/27	1	407.80	407.80
25	RILIGOL 100 MCG INJ CAREBITOCIN		H	FF712501G	03/28	1	566.05	566.05
26	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	3	69.39	208.17
27	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
28	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
29	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
30	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
31	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
32	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67

**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-00060348	Ward	N 2F-LABOUR WARD
Patient Name	Mrs PEDYALA KAVYA SREE	Bed Name	LW 223
Age/Sex	26 Y 10 M 27 D / Female	Order No	0003090582
Date	15/06/2026 17:24	Prescription No	PRIP-1291405
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	15/06/2026 17:59
UHID	VIH-00198979		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A250619	08/30	1	308.00	308.00
34	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
35	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5049	05/30	1	951.00	951.00
Total :							10,931.56	13,959.93

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name**Authorized Signature**

Pharmacist Name : SHEEPA PALANI

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

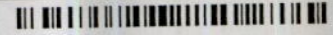
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No IP-00060354
Patient Name Baby B/O PEDYALA KAVYA SREE
Age/Sex 0 Y 0 M 0 D 4 H / Male
Date 15/06/2026 17:56
Payor SELFPAY
UHID VIH-00205930

Ward N 2F-NICU I
Bed Name NICU 247
Order No 0003090595
Prescription No PRIP-1291404
Dispensed Date 15/06/2026 17:59

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	E.C.G LEADS	Philips	GENERAL	528825	04/27	1	792.00	792.00
4	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
5	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	5	10.00	50.00
6	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A010116	12/30	1	63.00	63.00
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI20052026	12/30	2	450.00	900.00
8	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	5	10.00	50.00
9	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
10	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
Total :							2,168.42	2,698.42

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI