



ACTIVITY RECORD FOR DELIVERING

VIH-00204786 IP-00060297

Mrs PRACHI CHAUDHARY

Name: --- 05-12-1990 35 Y (F) -----

Dr. BHAVANA K

UHID No



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

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

Room / Bed No : 221 Ward : 4W Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>10/6/26</u>	<u>1:55AM</u>	<u>4W</u>	<u>OT</u>	<u>[Signature]</u>
<u>11/6/26</u>	<u>3:00AM</u>	<u>OT</u>	<u>MICU</u>	<u>[Signature]</u>
<u>11/6/26</u>	<u>@12:25PM</u>	<u>MICU</u>	<u>(201)</u>	<u>[Signature]</u>

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
10/6/26	IV placement	1	3088718	[Signature]
11/6/26	PAC	(A)	3088988	[Signature]
11/6/26	catherazation	(1)	3088987	[Signature]
cross checked by manager 11/6/26 @ 7AM				

ANY OTHER INFORMATION

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Date: 12/6/26 Time: 3 pm Prepared By: [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>[Signature]</p> <p>12/6/26</p> <p>3 pm</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Name	Mrs PRACHI CHAUDHARY	UHID	VIH-00204786
Father/Guardian	Mr DEEPAK SOROUT	Age/Gender	35 Y /Female
Address	203, bhavani vnr paradise,yapral, Secunderabad, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060297	Admission Date	10-06-2026
Ref Doctor	Self	Discharge Date	12-06-2026

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2A1 with 37+1weeks with Hypothyroidism with OI conception with Small for Gestational age baby admitted for Induction Of Labour

EMERGENCY LOWER SEGMENT CAESAREAN SECTION DONE ON 11.6.2026 UNDER SPINAL ANAESTHESIA

History:

LMP: 23.9.2025

Obstetric formula: G2A1

EDD: 30.6.2026

Gestation at admission: 37+1 weeks

Obstetric History:

G1 - 6weeks/ missed miscarriage/ D&C / 2024/ Parvathi hospital

G2 - Present pregnancy, OI conception.

Medical History: Nil

Family History: Father - HTN

Surgical History: D&C in dec 2024

Allergies: Paracetamol, ofloxacin, ciprofloxacin

Name	Mrs PRACHI CHAUDHARY	UHID	VIH-00204786
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Antenatal Details: Mrs PRACHI CHAUDHARY was booked to Rainbow hospital at 32+4 weeks of gestation. Previous ANC's at Ankura hospital. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism since conception and is on Tab Thyroxine 25mcg OD. She had multiple episodes of PV bleeding in I and II trimesters and was managed conservatively. She had H/O paedrus dermatitis at 32+4 weeks and was managed conservatively. She was started on Tab Ecosprin 150mg OD for 10 days in 1st trimester. She was admitted at 37+1weeks with Hypothyroidism with OI conception with Small for Gestational age baby admitted for Induction Of Labour.

Investigations: Enclosed
Blood group: '**AB**' **POSITIVE**

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. After taking informed consents for induction of labour, labour was induced with two doses of PGE1. Fetal tachycardia with decelerations were noted on the CTG, O2 supplementation, left lateral, IV fluids given. Patient and attenders were explained clearly regarding the persistent fetal tachycardia with decelerations on CTG and the risks of fetal distress and risks of continuing with vaginal delivery and the need for emergency LSCS and they opted for emergency LSCS.

She was decided for emergency C-section in view persistent fetal tachycardia with decelerations on CTG, 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 Rantac and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name	Mrs PRACHI CHAUDHARY	UHID	VIH-00204786
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Surgery Notes: Operative Details:

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

Delivery Details:

Date: 11.6.2026
Time of Delivery: 2:19am (48sec)
Type of Delivery: Emergency LSCS
Indication: Fetal tachycardia with decelerations on CTG
Analgesia: Spinal

Baby Details:

Date: 11.6.2026
Time: 2:19am (48sec)
Sex: Male
Weight: 2.743kgs
Apgar: 8/10, 9/10
Gestational Age: 37+2 weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

Name	Mrs PRACHI CHAUDHARY	UHID	VIH-00204786
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She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 17.6.2026 (9am-9pm) after food.
2. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 17.6.2026 (10am-4pm-10pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 17.6.2026 (7am) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
6. Continue Tab Thyroxine 25mcg once daily on empty stomach till further orders (6am).
7. Repeat TSH after 6 weeks and review with reports.
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 16.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

Name	Mrs PRACHI CHAUDHARY	UHID	WTH-00204786
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In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

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

PatientName : Mrs PRACHI CHAUDHARY
Age/Gender : 35 Y / Female
Ward/Bed : N 2F-LABOUR WARD/ LW 221

Inpatient No. : IP-00060297
Admit Date : 10-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :10-06-2026 14:24	
HEMOGLOBIN (Colorimetry)	11.0	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.47	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	31.0	VOL%	L 33 - 51
MCV (Calculated)	89.2	fL	80 - 100
MCH (Calculated)	31.6	pg/cells	26 - 34
MCHC (Calculated)	35.4	g/dL	32 - 36
RDW-CV (Calculated)	12.9	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	210	10 ⁹ /L	150 - 450
MPV (Calculated)	10.2	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	8.58	10 ⁹ /L	4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	72	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	22	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	5	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00204786 IP-00080297

Mrs PRACHI CHAUDHARY

05-12-1990 36 Y (F)

Patient Name : Dr. BHAVANA K

IP.No: 60297

DOA: 01/6/20



Ward:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
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 <i>vaginal</i>	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy <i>labors</i>	1	✓	✓	
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	1	✓	✓	
19	Anaesthesia consent form	2	✓	✓	
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
	Intake and Output chart (fluid Chart)	3	✓	✓	
	Drug Chart (Regular prescription)	5	✓	✓	
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				
35	<i>Prader scale</i>	2	✓	✓	
36	<i>Pain Assessment</i>	2	✓	✓	
37	<i>Thrombophilia</i>	1	✓	✓	
38	<i>Antenatal Record</i>	2	✓	✓	
39	<i>medication chart</i>	1	✓	✓	
40	<i>other</i>	7	✓	✓	
	Total No. of Pages	55 pages			

Signature and Date: *[Signature]* 01/6/20

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :

Admission No : IP-00060297

Admit Date : 10-Jun-2026

Admit Time : 11:26 AM UHID : VIH-00204786

Patient Details :

Patient Name : Mrs PRACHI CHAUDHARY

Age : 35 Y

Guardian : Mr DEEPAK SOROUT

DOB : 05-12-1990

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 203, bhavani vnr paradise,yapral
Secunderabad Hyderabad Telangana INDIA
500003

Phone No : 8790059080/ 7500742629

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 221

Ward Name : N 2F-LABOUR WARD

Room No : LW 221

Admission Type : First Visit


Contact Details :

Name : Mr DEEPAK SOROUT

Relationship : W/O

Contact Address : 203, bhavani vnr paradise,yapral
Secunderabad Hyderabad Telangana INDIA
500003

Phone No : 8790059080 / 7500742629


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : GENERALI CENTRAL INSURANCE
COMPANY LIMITED



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L/W

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 OFLOXACIN, CIPROFLOXACIN, P.C.M

Chief Complaints: Pol Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Altus

Time Notified: 12 PM

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>OPC in Dec 2024</u>	<u>yes</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>08/9/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P _____ L _____ A 1

Previous LSCS: _____

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 father - HTN

Vital Signs / Measurements: Temp: 98.6°F HR: 76 b/min RR: 19 bx/min

BP: 116/70 mmHg Weight: 73.85 kg Height: 155 cm BMI: _____

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

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K

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 28 (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. prachi

Name of Person Orientation was given to: Mrs. prachi

Orientation not given Reason:

Nurse Signature: Mrs. Meghna

Nurse Name: Meghna

Date & Time: 10/6/22 at 12pm



7) Allergy: Yes No, If Yes : Def. Ofloxacin, Ciprofloxacin, paracetamol

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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


Time seen by Doctor: 12pm

Nurse Name : Meghna Nurse Signature: Meghna

Date: 10/6/26 Time: 11:30 AM

3

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00204786 IP-00060297 Mrs PRACHI CHAUDHARY 05-12-1990 35 Y (F) Dr. BHAVANA K 		Date & Time of Admission 10/6/20 @ 11:28 AM	Date & Time of Transfer Order 11/6/20 @ 12:25 PM
		Transfer Ordered by Dr. Bhavane	Reason for Transfer Observation
From Unit MICU	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? optiles	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab:- Diclofenac	10	
2.	Tab:- Tramadol	10	
3.	Tab:- Pantoprazole	9	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Kamela		Name of Person Ordered Transfer Dr. Bhavane	
Patient & Clinical Records Received by : Akanksha			
Date & Time of Patient Received : 11/6/20 @ 12:40 PM			

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

Unavailable Bed

Nurse not Available

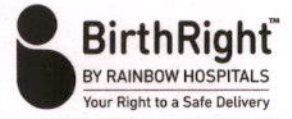
Available Bed not ready


Main body of handwritten text, appearing to be a list or notes, with some faint markings and possibly a small diagram or symbol.

Second section of handwritten text, continuing the notes or list, with some lines of text appearing to be crossed out or corrected.

Final section of handwritten text at the bottom of the page, including what looks like a signature or a final note.

PATIENT TRANSFER FORM



Patient Name / I.P. No. VIH-00204786 IP-00060297 Mrs PRACHI CHAUDHARY 05-12-1990 35 Y (F) Dr. BHAVANA K 		Date & Time of Admission 10/6/26 @ 11:26 AM	Date & Time of Transfer Order 10/6/26 @ 03:00 AM
Transfer ordered by Dr. Sunidhara.		Reason for Transfer postoperative care	
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file	Number of Imaging films 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.	NA	
2.		
3.		
4.		
5.		

Shifting Summary / notes written by Doctor :

Dr. Bhavana K

Name & Signature of Person who is Transferring Sri. Vanitha	Name of Person Ordered Transfer Dr. Sunidhara
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Patient & Clinical records received by :

Pooja
11/6/26
@ 3:30 AM

Date & Time of Patient Received:

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

- Unavailable bed
 Nurse not available
 Available bed not ready

1



PATIENT TRANSFER FORM

VIH-00204786 IP-00060297

Mrs PRACHI CHAUDHARY
05-12-1990 35 Y (F)
Dr. BHAVANA K



Date & Time of Admission <i>10/6/26 @ 11:26Am</i>	Date & Time of Transfer Order <i>10/6/26 @ 1:55AM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Bhavana</i>
Reason for Transfer <i>surgery LCS</i>	From Unit <i>LW</i>
To Unit <i>O.T</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>38</i>	Number of Imaging Films <i>3</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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring <i>Dr. Poosa</i>	Name of Person Ordered Transfer <i>Dr. Bhavana</i>
--	---

Patient & Clinical Records Received by :
vanitha

Date & Time of Patient Received :
10/6/26

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

LMP: 23/9/25 EDD: _____
 Corrected EDD: 30/06/26 GA: 37+1 w

Obstetric Formula: G₂A₁
 ML164 NCM

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

G₁: 6w / Missed Miscarriage / D&C / 2024 / Private Hospital
 Fundal Height: Lt u TG

G₂: PP, OI conception.

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Booked to RCH

Liquor: Adequate Oligo Poly

32+4 w. Prev ANC's at Ankura Hospital.
 She had multiple episodes of PV bleeding in 18th trimester, managed conservatively.

PP: Cephalic Breech Others _____

RISK FACTORS: H/o Paedrus Dermatitis

Head Fifths Palpable: _____

at 34+6 w, managed conservatively. She was started on Tab Ecospirin 150mg OD since conception, stopped after 10 days d/t PV bleeding.

FHS: Normal Tachy Brady Absent

Diagnosed Hypothyroidism since conception on tab Thyroxine 25mcg OD.

FHR 140bpm

Per Speculum Examination

- Hypothyroidism
- OI conception
- SGA baby

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Height: 155 cm

Cervix: Long Partially effaced Effaced

Weight: 73.85 kg

Os: Closed _____ Dilated _____

Allergies: Ofloxacin, Ciprofloxacin, PCM

Membranes: Present Absent

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination: Pt is c/c/c

Presenting Part: Vertex Breech Others

Consciousness: (+) Pallor: (-)

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

Icterus: (-) Edema: (-)

Temp: Afebrile PR:

Pelvis: Adequate Doubtful

BP: DTR: (+)

CVS: S₁S₂ (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adequate

DIAGNOSIS

G₂A₁ with 37+1 weeks with Hypothyroidism with OI conception with Small for Gestational Age baby
 for Induction of labour



<p>Family History:</p> <p>Father: HTN</p>	<p>Surgical History:</p> <p>D&C in Dec 2024</p>						
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p>						
<p>Plan of Care: C/I to Dr Bhavana mam</p> <ul style="list-style-type: none"> Admission Normal diet Consent Past preparation FHR monitoring NST x 4th hourly Ambulation Birthing ball exercises Start Tab Misoprostol 25 PV at 2 pm Monitor vitals Follow drug chart Inform SOS. <p>send CBP</p> <p>- 10 PRBC Reserved at venu lab</p> <hr/> <p>Noted by Meghna 10/6/26 at 12pm</p> <p><i>[Signature]</i></p>	<p>Investigations: BG: AB POSITIVE</p> <p>HIV } HbsAg } NR HCV } VDRL } CBP - 11/8-58/ 2.10 L</p> <p>10/6/26</p> <p>Bileacid 2.15-2.9</p> <table border="0"> <tr> <td><u>Growth Scan</u></td> <td><u>TIFFA</u></td> </tr> <tr> <td>06/06/26</td> <td>9/2/26</td> </tr> </table> <p>SLIUF ± 36+4w SLIUF ± 19+6w Cephalic Breech</p> <p>Pl: Post, High Pl: Post, low 1.2 cm from Int. Os</p> <p>AFI: 11.1 cm Cx: 32cm</p> <p>AC: 27. No anomalies.</p> <p>EFW: 2510 g</p> <p>Dopplers: (N)</p> <table border="0"> <tr> <td><u>NT Scan</u></td> </tr> <tr> <td>22/12/25</td> </tr> </table> <p>SLIUF ± 12+6w NT: 1.7mm Cx: 30.6mm</p> <p>FTS: Low RISK Fetus Echo: Normal</p>	<u>Growth Scan</u>	<u>TIFFA</u>	06/06/26	9/2/26	<u>NT Scan</u>	22/12/25
<u>Growth Scan</u>	<u>TIFFA</u>						
06/06/26	9/2/26						
<u>NT Scan</u>							
22/12/25							

Doctor Name: Dr. Athar

Signature: *[Signature]*

Date & Time: 10/6/2026 12PM

Consultant Name: Dr. BHAVANA K

Signature: _____

Date & Time: 10/06/26

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	2pm	O/E
		pt is c/c/c <u>Adv</u>
		Gc fair - Normal diet
		Afebrile - Monitor FHR
		BP-118/70mmHg - NST 4 th hly
		PR-86bpm - W/F POL
		S/E - NAD - Monitor vitals
		PIA - U-TG - Follow drug chart
		Relaxed
		Cephalic - T.Miso 6 th hly
		FHR ⊕ 148bpm - Inform sos
		<u>Reactive</u>
		PIV - Cy long OS closed PPVx 1-3)
		Noted by Megha 10/6/26 at 2pm
		Dr. Yogeshwar
10/6/26	6pm	O/E
		pt is c/c/c <u>Adv</u>
		Gc fair - Normal diet
		Afebrile - Monitor FHR
		BP-116/72mmHg - NST 4 th hly
		PR-84bpm - W/F POL
		PIA - U-TG - Monitor vitals
		Relaxed - Ambulation
		Cephalic FHR ⊕ 150bpm - Birthing ball exerc
		- Adequate hydration
		- Follow drug chart
		- Inform sos
		Noted by Dr. Ti

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10/10/26
8 PM

NST reactive
T mi 80 25 mcg
kept PU at
8 PM

olept chloride
acjais
dyebric

BP - 110/76 mmg
PR - 89 bpm
seen AD
PIA ut 24
irritable
FUR @ 160 bpm
PU - cx long
os closed
(PPUX-3)

- Adv
- Normal dent
 - NST 4m by
 - WIFPOL
 - adv by doctor
 - ambulation
 - monitor for
 - follow deep
 - chest
 - inform sos

Noted by Prathyusha @ 8pm

10/10/26
11 PM

CI to Dr. Bhavana mam

NST = fetal decelerations

- ↓
- VE stimulation done
 - left lateral given
 - O2 given
 - RL free flow given

Repeat NST assuring

- Adv
- < continue FHR
 - monitoring
 - NO further
 - misoprostol dose

Noted by Prathyusha @ 11 PM

Dr. Ashini

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/6/26	12 AM	O/E
		<p>PT is c/c/c Adv</p> <p>UC fair - Normal diet</p> <p>Afebrile - Monitor FHR continuous</p> <p>BP-116/74 mmHg - W/E progress of labour</p> <p>PR-84 bpm. - NST 4th hly</p> <p>S/E - NAD. - Adequate hydration</p> <p>P/A - UT ~ TG, - Ambulation</p> <p>Irritable, - Birthing ball exercises</p> <p>FHR @ 160 bpm. - Monitor vitals</p> <p>Pi - or Lang - Follow drug chart</p> <p>OS closed - Inform sbs</p> <p>PPV x-31</p> <p>dry yogeehwar</p>
11/6/26	1:20 AM	Counselling Notes
		<p>patient and attenders are explained about non reassuring NST and risk of fetal distress and need for emergency lower segment cesarean section and they opted for it</p> <p>- NBM</p> <p>- PAC</p> <p>- Foley's catheterisation</p> <p>- consent</p> <p>- FHR monitoring</p>

No tekey
@ 11/6/26
12 AM

No tekey
@ 11/6/26
1:20 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/6/26
1:30 AM

Patient and attenders has been explained regarding continue fetal talmy Cardia, decline care by fellow consultant nearby, they want consultant only

- RLO iv fluid started
- left lateral given
- continue for monitoring done

noted by
Mangyidewi

At Dr. Astinin

15-1
Mangyidewi
11/6/26

3

PROGRESS NOTES

(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
11/6/26	3am	POD-0	Adv
		o/e pt is c/c	- NBM x 4 hrs
		ac fair	- No charting
		afebrile	- w/f bleeding
		BP - 116/78 mmHg	PV
		PR - 89 bpm	- Monitor vitals
		SIENAD	- follow drug
		PIA - ut w/r	chart
		BS (-)	- Inform sos
		PIU - NAB	
			At Dr. Achin -
		Noted by pooja	
		3am 11/6/26	
11/6/26	8 Am	POD-0.	Adv
		o/e pt is c/c	- clear liquids
		ac fair	- No charting
		Afebrile	- w/f bleeding
		BP - 140/70 mmHg	PV
		PR - 88 bpm	
		SIENAD	- BP monitoring
		PIA - ut w/r	- Monitor vitals
		soft BS + / +	- Follow drug chart
		LIENAD	- Inform sos
		per vaginal examination	
		done NO active bleeding	
		Baby - A BFP	

(Signature)
Baby A BFP (-)

UO 500ml adq
clear

UO - 300ml
clear
adequate

(Signature)
11/6/26 8am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(Signature)
Dr. Yogeshwar

11/6/26
11 AM.

POD-0

pt is ckle
GC fair
afebrile

BP - 135/73 mmHg

PR - 86 bpm

S/E - NAD

P/A - soft
BS (+)

U/WK

U/E - NAB

Baby TA BF (+)

- Adv
- clear liquids
 - soft diet at 1 pm
 - Ambulation
 - Hydration
 - w/ PT bleeding
 - follow deep chest
 - monitor vitals
 - Injuron SOS

U/O - 650 ml
Adeq clear

Patient can be shifted to room at 12 pm

Noted by [signature] 12 PM @ 11 AM

[Signature]
Dr. Faouriz

11/6/26
11:30 PM

P/A: E Hypothyroidism

U/O - 200 ml
Adequate, clear

POD-0 (Post UO)

OLE pt is ckle
GC fair
Afebrile

BP - 128/80 mmHg

PR - 80 bpm

S/E - NAD

P/A - U/WK
Soft BS (+)

U/E - NAB

Baby TA BF (+)

- Adv
- Soft diet
 - W/ PT Bleeding pr
 - No churning
 - Adequate hydration
 - Monitor vitals
 - follow deep chest
 - Injuron SOS

Noted by [signature] 11/6/26 @ 6 PM

[Signature]
Dr. Faouriz

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8 PM	POD-0 (Post ces) OPR Rt to clc GC- fair Afebrile	Adv - Soft diet
11/6/26 Hypothyroidism	BP- 120/67 mmHg PR- 71 bpm SPE- NAD	- w/f Bleeding PV - Ambulation - Adequate hydration - Monitor vitals
U/O- 100 ml Adequate, clear	P/A- UR w/r Left BS (+) LE- NAB	- Follow dry chrt - Infuse 60 cc
Remove Foley's tomorrow morning	Baby F A, BF (+) H	
<p>Noted by Akasha 11/6/26 @ 8 PM. Dr. Bhavana</p>		
12/6/26 7 AM	POD-1 (Post ces) OPR Rt to clc GC- fair Afebrile	Adv - Soft diet
12/6/26 Hypothyroidism	BP- 130/74 mmHg PR- 76 bpm SPE- NAD	- w/f Bleeding PV - Ambulation - Adequate hydration - Monitor vitals
Urine Passed Flatus Passed Motion Not Passed.	P/A- UR w/r Left BS (+) LE- NAB	- Follow dry chrt - Infuse 60 cc
Remove Foleys	Baby F A, BF (+) H	

Note by Rupa C 12/6/26 @ 7 AM

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY (F)
 05-12-1990 35 Y
 Dr. BHAVANA K



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 1:45 PM	<u>Pop-1 (Post LSCS)</u>	
<u>P/LIAI</u> <u>Hypothyroid</u>	o/e pt is c/c/c f/c fair Afeb	<u>Adv</u> - (R) Diet - WIF bleeding PV
urine passed motion not passed	BP-118/76mmHg PR-72bpm S/E NAP	- Monitor Vitals - Follow dry chart - Ambulation
<u>Pt can be discharged at 3pm</u>	P/A soft cut ~ WIR U/G NAB Baby MS BF (+)	- Hydration - Inform SRS
		Dr. Nausheen
		noted by Sushil 12/6/26 2:30 PM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2 A1 with 37+1 weeks with hypothyroidism with 02 conception with small for Gestational Age baby for 3rd</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <i>-</i>		Post OP Day: <i>-</i>				
BACKGROUND	Date	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>Nil</i>	<i>Hypothyroid</i>	<i>-</i>	<i>-</i>	<i>Hypothyroid</i>	
Diet:	<i>N diet</i>	<i>N diet</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>clear liquids</i>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.2°F</i>	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.0°F</i>
		Res:	<i>19 blm</i>	<i>19 blmt</i>	<i>20 blm</i>	<i>19 blmt</i>	<i>18 blmt</i>
	SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	
	Pulse:	<i>89 blm</i>	<i>86 blmt</i>	<i>82 blm</i>	<i>85 blm</i>	<i>88 blmt</i>	<i>86 blmt</i>
	BP:	<i>106/74</i>	<i>110/70 mmHg</i>	<i>120/80 mmHg</i>	<i>125/85 mmHg</i>	<i>128/90 mmHg</i>	<i>120/78 mmHg</i>
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>
	Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>-</i>	<i>-</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>N diet</i>	<i>N diet</i>	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>clear liquids</i>
	Critical Lab Test / Values:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>-</i>	<i>-</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>nil</i>	<i>w/p POL</i>	<i>-</i>	<i>w/p Bleeding</i>	<i>w/p Bleeding</i>		
Handed Over By Name :	<i>Sr. Pooja</i>	<i>Meghna</i>	<i>Pooja</i>	<i>Vanitha</i>	<i>Pooja</i>	<i>Kamal</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	
Time:	<i>2pm</i>	<i>@ 8pm</i>	<i>@ 10am</i>	<i>@ 3:30am</i>	<i>@ 8AM</i>	<i>@ 12:25pm</i>	
Taken Over By Name :	<i>Meghna</i>	<i>Prachi</i>	<i>Vanitha</i>	<i>Pooja</i>	<i>Kamal</i>	<i>Alkanal</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>10/6/26</i>	<i>10/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	<i>11/6/26</i>	
Time:	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 11:59am</i>	<i>@ 3:30am</i>	<i>@ 8AM</i>	<i>@ 12:30pm</i>	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G2A1C 27 weeks & hypothyroidism</u> <u>of conception & SA Baby for 10L</u>				Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>nil</u>			
	Surgery / Procedure: <u>Em LSCC</u>				Post OP Day: <u>POD-</u>			
BACKGROUND	Date	<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>			
	Shift	<u>E</u>	<u>M</u>	<u>M</u>	<u>E</u>			
	Medical Condition (Any special condition to be noted):	<u>hypothyroid</u>	<u>hypothyroid</u>	<u>hypothyroidism</u>	<u>hypothyroidism</u>			
Diet:	<u>clear liquids</u>	<u>soft diet</u>	<u>solid diet</u>	<u>solid diet</u>				
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENT):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>			
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.1 F</u>	<u>98.3 F</u>	<u>98.1 F</u>	<u>96.1 F</u>		
		Res:	<u>19b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>20b/m</u>		
		SpO ₂ :	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>96%</u>		
		Pulse:	<u>71b/m</u>	<u>75b/m</u>	<u>71b/m</u>	<u>79b/m</u>		
		BP:	<u>127/62(82)</u>	<u>121/67(82)</u>	<u>136/69(82)</u>	<u>124/64(78)</u>		
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>		
		Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>0</u>		
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>				
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>				
RECOMMENDATIONS	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>Nil</u>	<u>Nil</u>	<u>nil</u>			
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>clear liquid</u>	<u>soft diet</u>	<u>solid diet</u>	<u>solid diet</u>			
	Critical Lab Test / Values:	<u>-</u>	<u>Nil</u>	<u>-</u>	<u>nil</u>			
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>			
	Post Operative Procedure Special Orders:	<u>w/ BLeeds</u>	<u>w/ BLeeds</u>	<u>-</u>	<u>nil</u>			
Handed Over By Name :	<u>Ashish</u>	<u>Raj</u>	<u>Ashish</u>	<u>Sushila</u>				
Signature / ID :	<u>A60660</u>	<u>A60660</u>	<u>A60660</u>	<u>816493</u>				
Date:	<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>				
Time:	<u>@8pm</u>	<u>@8AM</u>	<u>@2pm</u>	<u>3pm</u>				
Taken Over By Name :	<u>Raj</u>	<u>Ashish</u>	<u>Sushila</u>					
Signature / ID :	<u>A60660</u>	<u>A60660</u>	<u>816493</u>					
Date:	<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>					
Time:	<u>@8pm</u>	<u>@8am</u>	<u>2pm</u>					

1H-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY (F)
 5-12-1990 35 Y
 Dr. BHAVANA K

NURSING CARE RECORD



Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11 Am	maintain fluid balance Ensure Safety	11 Am	Advice to take plenty of fluids	PO maintain hydration	Patient is stable and no fresh complaints	Idol/26 Naga espm
	11:30 Am		11:30 Am	Side rails kept up	Prevent from falls!		
Afternoon	3 PM	maintain good nutritional status Ensure safety	3:10 PM	to provided good nutritional diet	oral intake intake as	patient is stable patient is safe	Meghna Naga 10/6/26 7:30 pm
	4 PM		4:10 PM	side rails kept up	to prevent from fall rails		
Night		ensure safety prevent infection		provide side rails Admin by antibiotic Admin laxative	to prevent falls to prevent infection	pt is safe pt is good	Naga 10/6/26 @ 1 AM

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K



NURSING CARE RECORD

Date: 11/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	Ensure safety * maintain personal hygiene.	9 AM	To provide side rails. * Bed sheets changed.	To prevent fall * To prevent Infection	Patient is safe * pt is stable.	Naval @ 12:20 PM 11/6/26
Afternoon	4 PM	* Maintain fluid Balance. * Ensure Safety	5 PM	* Encouraged pt to take plenty of fluids. * provided side rails up side.	* prevented Dehydration * Reduced fall's Risk.	* pt is stable * vitals are stable.	Neesh 11/6/26 @ 5 PM
Night	9 PM	* Relieve pain & discomfort * Ensure safety	9:30 PM	* Analgesics given as per doctor order * provided side rails	* Reduce pain * prevent fall from risk	* re-assessment was done every 4th hourly vital monitor	6/6/26 @ 8 PM

VIH-00204788 IP-00080297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K

NURSING CARE RECORD



Date: 12/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* maintain fluid Balance * Ensure safety	10 AM	* Encouraged pt to take plenty of fluids. * provided Side Rails upside	* prevented dehydration & maintained I/O chart. * prevents fall Risk.	* Re-assessment done. pt condition is stable.	<i>Shankar</i> 12/6/26 @ 2pm
Afternoon		discharge note, doctor advised for discharge					
Night		noted by sushil 12/6/26 @ 8pm					

VIH-00204788

IP-00060297

Mrs PRACHI CHAUDHARY

05-12-1990 36 Y (F)

Dr. BHAVANA K



NURSING CARE RECORD



Date:

Goals

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs PRACHI CHAUDHARY Age : 35 Y
IP No: IP-00060297 Sex: Female
Consultant: Dr. BHAVANA K Ward/Bed No: N 2F-LABOUR WARD/LW 221

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....*Prachi*

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *MN Hansi*

Relationship: *Self*

Date:

Time: *11:26 AM*

Witness Name:

Witness Signature:

Patient Address:

203, bhavani vnr paradise,yapral
Secunderabad Hyderabad Telangana
INDIA 500003



INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs Prachi Chaudhary Age : 35 Gender : M F
 UHID / IP No. : V14-00204726 / IP-00060297 Date : 10/06/26 Time : 12:00 PM

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : DR BHAVANA K

Consentee :
 Signature : *Prachi*
 Name : PRACHI CHAUDHARY
 Date & Time : 10/06/26 12:00 PM

Witness:
 Signature : *[Signature]*
 Name : *Renelekuni*
 Date & Time : 10/6/26 12:00 PM

Patient Attendant:
 Signature : *Deepak*
 Name : Deepak Sonout
 Relationship with Patient : Husband
 Date & Time : 10/06/26 12:00 PM

Doctor :
 Signature : *A*
 Name : DR. Ashwini
 Date & Time : 10/6/26 12:00 PM

INFORMED CONSENT FOR VAGINAL BIRTH



UHD \ IP No. : Date : Time :
Patient Name : Age : Gender : M F

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematomas, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure :

Consentee :
Signature :

Name :

Date & Time :

Witness :
Signature :

Name :

Date & Time :

Doctor :
Signature :

Name :

Date & Time :

Relationship with Patient :
Date & Time :

Induction of Labor Consent

Name: MRS PRACHI CHAUDHARY

Date of Birth: 05/12/90

ANC No: 10730/V/26

Consultant: DR BHANAK

Registration Number: VH-00204786

You are scheduled for an induction of labor on 10/06/26 (date) at 37+1 (weeks of gestation).

The reason for your induction is TERM GESTATION

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Prachi

Parents Signature

10/6/26

Date

Deepak

Husband's Signature

10/6/26

Date

Dr Ashwin

Doctor's Signature

10/6/26

Date

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. PRAJIZ CHAUDHARI Gender: Male Female Age : 35 YR

UHID No : - VIN - 2047861 IP 60297 Date : 11/6/26

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 CAESAREAN SECTION
upon MRS. PRAJIZ
(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, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTED, POST PARTUM HEMORRHAGE

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA KASU.

Consentee :
Signature : [Signature]
Name : MRS. Prajiz
Date & Time : 11/6/26 1:35 AM

Patient Attendant :
Signature : [Signature]
Name : Deepak Sonant
Relationship with Patient: husband
Date & Time : 11/6/26 1:35 AM

Witness :
Signature : [Signature]
Name : [Name]
Date & Time : 11/6/26 1:35 AM

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Ashwin
Date & Time : 11/6/26 1:35 am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Prachi Age : 35y Gender : Male Female

UHID NO: 204786 Surgeon Name: Dr. Bhavana

Anaesthesiologist : Dr. Srinidhar

Operative procedure planned : Emergency Cesarean 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 : Bleeding, Hypotension

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 Prachi the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for 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 anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :-

Signature :

Name :

Relationship with Patient:

Date & Time :

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: PRACHI Chaudhary Age: 35yr Sex: F UHID.No: VIIH 00 204786

Date: 10/06/26 Time: 02:45pm Proposed Operation:

Diagnosis: G2A1

B.P / CRT: 120/80 H.R: 84 Weight: 73.8kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.7 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: ECG:
 WBC: Creat: Total Bill: HCV: 2D Echo:
 Plate: 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: PARACETAMOL, OFLAXACIN, CIPROFLOXACIN

Medical History: CVS:

RESP: Hypotensive Diabetes: Takes PCM for fever. No issues but if taken if other ingredients gets urticaria
 CNS:
 Renal:
 Hepatic / GE: Physical Activity: Good
 Others:

Past Anaesthetic History: SEPPC - GA? - UTE

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: BAE (+) clear adequate (N) (N) (N)
 Heart: S1 (+) S2 (+)
 CNS: NAD

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative instructions:

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

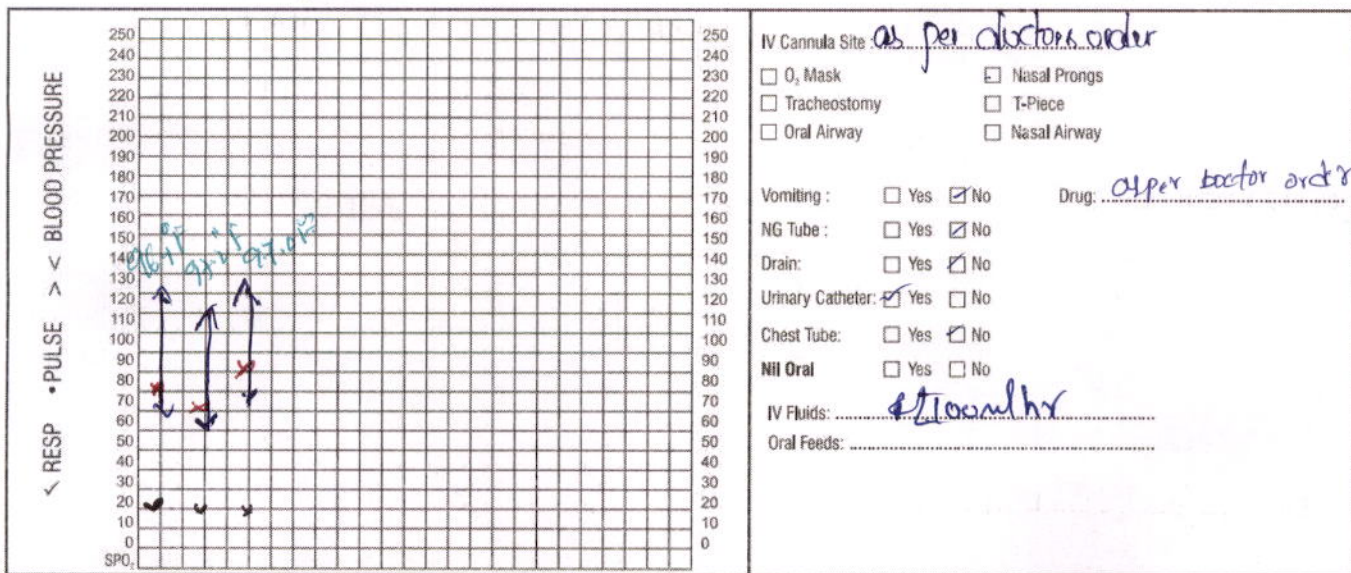
Signature: [Signature] Name: Dr P Madhav

CBSP



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Pooja Time Received : 3:5 am Time Discharged : 12:25pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/6/26	3 am	04	Tab. Paracetamol given po 100mg	[Signature]
11/6/26	7:30 am	3	observation -	[Signature]
11/6/26	9 am	2	INJ. Diclofenac 75mg IV 100ml	[Signature]
11/6/26	9:20 am	1	She is comfortable	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Sunitha

Anaesthesiologist Signature: [Signature]

Date & Time: 11/6/26

PACU Nurse Name : Pooja

PACU Nurse Signature: [Signature]

Date & Time: 11/6/26 @ 7 am

Reassessment Frequency:

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

Transferred to Unit by (PACU): Room (201)

Date & Time: 11/6/26 @ 12:25pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
 Asst. Surgeon :
 Anaesthetist : Dr. Sundhara
 Scrub Nurse : Sri. Ruby

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K
 Date : In-time : 2:00 AM Out-time : 3:00 AM

Age : 35 Y Gender : P
 Primary Name : EM. LSCS



Before Induction of Anaesthesia >>

SIGN IN		Time: <u>2 PM</u>
Patient Has Confirmed		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	<input checked="" type="checkbox"/> Yes <input 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>Sundhara</u>		
Name : <u>Dr. Sundhara</u>		

Before Skin Incision >>

TIME OUT		Time: <u>2 AM</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>Mrs. Prachi Chaudhary</u>		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events		
Surgeon Reviews: → <u>Bleeding</u>		
What are the Critical or Unexpected Steps, Operative Duration, <u>1hr</u> Anticipated Blood Loss? <u>500 ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <input checked="" 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 type="checkbox"/> No <input type="checkbox"/> NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature : <u>RP</u>		
Name : <u>Sri. Ruby</u>		

Before Patient Leaves Operating Room

SIGN OUT		Time: <u>3:00 AM</u>
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>A</u>		
Name : <u>Dr. Ashwin</u>		

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Bhavana K	Date of Delivery: 11/16/26
Assistant Surgeon: Dr Ashwini	Time of Delivery: 2:19 AM 48 sec
Anaesthetist's Name: - Dr Gunidhara	Gender of Baby: male
Type of Anaesthesia: spinal	Weight of Baby: 2.743 kg
Neonatologist: Dr Barsha	AGPAR Score: 8/10, 9/10.
Scrub Nurse: Sis Jyoti	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective Emergency

Indication: G2A, 37+2 wk

Urgency

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

OT conception of sGA
 bday & hypothyroidism
 fetal tachycardia &
 fetal decelerations

Decision time: Knife to rectus:

CTG Description: - fetal tachycardia & deceleration.

If there was a delay give the reasons:

Surgical Procedure: - emergency LSCS & SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: closed 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
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Normal Cord around the neck Yes No
Appearance of placenta: Normal Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: Vicryl Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress Monocryl 30 Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in 12-24 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:

WBM x 4 hrs
Fluochastig
w/ bleeding PV
monitors vitals
followed up call
in form eos

Dr. Ashini

Doctor Name: Dr. Bhavendra K Doctor Signature:
Date & Time: 11.6.20

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K



①

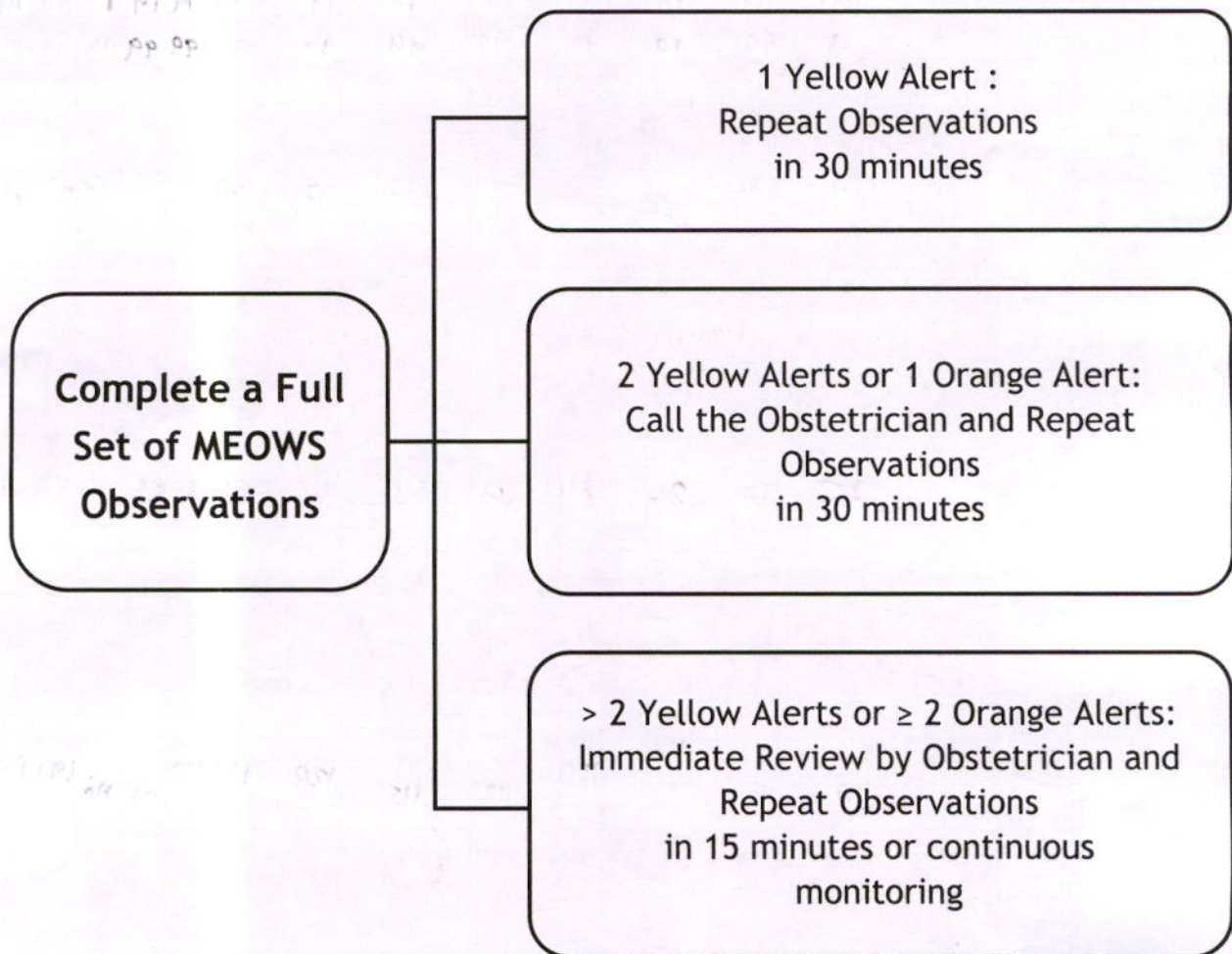


Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
10/6/26					1	2	1		3																	
RESP (write rate in corresp. box)	> 30				38	38	38		38																	
	21 - 30				19	19	19		19																	
	11 - 20				19	19	19		19																	
	0 - 10																									
Saturations	94 - 100 %				98	99	99		99																	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37				37c	37c	37c		37c																	
	36						36c		36c																	
	35																									
< 35																										
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				85	82	86		84		83		85		86		85	85	85	86	87	89				
	70																									
60																										
50																									61	
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110				110	116			123		120		118		115		120	121	125		115	116	120	123	122	
	100																									
	90																									
80																										
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																									
Liquor	Clear / Pink				NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																									
TOTAL YELLOW SCORES					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial					G	G	G	M	M	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY (F)
 05-12-1990 35 Y
 Dr. BHAVANA K

2

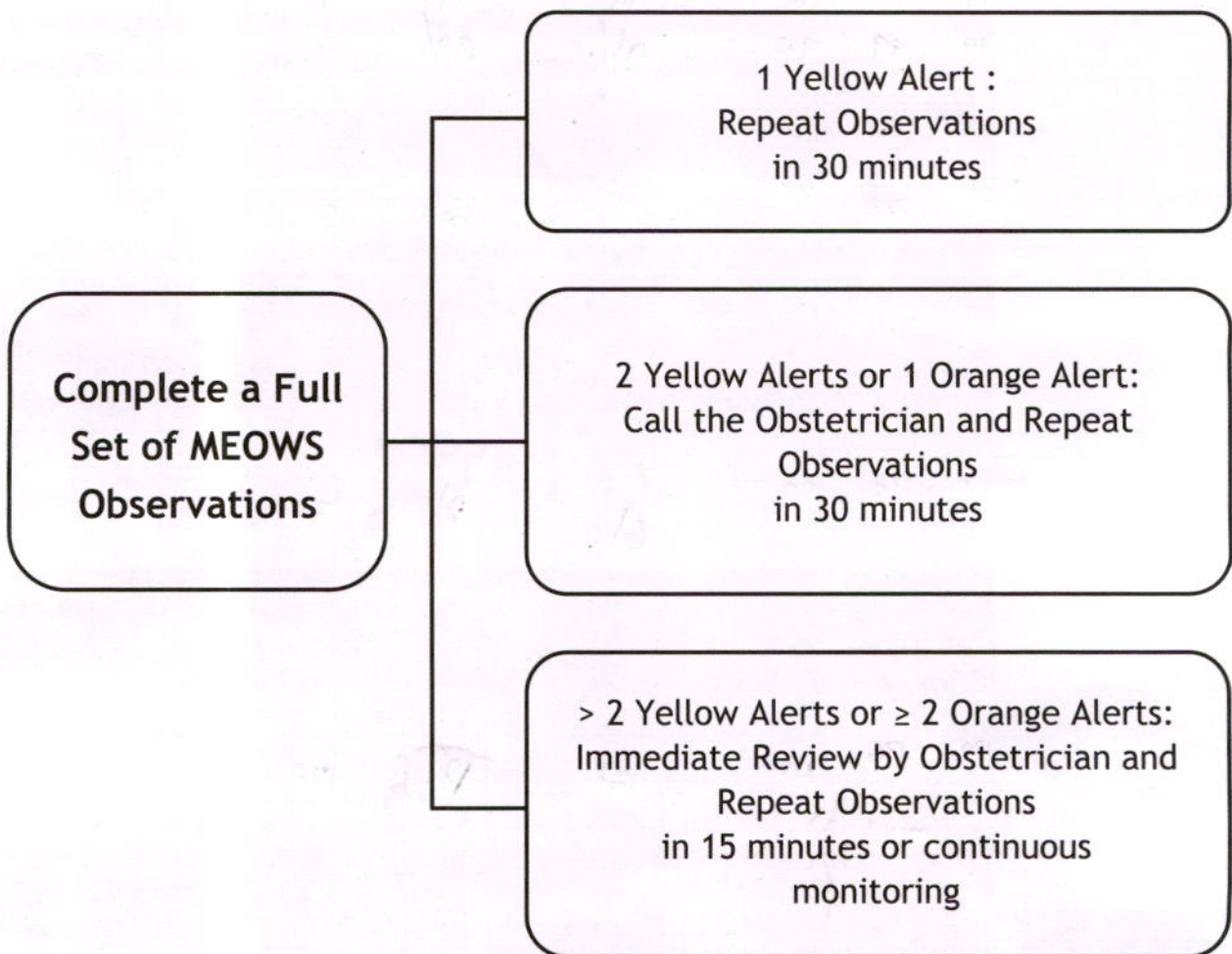


Early Warning Observation Score Chart - Obstetrics

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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	18					19				19				19				19				19
	0 - 10																								
Saturations	94 - 100 %	99	99	98					99				99				99				99				99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37C																							
	36		36C			37C				36C				36C				36C				36C			
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	88	80						61				81			72				80				72
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	130	136							132				127			120				110				118
	120																								
	110																								
	100																								
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80			80						96				69			60				70				76
	70	70	73																						
	60																								
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓					✓				✓			✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓					✓				✓			✓				✓				✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA					NA				NA			NA				NA				NA	
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA					NA				NA			NA				NA				NA	
	Green																								
TOTAL YELLOW SCORES	0	0	0					0				0			0				0				0		
TOTAL ORANGE SCORES	0	0	0					0				0			0				0				0		
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



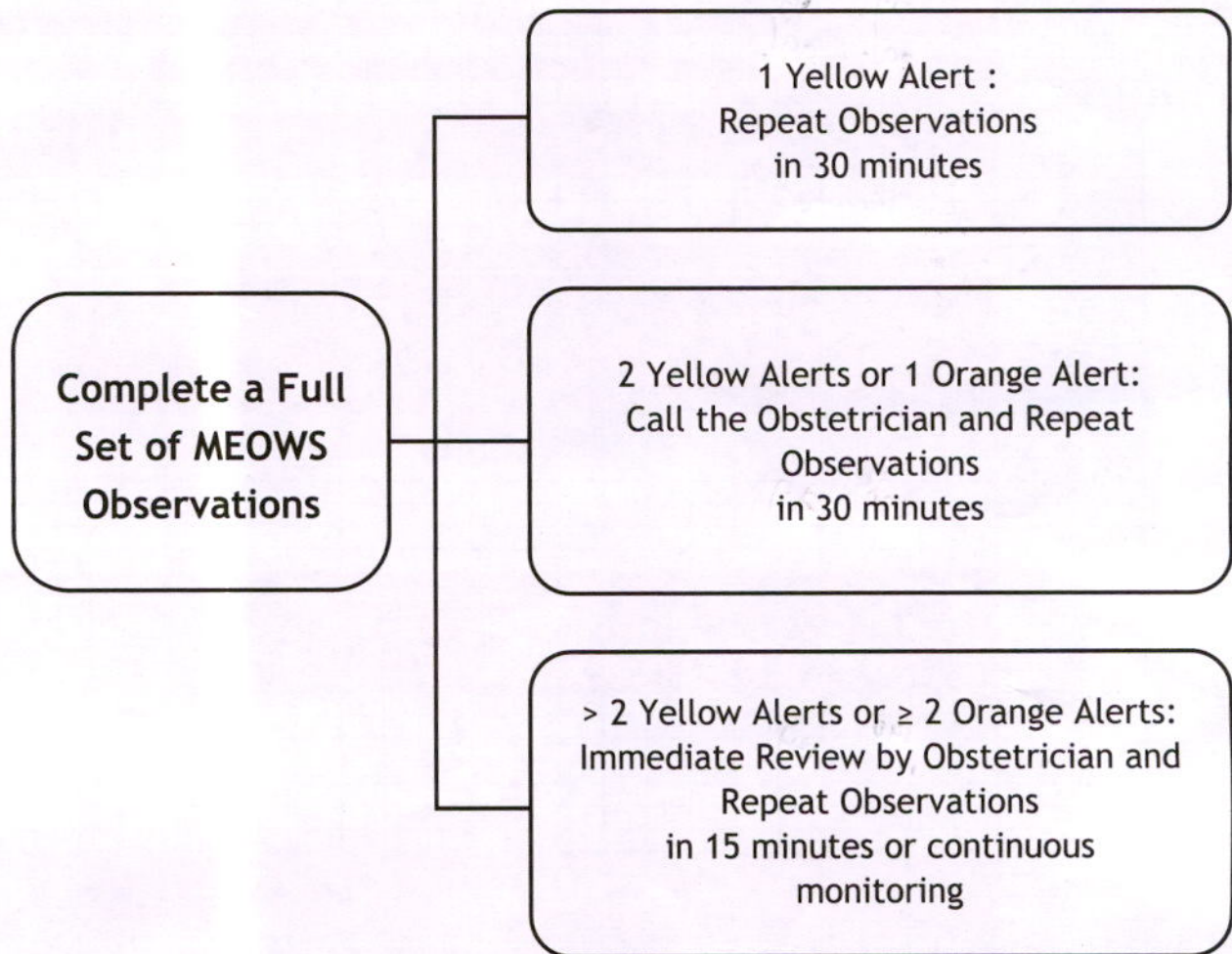
Early Warning Observation Score Chart - Obstetrics

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																						
	0 - 10																												
Saturations	94 - 100 %			99%		99%																							
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36				36		36																						
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80				82		79																						
	70																												
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140				140		134																						
	130																												
	120																												
	110																												
	100																												
	90																												
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90																												
	80				84		69																						
	70																												
NEURO RESPONSE [✓]	Alert			✓		✓																							
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30			✓		✓																							
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal			NS		NS																							
	Heavy / Foul																												
Liquor	Clear / Pink			NS		NS																							
	Green																												
TOTAL YELLOW SCORES				0		0																							
TOTAL ORANGE SCORES				0		0																							
Nurse Initial				PC		PC																							

12/16/20
 5:45 PM
 12/16/20
 PC/PC

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am	H ₂ O	100ml								1	10/6/26	
	12:00 pm	H ₂ O	50ml							✓	0	pass	
	01:00 pm		Excp _{wat}								1	2:30pm	
Total Intake : 150ml						Total Output : passed							
12/6/26	02:00 pm	H ₂ O	50ml							✓	0	Megha No 10/6/26 7:30pm	
	03:00 pm	H ₂ O	100ml								0		
	04:00 pm	H ₂ O	100ml							✓	0		
	05:00 pm	H ₂ O	50ml								0		
	06:00 pm	H ₂ O	150ml							✓	0		
	07:00 pm	H ₂ O	100ml							✓	0		
Total Intake : 550ml						Total Output : passed							
11/6	08:00 pm	H ₂ O	ml									pass 11/6/26 @ 12:30pm	
	09:00 pm	RL FF	100ml							✓	0		
	10:00 pm	RL	100ml								0		
	11:00 pm	RL	100ml							✓	0		
	12:00 am	NBM	& RL 100ml hrs							✓	0		
	01:00 am	NBM	+ RL 100ml hrs							✓	0		
Total Intake : 400ml						Total Output : 50ml							
4/6/26	02:00 am	NBM + RL	500ml hrs							100ml	0	Muk. Muk. Shard 11/6/26 @ 8am	
	03:00 am	NBM + RL	150ml hrs							50ml	0		
	04:00 am	NBM + RL	100ml hrs							50ml	0		
	05:00 am	NBM + RL	100ml hrs							50ml	0		
	06:00 am	NBM + RL	50ml hrs							100ml	0		
	07:00 am	H ₂ O	20ml							50ml	0		
Total Intake : 850ml						Total Output : 400ml							

Total 24 hrs. Intake 1215ml

Total 24 hrs. Output 450ml

FLUID CHART

②

12/6/26

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
11/6/26	08:00 am	H2O + 50ml							50ml	0	Karanal 11/6/26 @ 12/26/26 J.P.P.	
	09:00 am	H2O + 50ml							50ml	0		
	10:00 am	H2O + 50ml							50ml	0		
	11:00 am	H2O + 50ml							50ml	0		
	12:00 pm	H2O + 50ml							50ml	0		
	01:00 pm								50ml	0		
Total Intake :					Total Output :							
11/6/26	02:00 pm	Baking + H2O							300ml	1	K. Bakh 11/6/26 8 PM	
	03:00 pm								300ml	1		
	04:00 pm	Sandwich							300ml	1		
	05:00 pm	Soup							400ml	1		
	06:00 pm	Juice.							300ml	1		
	07:00 pm								300ml	1		
Total Intake :					Total Output :							
12/6/26	08:00 pm								100ml		P.P.P. 12/6/26 8 PM	
	09:00 pm	Idly							100ml			
	10:00 pm								100ml			
	11:00 pm	H2O							100ml			
	12:00 am								100ml			
	01:00 am								50ml			
Total Intake :					Total Output :							
12/6/26	02:00 am								50ml		P.P.P. 12/6/26 8 AM	
	03:00 am	Aze							50ml			
	04:00 am								50ml			
	05:00 am								50ml			
	06:00 am	Aze							50ml			
	07:00 am								50ml			
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 2,400ml

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. :

12/6/26

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

		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								
12/6/26	08:00 am		2 dlyt							Foley's Removed		Shayla 12/6/26 @ 2pm	
	09:00 am		H ₂ O										
	10:00 am												
	11:00 am												
	12:00 pm			H ₂ O									
	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 :							

not fed by
 Sushila
 12/6/26
 @ 7:30pm

Total 24 hrs. Intake

Total 24 hrs. Output



MEDICATION RECONCILIATION FORM

Drug Allergies: OFLOXACIN, CIPROFLOXACIN, PCM 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: NW Shifted to: Room (201)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB IRON	1 TAB	PO	ONCE DAILY	09/06	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY	09/06	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY	09/06	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB THYROXINE	25 mcg	PO	ONCE DAILY	10/06	<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 Athar Aka

Date & Time: 10/06/26 12:00 PM

Nurse Name & Signature: Meghna Me

Date & Time: 10/6/26 12pm

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY
 05-12-1990 35 Y (F)

Dr. BHAVANA K



2

MEDICATION RECONCILIATION FORM

Drug Allergies: 24: ofloxacin, ciprofloxacin, Pen. Not known any Drug Allergies

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

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

Shifting From: LW Shifted to: 201

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	25mcg	PO	ONCE DAILY	11/6/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS CEFOTAXIME	1gm	IV	12TH HOURLY	11/6/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50 mg	PO	TID	11/6/20	<input type="checkbox"/> C <input type="checkbox"/> DC
4	T. TRAMADA	100m	PO	TID	11/6/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	11/6/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INS ENOXAPARIN	40mg	SC	ONCE DAILY	11/6/20	<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 YOGESHWARI

Date & Time : 11/6/20 10:30 AM

Nurse Name & Signature : [Signature]

Date & Time : 11/6/20 03:00 PM



DRUG CHART

Date of Admission: 10/6/26 Drug Allergies: OFLOXACIN, CIPROFLOXACIN, PARACETAMOL 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 Signature



REGULAR PRESCRIPTIONS

Weight 73.5 kg Ward 2/W

Dr. Jadhav

DRUG : T. THYROXINE				Date	10/6	11/6	12/6
Dose	Route	Frequency	Start Date	Time			
25mcg	PO	ONCE DAILY	10/6	b			
Name & Signature of the Doctor							
Starting the Drugs:							
Additional Instructions:							
ON EMPTY STOMACH							
Daily Doctor's Endorsement by a Sign							

Dr. Jadhav 11/6/2016

DRUG : PARACETAMOL				Date			
Dose	Route	Frequency	Start Date	Time			
1g	PO	QID	11/6				
Name & Signature of the Doctor							
Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Dr. Jadhav 11/6/2016

DRUG : T. TRAMADOL				Date	11/6	12/6	
Dose	Route	Frequency	Start Date	Time			
100mg	PO	TID	11/6	7 AM			
Name & Signature of the Doctor							
Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : T. DICLOFENAC				Date	11/6	12/6	
Dose	Route	Frequency	Start Date	Time			
50mg	PO	TID	11/6	12 AM			
Name & Signature of the Doctor							
Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

VIH-00204786 IP-00060297

Mrs PRACHI CHAUDHARY

Ref. No. : F / HW / DC / RP / INPR / 05.a

05-12-1990 35 Y (F)

Dr. BHAVANA K



Nan

I.P. No.

Sheet No

Wards

Weight (kg)

1

110

75.85kg

REGULAR PRESCRIPTIONS

DRUG : INJ CEFOTAXIME

Date
Time

11/6
12/6

Dose 1g
Route IV
Frequency 12th hourly
Start Dt. 11/6

6 AM

12/6

Name & Signature of the Doctor starting the Drugs:

Dr. Ashu

Additional Instructions:

AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign.

STOP
12/6, 7 AM

DRUG : TAB PANTOPRAZOLE

Date
Time

11/6
11/6

Dose 40mg
Route PO
Frequency ONCE DAILY
Start Dt. 11/6

6 AM

11/6

Name & Signature of the Doctor starting the Drugs:

Dr. Ashu

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ ENOXAPARIN

Date
Time

11/6

Dose 40mg
Route SC
Frequency ONCE DAILY
Start Dt. 11/6

7 PM

11/6

Name & Signature of the Doctor starting the Drugs:

Dr. Yogeshwar

Additional Instructions: AFTER 6 HRS AFTER CHECKING FOR ACTIVE BLEEDING

Daily Doctor's Endorsement by a Sign.

DRUG : T. CEFIXIME

Date
Time

11/6

Dose 200MG
Route PO
Frequency 12th hourly
Start Dt. 11/6

10 AM

11/6

Name & Signature of the Doctor starting the Drugs:

Dr. Geetha

Additional Instructions:

10 PM

Daily Doctor's Endorsement by a Sign.

Dr. Ashu
Dr. Yogeshwar
Dr. Geetha

VIH-00204788 IP-00060297
Mrs PRACHI CHAUDHARY (F)
05-12-1990 35 Y
Dr. BHAVANA K

Patient Nam	I.P. No.	Sheet No. <u>2</u>	Wards <u>L10</u>	Weight (kg) <u>73.85</u>
-------------	----------	--------------------	------------------	--------------------------

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.																			



I.V. FLUIDS CHART

Weight. 73.84kg Ward. 112

VERIFIED BY : Name Signature

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/26	1 AM	RINGER LACTATE	IV	FF	Dr. [Signature]	[Signature]	11/6/26	[Signature]	[Signature]
11/6/26	1:30 AM	RINGER LACTATE	IV	100ml hr	Dr. [Signature]	[Signature]	11/6/26	[Signature]	[Signature] Vaishnavi
11/6/26	2 ³⁰ AM	RINGER LACTATE	IV	500 ml/hr	[Signature]	[Signature]	11/6/26	[Signature]	[Signature] Vaishnavi
11/6/26	3 AM	RINGER LACTATE	IV	150 ml/hr	[Signature]	[Signature]	11/6/26	[Signature]	[Signature]

VIH-00204786 IP-00060297
 Mrs PRACHI CHAUDHARY (F)
 05-12-1990 35 Y
 Dr. BHAVANA K

①



RESULT SHEET

Date	10/6/26				
Time	at 2:24 PM				
Hb	11.0				
PCV	31.0				
RBC	3.47				
WBC	8.58				
N/L					
Platelets	210				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

