

INSURANCE COPY

Name	Mrs SNEHARIKA TANGIRALA	UHID	VIH-00150266
Father/Guardian	Mr D.STALIN RAJ	Age/Gender	31 Y 1 M 19 D/Female
Address	H-NO.-32-61 RK PURAM NERED MET , Neredmet Cross Road, Hyderabad, Telangana, INDIA, 500056		
IP No	IP-00060459	Admission Date	24-06-2026
Ref Doctor	Self	Discharge Date	26-06-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: G3P1L1A1 with 37+3weeks with Previous Preterm Lower Segment Cesarean Section for Elective Lower Segment Cesarean Section with Bilateral Tubectomy

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBECTOMY DONE ON 24.6.2026 UNDER SPINAL ANAESTHESIA

History:

LMP: 28.9.2025

Obstetric formula: G3P1L1A1

EDD: 12.7.2026

Gestation at admission: 37+3 weeks

Obstetric History:

G1 - female/ 3.3YEARS/ absent fetal movements, PPRM, Non reactive NST, Oligohydrominos/ GDM(D)/ 35weeks LSCS/ 2.5kg/ A&H/ uneventful/ RCH VKP / BF2yrs

G2 - 8weeks/ Sp. Miscarriage/ Jan 2024

G3 _ Present pregnancy Spontaneous conception.

Name	Mrs SNEHARIKA TANGIRALA	UHID	VIH-00150266
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Medical History: Nil

Family History: Father- DM, Hypothyroidism

Surgical History: Previous LSCS

Allergies: Nil

Antenatal Details: Mrs SNEHARIKA TANGIRALA was booked to Rainbow hospital at 5+6 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period/o Urinary tract infection with Persistent abdominal pain at 25+1weeks Urine CS was positive for Klebsiella managed conservatively. . She was admitted at 37+3weeks with Previous Preterm Lower Segment Cesarean Section for Elective Lower Segment Cesarean Section with Bilateral Tubectomy

Investigations: Enclosed

Blood group: O POSITIVE

Management: Course in hospital:

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

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. Previous scar was thinned out . A lower segment curvilinear incision given on the uterus. Baby

Name	Mrs SNEHARIKA TANGIRALA	UHID	VITH-00150266
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delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Bilateral Fallopian tubes identified and bilateral Tubectomy done with modified pomeroys method, tubes sent for HPE. 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 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 24.6.2026

Time of Delivery: 3:35Pm41sec

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

Baby Details:

Date: 24.6.2026

Time: 3:35Pm41sec

Sex: female

Weight: 2.61Kg

Apgar: 7/10, 9/10

Gestational Age: 37+3weeks

NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was

Name	Mrs SNEHARIKA TANGIRALA	UHID	VIH-00150266
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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 30.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 30.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 30.6.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 30.6.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Syp. Duphalac 15 ml SOS
8. Nebasulf powder for local application.
9. Collect HPE reports after 2weeks review with reports
10. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 7.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

Name	Mrs SNEHARIKA TANGIRALA	UHID	VH-00150266
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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. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

PatientName : Mrs SNEHARIKA TANGIRALA
Age/Gender : 31 Y 1 M 19 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060459
Admit Date : 24-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :24-06-2026 14:08
HEMOGLOBIN (Colorimetry)	12.2	g/dL	12 - 16
RBC COUNT (DC detection method)	4.18	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	35.0	VOL%	33 - 51
MCV (Calculated)	83.8	fL	80 - 100
MCH (Calculated)	29.2	pg/cells	26 - 34
MCHC (Calculated)	34.8	g/dL	32 - 36
RDW-CV (Calculated)	13.2	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	230	10 ⁹ /L	150 - 450
MPV (Calculated)	9.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	16.63	10⁹/L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	82	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	14	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - NEUTROPHILIC LEUCOCYTOSIS PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

LSC

VIH-00150266 IP-00060459
Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

AC **ILLING**

Na _____

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 24/6/26 Time : 1:27PM Date of Discharge : 26/6/26 Time : 1PM

Room / Bed No : 219 Ward : 4w Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>24/6/26</u>	<u>3pm</u>	<u>4w</u>	<u>07</u>	<u>[Signature]</u>
<u>24/6/26</u>	<u>4:20pm</u>	<u>OT</u>	<u>MICU</u>	<u>[Signature]</u>
<u>24/6/26</u>	<u>9:45pm</u>	<u>MICU</u>	<u>Room (217)</u>	<u>[Signature]</u>


Cross Consultation Visit

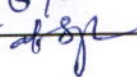
	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

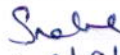
Date	Investigations	Order No.	Sign
24/6/26	CBP	V126021382	
24/6/26	Biopsy for histopathology (medic)	V12604405	82
Clon checked by A Shamin			24/6/26 at
			


PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/16/26	I.V placement	1	3094056	
2/16/26	PAC	1	3094055	
2/16/26	Catheterization	1	3094056	

Crom checked by C. Shannin				2/16/26 

ANY OTHER INFORMATION

Date: 2/16/26 Time: 1PM Prepared By:  2/16/26

<p>Staff Nurse</p> 	<p>Shift / Ward</p> <p>1PM</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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VIH-00150266 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



SURGERY DETAILS

Date : 24/6/20

Patient Name: MR. Snehanika Date of Birth: Age: 31y

Gender: Female Ward : 01 UHID No.: 150266

Date of Surgery: 24/6/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective LSCS + BIL tubectomy/SA

Time in : 8:20pm

Time Out : 4:20pm

	NAME	AMOUNT
1. Surgeon	Dr. Madhumita	OT - Charge
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Ashwini	Tubectomy charge
4. OT Technician	Vaishnavi	3094069
5. Circulating Nurse	Sharanu	
6. Assistant Nurse	Ruby. P/ Arif	

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

Signature of the Surgeon: *Dr. Ashwini*

Signature of Circulating Nurse: *[Signature]*

Order No.: 3094066/67

Order by: *Rabul*

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name :

VIH-00150288 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

IP.No: 60459

Ward:



DOA: 24/6/26

Sl.No	List of Records	no. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent			✓	
16	Consent for Special Procedure	1	✓		
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	medical Reconciliation	2	✓	✓	
	Pain Assessment	2	✓	✓	
	Braden's	2	✓	✓	
	Thromboprophylaxis	1	✓	✓	
	Others	10	✓	✓	
	Total No. of Pages	49 pages			

Signature and Date : *Akash* 26/6/26 @3am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060459

Admit Date : 24-Jun-2026

Admit Time : 01:27 PM UHID : VIH-00150266

Patient Details :

Patient Name : Mrs SNEHARIKA TANGIRALA

Age : 31 Y 1 M 19 D

Guardian : Mr D.STALIN RAJ

DOB : 05-05-1995

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : H-NO.-32-61 RK PURAM NERED MET
Neredmet Cross Road Hyderabad Telangana
INDIA 500056

Phone No : 9030489684/ 9000621919

E-mail : na123@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr D.STALIN RAJ

Relationship : W/O

Contact Address : H-NO.-32-61 RK PURAM NERED MET
Neredmet Cross Road Hyderabad Telangana
INDIA 500056

Phone No : 9030489684


Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

PATIENT TRANSFER FORM

VIH-00150286 IP-00060459
Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



Date & Time of Admission <i>24/6/26 @ 1:27 PM</i>	Date & Time of Transfer Order <i>24/6/26 @ 9:45 PM</i>	
Treating Consultant Name	Transfer Ordered by <i>Dr. Madhumita</i>	Reason for Transfer <i>observation</i>
From Unit <i>MICU</i>	To Unit <i>Room (217)</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>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Tab. par. - (15)</i>	<i>Baccinub - (1)</i>
2.	<i>Tab. Mclorfenac - (10)</i>	<i>sawal - 1</i>
3.	<i>Tab. Tramadol - (10)</i>	
4.	<i>Tab. paracetamol - (15)</i>	
5.	<i>underpad - (1)</i>	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Yogeshwari

Name & Signature of Person who is Transferring <i>Sis. Meghane</i>	Name of Person Ordered Transfer <i>Dr. Yogeshwari</i>
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Patient & Clinical Records Received by :

Akanksha

Date & Time of Patient Received :

24/6/26 @ 9:50 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

PATIENT TRANSFER FORM

VIH-00150266 IP-00060459

Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



Date & Time of Admission <i>24/6/26 @</i>		Date & Time of Transfer Order <i>24/6/26 @ 3pm</i>
Treating Consultant Name <i>Dr Madhumita</i>	Transfer Ordered by <i>Dr Madhumita</i>	Reason for Transfer <i>E1-L34</i>
From Unit <i>Yw</i>	To Unit <i>07</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>32</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, what? op file & ornaments</i>

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr Madhumita S. Shanmugam</i>	Name of Person Ordered Transfer <i>Dr Madhumita</i>
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Patient & Clinical Records Received by :


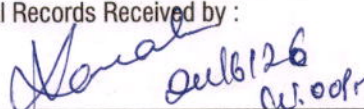
*Syothi All
24/6/26 @ 3pm*

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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00150266 IP-00060459 Mrs SNEHARIKA TANGIRALA 05-05-1995 31 Y 1 M 19 D (F) Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 24/6/26 @ 1:27 pm	Date & Time of Transfer Order 24/6/26 @ 4:30 pm
		Transfer Ordered by Dr. Vineetha	Reason for Transfer Postop care
From Unit 01	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 37	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Bhavani K		Name of Person Ordered Transfer Dr. Vineetha	
Patient & Clinical Records Received by :  24/6/26 4:30 pm			
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

Energy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 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: 1Pm

Nurse Name : Nurse Signature:

Date: 26/6/26 Time: 1:10Pm

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 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L10
 Primary Language: Telugu English Hindi Others, specify
 Do you require an interpreter? Yes No if Yes specify
 Source of Information: Patient Family Others, specify Elective LSCS

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Chief Complaints: Elective LSCS Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Ashwini
 Time Notified: @ 1 Pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Yes	Yes -

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: 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 type="checkbox"/> No <input checked="" 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 3 P 1 L 1 A 1

Previous LSCS: Yes

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other father - Dm, HTN

Vital Signs / Measurements: Temp: 98.0°F HR: 86bmt RR: 18bmt
 BP: 123/73mmHg Weight: 77kg Height: 153 BMI:

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

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score0..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score28..... (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. Sneharika

Name of Person Orientation was given to: Mrs. Sneharika

Orientation not given Reason: Mrs. Sneharika

Nurse Signature:
 Nurse Name:
 Date & Time: 24/6/25 @

IP

FOR OBSTETRICS

Presenting Complaints

LMP: 28/9/23 EDD: _____
 Corrected EDD: 12/9/26 GA: 37+3w6

Obstetric Formula: G3P14A1

Menstrual History: Regular: Yes No

married: 4 yrs + 11 cm

Obstetric Examination

Obstetric History:

Fundal Height: _____

a1 - female 13-14 yrs lab sent FM, PFROM 10wigo NST non reactive
 35wlc LSCS 12-15 leg 1 udm (CD) ureteric TX
 a2 - 8w1sp. miscarriage 1 Jan 2024

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Liquor: Adequate Oligo Poly

a3 - pp, sp caution

PP: Cephalic Breech Others _____

Booled RBL at 36wlc.

Had NIO UTI + persistent abd. pain at

Head Fifts Palpable: _____

25wlc, urine us. +ve for klebsiella, managed conservatively

FHS: Normal Tachy Brady Absent

RISK FACTORS:

Previous PT LSCS

1406 PM
 Per Speculum Examination not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Height: 153 cm

Membranes: Present Absent

Weight: 77 kg

Liquor: Clear Meconium Blood Stained

Allergies: Nil

Breast: Normal Abnormal

Presenting Part: Vertex Breech Others

General Examination:

Consciousness: (+) Pallor: (-)

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

Icterus: (-) Edema: (-)

Temp: axilla PR: 87 BPM

Pelvis: Adequate Doubtful

BP: 115/72 mmHg DTR: (+)

CVS: S1S2 (+) RS AEBE

Liver/Spleen: _____ Urine Output: _____

DIAGNOSIS

G3P14A1 @ 37+3 weeks - Previouse preterm lower segment caesarean section for elective lower segment caesarean section with bilateral tubectomy

Pat

VIH-00150266 IP-00060459
Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



<p>Family History:—</p> <p>Father - DM / HTN</p>	<p>Surgical History:</p> <p>Previous LSCG</p>										
<p>Medical History:</p> <p>- Nil</p>	<p>Medication History:</p> <p>-</p>										
<p>Plan of Care: <u>UI to Dr. Madhumita</u> <u>mam</u></p> <p>NRM</p> <p>PAC</p> <p>consent</p> <p>Past Preparation</p> <p>fur monitoring</p> <p>foley's catheterisation</p> <p>send CBP</p> <p>monitor vitals</p> <p>follow drug chart</p> <p>inform SOS</p> <p><i>notes by S Shree 24/6/26 3pm</i></p>	<p>Investigations: D POSITIVE</p> <p>NGV VBSAg NCV VDRL } NR</p> <p>CRP (20/16) - 12.3 / 16.630 / 2.3L</p> <p><u>30/5/26</u> growth scan. 33+6 wk cephalic C P-Normal PI-A 1.1 AFI - 10.3 cm. AC - 434. EFW - 2.2 kg.</p> <table border="0"> <tr> <td><u>NT scan</u></td> <td><u>TEFFA</u></td> </tr> <tr> <td>3/1/26</td> <td>28/2/26</td> </tr> <tr> <td>12w6d</td> <td>20w6d, CI-39mm</td> </tr> <tr> <td>NT-1.5mm</td> <td>no anomalies</td> </tr> <tr> <td>CL-29.9mm</td> <td></td> </tr> </table> <p style="border: 1px solid black; padding: 5px; display: inline-block;">FTS - low risk</p>	<u>NT scan</u>	<u>TEFFA</u>	3/1/26	28/2/26	12w6d	20w6d, CI-39mm	NT-1.5mm	no anomalies	CL-29.9mm	
<u>NT scan</u>	<u>TEFFA</u>										
3/1/26	28/2/26										
12w6d	20w6d, CI-39mm										
NT-1.5mm	no anomalies										
CL-29.9mm											

Doctor Name: Dr. Ashwini

Signature: AI

Date & Time: 24/6/26 1PM

Consultant Name: Dr. Madhumita

Signature:

Date & Time: - 24/6/26

RESS NOTES
(POINT PEN ONLY)

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
24/6/26	4:30 PM	POD-0	Adv
P2/2		o/c at d/c c/fair	- NBM x 4 hrs
		Afebrile	- No vomiting
		BP - 109/78 mmHg	- w/f bleeding
		PR - 98 bpm	- Inj tranexa
U.O 200ml		SCENAD	1cm IV at 11:40 AM
adequate		P/A - ut w/r	- monitor vitals
		BS - \pm	- follow drug chart
		PIV NAB	in formsos
noted by Karsal		24/6/26 @ 4:30 PM	- BP charting 2 nd hole
			ADR Ashim
24/6/2026	8:30 PM	POD-0 (LSCs)	
P2/2		o/c	Adv
		PT is c/c	- sips of water + B
		c/fair	clear liquids
		Afebrile	- soft diet after
UO - 700ml		BP - 128/80 mmHg	2:00 AM
clear		PR - 80 bpm	- w/f bleeding pv
adequate		S/E - NAB	- Monitor vitals
		P/A - ut w/r	- Follow drug chart
		soft BS (+) +	- Adequate hydration
pt can be shifted to room		U/E - NAB	- Inform sos
		Baby \rightarrow BFD	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Inj TRANEXA 1cm IV at 11:40 PM

25/6/26
2pm

NO-160amm
clean

Remove
febrils

POD-1 (Post-ics)

o/c

pt is c/c

cc fair

Afebrile

BP- 116/72 mmHg

PR- 78 bpm

S/E - NAD

P/A - UvucR

soft BS ⊕

L/E - NAB

Baby → A BR ⊕

Adv

- soft diet
- W/F bleeding pv
- monitor vital
- follow along chest
- Adequate hydration
- Ambulation
- Inform sos

Noted by Deepika

25/6/26
2pm

POD-1 (Post-ics)

O/E pt is c/c

cc fair

Afebrile

BP- 120/82 mmHg

PR- 84 bpm

S/E - NAB

P/A - UvucR

soft BS ⊕

U/E - NAB

Baby P/A, BP ⊕

Adv

- soft diet
- soft bleed pv
- Ambulation
- Adequate hydration
- Monitor vital
- Follow drug chart
- Inform sos

Dr Neesham

25/6/26
2PM.
R/L 2
UvucR Paused
rotation Not Paused.

Woke up
25/6/26
2pm

Dr. Ashwin
Dr. Gaudin



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/6/26</u> <u>7:30 PM</u>	<u>POD - 1 (Post UC)</u> o/e Rt As d/c g-c fair Afebrile BP - 118/78 mmHg PR - 72 bpm I/C - NAD P/A - Utw w/ R Soft BS (+) UE - NAB Baby FA, BF (+) M'	<u>Adv</u> - Soft diet - W/F Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follow dry chest - Refer to S.
<u>P/L</u>		
<u>Urine Passed</u> <u>Motion Not Passed</u>		
	Noted by Akash 26/6/26 @ 3 PM.	Dr. Madhumita Dr. Deshpande
<u>26/6/26</u> <u>7:30 AM</u>	<u>POD - 2 (Post UC)</u> o/e Rt As d/c g-c fair Afebrile. BP - 118/78 mmHg PR - 72 bpm I/C - NAD. P/A - Utw w/ R Soft BS (+) UE - NAB Baby FA, BF (+) M'	<u>Adv</u> - (N) diet - W/F Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follow dry chest - Refer to S.
	Note by Pooja 26/6/26 7:30 AM	Dr. Deshpande

TRANSFERRING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G3P1L1A, @37+3 weeks @ previous</u> <u>Protein Lower segment Caesarean section for</u> <u>elective lower segment Caesarean section</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>bilateral tubectomy.</u>	Post OP Day:						
BACKGROUND	Date	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	
	Shift	<u>E</u>	<u>OT</u>	<u>E</u>	<u>N</u>	<u>N</u>	<u>M</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>signature</u>	<u>@ diet</u>	<u>@ diet</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<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 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>98.1F</u>	<u>98.6F</u>	<u>98.0F</u>	<u>98.6F</u>	<u>98.0F</u>	<u>98.6F</u>
		Res:	<u>17b/min</u>	<u>19b/min</u>	<u>17b/min</u>	<u>19b/min</u>	<u>19b/min</u>	<u>19b/min</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>83b/min</u>	<u>96b/min</u>	<u>86b/min</u>	<u>89b/min</u>	<u>82b/min</u>	<u>82b/min</u>
		BP:	<u>130/80mmHg</u>	<u>130/80mmHg</u>	<u>138/90mmHg</u>	<u>125/80mmHg</u>	<u>116/75(85)</u>	
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Pain Score:	<u>0</u>	<u>0</u>	<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>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	<u>Nil</u>	-	-	<u>Nil</u>	<u>Nil</u>	
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>signature</u>	<u>@ diet</u>	<u>@ diet</u>	
	Critical Lab Test / Values:	-	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:	<u>NBM</u>	<u>NBM</u>	<u>w/f bleeding P.V</u>	<u>w/f bleeding P.V</u>	-	-		
Handed Over By Name :	<u>Kamal</u>	<u>Rohan</u>	<u>Kamal</u>	<u>Neelam</u>	<u>Akanksha</u>	<u>Deepika</u>		
Signature / ID :	<u>020573</u>	<u>015113</u>	<u>020573</u>	<u>14020232</u>	<u>6066607</u>	<u>607469</u>		
Date:	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>		
Time:	<u>@ 3pm</u>	<u>@ 1:40 pm</u>	<u>@ 8pm</u>	<u>@ 9:45</u>	<u>@ 8am</u>	<u>@ 2pm</u>		
Taken Over By Name :	<u>Dypti</u>	<u>Kamal</u>	<u>Neelam</u>	<u>Akanksha</u>	<u>Deepika</u>	<u>Jhansi</u>		
Signature / ID :	<u>24/6/26</u>	<u>020573</u>	<u>14020232</u>	<u>6066607</u>	<u>607469</u>	<u>015112</u>		
Date:	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>24/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>		
Time:	<u>@ 2pm</u>	<u>@ 1:30pm</u>	<u>8pm</u>	<u>@ 9:30 pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>		



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: G ₃ P ₁ A ₁ L ₁ , 37+3 weeks 2 previous pattern lower segment caesarian section. 1st. 2nd. 3rd. lower segment caesarian section. 2			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known		
		Surgery / Procedure: Bilateral tubectomy.			If Yes Specify: Nil		
		Post OP Day:					
BACKGROUND	Date	25/6/26	25/6/26	26/6/26			
	Shift	2pm	N	m			
	Medical Condition (Any special condition to be noted):	-	-	-			
ASSESSMENT	Diet:	⑧ diet	⑤ diet	⑩ diet			
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp: 98.6°	99.9°	98.2°			
	Res:	30b/m	16b/m	20b/m			
	SpO ₂ :	100%	99%	98%			
	Pulse:	90b/m	110b/m	83b/m			
	BP:	110/62 mmHg	110/62 mmHg	112/63 mmHg			
	LOC:	-	conscious	conscious			
Fall Risk Score:	10	15	15				
Pain Score:	0	0	0				
Skin Integrity	Intact	Intact	Intact				
Recommendations	Safety Needs:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:	-	-	Nil			
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:	⑧ diet	⑤ diet	⑩ diet			
	Critical Lab Test / Values:	-	-	Nil			
	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 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 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADL (Dependent / Non Dependent):	Non Dependent	dependent	dependent				
Post Operative Procedure Special Orders:		-	-	-			
Handed Over By Name :		Jhanu	Akasha	Rajg	Diabetic Note		
Signature / ID :		012512	060607	010070	send INI bill ing		
Date:		25/6/26	25/6/26	26/6/26	20/6/26 @ 10:00		
Time:		@ 8pm	8 am	@ 11am			
Taken Over By Name :		Akasha	Rajg				
Signature / ID :		060607	010070				
Date:		25/6/26	26/6/26				
Time:		@ 8pm	@ 8am				

VIH-00150268 IP-00080459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD



Date: 29/6/16

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	9pm	maintain personal hygiene. - prevent infection.		- provided side rails upside.	- To prevent falls. - To prevent dehydration.	- To maintain fluid & electrolyte balance. 100ml/hr.	<i>(Signature)</i> 29/6/16 - sps

NURSING CARE RECORD

Date: 25/6/20

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	8am	Ensure safety maintain fluid balance.		To provide side rails.	- To prevent falls risk. Prevent acc.	Re assessment done. Patient is stable.	report 25/6/20 @sc
Afternoon	2pm	Assess the patient condition. - Given medication.		- Administered medication. - ensure safety	- To prevent falls risk.	vitals 4 th hourly checking	Jan 25/6/20 8pm
Night	10pm	* maintain personal hygiene. * prevent infection.		- To prevent falls risk. - ensure safety	- maintain fluid balance. - Patient stable	- assessment vitals 4 th hourly checking.	26/6/20 @sc

VIH-00150268 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



NURSING CARE RECORD



Date: 26/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify Assess the patient condition
- Maintain Fluid Balance
- Meet Elimination Needs
- Ensure Safety
- Improve Activity Tolerance
- 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	10 AM	to ensure safety	10:30 AM	Discharge note Dr come for sound's patient stable. Dr advice to send Fill billing process			Raja Dr 26/6/26 Raja
Afternoon							
Night							



NURSING CARE RECORD

Date:

Goals

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs SNEHARIKA TANGIRALA Age : 31 Y 1 M 19 D
IP No: IP-00060459 Sex: Female
Consultant: Dr. MADHUMITA ANIRUDDHA GITAY Ward/Bed No: N 2F-LABOUR WARD/LW 219

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 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:

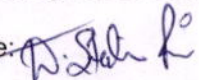
1 We do not allow use of medication brought from outside by the patient.

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:.....) 

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: 

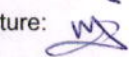
Name: D. Stalin Ray

Relationship: Husband

Date: 24-06-2026

Time:

Witness Name: 

Witness Signature: 

Patient Address:

H-NO.-32-61 RK PURAM NERED MET
Neredmet Cross Road Hyderabad
Telangana INDIA 500056

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SNEHARIKA TANGIRALA Gender: Male Female Age : 31 YEARS
 UHID No : VH-00150266 Date : 24/06/2026

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBAL LIGATION upon MRS. SNEHARIKA TANGIRALA
 (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, INFECTIONS, POST PARTUM HEMORRHAGE ADHESIONS, PERMANENT AND IRREVERSIBLE METHOD 2-17. CHANCE OF FAILURE RATE, RISK OF ECTOPIC PREGNANCY

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. MADHUMITA A. GITAY

Consentee : [Signature]
 Signature :

Name : T. Sneharika

Date & Time : 24/06/2026 1:00 PM

Witness :

Signature :

Name :

Date & Time :

Patient Attendant : [Signature]
 Signature :

Name : Stalin Rai

Relationship with Patient: Husband

Date & Time : 24/6/26 = 1:00 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. YOGESHWAR

Date & Time : 24/6/2026 1 PM

21 Years

1910-1931

THE HARTER FAMILY

1910-1931

Electing JOHN W. HARTER as President of the Board of Directors of the Harter Family Trust.

RESOLVED, that the undersigned do hereby certify that the following is a true and correct copy of the original of the above and that the same is a true and correct copy of the original of the above and that the same is a true and correct copy of the original of the above.

W. J. HARTER, JR.

W. J. Harter, Jr.
W. J. Harter, Jr.

W. J. Harter, Jr.
W. J. Harter, Jr.

1931

W. J. Harter, Jr.
W. J. Harter, Jr.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. T. Snehasika Age : 30 yr. Gender : Male Female

UHID NO: VIIA-DD150266 Surgeon Name: Dr. Madhumita

Anaesthesiologist : Dr. M. Vineetha

Operative procedure planned : Elective caesarean section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> Hepatic disorders | <input type="checkbox"/> Shock | <input type="checkbox"/> Multiple organ failure | <input type="checkbox"/> Polytrauma / Renal Tubular Acidosis |
| <input type="checkbox"/> Incapacitating Chronic Obstructive Pulmonary Disease | | | |
| <input type="checkbox"/> Others : <u>hypotension, bradycardia, PDPH</u> | | | |

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. T. Snehasika the above mentioned operation / Diagnostic / Therapeutic procedures Elective caesarean 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 : [Signature]

Name : T. Sneharika

Relationship with Patient: Self

Date & Time : 24/06/2026 2:00PM

Witness :

Signature : [Signature]

Name : Salin Ravi (Husband)

Date & Time : 24/6/26 - 2:15

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VINKETHA.

Date & Time : 24/06/26

VIH-00150266 IP-00060459
Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Madhumita</u>	Date of Delivery: <u>- 24/6/26</u>
Assistant Surgeon: <u>Dr. Ashwini</u>	Time of Delivery: <u>3:35 PM 41 sec</u>
Anaesthetist's Name: <u>- Dr. Shilpa</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>- 2.61 kg</u>
Neonatologist: <u>Dr. Shikhar</u>	AGPAR Score: <u>- 7/10, 9/10</u>
Scrub Nurse: <u>- Sis Ruby P.</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective

Emergency

Indication: Previous LSCS

Urgency

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

Decision time: Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS + BIL tubectomy

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

- BIL tubectomy done tubes sent for
UPE

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: 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

Bill tubomy done & modified powerys method, tubes sent for HPT

Uterine Closure: One Layer Two Layers *Vicryl* Suture

Peritoneal Closure: Pelvic Abdominal None Suture

Sheath Closure: *Vicryl* Suture

Fat Closure: Yes No *Monocryl 3-0* Suture

Skin Closure: Subcuticular Mattress *Monocryl 3-0* Suture

Vaginal Evacuated Yes No

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in *12-24 hrs* days Await instructions

Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No

Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
NBM x 4 hrs
Flushing
w/ IF bleeding PV
monitor vitals
follow drug chart
in journals

Dr. Ashwin

Doctor Name: *Dr. Madhumita* Doctor Signature: *(MA)*

Date & Time: *24/6/26*

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Madhum a
 Asst. Surgeon : Dr. Ashwini
 Anaesthetist : Dr. Vineetha
 Scrub Nurse : Ruby. P / Anif

VIH-00150266 IP-00060458
 Mrs SNEHARIKA TANGIRALA
 P: 05-05-1995 31 Y 1 M 19 D (F)
 U: Dr. MADHUMITA ANIRUDDHA GITAY
 D:

Age : 314 Gender : fe
 Name : Ek. deep + Btl
 Out-time : 4:30 pm



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>3:15 Pm</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINEETHA</u>	

TIME OUT	Time: <u>3:20 pm</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	
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 <u>Ek. deep</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events <u>BIL tubectomy</u>	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>1hr</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<u>non</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews: <u>yes</u>	
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>[Signature]</u>	
Name : <u>Ashwini</u>	

SIGN OUT	Time: <u>4:20 Pm</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. A. Shwini</u>	

VIH-00150266 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 24/6/26

To Be Filled In By Assigned Nurse:

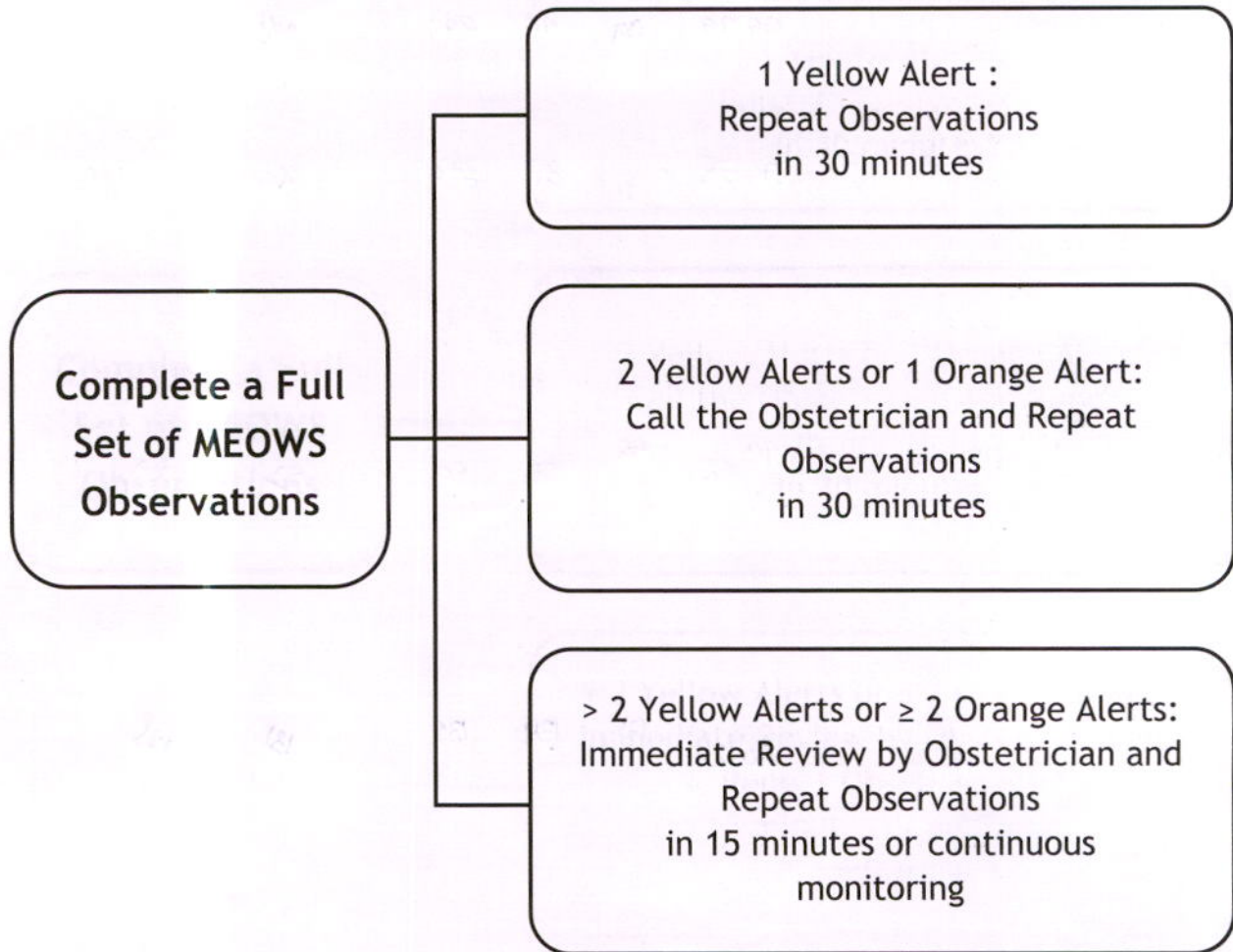
Department: U/CW Duration of Procedure: 1hr
 Name of Surgeon: Dr. Madhumita Date of Admission: 24/6/26

Bundle Care Criteria: (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Inj. cefotaxime</u>	<u>[Signature]</u>
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: Skin preparation done (cleansing surgical area with antiseptic agent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>[Signature]</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	<u>[Signature]</u>
4.	Name of doctor or staff administering the antibiotic: <u>Dr. Ashwini</u> Date & Time of antibiotic administration: <u>24/6/26 2:05pm</u> Date & Time procedure started: <u>24/6/26 @ 3:10pm</u>	<u>[Signature]</u>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00150268 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

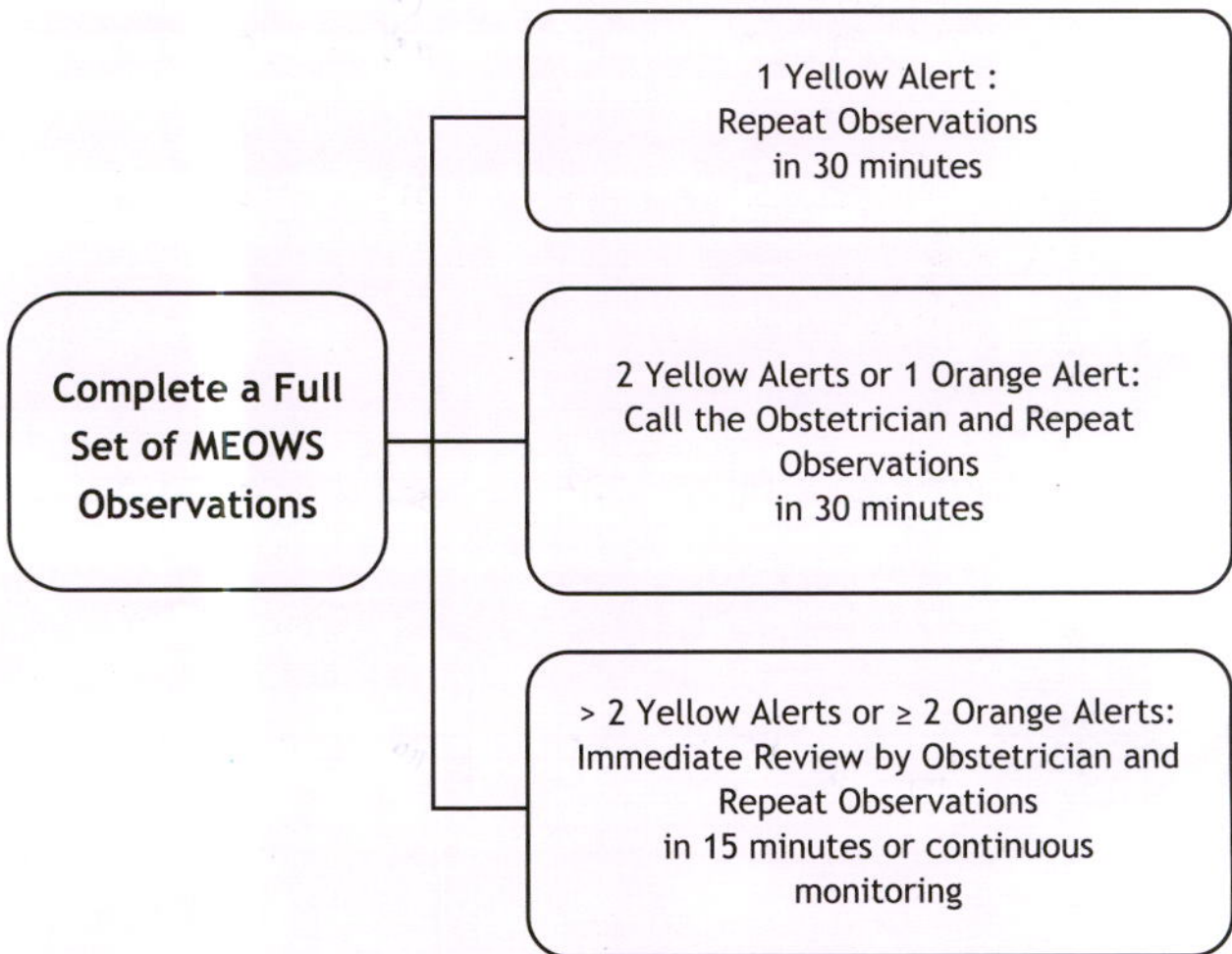


Early warning Observation Score Chart - Obstetrics

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

		Date																							
		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19	19	19						20				19			19							19
	0 - 10																								
Saturations	94 - 100 %		99	99	99						99			99			99							99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37		37.8	37.8	37.8						37.1				36.0			36.0						36.0	
	36																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		80	78	84						72				70			71						73	
	70																								
60																									
50																									
40																									
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110		109	118	120						118				110			115						112	
	100																								
	90																								
80																									
70																									
60																									
50																									
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
70																									
60		74	68	67	67					70				69			70						67		
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		
	Heavy / Foul																								
Liquor	Clear / Pink		NA	NA	NA					NA				NA			NA						NA		
	Green																								
TOTAL YELLOW SCORES			0	0	0					0				0			0						0		
TOTAL ORANGE SCORES			0	0	0					0				0			0						0		
Nurse Initial			AS	AS	AS					AS				AS			AS						AS		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00150266 IP-00060459
 Mrs SNEHARIKA TANGIRALA 31 Y 1 M 21 D (F)
 05-05-1995
 Dr. MADHUMITA ANIRUDDHA GITAY

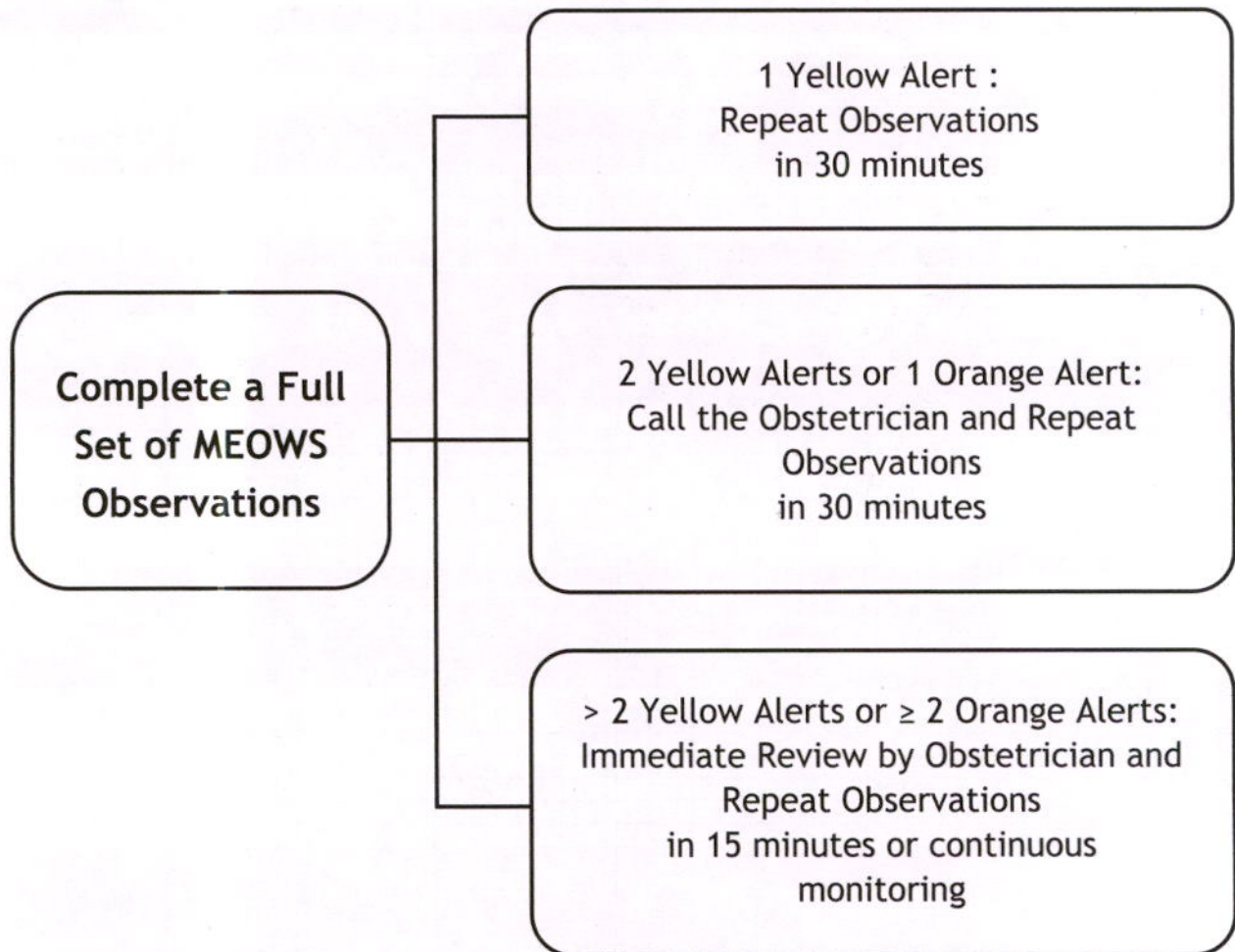


Early Warning Observation Score Chart - Obstetrics

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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19																					
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			112																					
	100																								
	90																								
	80																								
	70																								
	60																								
50																									
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50			69																					
	40																								
	NEURO RESPONSE [✓]	Alert			✓																				
		Voice																							
		Pain																							
		Unresponsive																							
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			NA																					
	Heavy / Foul																								
Liquor	Clear / Pink			UH																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				AT																					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
24/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	NBM + RL	RF							50ml	0	Hand
Total Intake : 500ml					Total Output : 50ml					0	Hand	24/6/26 @ 8:30
24/6	02:00 pm	NBM + RL	100ml/hr						60ml	0		
	03:00 pm	NBM RL	900ml/hr						100ml	0		
	04:00 pm	NBM + RL	200ml/hr						50ml	0		
	05:00 pm	NBM + RL	100ml/hr						50ml	0		
	06:00 pm	NBM + RL	100ml/hr						100ml	0		
	07:00 pm	NBM + RL	100ml/hr						50ml	0		
Total Intake : 1500ml					Total Output : 450ml					0	Hand	24/6/26 @ 8:30
24/6	08:00 pm	NBM + RL	100ml/hr						150ml	0		
	09:00 pm	H ₂ O	50ml						100ml	0		
	10:00 pm								50ml			
	11:00 pm	ORS							50ml			
	12:00 am	H ₂ O							50ml			
	01:00 am	ORS							100ml			
Total Intake :					Total Output : 500ml							
25/6	02:00 am	Salt							150ml			
	03:00 am	H ₂ O							150ml			
	04:00 am								100ml			
	05:00 am								100ml			
	06:00 am	H ₂ O							100ml			
	07:00 am											
Total Intake :					Total Output : 600ml							
Total 24 hrs. Intake					Total 24 hrs. Output							
											1600ml	

VIH-00150288 IP-00080459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
25/6/26	08:00 am											Deepa 29 25/6/26 @ 22pm
	09:00 am	Idly										
	10:00 am	+ H ₂ O										
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
25/6	02:00 pm											Shan 25/6/26 @ 8am
	03:00 pm											
	04:00 pm	Rice								✓		
	05:00 pm	+ H ₂ O										
	06:00 pm										✓	
	07:00 pm											
Total Intake :					Total Output :							
25/6	08:00 pm											Ashish 25/6/26 @ 8am
	09:00 pm											
	10:00 pm	Rice									✓	
	11:00 pm	H ₂ O										
	12:00 am											
	01:00 am										✓	
Total Intake :					Total Output :							
26/6	02:00 am											Ashish 26/6/26 @ 8am
	03:00 am											
	04:00 am	H ₂ O									✓	
	05:00 am										✓	
	06:00 am	H ₂ O										
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00150288 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 21 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



FLUID CHART

20/6/26

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.

		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								
20/6/26	08:00 am											20/6/26 20/6/26 20/6/26 20/6/26 20/6/26 20/6/26	
	09:00 am		Tdy							✓			
	10:00 am												
	11:00 am												
	12:00 pm			420									
	01:00 pm										✓		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake								Total 24 hrs. Output					



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

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

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

Shifting From: MICU Shifted to: Room (214)

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	INSJ CEFOTAXIME	1gm	IV	12TH HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1 gm	PO	6TH HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50mg	PO	8TH HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. TRAMADOL	100 mg	PO	8TH HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTO PRAZOLE	40mg	PO	ONCE DAILY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Youeshwari

Date & Time : 24/6/2026 9pm

Nurse Name & Signature: Neghna N

Date & Time : 24/6/26 9pm

VIH-00150266 IP-00060459
 Mrs SNEHARIKA TANGIRALA
 05-05-1995 31 Y 1 M 19 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1TAB	PO	OD	23/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	500 mcg	PO	OD	23/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input 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. Ashwini

Date & Time: 24/6/26, 1 PM

Nurse Name & Signature: Naral

Date & Time: 24/6/26 @ 1 PM



VIH-00150266 IP-00060459
Mrs SNEHARIKA TANGIRALA
05-05-1995 31 Y 1 M 19 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Patient Name :	I.P. No.	Sheet No. <u>17</u>	Wards <u>110</u>	Weight (kg) <u>77</u>
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AR PRESCRIPTIONS

C. Shanmugam 24/6/16 12:30 pm


DRUG : T. PANTOPRAZOLE				Date	25/6	26/6															
Dose	Route	Frequency	Start Dt.	Time																	
40mg	PO	ONCE DAILY	24/6	6 AM																	
Name & Signature of the Doctor starting the Drugs:				[Signature]																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

P. D. Shanmugam

DRUG : T. CEFIXIME				Date	24/6	26/6															
Dose	Route	Frequency	Start Dt.	Time																	
200mg	PO	12th hourly	24/6	10 am																	
Name & Signature of the Doctor starting the Drugs:				[Signature]																	
Additional Instructions:				[Signature]																	
Daily Doctor's Endorsement by a Sign.																					

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

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

Patient Name 55		I.P. No.	Sheet No. 5	Wards Hw	Weight (kg) 22
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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. 77 Ward. 110

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
24/6	1:50 PM	RINGER LACTATE	IV	FF	Y	SL SL	24/6	Y	SL SL
24/6	2:25 PM	RINGER LACTATE	IV	100ml HR	Y	SL SL	24/6	Y	SL SL
24/06	3:15 PM	RINGER LACTATE	IV	900ml hr	5 2	SL SL	24/06	5 2	SL SL
24/06	4:10 PM	RINGER LACTATE	IV	200ml hr	5 2	SL SL	24/6	Y	SL SL
24/6	6:30 PM	RINGER LACTATE	IV	100ml HR	Y	SL SL	24/6	Y	SL SL

Signature
 VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/6	2:10 pm	INT PANTOPRAZOLE	40mg	IV	H	[Signature]
24/6	2:05 pm	INT METOCLOPRAMIDE	10mg	IV	H	[Signature]
24/6	2:05 pm	INT CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	H	[Signature]
24/06	3:36 pm	INT. CARBETOCIN	100 mcg	IV	H	[Signature]
24/06	3:40 pm	INT. TRANEXAMIC ACID	1gm	IV	H	[Signature]
24/06	4:20 pm	SUPP. TRAMADOL	100 mg	PR	H	[Signature]
24/06	4:20 pm	SUPP. DICLOFENAC	100 mg	PR	H	[Signature]
24/6	11:40 pm	INT TRANEXAMIC ACID	1gm	IV	H	HOLD
24/6	11:40 pm	TAB MISOPROSTOL	500mcg	PR	H	[Signature]

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 97kg Ward. 4W

Ce Sharni 24/6/26 @ 8pm
 Ce Sharni 24/6/26 @ 8pm
 Ce Sharni 24/6/26 @ 8pm
 Ce Sharni 24/6/26 @ 8pm

DRUG : <u>INJ. CEFOTAXIME</u>				Date	24/6	25/6				
				Time						
Dose	Route	Frequency	Start Date	11						
1gm	IV	12H NOU EV	24/6	am						
Name & Signature of the Doctor Starting the Drugs:										
A/Dr. Ashwini										
Additional Instructions:				11						
(AFTER TEST DOSE)				pm						
Daily Doctor's Endorsement by a Sign										
DRUG : <u>TAB. PARACETAMOL</u>				Date	25/6	26/6				
				Time						
Dose	Route	Frequency	Start Date	6						
1gm	PO	6HRLY	24/02	am						
Name & Signature of the Doctor Starting the Drugs:				6						
DR. M. VINETHA				am						
Additional Instructions:				12						
				pm						
Daily Doctor's Endorsement by a Sign				6						
				pm						
DRUG : <u>TAB. TRAMADOL</u>				Date	24/6	25/6	26/6			
				Time						
Dose	Route	Frequency	Start Date	3						
100mg	PO	8HRLY	24/02	am						
Name & Signature of the Doctor Starting the Drugs:				3						
DR. M. VINETHA				pm						
Additional Instructions:				11						
				pm						
Daily Doctor's Endorsement by a Sign										
DRUG : <u>TAB. DICLOFENAC</u>				Date	24/6	25/6	26/6			
				Time						
Dose	Route	Frequency	Start Date	6						
50mg	PO	8HRLY	24/02	am						
Name & Signature of the Doctor Starting the Drugs:				6						
DR. M. VINETHA				pm						
Additional Instructions:				10						
				pm						
Daily Doctor's Endorsement by a Sign										