BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 4 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Shekhar 10/06/26

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SURGERY DETAILS

Date : 09/6/26

Patient Name: Mrs Srija DHARMARURI Date of Birth: 5/5/1997 Age: 29yrs

Gender: Female Ward : UHID No.: BAH-00639441

Date of Surgery: ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☑ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower segment cesarean section. JLGA

Time in : 5:00pm Time Out : 6:00pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Lavanya	
2.	Anaesthetist	: Dr. Shabna	
3.	Assistant Surgeon	: Dr. Sravanthi	
4.	OT Technician	: Shivaleela	
5.	Circulating Nurse	: Sr. Rajeswari	
6.	Assistant Nurse	: Sr. Poulomi	

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

Dr. Lavanya
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 96.50295 Order by: Rajeshwari

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CONSUMABLES OF OT

3723

Technician : K Shivaleela Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K		02
LMA			Sutures 2346		02	Cord Clamp		01
ECG leads : A / P / N		3	2364		01	Suction Catheter		
HME filter : A / P / N			2762		01	Feeding Tube		
Syringes : 10 cc		4				Vaccum Suction Set		00
05 cc		4	Gloves 6 1/2 , 6		2+1	Surgical Gloves 6 1/2		02
02 cc		4				Gauze Pack		01
01 cc			PF [illegible]		01	Syringe 1ml / 2ml		02
Cautery plate : A / P / N		1	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		07
RL		2	Cautery pencil		01	Underpad		01
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies XL		01			
Minispine		1	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask		10+10			
Morphine			Gauze Pack N/R		8+10			
Ketamine			Mop Pack		02	9650322		
Propofol			Steristrip Sterizofene		01			
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet Quick		01			
Myopyrolate			Abgel		01			
Ondansetron		1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		1	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		2	Betadine Solution		02			
Oxytocin		1	Microshield		01			
Ephedrin		1	Cotton Balls		01			
DNS		1	Latex Gloves		20			
			Ramdione Scrub					
			Saral D/A		03			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9650318 Ordered by : Poulasi

Doc. No. : RCHBH/ FRM / GENERAL / 125

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BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174886 **Admit Date** : 08-Jun-2026 **Admit Time** : 03:54 PM **UHID** : BAH-00639441

Patient Details :

Patient Name	: Mrs SRIJA D	**Age**	: 29 Y 1 M 3 D
Guardian	: Mr RAKESH VEER	**DOB**	: 05-05-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 8-2-601/B/28, RD NO 10 Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 7382184642/
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 417 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 417 **Admission Type** : First Visit

Contact Details :

Name : Mr RAKESH VEER **Relationship** : Husband

Contact Address : **Phone No** : 7893638575 / 7382184642

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 3 D (F
Dr. SHRUTHI REDDY/D:.LAVANYA

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ACTIVITY RECORD FOR BILL

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/06/26	2:40 PM	OBS	309	Suman

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Aniveditha	10/6/26	965208	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
	NST - (1)	26502887	Paulasi
	CBP PT/APTT Electrolyte	26057952	Paulasi
8/6	LDH, creatine, LFT		
	Urea Uric Acid		
	CUE	26057980	
	NST - (2)	265-02884	Sandhya
8/6	NST - (3)		
	GRBS 9pm - 163mg/dl	Self	Sandhya
9/6	GRBS 8am - 131mg/dl	Self	Sandhya
8/6	NST - (4)	265028894	Sandhya
9/6	NST - (5)		Sandhya
9/6	GRBS - 121mg/dl - 6am	Self	Sandhya
9/6/26	NST - (6)	265-028896	Swapna
9/6/26	GRBS (137 mg/dl) 10am	Self	Swapna
9/6/26	NST - (7)	265-028897	Swapna
9/6/26	NST - (8) + (9)	265-024077	Swapna
9/6/26	RBS (86 mg/dl) 1:30 pm	Self	Swapna
9/6/26	Urine albumin (Trace)		Swapna
9/6/26	GRBS 7pm (146 mg/dl	self	Sunitha
9/6/26	GRBS 10pm 9.1 mg/dl.	Self	Sandhya
9/6	GRBS 2am 93 mg/dl	Self	
9/6	GRBS 6am 133 mg/dl	Self	Sly
9/6	GRBS 11:45 156 mg/dl	Self	
10/6	NST — (9)	265029078	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6	Cardiac monitor	7pm		964925	Sudey
9/6	Infusion pump	8:50am.			Swapna
9/6	Epidural pump	8:40am		9649659	Swapna

10/6/26

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/6	IV Placement	01	9648588	Soulas.
	PAC		9649652	
9/6/26	Catheterization		9649653	Shapee

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 4 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

UHID No. : _____ nsultant: _____ Dept : _____

Date of Admission: ___ ate of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/6	~~Pre~~ lunch- 131 mg/dL	(self)	
	Post Lunch 191 mg/dl	> elp	
10/6/26	pre Lunch (78 mg/dl		
11/6	~~Post~~ ref Breakfast (93 mg/dL	(self)	
11/6/	post Breakfut (146 mg/dL)	self	(Lokesh)

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primigravida ε 38 wks

Obstetric Formula: ML- 2021, Consanguineous (A)

Obstetric History:

I+ PP → SP. Conception.
Booked at @ Govt.

Present Pregnancy Record:

H/o: Spotting P/V (1) Episode @ 6 wks
- Admitted 34th wks for BP recording, received steroid & MgSO4

RISK FACTORS:

TYPE II DM on OHA + Insulin : 13 yrs

H/o: palindromic Rheumatoid arthritis : 1 yr

H/o ↗ G. HTN : 36 wks

LMP: 11/9/25 EDD: 18/6/26

Corrected EDD: 12/6/26 GA: 38 wks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed TOF Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 169 cm

Weight: 85 kg

Allergies: NKDA

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: Absent

Icterus: Absent Edema: Absent

Temp: Afebrile PR: 98

BP: 142/99 (109) DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: non-palpable. Urine Output: adequate.

DIAGNOSIS

Primi ε 38 wks ε TY II DM on OHA + Insulin, Pre eclampsia without severe features ε palindromic Rheumatoid Arthritis for IOL.

Family History:

Parents- DM

~~Surgical History:~~ Medical H/o:

- H/o: paliudromic R.A : 1yr
→ TY II DM on : 13yrs

~~Medical History:~~ Surgical H/o:

-

Medication History:

* T. SAAZ-DS OD
→ T. Iron, T. Calcium-OD

Plan of Care:

Moniter vitals- 4th hrly
NST- Now
NST- 3rd day
Prepare parts
Enema (SOS)
epidural (SOS)
foley's induction
W/F POL
Bmg as charted.

Investigations:

A+ve.

Virals- NR.

9/5/26 Hb: ~~9.0~~ 11.9
Plt: 4.22
WBC: 13900
NT: 2.1mm, FTS - Low risk,
@ 21+5 wks, screen +ve PE, Doppler (N)
fetal ECHO: 25/2/26 → Normal.

16/5/26 → 34+5 wks, cephalic
2.429 gm (38%), AC - 39%, AFI - 25.5cms
Placenta - A/LLH, UAD - ↑ resistance to blood flow

4/6/26: 37+3 wks, cephalic, placenta A/LLH
AFI: 25.1 cms, EFW - 3.074 (41%)
AC ~ 30%, UAD: ↑ resistance to blood flow
fetal Dopplers - (N) normal

Doctor Name: Dr. Sravanthi
Signature:
Date & Time: 8/6/26, 6pm

Consultant Name: Dr. Shruthi Reddy
Signature:
Date & Time: 8/6/26, 6pm

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment				
4	Patient Transfer form	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	8			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	2			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1 1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1 1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	2			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	Total No. of Pages	47			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 11/6/24

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 6pm	Patient Placed in lithotomy position ↓ Aseptic condition part painted & Draped anterior & posterior vaginal wall retracted c̄ Simps speculum anterior lip of Cervix held c̄ sponge holder Intracervical foleys placed & bulb instilled c̄ 40 ml of distilled water post procedure → No E/o Bleeding. B.P: 106/72 mmHg P.R: 80 bpm SpO2: 100% on RA Dr. Sravanthi	
8/6/26 9pm	Tab: PGE1 - 25mcg PO given @ 8pm. No S/S Imminent Eclampsia PE-profile - (N) U/Alb - neg/Trace GRBS - 163 mg/dl. Sandya 01603 e 9+45pm	O/E cc-fair, afebrile. PR - 80 b/m BP - 117/82 (88) SPO2 - 100%. P/A - ut Relaxed. Adv - w/f POC - vitals 4th hrly - FHR by doppler 4th hrly - O/4 3rd hrly - Antipyretics SOS - GRBS 4th hrly. Dr Sameera

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 2AM	Pt comfortable No s/s imminent Eclampsia Foley's insitu O/E AC-fair, afebrile PR-84bpm BP-134/84mmHg SPO2-98% on RA GRBS-132mg/dl P/A uterus relaxed FHR ⊕ P/V- Os-one finger Cx-50% St-8-10.	Adv - Tab PGE1 25mcg PO now - w/f progression of labour - vitals 4th hrly - CTG 2nd hrly - Inform SOS - GRBS 4th hrly Dr Lavanya
9/6/26 6AM	Primi c̄ 38+1 wks c̄ Preeclampsia c̄ T2DM on Insulin + OHA c̄ c/o RA O/E AC-fair, afebrile NST → Reactive PR-86bpm BP-160/104mmHg (MAP-123) SPO2-98% on RA P/A uterus mild GRBS → 110mg/dl. acting. P/V- Cx-2-3cm dilated Foley's deflated ½ inch long Aseptic precautions ARM done, clear liquor+ Vx-2 station	Adv - Tab Nicardia 20mg PO stat now - w/f progression of labour - start Oxytocin 10IU @ 6ml/hr - Pain relief PRN - PL Enema - Inform SOS Dr Lavanya

BAH-00639441 IP5-00174886
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05-05-1997 29 Y 1 M 4 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 9Am	Primi 38+1 [Type 2DM, PE, RA] - Labor	
	BP: 119/80(88) mmHg	
	PR: 96bpm	
	SpO_2: 100% RA	
	Temp: 97.6°F	
	P/A: Acting	
	P/V: Cx 50% effaced, OS 3cm (stretchable), P↓MP, soft	
	PPVx ↓-2, memb ⊖, clear liqr, not well applied	
	U/O: 100 ml clear	
	on Epidural - Comfortable	- GRBS 4 hrly
	OX4 @12ml/hr	next 10Am
	NST Reactive	- NST 3 hrly
		- Titrate OX4
		- Cont FHR
		- Vitals ½ hrly
		- w/f POL
		(signature)
		Dr Y. Sneha.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	H/o Itching @ 11:15AM - IV Avil given.	
12:30PM	10:30AM: 148/89 (103) T. Lab 200mg PO.	
	11:00AM: 148/96 (109)	
	11:30AM: 151/93 (107)	
	12:00PM: 154/97 (111)	- IV Labe 20mg + NR 20.
	12:30PM: 165/99 (116) ⇒	171/99 (116)
	BP: 171/99 (116) mmHg.	
	PR: 76bpm	
	SpO_2: 100% RA	
	P/A: Acting.	
	NST: Reactive.	
	P/V: Cx 50% Effaced, 2cm, -2, posterior. clear leak, not well applied	
	NST: ↓ variability Acceleration (+)	
	U. Alb: Trace.	
	No Imm S&S.	
	U/o: 300ml, (9-12PM) Input: 650ml.	
	On Epidural	
	On OXYTOCIN 42ml/hr.	
		P.T.O ⟹

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cont: →	
	12:40PM : 177/107 (123) mm Hg.	
	Labetalol IV 40mg given.	
		C/D/W Dr. Shruthi
		✓ Stop Synto.
		✓ plan Labetalol Infusion.
	plan MgSO4.	✓ close monitoring.
		✓ AXON R/W.
		✓ Cont FHR.
	To get Isolazine.	Dr. Y. Sneha.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 1PM		
	10 Vomiting ⊕	
	T. Isolazine – ① given	
	$MgSO_4$ loading given	
	Labetalol infusion started – 6ml/hr.	
	IV zofer 4mg given.	
	PR: 86bpm	
	BP: 146/94 (107) mm Hg	
	SpO_2: 100% RA	
	FHR ⊕ Good.	Counselled need for use if NPOL / ↑ BP / need for IV Anti HTN
	U/O: clear	
	GRBS: 85mg/dl.	
	C/S/B Dr. Shruthi	
	P/V: Cx length ⊕, os 3cm, PPV – 2 clear leak.	
	– NBM.	
	– start OXY	
	– w/f POL; ↑ BP	
	Dr Y Sneha.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 4:00PM	C/S/B Dr-Shruthi	
	O/E: P/A: Acting P/V: Cx 1/2", OS 3cm, PPV V_H-2 NST: ↓ B-B variability	on OXYTOCIN Epidural Lab - Infusion
	Couple counselled for uses i/v/o NPOL + PFC + uncontrolled PE.	- Consent - PAC
	Shift to OT	Dr Shruthi

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/26 5:30PM	POD-0, LSCS i/v/o NRFHR. PE + GDM on OHA + insulin + RA	
	=> Immediate post op	Advice
	=> Pt is stable	1) NBM x 4-6hrs
	=> No imminent signs	2) MgSO4 to restart
	=> O/E:- GC - fair	3) Monitor vitals & I/O every 15min for 1hrly f/b 1hrly for 2hrs.
	BP - 145/79 [94]	
	PR - 84bpm	
	SpO_2 - 100% on RA	4) Drugs as charted
	P/A - Ut well (C)	5) Monitor hypotension, tachycardia, bleeding p/v.
GRBS - 145	L/E - BCUNL	
	U/O - 150ml; cleared & emptied	6) w/f signs of PE.
On $MgSO_4$		7) Inform SOS.
		8)
1:15pm 10/6/26	GRBS - 4 hrly Monitor	Sruthi
9/6/26 9:30pm	POD-0 / LSCS / PE / GDM on OHA + Insulin / RA	
	Pt: comfortable	R: w/f s/s of I.E
	GC: fair, Temp: 97°F	1) Allow sips at 10:30pm
	B.P: 118/75 (85)	2) liquid diet at 11:30pm
U/O: 250ml	P.R: 80 bpm	Soft diet at 12 Am - 10/6/26
	SpO_2: 100% on RA	3) Drug as charted
B - well	P/A: Ut (R) cul	4) w/f PV Bleeding
$MgSO_4$	soft, B(+)	5) Ambulation in Bed
GRBS - 94	P/V: NAB	6) I/O Charting
	GRBS - 4 hrly	7) Monitor vitals - 2 hrly Inform if BP > 140/90 mmHg - Dr. Sruthi

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 12:AM	POD-1 / LSCS / PE / palindromic	TY-II GDM on OHA+Insulin Rheumatoid arthritis
		Rx
U/O: 250ml/2hr	GC: fair	
	BP: 136/83 (96)	1) Soft diet
On mgso4	P.R: 72bpm	2) plenty of oral fluids
	SpO2: 100% on RA	3) Ambulation in Bed
B-well	P/A: Ut (R) well	4) Monitor vitals - 2nd hrly
	soft	5) Inform if B.P >140/90mmHg
	BS (+)	6) w/f S&S of I.E
	P/V: NAB	7) Drug as charted
	GRBS- Monitor- 4hrly	8) w/f P/V bleeding
		9) encourage breast feeding
		10) I/O charting
		— Dr Sruthi
10/6/26 4AM	POD-1 / LSCS / PE / Palindromic	TY-II DM GDM on OHA+Insulin Rheumatoid Arthritis
	No complaints	Rx Monitor vitals - 2nd
On mgso4	B.P: 132/75 (88)	1) Soft diet c plenty of
B-well	P.R: 80bpm	oral fluid
U/O- 100ml/1hr	SpO2: 100% on RA	2) Drug as charted
	P/A: Ut (R) well	4) w/f P/V Bleeding
	soft, BS (+)	5) Ambulation in Bed
	P/V: NAB	6) Inform if B.P >140/90, w/f S&S of I.E

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Patient S

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 6 AM	POD-1 / LSCS / PE / TVIIDM on OHA + Insulin Palindromic arthritis	
	NO complaints	R
	B.P: 144/86 (100)	1) Monitor vitals - 2nd hly
B-well.	P.R:	2) Inform if BP > 140/90 mm Hg
	SpO_2: 100% on RA	3) w/f SYS of I.E
Mgso4 on flow	P/A: Ut (R) well	4) Drug as charted
@ 11 → 5pm	Soft	5) w/f Plv Bleeding
	BS (+)	6) Ambulation in Bed
	P/V: NAB	7) I/o charting
I/o - 250ml/1hr	GRBS - 133 (FBS)	8) Soft diet
		9) encourage breastfeeding
	PPBS - ?	10) Inform SO
	Physician Referal for sugars & TFT. today.	11) GRBS - 4th hrly. — Dr. Sravanthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 9:20 AM	Pt comfortable PR: 85bpm BP: 128/75 (85) mmHg SpO2: 96% RA O/O: 300ml P/A: URW BS (+) MgSO4 till 5PM	- Ambulate - PPBS - physician R/co Dr. Y. Sneha
	C/S/B Dr. Shruthi - stop MgSO4 - Ambulation - Remove foleys and shift to room	(Dr Lav)
10/6/26	C/S/B Dr. Nivedítha To Add 1) T. Glycomet SR-500mg PO/BD a BF — a Dinner 2) T. CINOD 10mg po/BD 3) check pre & post sugary 4) Inform BP of >140/90 1) STOP - T. Glycomet 100mg po/BD Dr. Divya	

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Patient

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 12:50pm	POD-1 / LSCS / PE / Type-II DM on OHA + insulin. Palindromic arthritis.	
	Pt comfortable, C/o: pain during micturation.	
	O/E	Adv
Baby-well	G.C fair	
	BP - 139/87 mmHg	1) Soft diet
	PR - 83 Bpm	2) Monitor vitals 2nd hrly
CV ✓	SpO2 - 98% to RA	3) Inform BP if >140/90
f ✓	P/A - Ut ® well	4) Ambulation
SX	BS ⊕	5) oral hydration (plenty)
	L/E - BWNL	6) Encourage breast feeding
		* 7) ~~Inform~~ check pre & post Meal sugar.
pre-meal sugar -		* 8) follow New drug chart.
		* 9) T. CINOD 10mg po/stat at 2:00pm.
		Dr. Divya.
		NB Sona

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 2:00PM.	POD-1 / Em. LSCS / [illegible]	
	PF / GDM2 / palindromic arthritis	
	pt comfortable	
	No Burning micturation	
	O/E	Adv
	GC-fair	1) Soft diet
V✓	BP-143/91 (102)	2) Ambulatection
f✓	PR- 89 Bpm.	3) Adequate Hydration
	SpO2-98% RA	4) Drugs as charted
S. ✗	P/A- Ut Ⓡ well	5) Inform if BP >140/90
	Sof	6) Monitor BP 4th hourly
Baby-well	L/E-BWNL	④ 7) inform if FBS>110
		post meal >160
		8) w/f active bleeding
		9) W/f imminent signs.
		Headache, Blur of vision
		10) check pre & post meal Sugar
	Dr. Durga.	noted by Durga.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	POD-2 / Em.LSCS / PE / DM2 / arthritis	
9:00 AM	pt comfortable.	
FBS-93mg/dL	O/E BP-131/82mmHg	Adv
V ✓	PR-85 bpm	1) Soft diet,
f ✓	SpO2 - 98% RA	2) Hydration & Ambulation
S ✓	P/A - Ut (R) well	3) W/f active bleeding
	Soft	4) Inform if BP > 140/90
Baby.	BS (+).	5) Inform if FBS > 110 / Postmeal > 160
S/F / DM.		6) W/f active bleeding & Imminent signs
D/E - (cvg)	L/E - BWNL	7) Drugs as charted.
plan discharge		8) Inform SOS
all to pack		Dr. Divya
11/6/26	POD-2 / Em.LSCS / PE / TYII DM / R.A	
12:45 PM		
	NO complaints	Monitor vitals
B well	GC fair	1) Soft diet & plenty of oral fluids
	B.P - 140/88 mmHg	
U ✓	P.R - 82 bpm	2) Drug as charted
f ✓	SpO2 - 100% on RA	3) W/f P/V Bleeding
S ✓	P/A: Ut (R) well	4) Inform if BP > 140/90 mmHg
	Soft	5) W/f Sgs of I.E
S/E / D/E / done	BS (+)	6) Ambulation
Rlw Done	P/V : NAB	
	plan discharge	- Dr. Sravanthi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	8/6/26					
Time	4:37pm					
Hb	11.5					
PCV	37.3					
RBC	4.86					
WBC	14.45					
N/L	71.7					
Platelets	438					
CRP						
ESR						
PCT						
RBS						
Na	134					
K	4.4					
Cl	109					
Ca/Mg						
Phosphate						
Urea	12					
Creatinine	0.5					
ALP	178					
SGPT	26					
SGOT	23					
T.Bill/Conj	0.2 / 0.1					
T.Protein	6.1					
S.Albumin	3.1					
S.Globulin	3					
A/G Ratio	1					
Uric Acid	6.5					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1.0					
APTT	35					
CSF Protein / Sugar						
Cells						
N/L LDH	153					

Date	8/6/26					
Time						
CUE - Alb	Trace.					
CUE - Sugar	–					
CUE - Ketones	–ve					
CUE - PUS Cells	3-4					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BG:- A+ve						
viral fever.						

Culture and Sensitivities : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....allergy A............... ☑ 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: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. SAAZ-DS	1 tab	P/O	BD	8/6	☑ C ☐ DC
2	T- Iron	1 tab	P/O	O.D	7/6	☐ C ☑ DC
3	T- Calcium	1 tab	P/O	O.D	7/6	☐ C ☑ DC
4	T. Glycomet SR	1000 mg	P/O	BD	8/6	☑ C ☐ DC
5	Inj Novarapid	16-22-18	S/C	TID	8/6	☑ C ☐ DC
6	Inj. TRESEBA	16	S/C	O.D	7/6	☑ C ☐ DC
7	T. Labet	200mg	P/O	TID	8/6	☑ C ☐ DC
8	T. Nicardia	20mg	P/O	TID	8/6	☑ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sri, Dr. Sravanthi

Date & Time : 8/6/26, 6:30pm

Nurse Name & Signature: [signature] | Saranya (016638)

Date & Time : 6:30pm

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CROSS CONSULTATION FORM

Doctor Name : Dr. C. Minedithe Date : 10/6/26 Time : 11:25 Am

Diagnosis : DM + PE

Hospital : STAR HOSP

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

DM + PE

Signature: [signature]

Findings and Recommendations : S/p LSCS - 1st POD

K/c/o DM on Inj. Novorapid -16 -22 -18

Inj. Tresiba 16

T. Glycomet SR 1000 / BD.

PE on T. Labet 200 / TID

T. MR 20 / TID -

RA on T. SAAZ - DS / BD -

PPBS ↓ 155

o/e -

PR - 85/min

BP - 128/75 mmHg

Consultant :

Name : Dr. C. Minedithe Signature : [signature] Date & Time : 10/6/26, 11:30am

Rx

① T. GLYCOMET SR 850 mg

1 — x — 1

aBF a dinner

② T. LOBET 200 mg

1 — 1 — 1

4AM 12pm 8pm

③ T. CINOD 10 mg

1 — x — 1

9AM 11 pm

Rest CST

for today

T. CINOD 10 mg

@ 2pm (DONE)

FBS > 110
postmeal > 160

← Check pre & post meal sugars
inform if BP > 140/90 mm Hg

Patient

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DRUG CHART

Date of Admission: 8/6/20 Drug Allergies: NKDA ☐ 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 .....

Mrs SRIJA DHARMAPURI (F)
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REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

DRUG: T. LABETALOL				Date / Time	
Dose	Route	Frequency	Start Date	1 AM	
200mg	P/O	TID	8/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Sravthi				9 AM	STOP Dr. Rameen
Additional Instructions:				5 pm	Shobha Tummy; 8/6 to @ 8:30 pm
Daily Doctor's Endorsement by a Sign					

DRUG: T. NICARDIA				Date / Time	8/6	9/6	10/6	
Dose	Route	Frequency	Start Date	6 AM	+	Saranya 9/6	Preethi	
20mg	P/O	TID	8/6					
Name & Signature of the Doctor Starting the Drugs: Dr Sravthi				2 pm	+	Sarpne 12 pm		Stop
Additional Instructions:				10 pm	Sandhya 8/6	Sindhuja 9/6		
Daily Doctor's Endorsement by a Sign								

DRUG: Inj NOVARAPID				Date / Time	9/6	10/6	
Dose	Route	Frequency	Start Date	7 AM	Sarpne 8 AM	Hold Stop	
16-22 18u	S/C	TID	8/6				
Name & Signature of the Doctor Starting the Drugs: Dr Sravth				1 pm	Nithya Hold		
Additional Instructions: Inform B.P Before giving				7 pm	Hold Sarg		Stop
Daily Doctor's Endorsement by a Sign							

DRUG: Inj TRESEBA				Date / Time	8/6	9/6	
Dose	Route	Frequency	Start Date				
16	S/C	O.D	8/6				
Name & Signature of the Doctor Starting the Drugs: Dr Sravthi				10 pm	Sandhya 8/6	Hold Sarg	
Additional Instructions:							Stop
Daily Doctor's Endorsement by a Sign							

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward OBS

DRUG : T. GLYCOMET SR

Dose	Route	Frequency	Start Dt.
1000mg	P/O	BD	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/6	9/6	10/6
9 AM	X	[signature]	
9 PM	[signature]	[signature]	

STOP Dr. Divya 10/6/2026

DRUG : T. SAAZ-DS

Dose	Route	Frequency	Start Dt.
1 tab	P/O	BD	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/6	9/6	10/6	11/6
10 AM	X	[signature]	[signature]	[signature]
10 PM	[signature]	[signature]	[signature]	

DRUG : Tab LABETALOL

Dose	Route	Frequency	Start Dt.
200mg	PO	TID	8/6

Name & Signature of the Doctor Starting the Drugs: Dr Samune

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	8/6	9/6	10/6	11/6
4 AM	X	[signature]	[signature]	[signature]
12 PM	X	[signature]	[signature]	[signature]
8 PM	[signature]	[signature]	[signature]	

DRUG : Inj. CEFOTAXIM

Dose	Route	Frequency	Start Dt.
1gm	IV	BD	8/6

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/6	10/6	11/6
6 AM	[signature]	[signature]	[signature]
6 PM	[signature]	[signature]	

STOP Dr. Sravanthi

Docu. No. : RCHBH /FRM / CLINICAL / 108 (P.T.O)

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

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	oral	6 hrs	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr SHABNA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	10/6	11/6
12 Am	not Given	[illegible]
6 Am	[illegible]	[illegible]
12 pm	[illegible]	
6 pm	[illegible]	

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	oral	8hrs	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr SHABNA

Additional Instructions:

Stopped 9/6/2020

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Dt.
100	oral	8hrs	9/6/26

Name & Signature of the Doctor Starting the Drugs: Dr SHABNA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	10/6	11/6
7 Am	[illegible]	[illegible]
3 pm	[illegible]	
11 pm	[illegible]	

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1gm	I/V	BD	9/6

Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Stop

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : T. PANTOPRAZOLE				Date ▸ / Time ▾	10/6, 11/6
Dose	Route	Frequency	Start Dt.	6Am	[signatures]
40mg	P/O	BD	9/6		
Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi				6 pm.	[signatures]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					[sign]
DRUG : T. GLYCOMET-SR				Date ▸ / Time ▾	10/6, 11/6
Dose	Route	Frequency	Start Dt.	10AM	X
850mg	PO	BD	10/6/25		
Name & Signature of the Doctor Starting the Drugs: Dr Divya					
Additional Instructions: ~~Before~~ after BF, after Dinner.				10PM	[signature]
Daily Doctor's Endorsement by a Sign					[sign]
DRUG : T-CINOD 10mg				Date ▸ / Time ▾	10/6, 11/6
Dose	Route	Frequency	Start Dt.	9AM	X, [signature]
10mg	PO	BD	10/6/25		
Name & Signature of the Doctor Starting the Drugs: Dr. Divya					
Additional Instructions: 9AM — 11PM				11PM	[signature]
Daily Doctor's Endorsement by a Sign					[sign]
DRUG : T. CEFIXIME				Date ▸ / Time ▾	
Dose	Route	Frequency	Start Dt.		
200mg	P/O	BD	11/6		
Name & Signature of the Doctor Starting the Drugs: Dr Sravanthi					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

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

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05-05-1997 29 Y 1 M 4 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. ..... Ward. .....

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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.	

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.	

Signature .....

VERIFIED BY: Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	5:00pm	T. PGE1	25 ugm	P/O		Shobha Tunna
8/6/26	8pm	Tab. PGE1	25 mcg	P/O		Shobha Tunna
8/6/26	5:30pm	Inj. CEFOTAXIM	1gm	IV		Shobha Tunna
8/6/26	11pm	Tab. PGE1	25 mcg	PO		Sandeya 01663 11:2 pm
9/6/26	2Am	Tab. PGE1	25mcg	PO		Sandeya 01663 2:2 Am
9/6/26	6Am	PC Enema	1	PR		Sandeya Aayata 6:30 Am
9/6/26	12:15pm	INJ. LABETOLOL	20mg	IV		Swapna Rebeca
9/6/26	12pm	INJ. AVIL	1 Amp	IV		Swapna Rebeca
10/6/26	2:00pm	T. CINOD	100mg	PO		Sona mounika

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 4 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. .... Ward. ....OBS...........

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
9/6/26	5 AM	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	Sanaya Sunanda	9/6	[signature]	Sandhya Sundarani
9/6/26	8:50 am	RINGER LACTATE 500ml + 10IU OXYTOCIN start at 6ml/hr & titrate every 30min Watch for contractions 3 in 10 for 10min	IV	6ml/hr	[signature]	Swapna Sharada	9/6	[signature]	Sandhya Bhargavi
9/6	9AM	RINGER LACTATE	IV	100ml/hr		Swapna Sh[illegible]	9/6	[signature]	Poulasy Kranthi
9/6	1:11 pm	Inj MgSO4 20mg in 460ml NS	IV	25ml/hr		Swapna Rebu	9/6	[signature]	Sona Reh[illegible]
9/6/26	1 Pm	Inj Labetalol 100mg	IV	6ml/hr	[signature]	Swapna Reb	9/6/26 STOP 5PM	[signature]	Sandhya [signature]
9/6/26	4:45pm	Inj RINGER LACTATE	IV	100ml/hr	[signature]	Poulasy Rajesh	9/6	[signature]	Poulasy Kranthi
9/6/26	5:00	DNS	IV	200ml/hr	[signature]	Poulasy Rajesh	9/6	[signature]	Poulasy Kranthi
9/6	10pm	RINGER LACTATE	IV	150ml/hr		Sanaya Swapna	9/6	[signature]	[signature] Sandhya

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STAT / ONCE ONLY DRUGS

Name: ....

Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
—	—	T. Labetalol	200mg	PO	[signature]	Not given	
—	—	Inj Labetalol	20mg	IV	[signature]	not given	
9/6/26	12:30pm	Inj Labetalol	40mg	IV	[signature]	Swapna	[signature]
9/6/26	12:33pm	T. Nicardia R	20mg	IV	[signature]	Swapna	[signature]
9/6	12:50pm	Inj MgSO4	4gm	IV	[signature]	Swapna	[signature]
9/6	1:pm	T. ISOLAZINE	37.5mg	PO	[signature]	Swapna	[signature]
9/6	1pm	Inj ZOFER	4mg	IV	[signature]	Swapna	[signature]
9/6	6Pm	Inj Supp. TRAMADOL	100mg	PR	[signature]	Poulabi	Kranthi
9/6	6pm	T: PGE1	400mg	P/R	[signature]	Poulabi	Kranthi
9/6	10pm	Inj PARACETAMOL	1gm	IV	[signature]	Saranya	[signature]
10/6	1:10pm	INJ. NOVARAPID	5 UNITS	S/C	[signature]	Sona	Sandhya

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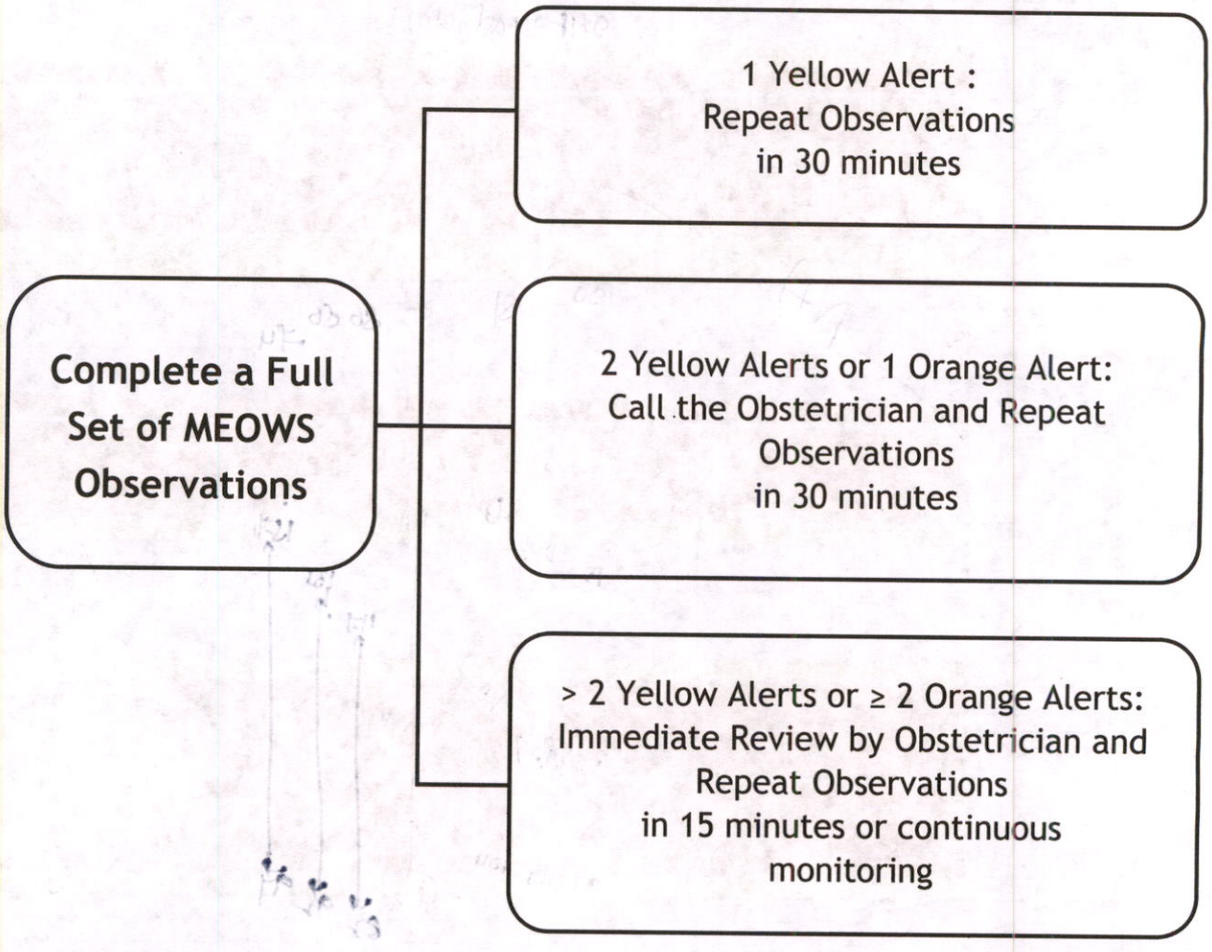
Observation Score Chart - Obstetrics

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

8/6/26

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20										20	18	20	20	20	18	18	18	18				20			20
	0 - 10																									
Saturations	94 - 100 %										100	100	99	100	100	100	100	100	100				98			95
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36										98.1F	97.6F	98F	98.6F	98.6								98.1F			98.3F
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90										90	98														
	80												81		80	86	86	74					85			83
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160												160		161			165								
	150																									
	140												142													
	130										132															
	120																	135							
	110															117							130			135
	100																									
	90																									
	80													(103)												
	70															(129)										
	60																									
	50										(100)	(100)														
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90										98	99	104		86			94								
	80																									
	70															67	92						78			80
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert										–	–			–		✓	✓					✓			✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30										–	–			–		✓	✓					✓			✓
	< 30																									
Proteinuria	Protein + +															–										
	Protein > + +																									
Lochia	Normal										–	–														
	Heavy / Foul																									
Liquor	Clear / Pink										–	–			–											
	Green																									
TOTAL YELLOW SCORES											01	01			01			0					0			0
TOTAL ORANGE SCORES											0	0			0			0					0			0
Nurse Initial											Pavithra	Pavithra														

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 3 D (F)
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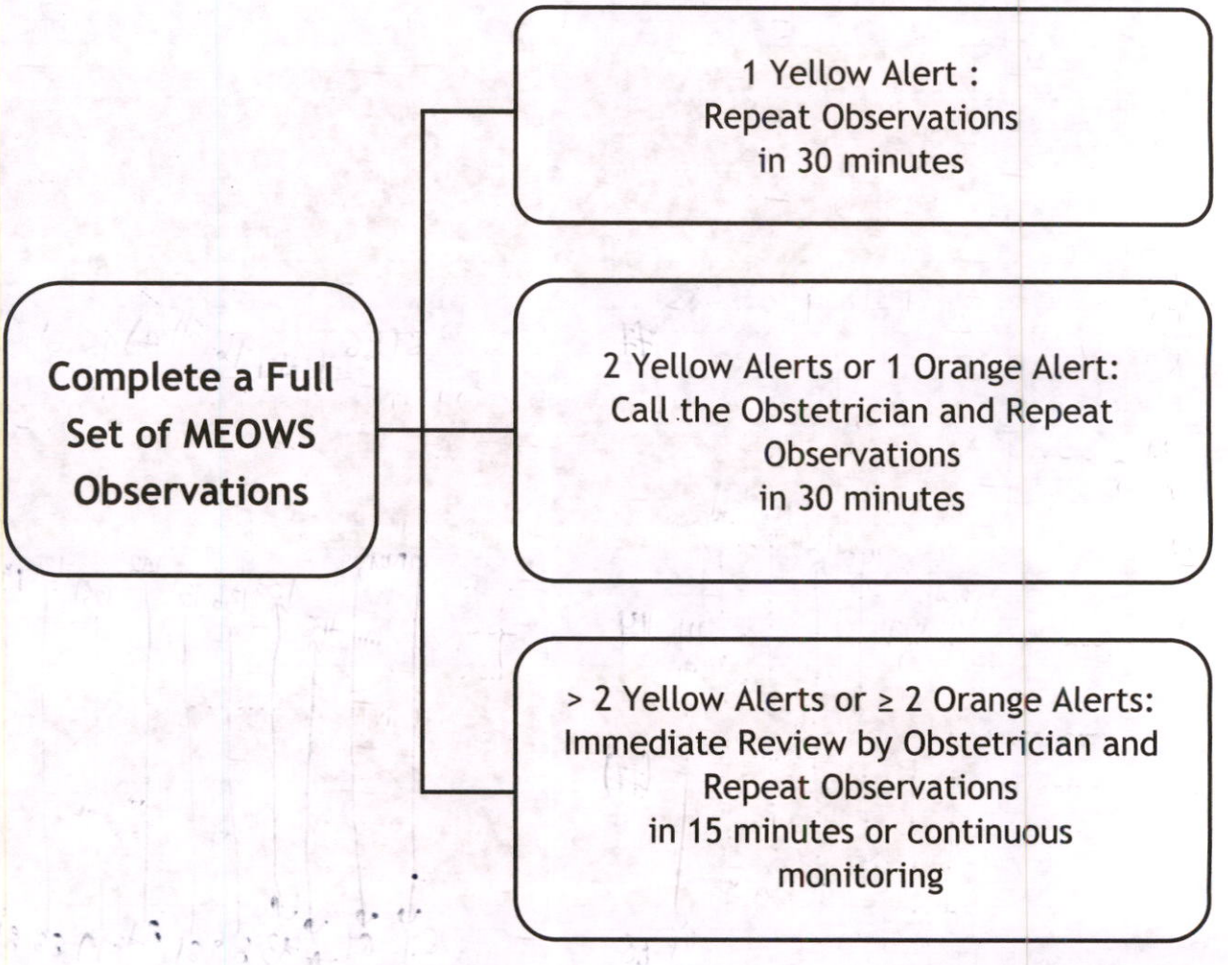
Early Warning Observation Score Chart - Obstetrics

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

		Date	09/6																						
		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		20		20	20	20	20	20	19					18	18	18	18	20							
	0 - 10																									
Saturations	94 - 100 %		99		98	99	100	100	100	100	100				100	100	100	99	99	99	99	99	99	99	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		85	91	92	91	80	83	88	77					87	86	74	74	76	78	81	75	81	76	81	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		135		119		148	152	165	171							113	133	136	131	142	129	138	141	144	
	120																									
	110									111	114															
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80		85		80		101	85	99	99					87	87	73	73	86	81	87	79	88	81	96	
	70									74	68															
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	✓	○	○	○	○	○	○	○	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	○	○	○	○	○	○	○	○	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	○	○	○	○	○	○	○	○	
	Heavy / Foul																									
Liquor	Clear / Pink		✓	✓	✓	✓	✓	✓	✓	✓					✓	✓	✓	○	○	○	○	○	○	○	○	
	Green																									
TOTAL YELLOW SCORES			0	0	0	0	1	0	0	1					0	0	0	0	0	0	0	0	0	0	1	
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0					0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 4 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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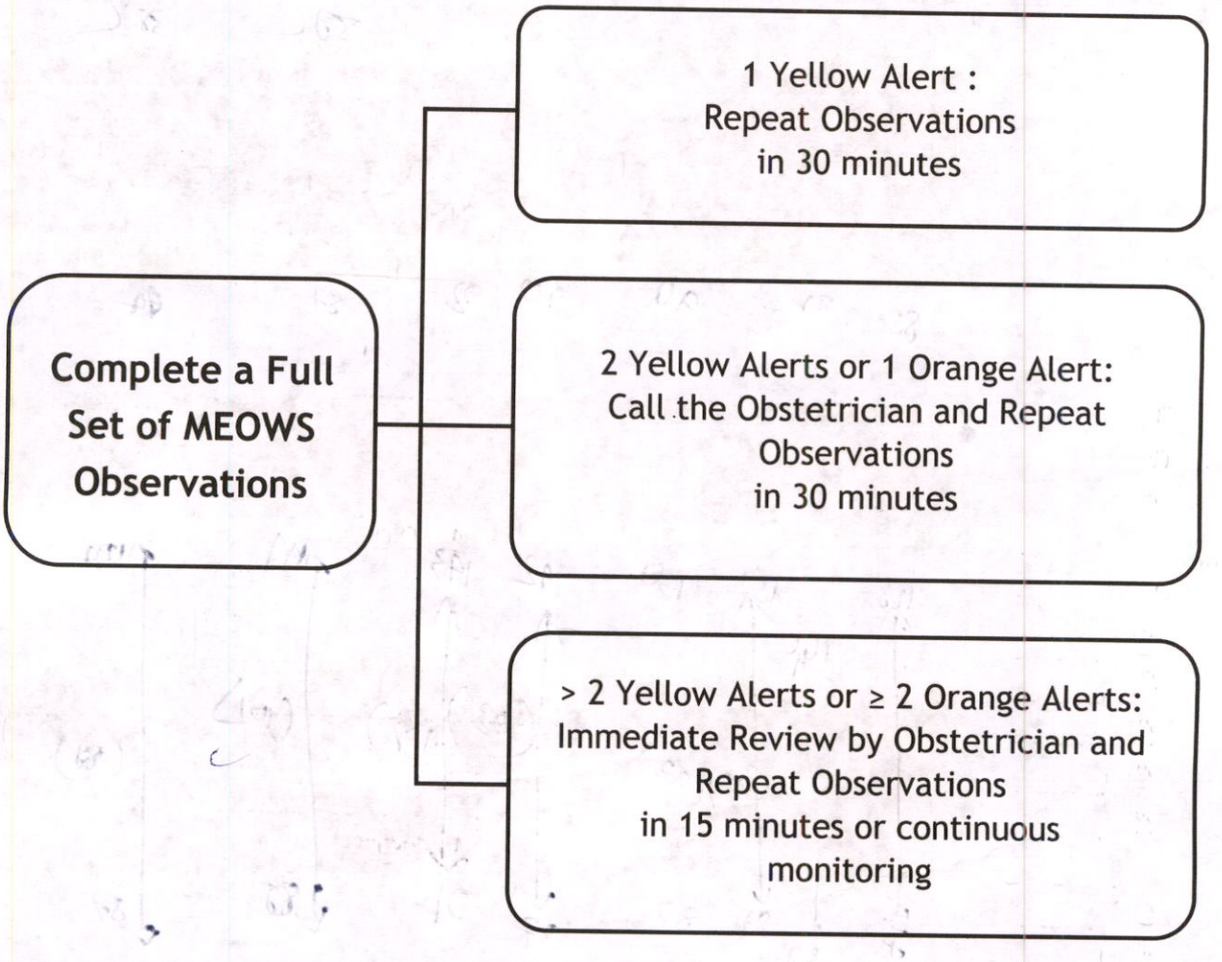
Early warning Observation Score Chart - Obstetrics

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

10/6/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20			19		19	19		19			21		21			19				20				19	
	0 - 10																									
Saturations	94 - 100 %			99		99	99		99			99%		99%			98%				98%				98%	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																37°C				38°C				37°C	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			85		92	88		90			90		92			87				~~84~~				85	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			120		100	129		130			142		143			141				139				131	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			75		57	87		80			87		91			88				87				82	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓		✓	✓		✓			✓		✓			✓				✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓		✓	✓		✓			✓		✓			✓				✓				✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			✓		✓	✓		✓			✓		✓			✓				✓				✓	
	Heavy / Foul																									
Liquor	Clear / Pink			✓		✓	✓		✓			✓		✓			✓				✓				✓	
	Green																									
TOTAL YELLOW SCORES				0		0	0		1			0		0			1				0				1	
TOTAL ORANGE SCORES				0		0	0		0			0		0			0				0				0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

H-00639441 IP5-00174886
SRIJA DHARMAPURI
05-1997 29 Y 1 M 6 D (F)
SHRUTHI REDDY/Dr.LAVANYA

11/6/26.

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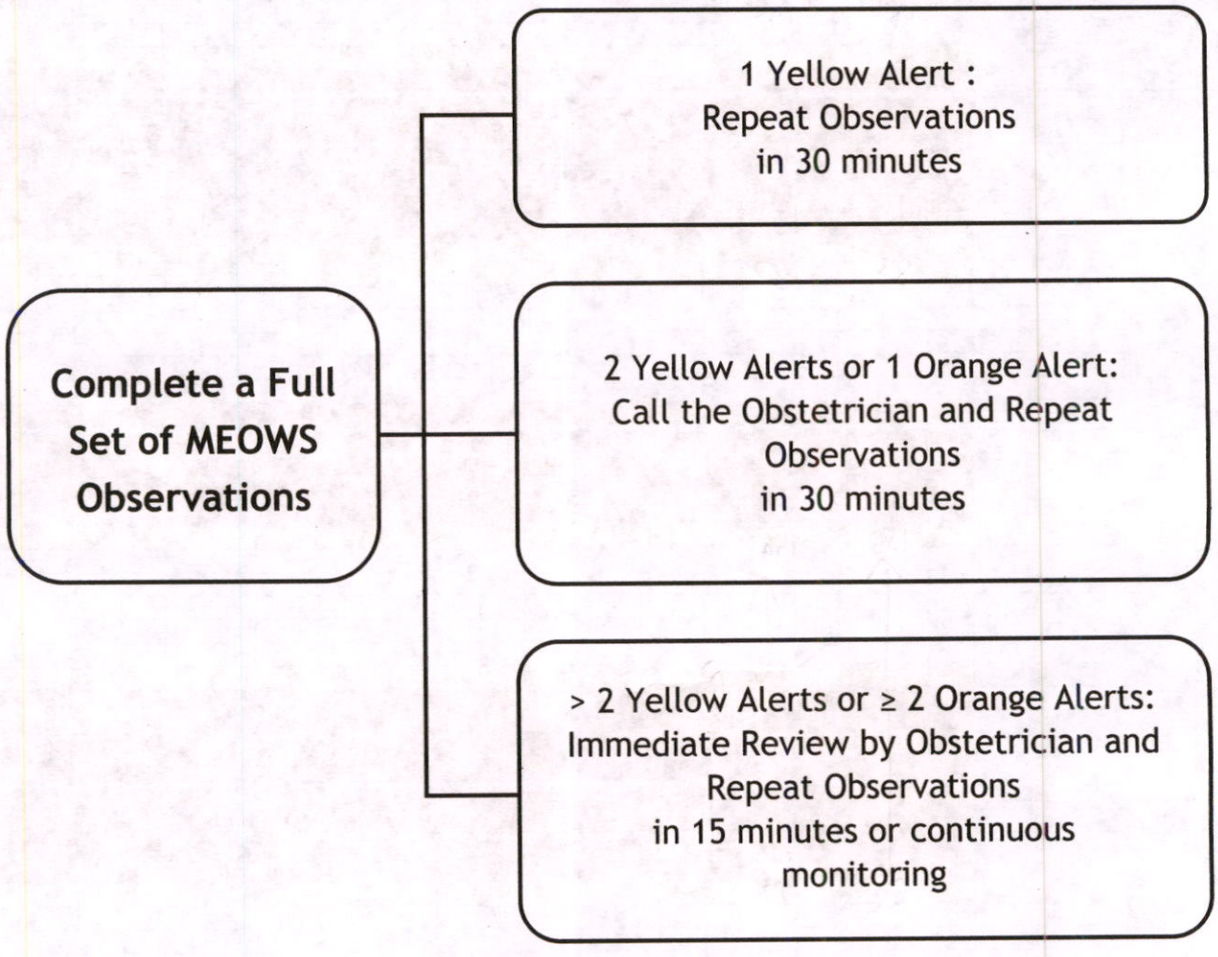
Early Warning Observation Score Chart - Obstetrics

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			30																						
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %			97			99%																			
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37			98.6			98																			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100			85			97																			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150			150			140																			
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90			88			88																			
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓																						
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +			✓																						
Lochia	Normal			✓																						
	Heavy / Foul																									
Liquor	Clear / Pink			✓																						
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				CB																						

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 3 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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FLUID CHART

Sheet No. : (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
8/6/26	05:00 pm	RL		100ml								
	06:00 pm	RL		100ml						✓	0	Pavlaja
	07:00 pm										0	Pavlaja
Total Intake :						**Total Output :**						
	08:00 pm		+H2O								0	
	09:00 pm									✓	0	
	10:00 pm		+H2O				NIP				0	
	11:00 pm		+H2O								0	Sandya
	12:00 am										0	
	01:00 am									✓	0	
Total Intake :						**Total Output :**						
9/6	02:00 am		+H2O				4				0	
	03:00 am									—	0	
	04:00 am		+H2O				NIP				0	
	05:00 am										0	Sandya
	06:00 am		+H2O								0	
	07:00 am									—	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00639441 IP5-00174886
Mrs SRIJA DHARMAPURI
05-05-1997 29 Y 1 M 3 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

+ Sticker

Sheet No. : ....2....

FLUID CHART

Rainbow Children's Hospital — It takes a lot to treat the little. | BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

9/6/26

Date	Time	Nature of Fluid	Intake: Mouth	Intake: I.V	Intake: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
9/6/26	08:00 am	Re		100ml			NP				0	Sairy
	09:00 am	Ret synto	H2O 50ml	100ml							0	
	10:00 am	Re synto		100ml							0	
	11:00 am	Re synto	H2O 100ml	100ml							0	
	12:00 pm	Mgso4 synto		100ml						300ml	0	
	01:00 pm	Mgso4 synto	H2O	25ml						100ml	0	
Total Intake :		675ml taken				Total Output :				400ml		
9/6/26	02:00 pm	Mgso4 25ml	NBM	synto 30			NP			~~100ml~~	0	Ravi
	03:00 pm	Mgso4 25	NBM	Synto +100 36						15ml	0	Ravi
	04:00 pm										0	
	05:00 pm	25									0	
	06:00 pm		NBM	Mgso4 25ml						150ml	0	
	07:00 pm			25ml							0	
Total Intake :		NBM 200ml				Total Output :				Passed 155ml		
9/6	08:00 pm	mgso4	All	25ml+100ml			NP			370ml	0	Saney
	09:00 pm	mgso4	B	100ml+25						250ml	0	
	10:00 pm	mgso4	M	100ml+25						200ml	0	
	11:00 pm	mgso4	H2O	100+25ml						100ml	0	
	12:00 am	mgso4		25ml						250ml	0	
	01:00 am	mgso4	H2O 50ml	25ml						250ml	0	
Total Intake :		Taken. 500ml				Total Output :				1370ml		
10/6	02:00 am	mgso4		25ml			NP			150ml	0	Bly
	03:00 am	mgso4	H2O 50ml	25ml						230ml	0	Bly
	04:00 am	mgso4		25ml						200ml	0	Bly
	05:00 am	mgso4	H2O 50ml	25ml						150ml	0	Bly
	06:00 am	mgso4		25ml						250ml	0	Bly
	07:00 am	mgso4	H2O 50ml	25ml						200ml	0	Bly
Total Intake :		300ml				Total Output :				1180ml		

Total 24 hrs. Intake	1675 ml.	Total 24 hrs. Output	3105

Docu. No. : RCHBH/FRM/CLINICAL/092

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05-05-1997 29 Y 1 M 3 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

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FLUID CHART

Sheet No. : ......(3)...... 10/6/26

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.

10/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
10/6	08:00 am	NO IV fluid									0	Sony
	09:00 am		H2O							300ml	0	Sony
	10:00 am						NP				0	Sony
	11:00 am		H2O							✓	0	Sony
	12:00 pm										0	Sony
	01:00 pm		H2O							✓	0	Sony
Total Intake :		taken				Total Output :				passed		
10/6	02:00 pm	NO IV fluid	H2O				NP				0	Sima
	03:00 pm										0	Sima
	04:00 pm										0	Sima
	05:00 pm		H2O							✓	0	Sima
	06:00 pm										0	Sima
	07:00 pm										0	Sima
Total Intake :						Total Output :	U - 1			M - 0		
	08:00 pm	NO IV fluid	H2O				NP				0	Durga
	09:00 pm									✓	0	Durga
	10:00 pm										0	Durga
	11:00 pm										0	Durga
	12:00 am		H2O							✓	0	Durga
	01:00 am										0	Durga
Total Intake :						Total Output :	U - 2			M - 0		
	02:00 am	NO IV fluid									0	Durga
	03:00 am		H2O								0	Durga
	04:00 am									✓	0	Durga
	05:00 am						NP				0	Durga
	06:00 am		H2O							✓	0	Durga
	07:00 am										0	Durga
Total Intake :						Total Output :	U - 2			M - 0		

Total 24 hrs. Intake	

Total 24 hrs. Output	U - 7 M - 0

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FLUID CHART

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Sheet No. : (4) 11/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										0	
	09:00 am		H20								0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm		H20								0	
	01:00 pm										0	
Total Intake :						**Total Output :** U- M						
	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	

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Shruthi Reddy	Date of Delivery: 9/06/2026
Assistant Surgeon: Dr Lavanya	Time of Delivery: 5:10pm
Anaesthetist's Name: Dr Shabna	Gender of Baby: female
Type of Anaesthesia: ↓ SA	Weight of Baby: 2.642 kgs
Neonatologist: Dr Neethu Raj	AGPAR Score: 9/10
Scrub Nurse: Sis poulabi	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis: Primi / 38+1 wks / TYPE DM on OHA + Insulin / PE / Palindromic Rheumatoid arthritis

☐ Elective ☑ Emergency Indication: Non-progression of Labour. ~~FHR~~ ↓ Beat to Beat variability

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

Severe PE

Decision time: ..... Knief to rectus: 2 min

CTG Description: .....

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

Surgical Procedure: Emergency lower segment cesarean section.

Post Operative Diagnosis: POD-0 / P1L1

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... 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: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☑ Intact ☐ Thinnedout ☐ 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 1-0 ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... Rapid vicryl 2-0 ..... Suture

Sheath Closure: ..... Vicryl 1-0 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Rapid vicryl 2-0 ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Rapid vicryl 2-0 ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ..... days ☐ Await instructions

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

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes: .....

- NBM for 4-6hrs
- IV fluids - 100ml/hr
- Drug as charted
- w/f P/V Bleeding
- Ambulation
- Inform SOS
- F/O charts

Doctor Name: Dr. Sravanthi ..... Doctor Signature: .....

Date & Time: 9/6/26, 8pm .....

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal Assessment and Management (to be assessed on delivery suite)

Pre-Existing Risk Factors Tick Score	Tick	Score
Previous VTE (except a single event related to major surgery)	—	4
Previous VTE provoked by major surgery	—	3
Known high-risk thrombophilia	—	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetesmellitus with nephropathy; sicklecell disease; current intravenous drug user	—	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	—	1
Known low-risk thrombophilia (no VTE)	—	1
Age (? 35 years)	—	1
Obesity	1	1 or 2
Parity ≥ 3	—	1
Smoker	—	1
Gross varicose veins	—	1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	1	1
ART/IVF (antenatal only)	—	1
Multiple pregnancy	—	1
Caesarean section in labour	2	2
Elective caesarean section	—	1
Mid-cavity or rotational operative delivery	—	1
Prolongedlabour (? 24hours)	—	1
PPH (?1litreortransfusion	—	1
+0 Preterm birth? 37 weeks in current pregnancy	—	1
Still birth in current pregnancy	—	1
Transient Risk Factors	2	
Any surgical procedure in pregnancy or puerperium except immediate repair of theperineum, e.g. appendicectomy, postpartum sterilization	—	3
Hyperemesis	—	3
OHSS (first trimester only)	—	4
Current systemic infection	—	1
Immobility, dehydration	—	1
Total	3	

Signature of the Doctor: ..... Date: 9/6/26 Time: 8PM

Action Plan: Thromboprophylaxis x10days

.....

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

*Ref:Rcog Green-Top Guideline No - 37a

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower Segment Cesarean Section

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

→ Monitor v.t.s - 4 hly

Wound Care:

→ W/f P/v Bleeding

Drain /Special Lines/Catheters:

→ foleys x 24 hrs

Special Patient Positioning and Requirements:

→ can move side to side in bed

Nutritional Instructions:

NBM for 4-6 hrs

When to Start Mobilization:

- after Removal of foley's

Special Referrals:

-

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No —

Any Other Post-Operative Care Needed including Required Follow Up

—

Dr. Lavanya

Treating Surgeon
(Signature & Stamp)

Date: 9/6/26 Time: 7pm

Note: Plan of care will be readjusted if necessary.

IENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	8/06/26 3:54 PM	10/06/26 3:49 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
TMPS Soja	DP. Sneha	bp post OBS
From Unit	**To Unit**	**Information to Attendant**
OBS	C309	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	**Personal belongings including clinical documents. If any handed over to attendant**	**Patient shifted with ID band:**
35	~~Yes~~ ☐ No ☐	~~Yes~~ ☐ No ☐
Number of Imaging Films	If Yes, what?	If No: .....
9.		

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	Name of Person Ordered Transfer
SN S. Sumanda	DP Sneha

Patient & Clinical Records Received by : Sumanda

Date & Time of Patient Received : 10/6/26 @ 3PM

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/6/26 Time: 3pm

Origin: India Height: 169cm Weight: 85kg BMI: 83.3kg/m2

Food Allergies: No

Diagnosis: POD-1/LSCS post lower segment

Type of Diet: ☐ Liquid ☐ Soft ☐ Normal ☑ Diabetic
☐ Vegetarian ☑ Non-Vegetarian ☐ Vegan

Diet Advised:

diabetic diet

Avoid spicy, chilled & outside foods

Patient's / Attendant's

Signature:

Name: Rakesh ver

Date & Time: 10/6/26 3pm

Dietician's

Signature: saima

Name: saima

Date & Time: 10/6/26 3pm

DIETARY NOTES

Date	Time	Notes	Sign
11/6/26	8:40am	patient is stable. oral intake is optimal continue soft diet	Serine