Rainbow® Children's Hospital
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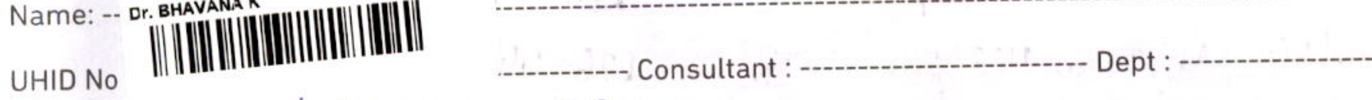
Your Right to a Safe Delivery.

ACTIV[illegible] NG

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K



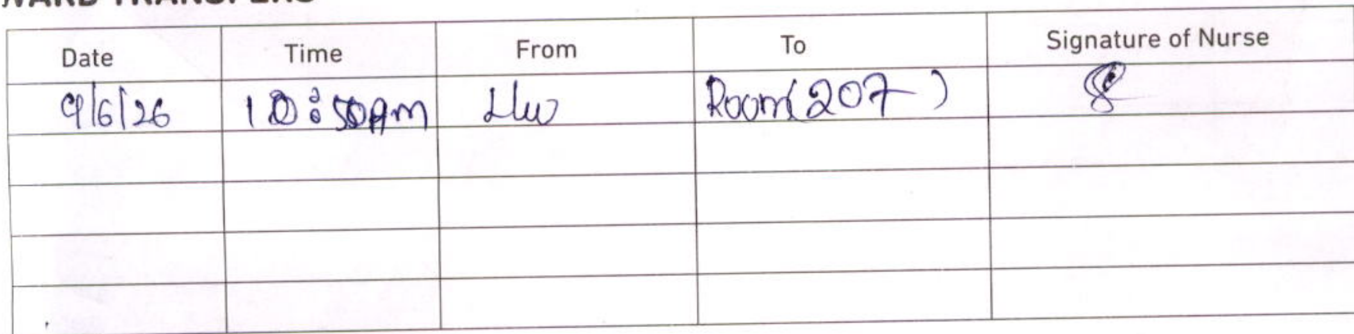
Name: --

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

Date of Admission : 8/6/26 Time : 6:11pm Date of Discharge : ---------------- Time: -----------

Room / Bed No : 222 Ward : L/W Suggested Billable bed type : -----------------------

WARD TRANSFERS



Date	Time	From	To	Signature of Nurse
9/6/26	10:50AM	L/W	Room(207)	[signature]

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
8/6/26	CBP.	V126019732 ✓	[signature]
8/6/26	NST - 7:30pm - ①	R26-009205 ✓	[signature]
8/6/26	NST @ 11:30pm - ②	R26-009210 ✓	[signature]
9/6/26	NST @ 3:30Am - ③	R26-009211 ✓	[signature]
~~9/6/26~~	~~NST @~~ Cross Checked by manga 8/6/26 @ 7:30		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	[illegible]	[illegible]	[illegible]		
	[illegible]	[illegible]	[illegible]		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6/26	IV placement	(1)	3088205 ✓	[illegible]
	cross checked by [illegible] 10 AM 9/6/26			

ANY OTHER INFORMATION

Date : 10/06/26 Time : 9:02 AM Prepared By : [signature] 10/06/26 @ 9:03 AM

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. [signature]	Sis. [signature]		

Name	Mrs PRIYANKA ATHREYA	UHID	KMV-00012838
Father/Guardian	Mr ABHISHAK SAWKAR	Age/Gender	32 Y 6 M 21 D/Female
Address	FLAT NO-14-03-I RAHEJA TOWERS, Nacharam, Hyderabad, Telangana, INDIA, 500076		
IP No	IP-00060276	Admission Date	08-06-2026
Ref Doctor	Self	Discharge Date	10-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3P1L1A1 with 37+6 weeks with Oligohydramnios with Anemia for Induction Of Labour.

SPONTANEOUS VAGINAL DELIVERY ON 09/06/2026

History:
LMP: 06/09/2025
Obstetric formula: G3P1L1A1
EDD: 23/06/2026
Gestation at admission: 37+6weeks

Obstetric History:
G1 - Male/ 7 Y/ FTNVD/ 3 Kg/ Uneventful/ Command Hospital/ Mumbai/ Bf x 8 m
G2- 6 weeks/ MTP/ MERPC/ Unwanted Pregnancy/ 2019
G3- Present pregnancy Spontaneous conception.

Medical History: Migraine since 15 Years on Medication SOS
Family History: Father: HTN
Surgical History: Nil
Allergies: Nil

Antenatal Details: Mrs. PRIYANKA ATHREYA was booked to Rainbow hospital at 26+4 weeks of gestation. Previous ANCs at Vishakhapatnam. She had UTI at 22 weeks and 28 weeks, managed conservatively. H/O fever at 24 weeks, managed conservatively. She came with complaints of decreased fetal movements at 37+6 weeks. She was admitted at 37+6 weeks with Oligohydramnios with Anemia for Induction Of Labour.

Investigations: Enclosed.

Blood group: O POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 1 dose of PGE1. Artificial rupture of membrance done at 2-3 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 07:00 AM. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:
Date: 09/06/2026
Time of Delivery: 07:10 am
Type of Labour: Induced
Type of Delivery: Spontaneous

Baby Details:
Date: 09/06/2026
Time: 07:10 am
Sex: Female
Weight: 2.95 Kg
Apgar: 7/10 8/10
Gestational Age: 38 weeks
NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. 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.

Name	Mrs PRIYANKA ATHREYA	UHID	KMV-00012838

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 15/06/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 15/06/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 15/06/2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 15/06/2026 (7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 15/06/2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

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

Name	Mrs PRIYANKA ATHREYA	UHID	KMS00012838

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Name: Priyanka Athreya Signature: [signature]

Relationship: Daughter

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

DISCHARGE SUMMARY

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

PatientName	: Mrs PRIYANKA ATHREYA	Inpatient No.	: IP-00060278
Age/Gender	: 32 Y 6 M 20 D/ Female	Admit Date	: 08-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 222	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		**TEST RESULT STATUS : REPORT AUTHORISED**		Order Date :08-06-2026 18:35
HEMOGLOBIN (Colorimetry)	**10.5**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.46**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**29.6**	**VOL%**	L	33 - 51
MCV (Calculated)	85.7	fL		80 - 100
MCH (Calculated)	30.5	pg/cells		26 - 34
MCHC (Calculated)	35.6	g/dL		32 - 36
RDW-CV (Calculated)	12.9	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	255	10^9/L		150 - 450
MPV (Calculated)	9.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**11.63**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**81**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**15**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**03**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC** **WBC :NEUTROPHILIC LEUCOCYTOSIS** **PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Ref. No. : F/OT/05

SURGERY DETAILS

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

Sl.No. Date : 9/6/26

Patient Name : .... Age : 32Y Sex: F

UHID No. : KMV - 00012838 IP No: 60276

Date of Surgery : 9/6/2026 OT : BB-2 ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal delivery

Time in : 7AM Time Out : 8AM

NAME		**AMOUNT**
1. Surgeon	: DR. Bhavana. k	
2. Anaesthetist	:	
3. Asst. Surgeon	:	
4. OT Technician	:	
5. Circulating Nurse	: manga	
6. Asst. Nurse	:	

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Dr farnaz

Signature of the Surgeon

manga

Signature of Circulating Nurse

Order No. : 3088270 Ordered by :

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060276 **Admit Date** : 08-Jun-2026 **Admit Time** : 06:11 PM **UHID** : KMV-00012838

Patient Details :

Patient Name : Mrs PRIYANKA ATHREYA
Guardian : Mr ABHISHAK SAWKAR
Gender : Female
Occupation :
Address (H) : FLAT NO-14-03-I RAHEJA TOWERS Nacharam Hyderabad Telangana INDIA 500076

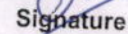
Age : 32 Y 6 M 20 D
DOB : 19-11-1993
Religion :
Martial Status :
Phone No : 7093330487/ 7093330487
E-mail : 7093330487@gmail.com

Admission Details :

Bed Type : MICU
Room No : LW 222
Bed No : LW 222
Admission Type : First Visit
Ward Name : N 2F-LABOUR WARD

Contact Details :

Name : Mr ABHISHAK SAWKAR
Contact Address : FLAT NO-14-03-I RAHEJA TOWERS Nacharam Hyderabad Telangana INDIA 500076
Relationship : W/O
Phone No : 7093330487 / 8790199014



Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash
Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 8/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify —

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify —

Chief Complaints: DOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Farmas

Time Notified: 6pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
H/o migraine. 15yrs on medication as & when required	Nil	Yes

Gynecology Assessment: ☑ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History:	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
	Cervical Cerclage: ☐ No ☑ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 6/9/25	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 1 A 1

Previous LSCS: —

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other father

Vital Signs / Measurements: Temp: 98.6F HR: 82b/m RR: 18b/m

BP: 104/7[illegible]mmHg. Weight: 73.8kgs Height: 159cm BMI: 32.2

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

0 score.

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: ......—............

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

Risk of Pressure Sore: ☑ Yes ☐ No Score .28......... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ......—......

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....family........

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ...mrs. priyanka........

Name of Person Orientation was given to: mrs. priyanka........

Orientation not given Reason: ....

Nurse Signature: K. Suhasini

Nurse Name: ....K. Suhasini........

Date & Time: ...8/6/26 at 6:30pm

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/6/26 Time of Arrival: 5:30pm Time Seen by Nurse: 5:35pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

☐ Severe Pain / Moderate Pain ☐ Preterm rupture of Membranes / Leaking Water PV
☐ Bleeding PV: Slight / Heavy ☐ Preterm Labor/ Labor
☐ Decreased Fetal Movement ☐ Spontaneous Rupture of Membrane / Leaking Water PV
☐ No Fetal Movement ☐ Other Reason: DOL

3) **Vital Signs:** Temperature: 98.6F Pulse: 82b/m RR: 18b/m SpO_2: 99% BP: 100/74 Weight: 73.8kg

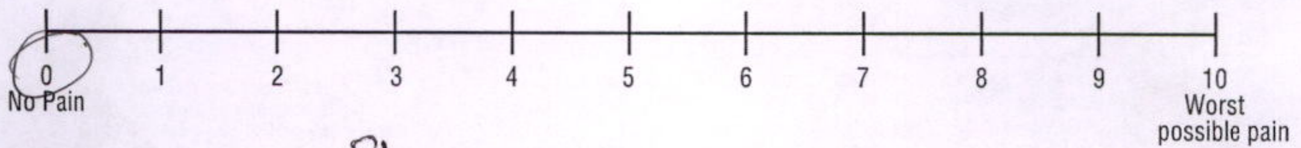
4) **Gestational Criteria:**

Gravida:	G 3	P 1	L 1	A 1

LMP: 6/9/25 EDD: 23/6/26 Gestational Age: 37+6wks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



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

Nil

6) **Past History:**

a) Surgeries: NVD.
b) Medical: Nil

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Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

7) If Yes : —

8) **Current Medications:** ☑ Prenatal Vitamin ☐ None ☐ Others: —

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• 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)	• 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: 6 pm

Nurse Name : k. Suhasini Nurse Signature: [signature]

Date: 8/6/26 Time: 5:35 pm

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PATIENT TRANSFER FORM

KMV-00012838 IP-00060276 Mrs PRIYANKA ATHREYA 19-11-1993 32 Y 6 M 21 D (F) Dr. BHAVANA K 	Date & Time of Admission 8/6/26 @ 6:11pm	Date & Time of Transfer Order 9/6/26 @ 10:50Am
Treating Consultant Name	Transfer Ordered by Dr. ATHAR	Reason for Transfer For observation
From Unit L/W	To Unit Room (207)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films 3	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Saral - ① under pad - ① Baccirub - ①	Betadine ointment - ① Betadine solution - ①
2.	TAB :- PARACETOMOL - ⑮	
3.	TAB :- PANTAPRAZOLE - ⑮	
4.	TAB :- CEFITAXIME - ⑩	
5.	TAB :- DICLOFENAC - ⑩	

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Dr. ATHAR

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Suhasini	Dr. ATHAR

Patient & Clinical Records Received by : Sr. Nagmani

Date & Time of Patient Received : 9/6/26 @ 11Am

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

MV-00012838 IP-00060276
Irs PRIYANKA ATHREYA
9-11-1993 32 Y 6 M 21 D (F)
Ir. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
C/O Reduced fetal movement today.

Obstetric Formula: $G_3 P_1 L_1 A_1$
MS - 10yrs NCM.

Obstetric Hostory:
G1 - ♂ / 7yrs / FTNVD / 3kg / uneventful / Kamal command hospital mumbai / BF - 8 months
G2 - 6weeks / MTP / MEKPC / unwanted preg / 2019.
G3 - PP - spont conception.

Present Pregnancy Record:
Booked at 26+4 week. Prev ANCs at Vishakhapatnum. She had UTI at 22 weeks & 28 weeks & managed conservatively.
H/O fever at 24 weeks managed conservatively - widal & dengue ⊖

RISK FACTORS:
- Oligohydramnios
- Anemia

Height: 159 cm
Weight: 73.8 kg
Allergies: —
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: C/C/C Pallor: ⊕ mild.
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 68bpm.
BP: 108/74 mmHg DTR: ⊕
CVS: $S_1 S_2$ ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: Adequate

LMP: 6/9/25 EDD:
Corrected EDD: 23/6/26 GA: 37+6 weeks

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height: Ut ~ TG
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☑ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: ______
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
138bpm

Per Speculum Examination Not done.
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed ______ Dilated 1 finger.
Membranes: ☐ Present ☑ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
$G_3 P_1 L_1 A_1$ with 37+6 weeks with Oligohydramnios with Anemia for Induction of labour.

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

Family History:	Surgical History:
Father - HTN.	Nil

Medical History:	Medication History:
H/o migraine 15yrs on medication as 4 when required.	- Nil Allergies

Plan of Care: C/I to Dr Bhavana Ma'am

- ~~NB~~
- Normal diet
- Ambulation 4 Birthing ball excercise.
- Hydration
- IV fluids - 1ORL - ff.
- NST - 4th hourly
- part prepearation - 1 PRBC available at Tarnaka Blood Bank.
- consents
- follow drug chart
- monitor vitals.
- Inform SOS.
- send CBP.
- Tab missprostol 25 ug PV - 6th hourly.

noted by Suhasini 8/6/26 6pm.

FTS - low risk

Investigations: BG - O POSITIVE

HIV, HBsAg, HCV, VDRL } NR

11/5/26 - CBP - 10.2/8.80/2.81L.

8/6/26 - CBP - 10.5/11.63/2.55L

3/2/26 - TIFFA scan.
- SLIUF
- 19 + 6weeks
- No anomalies
- CL - 32mm.
- PL - posterior

13/12/25 NT scan.
- SLIUF
- 12+3 weeks.
- NT - 1.5mm
- CL - 31mm.

8/6/26 -
- Growth scan
- SLIUF
- 37+ 6weeks
- cephalic
- PL - post High
- AFI - 9.1cm
- AC - 30%.
- EFW - 2.978 kg
- Dopplers - (N)
- sluggish fetal movement

Doctor Name: Dr Faeenaz
Signature: [signature]
Date & Time: 8/6/26 6:00pm

Consultant Name: Dr Bhavana Kasu
Signature:
Date & Time: 8/6/26

Ref. No. : F / HW / PGN / INPR / 15

KMV-00012838 IP-00060276
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Dr. BHAVANA K

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(1)

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
8/6/26			
7:35 pm		Pt is c/c/c	
		GC fair	Adv
NST - reactive		Afebrile	- Normal diet
CBP - 10.5/11.63/ 2.55L		BP - 109/68 mmHg	- Ambulation
		PR - 86 bpm	- Birthing ball exercise
		S/E - NAD	
1 ⊖ PRBC available at Tanaka Blood Bank		P/A - Relaxed	- W/f POL
		Ut ~ TG	- follow drug chart
		FHR ⊕ 138 bpm	- monitor vitals
1st dose T. misoprostol 25 µg kept PV at 7:35 pm		V/e - cx - long, soft	- NST - 4th hourly.
		os - 1 finger	- FHR monitoring - continous
		PP - vx (-3)	
		If NST - Non reassuring → Plan for LSCS explained to Patient & attenders.	- Inform SOS
		Noted by Subasini 8/6/26 7:35 pm	Dr. Fasnaa
8/6/26		Pt is c/c/c	Adv
11:15 PM		GC: fair, Afebrile	- Normal diet
		BP: 112/70 mmHg	- Ambulation
If NST - Non reassuring → plan for LSCS		PR: 80 bpm	- Birthing ball exercise
		S/E: NAD	- W/f POL
		P/A - Relaxed.	- NST x 4 hrly
		ut ~ TG	- Continuous FHR monitoring
		FHR ⊕ 136 bpm	- monitor vitals
		L/E: No bleeding.	- follow drug chart
Noted by Prathyusha @ 11:15 pm			- Inform SOS

Dr Athar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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PROGRESS NOTES

(2)

(USE BALL POINT PEN ONLY)

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

Pati
Age
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/3/26 1:30AM		O/E Pt is c/c/c — Adv
		GC: fair — - Normal diet
		Afebrile — - Ambulation
		BP - 118/76mmHg — - Birthing ball exercise
		PR - 84bpm. — - w/f POL
Spontaneous progress of labour		S/E: NAD — - NST x 4th hrly
		P/A: Ut ~ TG — - Continuous FHR monitoring
		Irritable. — - follow drug chart
		P/V: PFM (+) — - monitor vitals
		v/e - cx - 1/4 inch; soft — - Inform SOS.
		OS - 2cm
		PP ≤ Vx / -3. — [signature] Dr Farnaz
		Noted by prathyusha @ 1:30 Am
9/3/26 6:00AM.		
		Pt is c/c/c
		GC fair — Adv
ARM done		Afebrile — - clear liquids
		BP - 111/73mmHg - w/f POL — - Ambulation
		PR - 71bpm. - Inj Taxim 1gm IV BD. — - Hydration
		S/E - NAD — - Enema
		P/A - Ut ~ TG — - continuous FHR monitoring
		3c/20sec/10min
		FHR (+) 138bpm. — - NST-4th hourly
		v/e - cx - 1/4th inch PP ≤ Vx / -2 — - follow drug chart
Noted by manga 9/3/26 @6Am		OS - 2-3 cm ARM done liquor clear — - monitor vitals.
		- Inform SOS. [signature] Dr Farnaz

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(3)

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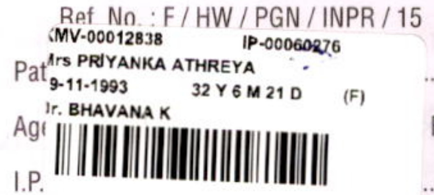
PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15



MV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
9-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
09/06/26 7:30 AM		Delivery Notes — Dr Bhavana Kashi, Dr Farnaz / Dr Athar, Manga sister
		Under aseptic conditions, perineum painted and draped. At the time of crowning, at peak of contraction, RMLE given under 2% Lignocaine.
		A female baby of weight 2.95 kg of APGAR 7/10, 8/10 delivered at 7:10 AM on 09/06/26.
		Baby cried immediately, cord clamped & cut, baby handed over to pediatrician. Placenta & membranes expelled, episiotomy sutured in layers, no perineal tear or extension. Hemostasis secured.

FEMALE	7:10 AM
2.95 kg	09/06/26

Dr Farnaz — Dr Athar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

09/06/20
8:00 AM

PND-0

O/E Pt is c/c/c
GC: fair
Afebrile
BP: 113/70 mmHg
PR: 80 bpm
S/E: NAD
P/A: Ut ~ WR
Soft, NT
L/E: NAB
Baby < A/H BF (+)
Episiotomy - Intact
vaginal examination done.

Adv
- Soft diet
- Adequate hydration
- Rest
- Monitor vitals
- w/f bleeding P/V
- follow drug chart
- Inform SOS

Khan
Dr Farnaz Ali
DR ATHAR

Noted by Suhasini @ 8AM

9/6/20
10:30 AM

PND-0

O/E pt is c/c/c
GC fair
Afebrile
BP - 116/70 mmHg
PR - 86 bpm
S/E - NAD
P/A - Ut ~ WR
Soft
L/E - NAB
Baby - A/H BF (+).
per vaginal examination done No active bleeding

Adv
- Normal diet
- Adequate hydration
- Monitor vitals
- W/F bleeding PV
- Follow drug chart
- Inform SOS

Urine passed

Pt can be shifted to Room

Dr Yogeshwari

Noted by Suhasini 10:30 AM

KMV-00012838 IP-00060276
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	PND-0	
1PM	O/E Pt is c/c/c	Adv
	GC- fair	- (N) diet
	Afebrile	- Adequate hydration
Urine Passed	BP- 110/72 mmHg	- W/F Bleeding PV
Motion Not	PR- 84 bpm	- Monitor vitals
Passed	S/E- NAD	- Follow drug chart
	P/A- Ut ~ W/R	- Inform SOS.
	soft, BS (+)	
	L/E- NAB	
	Baby mother side [A/H, BF (+)	Dr. [signature]
		Noted by [signature] 9/6/26 at 7pm
9/6/26		
9 PM	PND-0	
	O/E Pt is c/c/c	
	GC- fair	
	Afebrile	Adv
Urine Passed	BP- 107/61 mmHg	- (N) diet
Motion Not	PR- 89 bpm	- W/F Bleeding PV
Passed	S/E-NAD	- Adequate hydration
Remove cannula	P/A- Ut ~ W/R	- Monitor vitals
	soft, BS (+)	- Follow drug chart
	L/E-NAB	- Inform SOS
	Baby mother side [A/H, BF (+)	Dr. [signature]

Note by [signature] 9/6/26 @ 9PM

MV-00012838 IP-00060276
rs PRIYANKA ATHREYA
)-11-1993 32 Y 6 M 21 D (F)
r. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7am	PNID- 1	
	O/E pt is c/c/c	Adv
	GC- fair	- (N) diet
	Afebrile	- W/F bleeding PV
Uneventful	BP- 112/70mmhg	- Adequate hydration
motion passed	PR- 76bpm.	- Monitor vitals
	S/E- NAD	- Follow drug chart
pt can be discharged	P/A- Ut ~ W/R	- Inform sos.
	Soft, BS(+)	
	L/E- NAB	
	Vaginal Examination done.	
		Dr Nausheen
		note by Rafa Dr. 10/6/26 @ 7:AM

Docu. No. : RCH /FRM / CLINICAL / 088

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P1L1A1C 37+6wks c oligohydramnios - for IOL

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: PND.

Surgery / Procedure: NVD

Post OP Day:

BACKGROUND Date / Shift	8/6/26 E	8/6/26 N	9/6/26 M	9/6/26 M	9/6/26 E	9/6/26 N
Medical Condition (Any special condition to be noted):	-	—	—	nil	nil	Nil
Diet:	Normal diet	N diet	Normal diet	N. Diet	N. diet	
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98 6F	97.3°F	98.6F	98.2'F	98.6F	98.5F
Res:	18b/m	20b/m	19b/m	19b/m	20b/mA	20b/m
SpO_2:	99%	96%	99%	98%	98%	98%
Pulse:	82b/m	80 b/m	88b/m	85b/m	86 b/mA	85 b/m
BP:	100/70mm	110/70mmHg	112/6[illegible]mm	120/59mmHg	99/62(78)	104/62mmHg
LOC:	Conscious	Conscious	Conscious	Conscious	conscious	Conscious
Fall Risk Score:	15	15	15	15	15	15
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	Nil	nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Normal diet	N diet	Normal diet	N. Diet	N. diet	
Critical Lab Test / Values:	—	Nil	-	nil	nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:	c/o POL		c/o Bleeding	Nil Bleeding	nil	Nil
Handed Over By Name :	K-Suhasini	Prathyusha	K Suhasini	Nagmani	Akasha	Roja
Signature / ID :	020477	020533	020477	020014	606602	[illegible]
Date:	8/6/26	9/6/26	9/6/26	9/6/26	9/6/26	10/6/26
Time:	8pm	@ 8Am	11AM	@ 2pm	@ pm	@ 8Am
Taken Over By Name :	Prathyusha	K-Suhasini	Nagmani	Akasha	Roja	Akanksha
Signature / ID :	020533	020477	020014	606602	[illegible]	606602
Date:	8/6/26	9/6/26	9/6/26	9/6/26	9/6/26	10/6/26
Time:	@8pm	8Am	@ 11Am	@ 2pm	@ 8pm	@ 8am

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
9-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: G3P1L1A1 with 37+6 weeks c̄ oligohydramnios c̄ Anaemia for Induction of Labour.	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil	
Surgery / Procedure: NVD.	Post OP Day: PND - 1	

BACKGROUND	Date / Shift	10/6/26 M.					
	Medical Condition (Any special condition to be noted):	Anaemia					
	Diet:	N diet.					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0°F					
	Res:	19b/m					
	SpO_2:	99%					
	Pulse:	72bm					
	BP:	110/69(80)					
	LOC:	conscious					
	Fall Risk Score:	0					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	N diet					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		D/c					
Handed Over By Name :		A.kaushal.					
Signature / ID :		10/6/26					
Date:		@9a					
Time:		file					
Taken Over By Name :		Sendhiya					
Signature / ID :		Bi Ving					
Date:							
Time:							

noted by Akanksha 10/6/26

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 8/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6 pm	FHR	6 pm	FHR monitoring	FHR 152bpm	FHR good	[signature] 8/6/26 6pm
Night	10pm	maintain fluid Balance	10pm	Encourage to take oral fluids	To prevent dehydrated	patient was dehydrated	Prathyusha @10pm 8/6/26
	6Am	monitored vitals	6am	Checked vitals	Vitals are normal	patient was stable	Prathyusha @6Am 9/6/26

MV-00012838 IP-00060276
rs PRIYANKA ATHREYA
-11-1993 32 Y 6 M 21 D (F)
. BHAVANA K

NURSING CARE RECORD

Date: 9/6/26

Goals

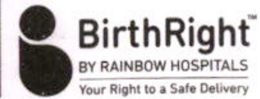
- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify........
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	maintain fluid Balance	8 Am	encourage to take more oral liquid	prevent dehydration	patient well hydrated	9/6/26 10am
	11 Am	Ensure Safety	11 Am	Side rails kept up	Prevent from falls	patient is stable	9/6/26 Nagas
Afternoon	4 Pm	maintain good nutritional status	4:10 pm	To maintain good nutritional diet	oral intake is good	Patient is stable	9/6/26
Night	10 Pm	+ Relieve Pains Discomfort + Ensure Safety	10:30 pm	+ Analgesics given as per doctor order + provided side rails	+ To reduce pain + prevent from falls risk	+ Re-assessment was done every 4th hourly vital monitor	Rajya 9/6/26 @8Am

Docu. No: RCH /FRM / CLINICAL / 148

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

NURSING CARE RECORD



Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge notes Doctor came for Rounds & Advice Discharge.			Akesha 10/6/26 @9am
Afternoon				Noted by Akesha 10/6/26 @9am			
Night							

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Date: ....

Goals

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

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

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs PRIYANKA ATHREYA**	**Age :**	**32 Y 6 M 20 D**
IP No:	**IP-00060276**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 222**

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 ...rance 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.
...ave received attendant passes as per my room category. I understand that I have to return it back at the time of final bill ...rance. 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: Abhishek

Relationship: Spouse

Date: 08 Jun 26

Time: 1820

Wittness Name: [illegible]

Wittness Signature:

Patient Address:
FLAT NO-14-03-I RAHEJA TOWERS
Nacharam Hyderabad Telangana
INDIA 500076

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Induction of Labor Consent

Name: MRS PRIYANKA ATHREYA
Date of Birth: 19/11/1993
ANC No: 10551/V/26

Consulatant: DR BHAVANA K
Registration Number: KMV-0002838

You are scheduled for an induction of labor on 08/06/26 (date) at 37+6 (weeks of gestation).

The reason for your induction is TERM GESTATION

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

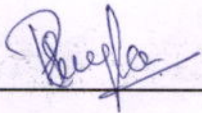
Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother of fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

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

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

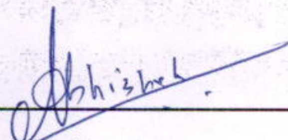
I have read the information provided and also discussed the process with my doctor.

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



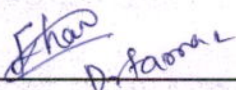
Parents Signature

Date: 08/06/26



Husband's Signature

Date: 08/06/26



Doctor's Signature

Date: 08/06/26.

Ref. No. : F / LR / CON / VB / 18

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS PRIYANKA ATHREYA Age : 32 Y Gender : ☐ M ☒ F

UHID / IP No. : KMV-00012838/ Date : 08/06/26 Time : 6:00 PM

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

Name of the Doctor performing the procedure : DR BHAVANA K

Consentee :

Signature : [signature]

Name : PRIYANKA ATHREYA

Date & Time : 08/06/26 6:30 PM

Patient Attendant :

Signature : [signature]

Name : Abhishek A Sarvhor

Relationship with Patient: Spouse

Date & Time : 08/06/26, 18.33 hrs

Witness:

Signature :

Name :

Date & Time : 08/06/26 6:30 PM

Doctor :

Signature : [signature]

Name : Dr Farraz

Date & Time : 08/06/26 6:30 pm

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

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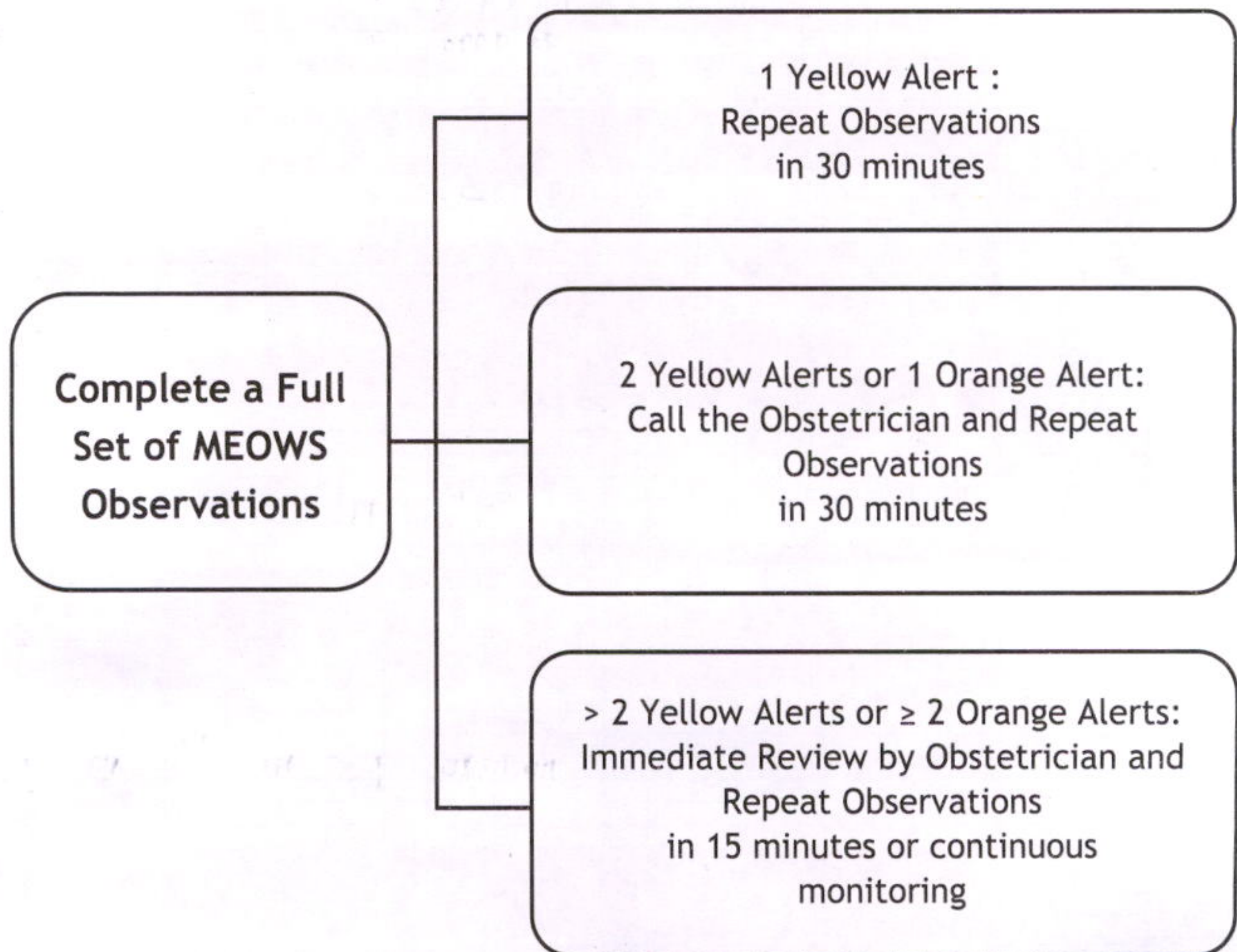
(1)

Early warning Observation Score Chart - Obstetrics

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

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											19	19	19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %											99	99	99		99		99		99		98		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36											36.7	36	36.7		36°C		37°C		36.8°C		37°		37°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80											80	83	84				80		81				80	
	70															79						73			
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																			120					
	120											110	113	110				115				112		114	
	110															108									
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80											70													
	70												74	73				71		75		70		74	
	60															68									
	50																								
	40																								
NEURO RESPONSE [✓]	Alert											✓	✓	✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓	✓	✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											NA	NA	NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink											NA	NA	NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES												0	0	0		0		0		0		0		0	
TOTAL ORANGE SCORES												0	0	0		0		0		0		0		0	
Nurse Initial												[illegible]	[illegible]	[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

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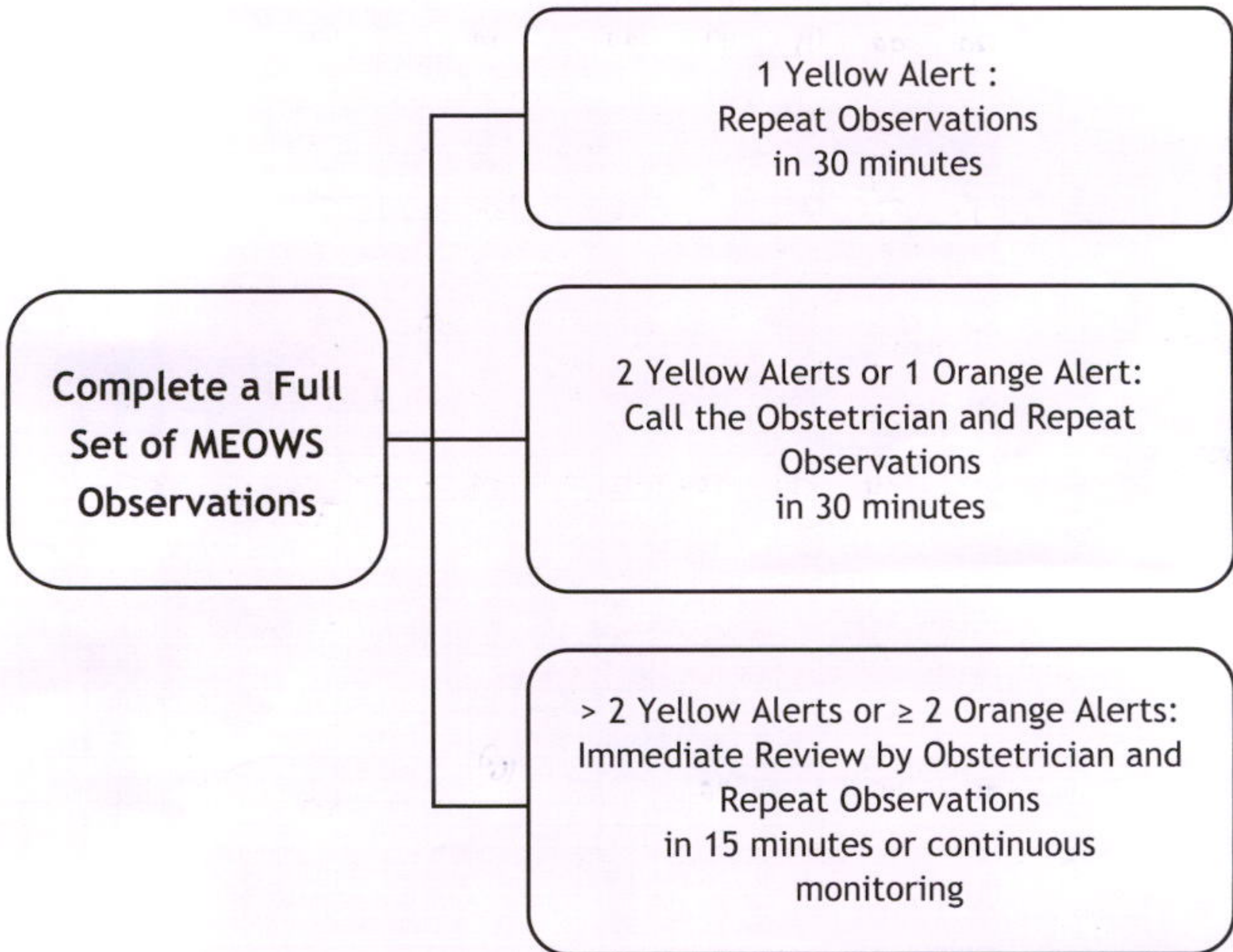
Early Warning Observation Score Chart - Obstetrics

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

9/6/26.	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	19		19		19		19		19			19				19				19				19
	0 - 10																								
Saturations	94 - 100 %	99		99		98		99		99			99				99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37							37c																	
	36	36		36.4		36c				36			36				36°C				36c				36c
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82		84		82		86		97			84								85				
	70																75								79
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120												109												
	110	110		110				116																	111
	100																107				109				
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		72				75					61				69				70				66
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓				✓		✓			✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓				✓		✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA				NA		NA			NA				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA				NA		NA			NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0				0		0			0				0				0				0
TOTAL ORANGE SCORES		0		0				0		0			0								0				0
Nurse Initial		[illegible]		[illegible]				[illegible]		[illegible]			[illegible]				[illegible]				[illegible]				[illegible]



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

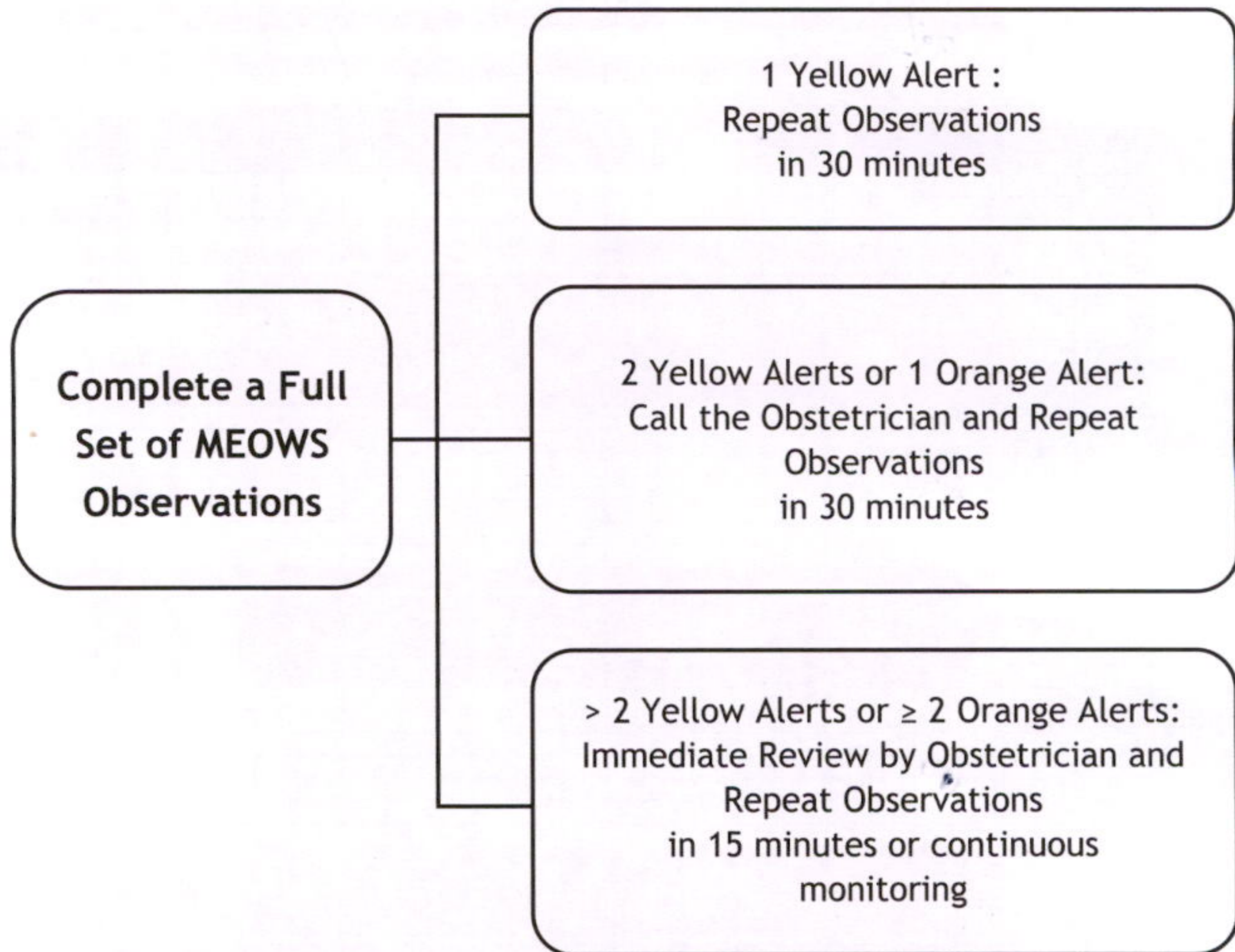
KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

Early Warning Observation Score Chart - Obstetrics

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

	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
10/6/26	Date																								
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19																						
	0 - 10																								
Saturations	94 - 100 %		99%																						
	< 94 %																								
Administered 0_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36°c																						
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		85																						
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		110																						
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		69																						
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓																						
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓																						
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		NA																						
	Heavy / Foul																								
Liquor	Clear / Pink		NA																						
	Green																								
TOTAL YELLOW SCORES			0																						
TOTAL ORANGE SCORES			0																						
Nurse Initial			[illegible]																						

Obstetrics and Gynaecology Early Warning Signs



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

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : (C)

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Nil										
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
8/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	H2O 50ml + RL 500ml								✓	0	8 8/6/26 7PM
	07:00 pm	H2O 100ml									0	
Total Intake : 650 ml						**Total Output :** Passed						
8/6/26	08:00 pm	H_2O	50 ml								0	
	09:00 pm	H_2O	100ml							✓	0	
	10:00 pm	H_2O	100ml								0	Prathusha
	11:00 pm	H_2O	50ml								0	@ 1Am
	12:00 am	H_2O	50ml							✓	0	9/6/26
	01:00 am	H_2O	50ml								0	
Total Intake : 400ml						**Total Output :** Passed						
	02:00 am									✓	0	
	03:00 am	H_2O	100ml								0	
	04:00 am										0	Prathyusha
	05:00 am	H_2O	100ml								0	@ 7Am
	06:00 am	H_2O	50ml							✓	0	9/6/26
	07:00 am	H_2O	100ml								0	
Total Intake : 350 ml						**Total Output :** Passed						

Total 24 hrs. Intake	1400ml

Total 24 hrs. Output	Passed

FHR monitoring chart

Date	Time	FHR
8/6/26	6pm	152 b/m
	7pm	142 b/m
	8pm	134 b/m
	9pm	145 b/mt
	10pm	138 b/mt
	11pm	142 b/mt
9/6/26	12Am	135 b/mt
	1Am	140 b/mt
	2Am	139 b/mt
	3Am	132 b/mt Contractions
	4Am	141 b/mt
	5Am	136 b/m
	6Am	138 b/mt (irritable)
	7Am	130 b/mt
	~~8Am~~	— delivery done @ 7:10Am
	~~9Am~~	—
	~~10Am~~	—

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
9/6/26	08:00 am	H_2O	50ml								0	8 9/6/26 10AM
	09:00 am	H_2O	100ml								0	
	10:00 am	H_2O	100ml							✓	0	
	11:00 am											
	12:00 pm		water								0	9/6/26 2pm
	01:00 pm											
Total Intake :						**Total Output :**						
9/6/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice							✓	0	9/6/26 7pm
	05:00 pm		water									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
10/6/26	08:00 pm											
	09:00 pm		Rice									Roja 10/6/26 2AM
	10:00 pm									✓		
	11:00 pm		H_2O									
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
10/6/26	02:00 am											
	03:00 am		H_2O							✓		Roja 10/6/26 8AM
	04:00 am											
	05:00 am		Dal									
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

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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.

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							
10/6/26	08:00 am											
	09:00 am		Pd Wt							✓		
	10:00 am		H20								0	Aleesha 10/6/26
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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BirthRight
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MEDICATION RECONCILIATION FORM

Drug Allergies: N/L ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: LW Shifted to: ~~Room~~ ~~[illegible]~~

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB IRON	1 TAB	PO	ONCE DAILY	07/06	☐ C ☑ DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY	07/06	☐ C ☑ DC
3	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY	07/06	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Athan

Date & Time : 08/06/26 - 6:00 PM.

Nurse Name & Signature: K. Suhasini

Date & Time : 8/6/26 6pm

Docu. No. : RCH /FRM / GENERAL / 090

MV-00012838 IP-00060276
rs PRIYANKA ATHREYA
9-11-1993 32 Y 6 M 21 D (F)
r. BHAVANA K

(2)

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: L/W Shifted to: Room (207)

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. CEFIXIME	200mg	PO	12TH HOURLY	9/6/26	☑ C ☐ DC
2	T. PARACETAMOL	1Gm	PO	8TH HOURLY	9/6/26	☑ C ☐ DC
3	T. DICLOFENAC	50mg	PO	8TH HOURLY	9/6/26	☑ C ☐ DC
4	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	9/6/26	☑ C ☐ DC
5	SYRUP LACTULOSE	15ml	PO	AT BED TIME	9/6/26	☑ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [signature] DR. YOGESHWARI

Date & Time : 9/6/2026 10:30 Am

Nurse Name & Signature: K. Suhasini [signature]

Date & Time : 9/6/26 10:30Am

Docu. No. : RCH /FRM / GENERAL / 090

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

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DRUG CHART

Date of Admission: 8/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight: 73kg Ward: L1W

DRUG: TAB CEFIXIME				Date ▸ Time	9/6	10/6
Dose	Route	Frequency	Start Date	8 Am		
200MG	PO	12TH HOURLY	9/6			
Name & Signature of the Doctor Starting the Drugs: Dr Farnaz				8 pm		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Dr Deepika

DRUG: TAB PARACETAMOL				Date ▸ Time	9/6/25	10/6
Dose	Route	Frequency	Start Date	9 Am	10 AM 8	AM
1GM	PO	8TH HOURLY	9/6			
Name & Signature of the Doctor Starting the Drugs: Dr Farnaz				9 pm		
Additional Instructions:				11 pm		
Daily Doctor's Endorsement by a Sign						

Dr Deepika

DRUG: TAB DICLOFENAC				Date ▸ Time		
Dose	Route	Frequency	Start Date			
50MG	PO	8TH HOURLY	9/6		HOLD	
Name & Signature of the Doctor Starting the Drugs: Dr Farnaz						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: TAB PANTOPRAZOLE				Date ▸ Time	10/6	
Dose	Route	Frequency	Start Date	6 Am		
40MG	PO	ONCE DAILY	9/6			
Name & Signature of the Doctor Starting the Drugs: Dr Farnaz						
Additional Instructions: ON EMPTY STOMACH						
Daily Doctor's Endorsement by a Sign						

Dr Deepika

Rainbow Children's Hospital

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

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

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	L1W	22kg

REGULAR PRESCRIPTIONS

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	ONCE DAILY	9/6

Name & Signature of the Doctor starting the Drugs: Dr Farnaz

Additional Instructions: AT BEDTIME.

Daily Doctor's Endorsement by a Sign. Dr Dobla

Date	9/6
Time	
10 pm	(signed)

DRUG : TAB DICLOFENAC

Dose	Route	Frequency	Start Dt.
50 MG	PO	8TH HOURLY	9/6

Name & Signature of the Doctor starting the Drugs: Dr Farnaz.

Additional Instructions:

Daily Doctor's Endorsement by a Sign. Dr Dobla

Date	9/6	10/6
Time		
6 AM	/	(signed)
2 PM	/	
10 PM	(signed)	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

CIN : U85110 TG1998 PTC029914

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KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

Weight 73. Ward L lw

VARIABLE DOSE	Date► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LA / Start Date: 9/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr Jameer		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 : BETADINE OINTMENT & LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LA / Start Date: 9/6		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: Dr Jamer		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
8/6	7:35 pm	TAB MISOPROSTOL	25 MCG	PV	[signature]	[signature]
9/6		TAB MISOPROSTOL	25 MCG	PV		HOLD
9/6	6:15 AM.	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	[signature]	[signature]
9/6	6:10 AM	ENEMA (PROCTOLYSIS)	100 ML	PR	[signature]	[signature]
9/6	7:10 AM	INJ OXYTOCIN	10 UNITS	IM	[signature]	[signature]
9/6	7:35 AM	TAB MISOPROSTOL	600 MCG	PR	[signature]	[signature]
9/6	7:35 AM	SUPPOSITORY DICLOFENAC	100 MG	PR	[signature]	[signature]

9/6/26 8AM

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

KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 20 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 73 kg Ward. L/W

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
8/6	6pm	RINGER LACTATE	IV	FF	[signature]	[signature] [signature]	8/6/26	[signature]	[signature] [signature]
9/6	6:55 Am	INJ OXTOCIN 5UNITS IN 500ML RINGER LACTATE	IV	5ML/HOUR	[signature]	[signature] [signature]	9/6	[signature]	[signature] [signature]
9/6	6:50 Am	RINGER LACTATE	IV	FF	[signature]	[signature] [signature]	9/6	[signature]	[signature] [signature]
9/6	7:10 AM	INJ OXYTOCIN 15 UNITS IN 500ML RINGER LACTATE	IV	FF	[signature]	[signature] [signature]	9/6	[signature]	[signature] [signature]

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 9/6/26 Time: 9.Am

Origin: Indian Height: 159 Weight: 73.8kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: nill

Diagnosis: G3P1A1L1 with 37+6 weeks with oligohyd. with Anemia 2 01

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic

☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

✓ Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's
Signature: Abhishek
Name: Abhishek
Date & Time: 9/6/26 9Am

Dietician's
Signature: [signature]
Name: Udayvalli
Date & Time: 9/6/26 9Am

DIETARY NOTES

Date	Time	Notes	Sign
10/6/24	9Am	Septdrd- [illegible] diet	[illegible]

Ref. No. F/LAC/01

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Breastfeeding Handover & Assessment Form

Patient's Name: KMV-00012838 IP-00060276
Mrs PRIYANKA ATHREYA
19-11-1993 32 Y 6 M 21 D (F)
Dr. BHAVANA K

Date: 9/6/26

IP No.:

1. Breastfeeding initiated?
   - ✓ a. Yes
   - b. No

2. If No, Reason ____________________

3. Nipple condition:
   - ✓ a. Nipple well formed
   - b. Flat Nipple
   - c. Inverted nipple
   - d. Short nipple

4. Milk flow:
   - ✓ a. Good
   - b. Drops of colostrums
   - c. Dry

5. Steps for Positioning and attachment:
   - ✓ a. Baby goes to the breast
   - ✓ b. Mother always sis with a back support
   - ✓ c. Ear-shoulder-hip should be in a straight line
   - ✓ d. The baby takes a latch on the areola and not on the nipple

Feeding Position:
Cross-Cradle

Feeding Position:
Football / Clutch

6. Was the position explained:
   a. Yes ✓   b. No

7. For Caesarian mothers:
   a. Mother is required sit and feed from the 4th feed ✓
   b. Please explain football hold

8. NICU admission: NO
   a. Mother needs to simulate her breast for 2 min every 2 hours

Handover given by K. Sukasini   **Handover taken by** Raja

9. Additional notes:

____

Continuity of Care:

Care Plan:	Date:	Care Plan:	Date:
Care Plan:	**Date:**	**Care Plan:**	**Date:**