

VIH-00120625 IP-00060445
Mrs PANJALA MOULIKA
29-06-1995 30 Y 11 M 24 D (F)
Dr. BHAVANA K

ACT LING


Name: 

UHID No : ----- IP No : ----- Consultant : ----- Dept: Labour ward

Date of Admission : 22/6/26 Time : 9 pm Date of Discharge : ----- Time: -----

Room / Bed No : (2) Ward : 1/W Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	6:20 pm	1/W	Room (201)	

Cross Consultation Visit

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



SURGERY DETAILS

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 25 D (F)
 Dr. BHAVANA K



Sl.No.

Date : 23/6/26

Patient Name

Age : 30Y Sex: F

UHID No.

: 120625 IP No: 60445

Date of Surgery

: 23/6/26 OT: OT 1 OT 2 OT 3

Name of the Surgery

: Normal Delivery

Time in :

1AM

Time Out :

2AM

NAME

AMOUNT

1. Surgeon

: DR. Bhavana.k

2. Anaesthetist

:

3. Asst. Surgeon

:

4. OT Technician

:

5. Circulating Nurse

: marga

6. Asst. Nurse

:

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. :

3093448

Ordered by :

Name	Mrs PANJALA MOULIKA	UHID	VIH-00120625
Father/Guardian	Mr PANJALA RAGHU	Age/Gender	30 Y 11 M 25 D/Female
Address	6-140/1 BIBI NAGAR POCHAMPALLY ROAD, Bibinagar, Nalgonda, Telangana, INDIA, 508126		
IP No	IP-00060445	Admission Date	22-06-2026
Ref Doctor	Self	Discharge Date	24-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2P1L1 with 39+2 weeks with Previous Preterm Normal Vaginal delivery ?Ventricular Septal Defect for Induction of labour.

SPONTANEOUS VAGINAL DELIVERY DONE ON 23.06.2026.

History:

LMP: 20.09.2025

Obstetric formula: G2P1L1

EDD: 27.06.2026

Gestation at admission: 39+2 weeks

Obstetric History:

G1 - Male/ 6yrs/ Preterm NVD at 32weeks/ PPRM/ 1.6kg/ NICU admission x 10days/ RCH VKP/ BF x 2years/ Hypothyroidism/ A&H/ uneventful.

G2 - Present pregnancy, Spontaneous conception.

Medical History: VSD at birth, took treatment (medical) for 5 years.

Family History: Nil

Name

Mrs PANJALA
MOULIKA

UHID

VIH-00120625

Surgical History: Lithotripsy in 2020

Allergies: Nil

Antenatal Details: Mrs PANJALA MOULIKA was booked to Rainbow hospital since conception. She was on Tab Ecospirin 150mg & stopped at 37weeks. H/o Urinary Tract Infection at 15 weeks & was managed conservatively, Urine c/s was Negative. She had regular antenatal checkups and investigations as advised. She was admitted at 39+2 weeks with Previous preterm NVD with ?VSD at birth for Induction of labour.

Investigations: Enclosed.

Blood group: 'AB' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long, posterior and os 2-3cm 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. At 3cm dilation NST was done which showed fetal tachycardia, RL free flow given, Left lateral position kept, Oxygen given, still tachycardia persisted, ARM done. Artificial rupture of membrane done at 3 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. She progressed to full dilatation at 1 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, 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.

Name

Mrs PANJALA
MOULIKA

UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 800 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 23.06.2026

Time of Delivery: 1:07Am

Type of Labour: Induced

Type of Delivery: Spontaneous

Baby Details:

Date: 23.06.2026

Time: 1:07 Am

Sex: Female

Weight: 2.793kg

Apgar: 8/10, 10/10

Gestational Age: 39+2 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 PANJALA
MOULIKA

UHID

VIH-00120625

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 29.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 29.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 29.06.2026 (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 29.06.2026 (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 28.06.2026 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 doctorin the language that I understand and I have understood the same.

Name	Mrs PANJALA MOULIKA	UHID
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Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.



Registrar/Resident/C.M.O

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060445

Admit Date : 22-Jun-2026

Admit Time : 08:29 PM UHID : VIH-00120625

Patient Details :

Patient Name : Mrs PANJALA MOULIKA

Age : 30 Y 11 M 24 D

Guardian : Mr PANJALA RAGHU

DOB : 29-06-1995

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Married

Address (H) : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD
Bibinagar Nalgonda Telangana INDIA 508126

Phone No : 8096481372

E-mail : moulikabairu312@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr PANJALA RAGHU

Relationship : W/O

Contact Address : 6-140/1 BIBI NAGAR POCHAMPALLY ROAD
Bibinagar Nalgonda Telangana INDIA 508126

Phone No : 8096481372 / 9505253322


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :


Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

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PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00120625 IP-00060445 Mrs PANJALA MOULIKA 29-08-1995 30 Y 11 M 24 D (F) Dr. BHAVANA K 		Date & Time of Admission 22/6/26 at: 8:29 PM	Date & Time of Transfer Order 23/6/26 @ 11:45 AM
		Transfer Ordered by Dr. Greeshma.	Reason for Transfer Observation
From Unit C1W	To Unit (201)	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films NST - (2)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab:- pan uony - (14)	Sterilizom - (1)	
2.	tab paracetamol - (13)	sup. nuphalac - (1)	
3.	tab:- Diclofenac - (9)	betadine - (1)	
4.	tab:- cefixime - (9)	Betadine lotion - (1)	
5.	Sisal - (1) unidpad - (1)		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sri Subhasini		Name of Person Ordered Transfer Dr. Greeshma.	
Patient & Clinical Records Received by : Padma Padma			
Date & Time of Patient Received :		23/6/26 @ 11:45 PM	

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

Unavailable Bed

Nurse not Available

Available Bed not ready

(1)

STATE OF TEXAS

County of _____

Witness my hand and seal of office this _____ day of _____ 19____.

Notary Public in and for the State of Texas

Notary Public

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/6/26 Time of Arrival: at: 8:40pm Time Seen by Nurse: at: 8:40pm

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.6F Pulse: 82bpm RR: 14bpm SpO₂: 99% BP: 120/80 Weight: 80.46kg

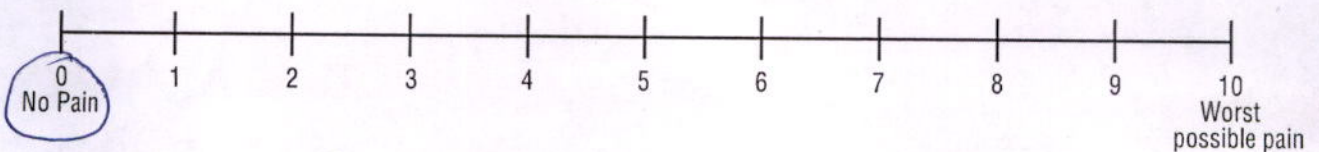
4) Gestational Criteria:

Gravida:	<u>G2</u>	P	<u>1</u>	L	<u>1</u>	A	<u>-</u>
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LMP: 20/9/25 EDD: 27/6/28 Gestational Age: 39+2 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Lithotripsy in 2020
- b) Medical: VSD at birth. Tx. treatment 5 years ago. surgery



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: *at 8:40 PM*

Nurse Name : *Pooja* Nurse Signature: *[Signature]*

Date: *22/01/20* Time: *9 PM*



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 22/06/25

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: cld abdominal tightness Doctor Notified on Admission: Yes No
back pain since 3 days Name of the Doctor: Dr. Geetha
 Time Notified: at 8:30 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>VSD w/ bish hok treatment for 5 year ex. 10 surgery</u>	<u>Lithotripsy in 2020</u>	-

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>120/1/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: Nil

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

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other _____

Vital Signs / Measurements: Temp: 98.8 F HR: 92 bpm RR: 12 bpm
 BP: 120/80 mmHg Weight: 80.66 Height: 1.56 BMI: 33.1 kg/cm²

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No 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. maulika

Name of Person Orientation was given to: mrs. maulika

Orientation not given Reason: -

Nurse Signature: [Signature]

Nurse Name: Pooja

Date & Time: 22/6/26 D: 8:00pm



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Abdominal tightness & back pain since 3 days

LMP: 20/9/25

EDD: 27/6/26

Corrected EDD: 27/6/26

GA: 39+2 weeks

Obstetric Formula: G2P1L1

MC - 7 yrs NCM

Menstrual History: Regular: Yes No

Obstetric History:

G1 - Molar Cyst / Pterium NVD / PPRM / @ 32 wks

Obstetric Examination

Fundal Height: 1.6 kg / NICU admission / RCH VKP / BFX 2 years / Hypothyroid

G2 - PP, Spontaneous Conception

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Booked to RCH

Liquor: Adequate Oligo Poly

since conception. She was on T. ECOSPRIN 150mg OD since 12 weeks & stopped at 37 weeks. Ty. IT two doses

PP: Cephalic Breech Others

Head Fifts Palpable:

RISK FACTORS: taken. Influenza vaccine

FHS: Normal Tachy Brady Absent

at 17+3 weeks. H/o UTI at 15 weeks & was managed conservatively, Urine was Negative.

⊕ 152 bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

- Previous NVD
 - SGA baby → Normal

Vaginal Examination

Cervix: Long Partially effaced Effaced

Posterior

Os: Closed Dilated 2-3 cm

Height: 156 cm

Weight: 80.46 kg

Allergies: NIL

Membranes: Present Absent

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination:

Presenting Part: Vertex Breech Others

Consciousness: A&C

Pallor: ⊖

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

Icterus: ⊖

Edema: ⊖

Pelvis: Adequate Doubtful

Temp: Afebrile

PR: 98 bpm

BP: 123/87 mmHg

DTR: ⊕

CVS: S1 S2 ⊕

RS BAE ⊕

Liver/Spleen: ⊖

Urine Output: Adequate

DIAGNOSIS

G2P1L1 with 39+2 weeks with Previous NVD with 3 vSD at birth for Induction of labour

<p>Family History: Nil</p>	<p>Surgical History: - Lithotripsy in 2020.</p>
<p>Medical History: VSD at birth, Took treatment for 5 years. (No surgery)</p>	<p>Medication History: Allergies - Nil</p>
<p>Plan of Care: <u>CS to Dr. Bhavana Mann</u></p> <ul style="list-style-type: none"> - Admission - Normal diet - Consent - Parts preparation - FHR monitoring - NST 4m hly - Monitor vitals - Follow drug chart - T-MISO PROSTOL 25mg PV 4m hly - Inform SOs <p>Noted by profa 22/6/26 at 9pm</p>	<p>Investigations: BLOOD GROUP - 'AB' POSITIVE</p> <p>HIV } HbAg } HCV } NR VDRL } CBP - 13.1 / 7700 / 2.96L FBS - 67 PLBS - 102 TdL Bile acid - 15 LFT: ALP (↑) - 244 Albumin (↓) - 3.3</p> <p>AFI Doppler (16/6/26) ILIUF 38+3 wks Cephalic PI - Ant, High AFI - 18.7cm Doppler - (N)</p> <p>GROWTH scan (16/6/26) ILIUF, 36+2 wks Cephalic PI - Ant, High AFI - 18cm AC - 22.7 CW - 2615 gm Doppler - (N)</p> <p>TIFFA scan (13/2/26) ILIUF 20+6 wks CL - 40mm No anomalies</p> <p>NT scan (17/12/25) ILIUF 12+4 wks NT - 1.7mm Nasal bone (+) CL - 32mm</p> <p>FTS - low risk Fetal 2D Echo - (N)</p> <p>Uq Ab + Rh (at 4hrs) Mother - Small hepatic hemangioma</p>

Dr. Bhavana Kastu
 Reg. No: 54774

Doctor Name: Dr. Geethamma
 Signature: [Signature]
 Date & Time: 22/6/26, 8:30 AM

Consultant Name: Dr. BHAVANA K.
 Signature: [Signature]
 Date & Time: 22/6/26, 8:30 AM

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 24 D (F)
 Dr. BHAVANA K

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

BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9pm	O/E pt alert a/c fair a/poie BP-115/68 mmg PR-82 bpm KENAD	<u>Adv</u> - Soft diet - NST 4th hly - ambulation - birthing ball - monitor
T vitals & smg kept at 9pm	PIA ut rta cephalic FHR ⊕ 140 bpm relaxed PL - cx long OS - 2-3cm M ⊕ / PPUX-31	- vitals - follow drug chart - WIF POL - inform SOS
At Dr. Ashwin		
Noted by 22/6/26 2.9pm		
22/6/26 10:46 pm	Clt to Dr. Bhavana mam NST done	↓ fetal tachycardia
	↓ PL ff flow given left lateral given oxygen given	↓ fetal tachycardia
Noted by 22/6/26 10:46pm	↓ fetal tachycardia ↓ AEM done	At Dr. Ashwin



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 10:45 PM	<p>ARM done liq + clear PU - Cervix - long OS - 4 cm m ⊕ liq ⊕ PPRX - 21</p>	<p>Adv - wife spent alone progress of labour Adv. Ashwini</p>
22/6/26 11:45 PM	<p>O/E Rt As clc Gc - fair Afebrile BP - 118/78 mmHg PR - 80 bpm HE - NAD P/A - Uterus TG Cephalic 3c/30cc/10min FHR ⊕ 140 bpm V/E - Cx - SOB - effused OS - 5 cm m ⊕ liq ⊕ PPRX 1 - 21</p>	<p>Adv - WIFE POE - FHR monitoring continuous - Clear liquids - Monitor vitals - Follow drug chart - Infirm ties</p> <p>Dr. Ashwini</p>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 12:45 AM	O/C A to C/C Vitals stable P/A - UT w TG Cephalic	<p>ABV</p> <ul style="list-style-type: none"> - W/F POL - Continuous FHR monitoring - Monitor vitals - Follow drug chart - Refer to S
<p>Noted by Prof A at 12:45 AM</p> <p style="text-align: right;">Dr. Bhavana K</p>		
23/6/26 1 AM	<p>P/A - UT w TG Cephalic 40/35 xcl/low in FHR ⊕ 152 bpm V/E - Cx - fully effaced Os - fully dilated M ⊕, U ⊕ PPV x1 - 1 → 0</p>	<p>ABV</p> <ul style="list-style-type: none"> - W/F POL - Continuous FHR monitoring - Monitor vitals - Follow drug chart - Refer to S
<p>Noted by Prof A at 7 AM 23/6/26</p> <p style="text-align: right;">Dr. Bhavana K</p>		

VIH-00120625

Mrs PANJALA MOULIKA

29-06-1995

30 Y 11 M 24 D (F)

Dr. BHAVANA K

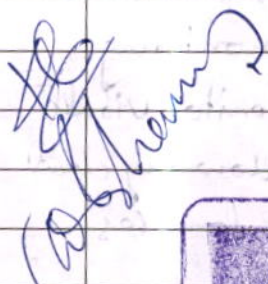
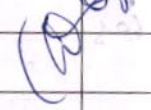


IP-00060445

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order						
23/6/26 1:30-AM	<p style="text-align: center;"><u>Delivery Notes</u></p> <p>Under strict aseptic conditions, Patient placed in lithotomy position, parts painted & draped.</p> <p>At the time of crowning, at peak of contraction, RMCE given under 2% lignocaine.</p> <p>A Female baby of weight 2.793 kg of APGAR 8/10, 10/10 delivered at 1:07 AM on 23/06/26.</p> <p>Baby cried immediately, cord clamped and cut.</p> <p>Baby handed over to Pediatrician.</p> <p>Placenta & membranes expelled.</p> <p>Epicriotomy sutured in layers. No Perineal tears or extensions noted. Hemostasis secured.</p> <p>PR done NAD.</p>	<p>Dr. Bhavana K.</p> <p>Dr. Ashwini</p> <p>Dr. Geesha</p> <p>(Sis Mangal) Sis Poorna</p>						
	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Female</td> <td>2.793 kg</td> </tr> <tr> <td>1:07 AM</td> <td>23/6/26</td> </tr> <tr> <td></td> <td>8/10, 10/10</td> </tr> </table>	Female	2.793 kg	1:07 AM	23/6/26		8/10, 10/10	
Female	2.793 kg							
1:07 AM	23/6/26							
	8/10, 10/10							
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Dr. Bhavana Kasu</p> <p>Reg. No: 54774</p> </div>							
		<p style="text-align: right;"><i>Dr. Geesha</i></p>						



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	PND-0	
1:30 AM	O/E PT is c/c/c GC-fair Afebrile BP- 118/81 mmHg PR- 76 bpm S/E-NAD P/A- Ut w/WR Soft BS (+) L/E-NAB, Baby $\left\{ \begin{matrix} A \\ H \end{matrix} \right.$ BF (+)	Adv - Soft diet - W/F Bleedng PV - Monitor vitals - Follow drug chart - Inform SOC
Urine Passed		
	noted by pod/9 1:30 AM 23/6/26	Adv Dr. Ganesha
23/6/26	PND-0	
5:30 AM	O/E PT is c/c/c GC-fair Afebrile BP- 112/99 mmHg PR- 81 bpm S/E-NAD P/A- Ut w/WR Soft BS (+) L/E-NAB Baby $\left\{ \begin{matrix} A \\ H \end{matrix} \right.$ BF (+)	Adv - Normal diet - W/F Bleedng PV - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOC
Urine Passed		
Motion Not Passed		
	noted by Remy 23/6/26 5:30 AM	Adv Dr. Ganesha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 9:30 AM	<u>PND-0</u> Pt is c/c/c c/c faiz Afebrile BP - 118/76 mmHg PR - sub bpm S/E - NAD P/A - ut ~ wk soft UE - NO active bleeding	Adv - (N) diet - Ambulation - Hydration - w/f PV bleeding - follow drug chart - monitor vitals - Inform SOS
urine passed shift to room		
Noted by Subashini 9:30 AM 23/6/26	Baby ^A - BF ⊕ _m	<u>Phan</u> Dr. farman
23/6/2026 2:15 PM	<u>PND-0</u> Pt is c/c/c G/c - faiz Afebrile BP - 111/70 mmHg PR - 79 bpm S/E - NAD P/A - ut ~ w/r soft UE - NAB Baby ^A - BF ⊕ _m	Adv: - (N) diet - Adeq Hydration - Ambulation - w/f bleeding pu - monitor vitals - Follow drug chart - Inform SOS
urine passed		
	Noted by Deepika 23/6/26 @ 2:15 PM	<u>Phan</u> Dr. farman Dr. Nikhita

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 25 D (F)
 Dr. BHAVANA K



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2026	PND - 0	
9 PM.	pt is c/c/c	
	C/C - Fair	ADU
	afebrile	- (N) Diet
Urine passed	BP - 100/70 mmHg	- Ambulation
Motion passed	PR - 86 bpm	W/F Bleeding PV
	S/E - NAD.	Follow drug chart
	PIA - ut-wr	monitor vitals
	Soft	Informs
	Baby (A B E) ms	
N/A by del 23/6/26		Call announcements.
24/6/2026	PND - 1	
7:30 AM.	DIT	
	Pt is c/c/w Fair	ADU
	Afebrile	(N) Diet
U-P	BP - 108/73 mmHg.	Ambulation
M-P	PR - 88 bpm.	W/F Bleeding PV
pt. can be discharged	S/E - NAD	Follow drug chart
	PIA - ut-wr	monitor vitals
	Soft	Informs
	Baby (A B E) ms	
		Dr. Nikhita
N/A by del 24/6/26		

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-08-1995 30 Y 11 M 24 D (F)
 Dr. BHAVANA K



(1)

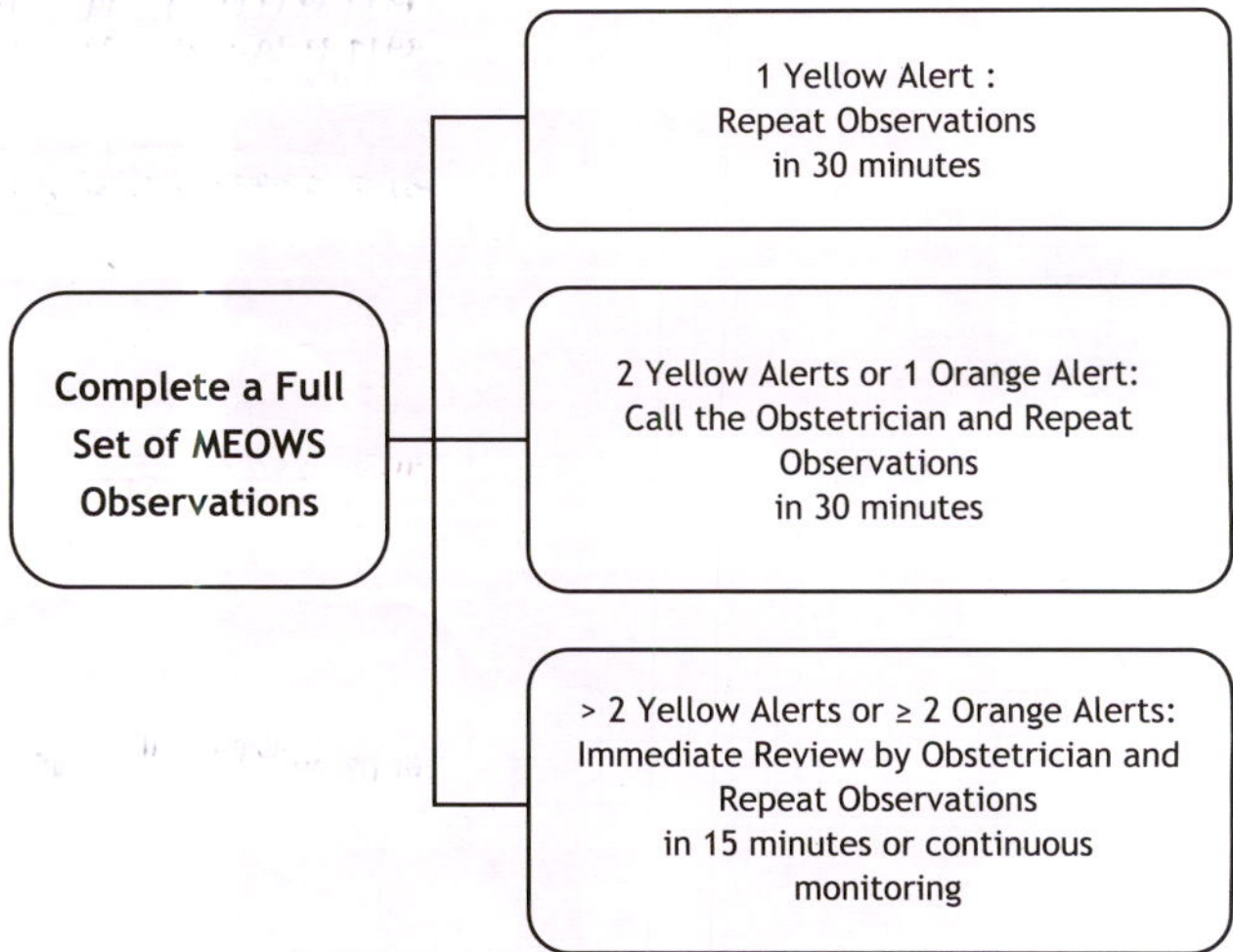


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



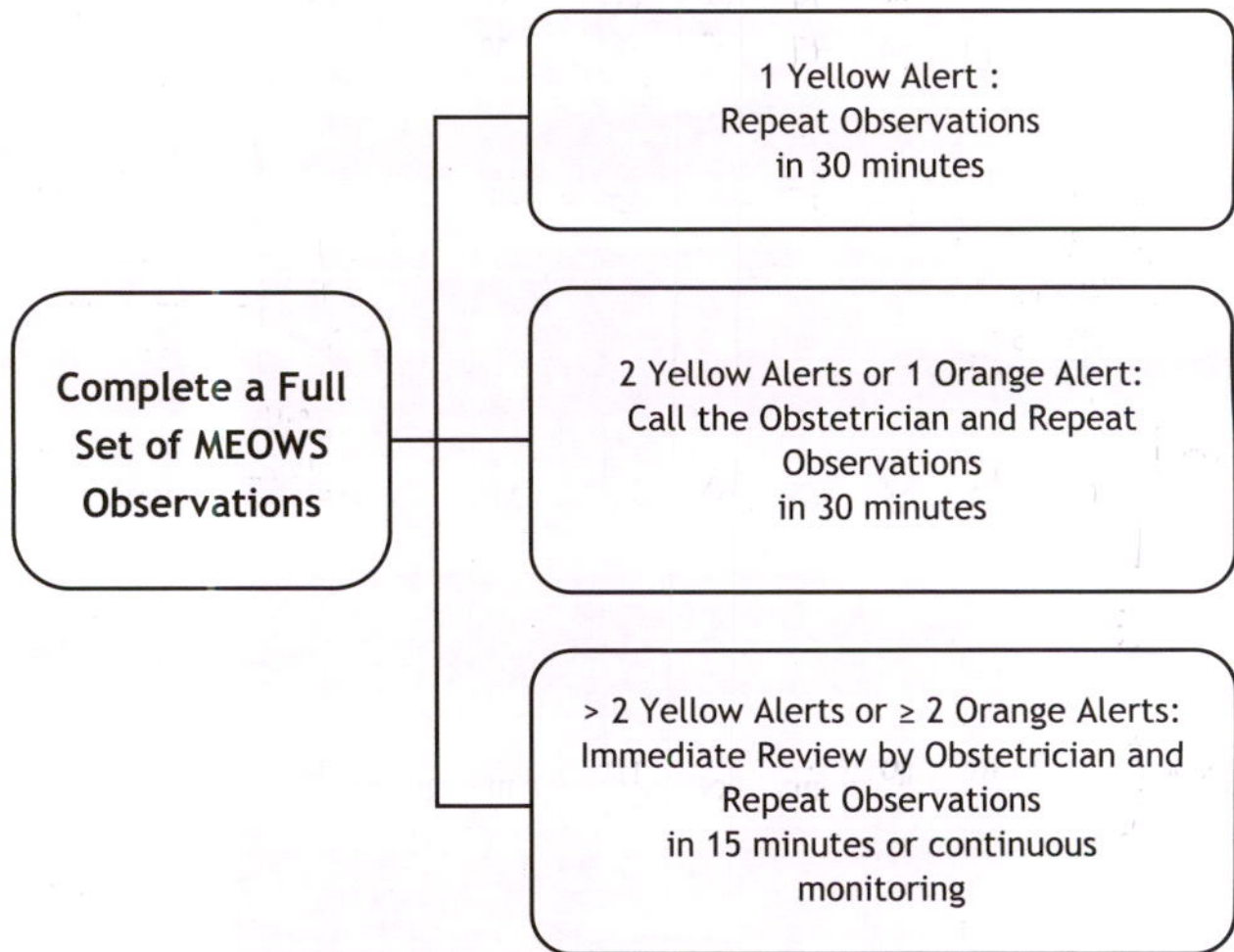
2

Early Warning Observation Score Chart - Obstetrics

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

93/6hb		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																										
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37.0	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90	80	80	83	79	71	81	70	78	72																	
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	112	110	110	111	120	112	110	114	108																	
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80	70	70	72	70	77	72	66	70	73																	
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	KL	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00120825 IP-00080445
 Mrs PANJALA MOULIKA
 29-08-1995 30 Y 11 M 25 D (F)
 Dr. BHAVANA K



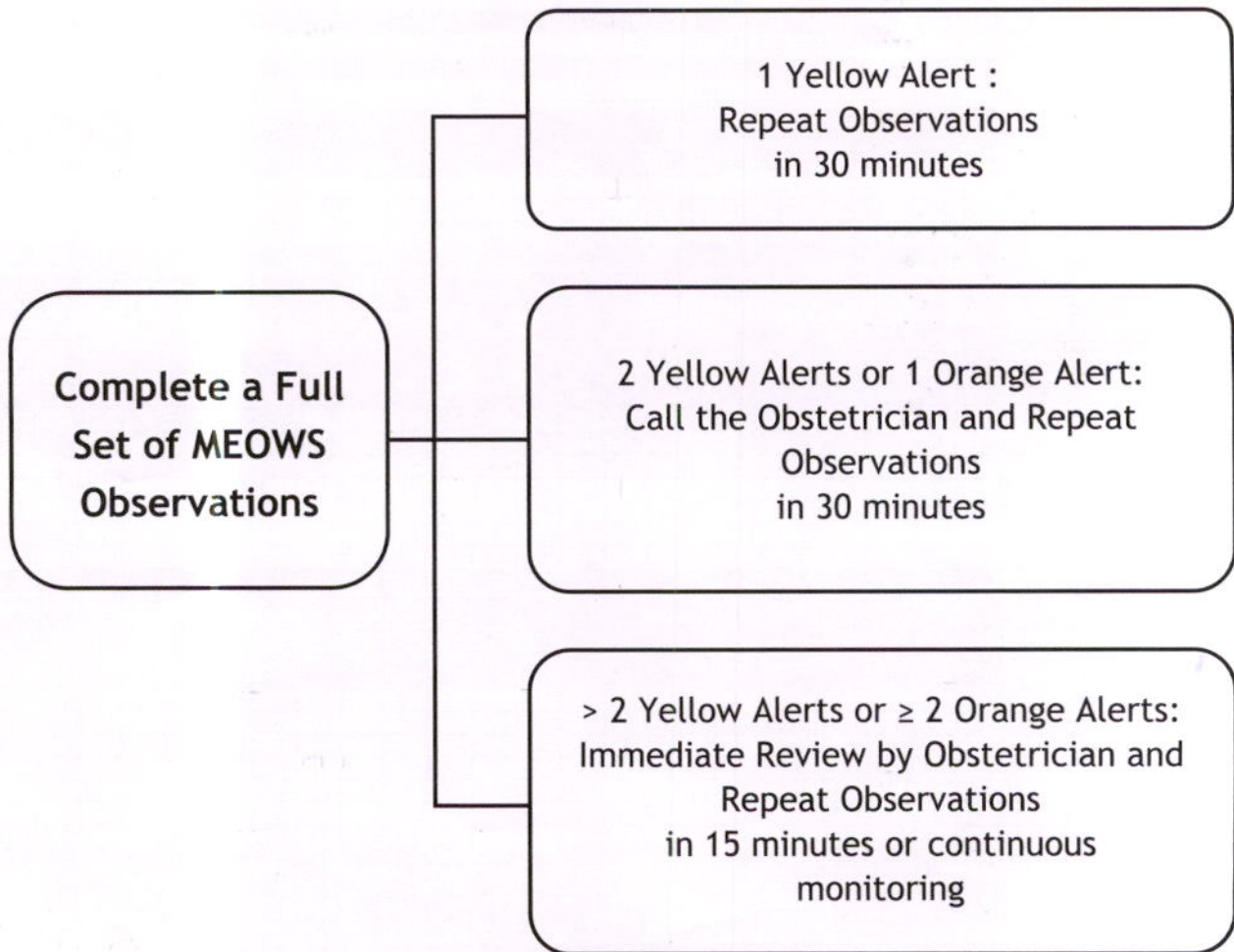
Early Warning Observation Score Chart - Obstetrics

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

		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																						
	0 - 10																									
Saturations	94 - 100 %			99%																						
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp ^o C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			no																						
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			40																						
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				D																						

Noted by Deepika
24/6/26 @ 10AM

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	H ₂ O 100ml IV							200ml			
	10:00 pm	H ₂ O 100ml IV							100ml			
	11:00 pm	RL 500ml FF IV							100ml			
	12:00 am	R 130ml FF 100ml							300ml			
	01:00 am	H ₂ O 100ml							200ml			
Total Intake :						Total Output :						
	02:00 am	PCM IV 200ml 100ml										
	03:00 am	H ₂ O 100ml										
	04:00 am	H ₂ O 100ml										
	05:00 am	H ₂ O 100ml										
	06:00 am	H ₂ O 100ml										
	07:00 am	H ₂ O 100ml										
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 24 D (F)
 Dr. BHAYANA K



FLUID CHART

Sheet No. : (2)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
23/6/26	08:00 am	H ₂ O	100ml							✓	0	23/6/26 12pm
	09:00 am	H ₂ O	100ml								0	
	10:00 am	H ₂ O	100ml								0	
	11:00 am	H ₂ O	50ml								0	
	12:00 pm	H ₂ O	50ml							✓	0	
	01:00 pm											
Total Intake :						Total Output :						
23/6/26	02:00 pm											23/6/26 6pm
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		H ₂ O								✓	
Total Intake :						Total Output :						
23/6	08:00 pm											23/6/26 8pm
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
24/6	02:00 am											24/6/26 8pm
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 24 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
24/6/21	08:00 am											Deepika 24/6/20 @ 2pm	
	09:00 am	Jelly											
	10:00 am	+ H ₂ O					✓						
	11:00 am												
	12:00 pm									✓			
	01:00 pm	H ₂ O											
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

VIH-00120625 IP-00060445
 Mrs PANJALA MOULIKA
 29-06-1995 30 Y 11 M 24 D (F)
 Dr. BHAVANA K




FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: BB-2

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1TAB	PO	ONCE DAILY	22/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1TAB	PO	ONCE DAILY	22/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. FOLIC ACID	1TAB	PO	ONCE DAILY	22/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Geetha

Date & Time: 22/6/26, 8:10 PM

Nurse Name & Signature: Manga Devi

Date & Time: 22/6/26 @ 8:10 PM



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: ICU Shifted to: Room 201

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- CEFIXIME	200MG	PO	12th hly	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T- PARACETAMOL	1GM	PO	8M hly	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T- DICLOFENAC	50MG	PO	8M hly	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T- PANTOPRAZOLE	40MG	PO	ONCE DAILY	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYRUP DUPHALAC	15ML	PO	AFT BED TIME	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	BETADINE LOTION	1	LOCAL	.	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	BETADINE OINTMENT	1	LOCAL	.	23/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Geetha

Date & Time: 23/6/26, 10:30 AM

Nurse Name & Signature: poofa

Date & Time: 23/6/26 at 2:14 PM



DRUG CHART

Date of Admission: 22/6/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 80.46 kg Ward. 111



S. macy tomale
23/6/26

DRUG : T. CEFIXIME				Date Time	23/6/2016
Dose	Route	Frequency	Start Date		
200MG	PO	12th hily	23/6	10 AM	10 PM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. macy tomale
23/6/26

DRUG : T. PARACETAMOL				Date Time	23/6/2016
Dose	Route	Frequency	Start Date		
1 GM	PO	8th hily	23/6	6 AM	2 PM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. macy tomale
23/6/26

DRUG : T. DICLOFENAC				Date Time	23/6/2016
Dose	Route	Frequency	Start Date		
50 mg	PO	8th hily	23/6	7 AM	3 PM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

S. macy tomale
23/6/26

DRUG : T. PANTOPRABOLE				Date Time	23/6/2016
Dose	Route	Frequency	Start Date		
40MG	PO	ONCE DAILY	23/6	6 AM	11 PM
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
ON EMPTY STOMACH.					
Daily Doctor's Endorsement by a Sign					



VIH-00120625 IP-00060445
Mrs PANJALA MOULIKA
29-06-1995 30 Y 11 M 25 D (F)
Dr. BHAVANA K

Patient Name	I.P. No.	Sheet No. 1	Wards <u>UW</u>	Weight (kg) <u>80.46</u>
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REGULAR PRESCRIPTIONS

S. m...
23/6/26

DRUG : <u>SYRUP DUPHALAC</u>				Date															
				Time	<u>23/6</u>														
Dose	Route	Frequency	Start Dt.																
<u>15 ML</u>	<u>PO</u>	<u>AT BED TIME</u>	<u>23/6</u>																
Name & Signature of the Doctor starting the Drugs:																			
<u>G. Dr. Geetha</u>																			
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.																			



Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG : <u>BETADINE LOTION</u>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route <u>LOCAL</u> Start Date <u>23/6</u>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor <u>Dr. Geeshma</u>	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.	

S. maaykamala 23/6/26

S. maaykamala 23/6/26

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
DRUG : <u>BETADINE OINTMENT</u>	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route <u>LOCAL</u> Start Date <u>23/6</u>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor <u>Dr. Geeshma</u>	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
22/6/26	9pm	T. MISOPROSTOL	25mcg	PR	<u>G</u>	<u>Monyka Rani</u>
23/6	1:30AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	<u>H</u>	<u>Monyka Rani</u>
23/6	12:20 AM	PROCTOLYSIS ENEMA	100ml	PR	<u>H</u>	<u>Monyka Rani</u>
23/6	1:30am	T. MISOPROSTOL	800mcg	PR	<u>H</u>	<u>Monyka Rani</u>
23/6	1:30am	DI CLOFENAC SUPPOSITORY	100mcg	PR	<u>H</u>	<u>Monyka Rani</u>
23/6	1:08AM	INJ OXYTOCIN	10U	IM	<u>H</u>	<u>Monyka Rani</u>
23/6	1:20AM	INT TRANEXAMIC ACID	1gm	IV	<u>H</u>	<u>Monyka Rani</u>

VERIFIED BY : VIH/VI

S. maaykamala

I.V. FLUIDS CHART

Weight 80.4kg Ward HLW



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
22/6	11:5 AM	RINGER LACTATE	IV	FF	H	P B	23/6	G	P B
22/6	12:30 PM	RINGER LACTATE	IV	100 ML HR	H	P B	23/6	P	P B
23/6	1:08 AM	2mg. OXYTOCIN 15U + RINGER LACTATE	IV	FF	H	P Poy	23/6	P	P Poy

Signature
 VERIFIED BY : Name

ESTIMATION SLIP



Date: 5/5/26 UHID/IP No.: VIIH-00120625 Sl. No.: 12535
 Name of Patient: Mrs. Mouliqa Age: 30y Gender: fe
 Husband's Name: Mr. Raghun Corporate/Occupation: Business
 Address: B.B. Nayan Phone: 8096481372 Email: _____
 Procedure/Plan: NID/CS EDD/DOS: 27/6/26

MODE OF PAYMENT: SELF TPA : _____ GIPSA : _____ OTHER

TARIFF INFORMATION: A.K. Bhawan 27/6

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>1,19,000</u>	<u>1,40,000</u>
Deluxe Room	<u>1,35,000</u>	<u>1,60,000</u>
Super Deluxe Room	<u>1,60,000</u>	<u>1,80,000</u>
Package Includes	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
	Length of Stay for : <u>2d (48hrs)</u>	Length of Stay for : <u>3d (72hrs)</u>
	Pharmacy up to : <u>Basic-15k</u>	Pharmacy up to : <u>Basic-15k</u>
	Investigations up to : <u>(1) CBP, ALU, RBS</u>	Investigations up to : <u>(1) CBP, ALU, RBS</u>
Others		

Neonatologist Charges: Covered Not Covered Epidural/Entonox: Covered Not Covered

Initial Minimum Deposit: Full package

REMARKS: See Baby Bill - Rs. 25k - Rs. 30k

Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
 Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.
 In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
 For Non-medicals, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
 Tariffs are subject to revision.
 Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

Mr. Raghun have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: P. Raghun
 Signatory Relationship: Husband
 Signature of the Financial Counselor: Jyothi