

ACTIVE BILL FOR BILLING

VIH-00130013
Mrs A ANUSHA IP-00060291

Name: Anusha

05-06-1996 30 Y O M 5 D (F)

Dr. BHAVANA K

UHID N



Consultant: Dr. Bhavanak

Dept: Labour ward

Date of Admission: 10/6/20 Time: @ 8Am Date of Discharge: _____ Time: _____

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

WARD TRANSFERS

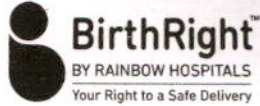
Date	Time	From	To	Signature of Nurse
10/6/26	@ 8:32Am	MICU	OT	<i>[Signature]</i>
10/6/26	10:00AM	OT	MICU	<i>[Signature]</i>
10/6/26	2:40PM	MICU	Room 1047	<i>[Signature]</i>

Cross Consultation Visit

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

Patie

VIH-00130013 IP-00060291
Mrs A ANUSHA
05-06-1996 30 Y 0 M 5 D
Dr. BHAVANA K



SURGERY DETAILS

Date : 10/6/26

Patient Name: MRS. A. ANUSHA Date of Birth: 5-6-1996 Age: 30yrs

Gender: Female Ward : OT UHID No.: 130013

Date of Surgery: 10/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective lower segment caesarean section + BA

Time in : 08:50 Am

Time Out : 09:50 Am

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Nausheen	
4. OT Technician	Teach. Vaishnavi	
5. Circulating Nurse	Sr. Manimala	
6. Assistant Nurse	Sr. Bhavani	

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

Dr. Nausheen

Signature of the Surgeon

Manimala

Signature of Circulating Nurse

Order No: 3088687/86

Order by: Ratana S

MEMORANDUM

TO: SAC, [illegible]

DATE: 11/15/64

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

[illegible]

[illegible]



CONSUMABLES OF OT

LSC
10/6/26

Patient
Gender
Date:

VIH-00130013 IP-00060291
 Mrs A ANUSHA Age :
 05-06-1996 30 Y O M 5 D (F
 Dr. BHAVANA K



Circulating Staff : Manimala Technician : vaishnavi

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack		1	Inj. Vit. K		1
LMA			Sutures 2346		1	Cord Clamp		1
ECG leads : A/P/N		3	2366		1	Suction Catheter no 8		1
HME filter : A/P/N			1326		1	Feeding Tube		1
Syringe 10 cc			4242		1	Vacuum Suction Set		
05 cc		2	Gloves 1-g.6%+7	1	2	Surgical Gloves Sy. 6 1/2 + 7 + 11		
02 cc		2	PF 6 + 6 1/2	1	1	Gauze Pack PF 7 1/2		
01 cc			PF F		1	Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N			Surgical blade NO 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil			Cap + mask 2A2		
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			later gloves		4
Ribitol		1	Ointments			Procto gacure		2
Bioxamic		2	Suction Catheter			Nasal Prone no		1
Fentanyl 2615inch		1	Cap. Mask	10	10			
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		2			
Propofol			Steristrip A/lesorb		1			
Rocuronium			Underpad					
Glycopyrolate		1	Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage Sterimare		2			
Thermear		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vacuum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg		4	Betadine Solution		1			
powder free (6-5)		1	Microshield		1			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

3088744

Surgeon Dr. Bhavanani Anaesthesiologist Dr. Sneetha Nurse Bhavanani OT Technician
 Order No. : 3088744 Ordered by : Ruby

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060291	Ward	N 2F-MICU
Patient Name	Mrs A ANUSHA	Bed Name	MICU 226
Age/Sex	30 Y 0 M 5 D / Female	Order No	0003088734
Date	10/06/2026 12:23	Prescription No	PRIP-1290589
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	Dispensed Date	10/06/2026 12:29
UHID	VIH-00130013		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	Encore Microptic gloves- 6.5		H	2510072605	10/28	2	117.00	234.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
12	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	10	10.00	100.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI070052026	12/30	1	2,000.00	2,000.00
15	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
16	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	1	997.00	997.00
17	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
18	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	36464M	08/29	1	3.09	3.094
19	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
20	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirif)	H	1C261641	02/29	1	44.93	44.93
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
22	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
23	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	3	69.39	208.17
25	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
26	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	2	805.00	1,610.00
27	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
28	SURGEONS CAP	Mediblu	GENERAL	VI03062026	12/30	10	10.00	100.00
29	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
30	THEMICAR 30MG INJ 10ML		H	TMR24005	11/26	1	331.24	331.24
31	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A250160S	11/30	1	223.00	223.00
32	VACCUME SUCTION SET	ROMSONS	GENERAL	K26B010713	01/31	1	739.00	739.00

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060291	Ward	N 2F-MICU
Patient Name	Mrs A ANUSHA	Bed Name	MICU 226
Age/Sex	30 Y 0 M 5 D / Female	Order No	0003088734
Date	10/06/2026 12:23	Prescription No	PRIP-1290589
Payor	STAR HEALTH AND ALLIED INSURANCE CO LTD	Dispensed Date	10/06/2026 12:29
UHID	VIH-00130013		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
34	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00
Total :							10,699.24	13,408.97

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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DL NO :

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060296	Ward	N 2F-MICU
Patient Name	Baby B/O A ANUSHA	Bed Name	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 9 H / Female	Order No	0003088744
Date	10/06/2026 12:34	Prescription No	PRIP-1290590
Payor	SELFPAY	Dispensed Date	10/06/2026 12:35
UHID	VIH-00205781		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	ENCORE MICROPTIC GLOVES-7.5 PF	ANSEL		250200381T	02/28	1	117.19	117.188
5	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	2	10.00	20.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
7	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	K25K04027B	10/30	1	255.00	255.00
8	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	2	450.00	900.00
9	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
10	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
11	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
12	SURGEONS CAP	Mediblu	GENERAL	VI03062026	12/30	2	10.00	20.00
13	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							1,243.04	1,783.33

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

ADMISSION SHEET

Registration Details :



Admission No : IP-00060291

Admit Date : 10-Jun-2026

Admit Time : 07:13 AM UHID : VIH-00130013

Patient Details :

Patient Name : Mrs A ANUSHA

Age : 30 Y 0 M 5 D

Guardian : Mr SWAROOP

DOB : 05-06-1996

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Married

Address (H) : H NO:9-37, VENKATESHWARA NAGAR
Malkajgiri Hyderabad Telangana INDIA
500047

Phone No : 8008453737

E-mail : ANUSHREE.596@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

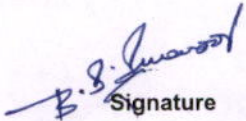
Contact Details :

Name : Mr SWAROOP

Relationship : W/O

Contact Address : H NO:9-37, VENKATESHWARA NAGAR
Malkajgiri Hyderabad Telangana INDIA 500047

Phone No : 8008453737


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.BHAVANA K

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

PATIENT TRANSFER FORM

Patient Name / I.P. No. VIH-00130013 Mrs A ANUSHA 05-06-1996 Dr. BHAVANA K IP-00060291 30 Y 0 M 5 D 	Date & Time of Admission 10/6/26 @ 07:13 AM	Date & Time of Transfer Order 10/6/26 @ 10:00 AM
	Transfer ordered by Dr. Vineetha	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file	Number of Imaging films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Dr. Bhavana.K

Name & Signature of Person who is Transferring Dr. Vanitha	Name of Person Ordered Transfer Dr. Vineetha
---	---

Patient & Clinical records received by :



Date & Time of Patient Received:

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

- Unavailable bed Nurse not available Available bed not ready

PATIENT TRANSFER FORM

VIH-00130013 IP-00060291
Mrs A ANUSHA 30 Y O M S D (F)
05-05-1996
Dr. BHAVANA K



Date & Time of Admission 10/6/26 @ 7:13 AM		Date & Time of Transfer Order 10/6/26 @ 8:32 AM
Treating Consultant Name Dr. Bhavana K.	Transfer Ordered by Dr. Greeshma	Reason for Transfer EM. LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 28	Number of Imaging Films nit	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Greeshma

Name & Signature of Person who is Transferring Sis Prathya	Name of Person Ordered Transfer Dr. Greeshma
Patient & Clinical Records Received by Sr. Vanitha	
Date & Time of Patient Received : 10/6/26 @ 8:32 AM	

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

- Nurse not Available
- Available Bed not ready



Handwritten text at the top left, possibly a date or reference number.

Handwritten text in the upper middle section, possibly a title or header.

Handwritten text in the middle section, possibly a list or notes.

Handwritten text in the lower middle section.

Handwritten text in the lower section, possibly a signature or conclusion.

Handwritten text at the bottom, possibly a date or location.

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

NIL

LMP: 13/9/25

EDD:

Corrected EDD: 23/6/26

GA: 38+1 weeks

Obstetric Formula: G₂P₁L₁

ML- 8 yrs, Consanguinous marriage

Obstetric History:

G₁ - Female (2.5 yrs) (Fetus/NPOL) 3.25 kg / AMH / RCH VRF / BFR 17 months / Herpes labialis

G₂ - PP, Spontaneous conception

Obstetric Examination

Fundal Height: ~ 29

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: Normal Tachy Brady Absent

FHS: 152 bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed Dilated

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Urine Output: Adequate

Present Pregnancy Record: Booked to RCH at 5+3 weeks. She had H/o Herpes labialis at 8+2 weeks and was managed conservatively. She had Cervical cerclage done at 17+6 weeks at RCH VRF H/o JS

RISK FACTORS: Short cervix (28mm)
 G₁: TT two doses taken.

- Previous LSCS
- Hypothyroidism (162.15 mcg)
- Cerclage-in-situ
- Recurrent Herpes labialis
- Consanguinous marriage

Height: 156 cm

Weight: 91.35 kg

Allergies: NIL

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c

Icterus: (-)

Temp: Afebrile

BP: 118/78 mmHg

CVS: S1 S2 (+)

Liver/Spleen: (N)

Pallor: (-)

Edema: (-)

PR: 91 bpm

DTR: (+)

RS BAE (+)

DIAGNOSIS

G₂P₁L₁ with 38+1 weeks with Previous LSCS with Hypothyroidism with Cerclage-in-situ with Recurrent Herpes labialis for elective lower segment caesarean section with Bilateral Tubal ligation.

Family History:
 Nil

Surgical History:
 Previous LSCS in 2024

Medical History:
 - Hypothyroid since 2019
 on T-THYROXINE 162.5 mcg

Medication History:
 Allergies - Nil

Plan of Care: CLT to Dr. Bhavana Mam

- Admission
- Consent
- NBM
- PAC
- Pains preparation
- FHR monitoring
- Monitor vitals
- Fallow dry chart
- Foley's catheterisation
- Inform SOS
- 10 PRBC reserve at Venu Labs
 Blood Bank

Noted by pooja
 @ 7 am
 10/6/26

Investigations: BLOOD GROUP - 'B' POSITIVE

HIV } 30/5/26
 HbAg } NR
 HCV } CRP-10.4 | 7.19 | 2.16L
 VDRL } TSH-1.445
 HPLC - (N) FBS - 71
 PPRCS - 89

Growth scan (18/126)
 SLIUF, 34+6 weeks
 cephalic
 PI - Anterior, high.
 AFI - 13.5cm
 AC - 27.7.
 EFW - 2.1476 kg
 Central
 Circulation In-situ
 Doppler - (N)

TEFFA scan (9/1/26)
 SLIUF
 16+3 weeks
 CL - 28mm
 No Anomalies
 EIF in LV

NT scan (15/12/26)
 SLIUF
 12+4 weeks
 NT - 1.5mm
 Nasal bone (+)
 CL - 29mm

FTS - LOW RISK

Doctor Name: Dr. Geethana
 Signature: [Signature]
 Date & Time: 10/6/26, 7:40 AM

Consultant Name: Dr. BHAVANA K
 Signature: [Signature]
 Date & Time: 10/6/26, 7:40 AM

ANTENATAL RECORD

Dr. Bhanu

Antenatal No: 10287/V/25
Reg. No: VIH-001300813

Consultant:

PERSONAL DETAILS

Name: Mrs A Anusha. Age: 29 Date of Birth 5/6/96 Education: B.Tech.
Occupation: House wife Phone No: 8008453737 Mobile:
Husband's Name: Swaroop Age 37 Education: B.Sc Occupation: Business
Address: H/o. 10-284, Sree Nilayam, Malkajgiri Hyd-47
Mobile: 9985354522 E-mail Id: anusha.596@gmail.com

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

G2P1L1
Hypothyroid (112 + 25 ug) (162.5)
H/o Hesper labialis - Recurrent
Consanguineous.
miscage - in-situ
EIF.

Corrected EDD
23/6/26.
EIF in LV.
1 pr. LSC.

HISTORY

Year of Marriage: 6 yrs Menstrual History: Previous Periods Regular.
Consanguinity: cm Contraception:

LMP 13/9/25 EDD Corrected EDD

OBSTETRIC FORMULA:

Gravida 2 Para 1 Live 1 Abortions

38 wks
Planned LSC
9/6.

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G1	♀	2-5 yrs	FTCSL / NPSL / AAI / BF - 17M / VKP	3.25 kg	Hypothyroid / uncorrected		
G2	- PP	-	spont conception				Booked to RCH at 5+3 weeks

Medical History: Hypothyroid since 2019

Family History: Nil

Surgical History: LSC

Allergies: Nil

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife **B positive** Husband

VDRL **NR** HIV HbSag **NR**
 ROUTINE INVESTIGATIONS **HCV-NR**

ICT **2.6 (30/3)**
 TSH **2.52 (11/24)** **30/3**
~~5.6 (22/10)~~ **8/94/84**
 SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
<u>11/12/15</u>		Herpes simplex virus - IgM - Neg. IgG - Megaloc		24/12		Anti-TPO - 603 HSV IgM - 0.34 (Neg)	
<u>21/10/15</u>		HbA1c - 5.3		30/3/26		wire C - neg TSH	2.66
<u>24/12/25</u>		CUE - (M) CBP - 11.6 / 6770 / 2.68 L S-creat - 0.56		30/3			

Tetanus Toxoid: 1st dose _____ 2nd dose **Tdap ✓**

FETAL EVALUATION

ULTRASONOGRAPHY

20/12/15 First Trimester	NT scan NT - 1.5mm CL - 29mm. 12+6 week									
TIFFA	12/2/26 24w2d ER in LV No anomalies									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	14/26	28+1	G	C	1205	43?	AC-42?	17.4	A, H	2opp (M)
9/01/26 Others	Cx length - 16w3d, CxL - 28mm, PL Ant.									

Were any Prenatal diagnostics done - Yes No If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
				HPLC - (M) FCS - low risk

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	10 AM	POD - 0 (Post LSCS)
		o/e pt as c/c/c Adv
		lfe fair - NBM
		Afeb - Rest
urine } 200ml output } clear		BP - 121/77 mmHg - 1/0 charting
		PR - 94 bpm - Monitor Vitals
		S/E NAD - follow dry chart
		P/A soft - w/f bleeding P/V
		wt w/w/R - Inform SDS
		UENAB - TEDD stockings.
		Baby observation
noted by Karala		10/6/26 10 AM
		POD - 0 (LSCS)
10/6/26	2:00 PM	o/e H is c/c/c Adv
		GC: fair, Afebrile - oral sips of water
		BP: 114/74 mmHg - fib clean liquid
		PR: 86 bpm - Rest
U/O: 500ml		S/E: NAD - 1/0 charting
Afebrile, clear		P/A: soft, BS (+) (+) - w/f bleedng P/V
		wt w/w/R (+) (+) - monitor vitals
		U/E: NAB - follow dry chart
patient can be		Baby < A BF (+) - Inform SDS
shipped to the room		vaginal examination done - TEDD Stockings

~~AS~~
Dr. Nausheen

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

Dr. Anuska
Dr. Anuska
www.rainbowhospitals.in

10/6/26
9pm

Pzls
Hypothyroid

VO - 600ml
clear
adequate

POD-0 (Lscs)

o/e pt is c/c/c

GC fair
Afebrile

BP - 103/74 mmHg

PR - 84 bpm

S/E - NAD

PIA - Utr WR

Soft BS (+)

U/E - NAB

Baby \leftarrow $\frac{A}{H}$ BF (+)

Adv

- soft diet
- W/F bleeding pv
- Monitor vitals
- Adequate hydration
- I/O charting
- Follow drug chart
- Inform SOS

\downarrow
Dr Yogeshwar

Dr Ashwin

11/6/26
9am

U.O 2000ml
adq, clear

Remove feedings

o/e

pt is c/c/c

GC fair

Afebrile

BP - 100/70 mmHg

PR - 80 bpm

S/E - NAD

PIA - Utr WR

Soft BS (+)

U/E NAB

Baby \leftarrow $\frac{A}{H}$ BF (+)

Adv

- soft diet
- W/F bleeding pv
- Monitor vitals
- Adequate hydration
- Ambulation
- Follow drug chart
- Inform SOS

Dr. Ashwin

Noted by

Subha

11/6

8AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
11/6/26		POD-1 (Post UCs)	
	1:30 PM	o/e Pt is c/c	ASV
		GC - fair	- Soft diet
		Afebrile	- WIF Bleeding PV
		BP - 115/80 mmHg	- Monitor vitals
		PR - 25 bpm	- Follows drug chart
		SIE - NAD	- Ambulation
		PIA - utw w/R	- Adequate hydration
		Soft BS (+)	- Refrain sex
		LIC - NAB	
		Baby F A BS (+)	
			Dr. Bhavana K
		Noted by Manasa 11/6 @ 7 PM	
11/6/26		POD-1 (Post UCs)	
	8 PM	o/e Pt is c/c	C/O Abdominal Pain
		GC - fair	
		Afebrile	ASV
		BP - 102/74 mmHg	- Soft diet
		PR - 88 bpm	- WIF Bleeding PV
		SIE - NAD	- Ambulation
		PIA - utw w/R	- Adequate hydration
		Soft BS (+)	- Monitor vitals
		LIC - NAB	- Follows drug chart
		Baby F A BS (+)	- Refrain sex

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

12/6/26

7 AM

POD-2 (Post UG)

OIG-RT is clear

GC - fair

Afebrile

BP - 120/78 mmHg

PR - Subpyr

SIE - NAD

PIA - Ut w/WR

Soft BS (+)

LIE - NAB

P/V tone, No Abnormal Bleeding

Baby T A: BF (+)
H: BF (+)

ABU =

- (NS) diet
- WIF Bleeding BV
- Ambulation
- Adequate hydration
- Monitor vitals
- Follow drug chart
- Inform SOS

O₂ L₂ c

Hypothyroid

Oral Paced

Mobility Paced

Aseptic Wound
Dressing done

Patient can be
discharged.

Dr. Green

noted by ends
09:30 AM
12/6/26

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
 Asst. Surgeon : Dr. Nausheen
 Anaesthetist : Dr. Vineetha
 Scrub Nurse : Sr. Bhavani

VIH-00130013 IP-1 191
 Mrs A ANUSHA
 05-06-1996 30 Y O M S D
 Dr. BHAVANA K
 F
 L
 Date : 10/06/26 In-time : 8:50 AM Out-time : 10:00 AM

Age 30 yr Gender FE
 Name : EL. LSCS + B1 Tubectomy



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>8:45 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINEETHA</u>	

Before Skin Incision >>

TIME OUT	Time: <u>8:50 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <u>Lower Abdomen</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>EL. LSCS</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews: <u>Bleeding</u>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1hr 500ml</u>	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Nursing Team Reviews: <u>Hypothyroidism</u>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <u>[Signature]</u>	
Name : <u>Sr. Vanitha</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:50 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature : <u>[Signature]</u>	
Name : <u>Dr. Nausheen</u>	

VIH-00130013 IP-00060291
Mrs A ANUSHA
05-06-1996 30 Y O M 5 D
Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. BHAVANA K	Date of Delivery: 10/6/26
Assistant Surgeon: DR. NAUSHEEN	Time of Delivery: 9:08:19 Sec Am
Anaesthetist's Name: DR. VINEETA	Gender of Baby: Female
Type of Anaesthesia: SPINAL	Weight of Baby: 3.098kgs
Neonatologist: DR. SHRIKAR	AGPAR Score: 7/10, 9/10
Scrub Nurse: SR. BHAVANI	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective
Urgency

Emergency

Indication: Previous LSCS

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

Decision time: Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Elective LSCS ↓ SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: ~ 300ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No *Cervical Cerclage stitch removed*
Delivery of head: Manual Forceps
Liquor: *Excess* Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: *Normal* Cord around the neck Yes No
Appearance of placenta: *Normal* Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No
TUBECTOMY DEFERRED AS BABY HAD RESPIRATORY DISTRESS

Uterine Closure: One Layer Two Layers *Vicryl* Suture
Peritoneal Closure: Pelvic Abdominal None *Vicryl* Suture
Sheath Closure: *Vicryl* Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress *Monocryl* Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in *12hrs* days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No
Post-Operative Notes: *4th NBM, Rest, 1/0 charting, w/lf bleeding PV,
Monitor Vitals, follow day chart, Inform SRS*

Doctor Name:

Doctor Signature: *Dr. Ankeeshaan*

Date & Time: *10/6/26 | 10 AM*

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. A. Anuscha Age: 29 yr Sex: female UHID No: UH-00130013
 Date: 10/06/20 Time: 8:20 AM Proposed Operation: Elective Caesarean section
 Diagnosis: G2P14 @ 38th wks @ previous LSCS @ Hypothyroidism
 B.P / CRT: 118/80 H.R: 91/min Weight: 91.35kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

20/5

Hgb: <u>10.4</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC: <u>7190</u>	Creat:	Total Bill:	HCV: <u>B positive</u>	2D Echo:
Plate: <u>2.1 L</u>	Na:	Dir. Bill:	Blood group: <u>B positive</u>	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NICDA

Medical History: CVS: no active cardiovascular PI- anterior, High
 RESP: no complaint Diabetes:

CNS: / ⊕

Renal:

Hepatic / GE:

Physical Activity: Active

Others: Hypothyroidism ⊕

Past Anaesthetic History: 4/0 cervical collarage ↓ SAB

Physical Exam: 4/0 1 prev. LSCS ↓ SAB

Airway: MP 1 (2) 4 Mouth Opening: 3F Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Lungs: R/LA @, clear

Heart: L2 ⊕

CNS: AMS ⊕

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T-Tempoxline</u>	<u>162.5 mcg</u>

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: Resume 10 PRAL

Signature: [Signature] Name: DR. M. VINETHA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 92/min B.P / CRT: 110/90/75 SpO₂: 98% R.R: 16/min Last Feed:
 Pre-OP Diagnosis: 2nd D.L. 2nd wk. Prev. U.C.C. Operation: Elective caesarean section Date: 10/06/20
 Surgeon: Dr. V. K. Narayan Anaesthesiologist: Dr. Vinod Kumar Technician: Ms. Vaishnavi

TIME	15	30	45
N ₂ O / AIR / O ₂ / LPM			
HALO / SO / SEVO			
Drugs:			
<u>100mg</u>			
<u>1gm</u>			
Antibiotic given			
Suppository			
Blood Loss			
NOTES			

LAB Values

ABG

GPBS

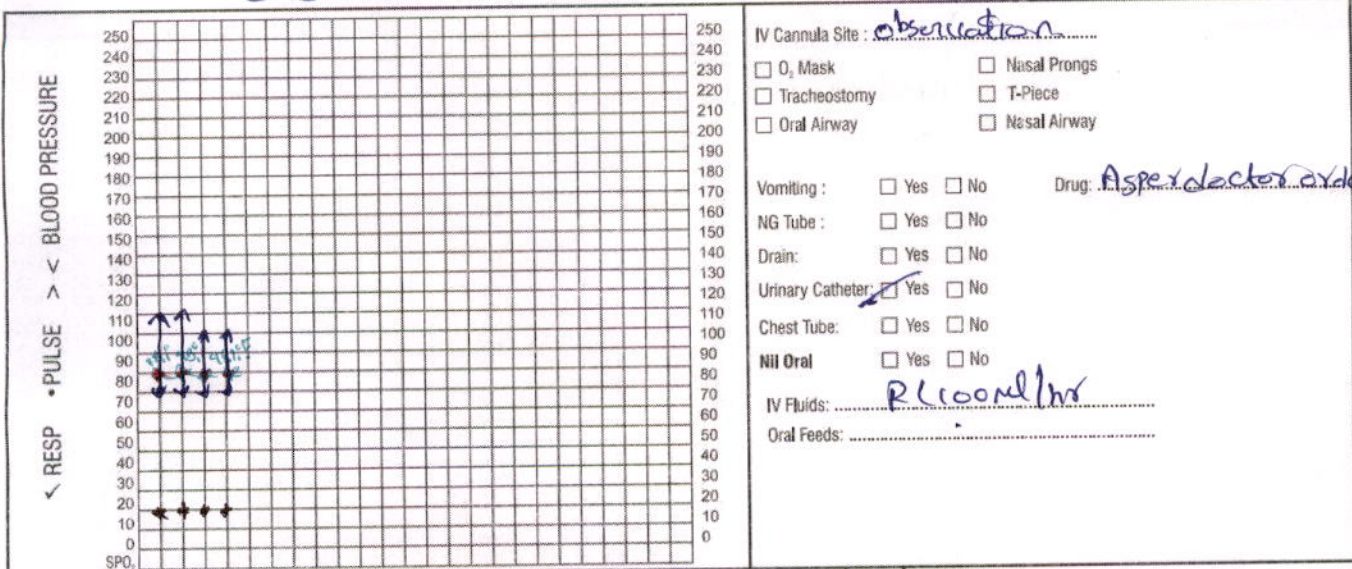
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>120/80</u> <input type="checkbox"/> Cuff Site: <u>RUL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <u>3ka</u> <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>8:50 AM</u> OP Start: <u>9:02 AM</u> OP End: <u>9:50 AM</u> Leave OR: Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>RUL 1.8g</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Other <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <u>Sitting</u> Site: <u>L3-L4</u> Needle Size: <u>25G (H)</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin cm Drug Name & Conc: <u>0.5% (H) BUPIVACAINE</u> Bolus: <u>+D.5CC (2.0mg) FENTANYL</u> Infusion: Block Level: <u>T4</u> Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Name of the Doctor: <u>DR. M. VIASETHA</u> Signature of the Doctor: <u>[Signature]</u>
---	---	---	--



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Shubal Time Received: 10:00 AM Time Discharged: 2:40 PM



IV Cannula Site: observation
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting: Yes No Drug: Asper/doctor order
 NG Tube: Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: R100ml/hr
 Oral Feeds: _____

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	9	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/6/26	2 PM	2 score	Tiab! - Paracetamol	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: _____
 Anaesthesiologist Signature: [Signature]
 Date & Time: 10/6/26 @ 10:00 AM
 PACU Nurse Name: Shubal
 PACU Nurse Signature: [Signature]
 Date & Time: 10/6/26 @ 10:00 AM

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

Transferred to Unit by (PACU): Shubal @ 2:40 PM
 Date & Time: 10/6/26 Roo (104)

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. A. ANUSHA Gender: Male Female Age : 29YRS
 UHID No : VH-00130013 Date : 10/6/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION WITH BILATERAL TUBECTOMY upon MRS. A. ANUSHA

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST-PARTUM HEMORRHAGE, PERMANENT, IRREVERSIBLE PROCEDURE <1% CHANCE OF FAILURE, RISK OF ECTOPIC

My signature on this form indicates that

- I have read and understood the information provided in this form
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information. TUBECTOMY DEFERRED IN VIEW OF RESPIRATORY DISTRESS IN BABY
- I have had a chance to ask my surgeon questions. R.S. Swaroop
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

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

Consentee :
 Signature : [Signature]
 Name : A. Anusha
 Date & Time : 10/6/26, 6:55 AM

Patient Attendant :
 Signature : [Signature]
 Name : BICKANOORU SHANTI SWAROOP
 Relationship with Patient: HUSBAND
 Date & Time : 10/06/26 6:55 AM

Witness :
 Signature :
 Name :
 Date & Time :

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : DR. NAUSHEEN
 Date & Time : 10/6/26 ; 6:55 AM

2000
10/12

1999.4.14.1314

1999-001303

ACTIVE LOWER SEGMENT OF SPINAL WITH BILATERAL
TUBERCULOMYELITIS

FOR THIS, FOOD AND FIBER INTAKE, GASTRIC ACIDITY, NEED FOR
A REGULAR SCHEDULE OF FOOD AND ITS ASSOCIATED FEELINGS
AND TASTE, FOOT PATTERNS, SLEEPING, FEELINGS, BUT NOT
A CHANGE IN TASTE, SICK OF

TUBERCULOMYELITIS
OF RESPIRATORY SYSTEM
IN PAST
B.R. MURRAY
DR. B. MURRAY

B. S. MURRAY
DR. B. S. MURRAY
HUSBAND
10/12 6:22 AM

DR. MURRAY
10/12 6:22 AM

A. MURRAY
10/12 6:22 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. A. Annalisa Age : 29 yr Gender : Male Female

UHID NO: UH-00130013 Surgeon Name: Dr. K. Bhavana

Anaesthesiologist : Dr. M. Vinetha

Operative procedure planned : ELECTIVE CAESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others : Hypotension, Bradycardia, PDPH

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. A. Annalisa the above mentioned operation / Diagnostic / Therapeutic procedures ELECTIVE CAESAREAN SECTION

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : [Signature]

Name : A. Anush

Relationship with Patient: self

Date & Time : 10/06/26

Witness :

Signature : [Signature]

Name : B.S. SWAROOP

Date & Time : 10/06/2026

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VINAYATHA

Date & Time : 10/06/26

VIH-00130013
 Mrs A ANUSHA
 05-06-1996
 Dr. BHAVANA K

IP-00060291

30 Y O M S D (F)



OBSTETRIC IMAGE ASSESSMENT FORM

Date: 10/6/26 Time of Arrival: @ 7:00am Time Seen by Nurse: @ 7:00 Am

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: for LSCS

3) Vital Signs: Temperature: 98.4 Pulse: 82b/m RR: 16b/m SpO₂: 99% BP: 120/70 ^{mmHg} Weight: 91.35kg

4) Gestational Criteria:

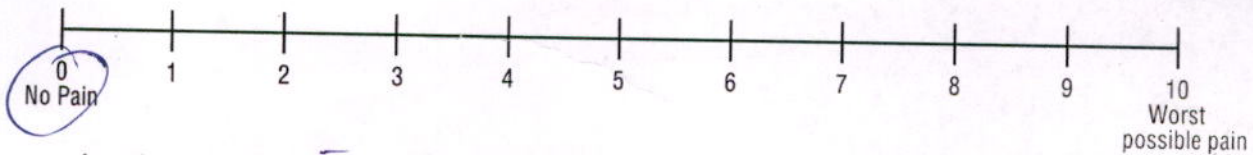
Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>-</u>
----------	------------	------------	------------	------------

LMP: 13/9/25 EDD: 23/6/26 Gestational Age: 38 + 1 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" 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: Em. LSCS section
- b) Medical: Hypothyroid :- 2019 on T. Thyroxine 162.5 mg

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

Time seen by Doctor: @ 7:00 AM

Nurse Name : pooja Nurse Signature: [Signature]

Date: @ 7/16/26 Time: 7:30 AM

VIH-00130013
 Mrs A ANUSHA
 05-06-1996
 Dr. BHAVANA K
 IP-00060291
 30 Y O M S D (F)



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6/26

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: _____ Doctor Notified on Admission: Yes No
Elective LSCS Name of the Doctor: Dr. Greshma
 _____ Time Notified: 7:40 am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism 2019</u> <u>on T. Thyroxine 162.5mg</u>	<u>Previous LSCS in</u> <u>2024</u>	<u>Yes</u>

Gynecology Assessment: Not Applicable
 Menstrual History: _____
 Onset of Menarche: _____
 Menstrual Cycle: Regular Irregular
 Last Menstrual Period: 13/9/2025

Gynecology Surgical History:
 Caesarean Section: No Yes
 Cervical Cerclage: No Yes
 Ectopic Pregnancy: No Yes
 Myomectomy: No Yes
 Others: Elective LSCS

Gynecological History:
 Contraceptives: No Yes
 Vaginal Discharge: No Yes
 Post-Coital Bleeding: No Yes
 Infertility: No Yes
 If Yes Type: Primary Secondary

Obstetric History: G 2 P 1 L 1 A _____
 Previous LSCS: Yes

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

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

Vital Signs / Measurements: Temp: 96.2 F HR: 77 bpm RR: 20 bpm
 BP: 114/72 mmHg Weight: 91.35 kg Height: 156 cm BMI: 37.3

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

VIH-00130013 IP-00060291
Mrs A ANUSHA
05-06-1996 30 Y O M S D (F)
Dr. BHAVANA K



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

Risk of Pressure Sore: Yes No Score⁰..... (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. A Anusha

Name of Person Orientation was given to: Mrs. A Anusha

Orientation not given Reason:

Nurse Signature: A

Nurse Name: Pratheeksha

Date & Time: 10/6/26 @ 7:55 AM

1

Morse Fall risk Assessment tool for Adults

Parameter	Interpretation	Tick	Score
1. HISTORY OF FALLING (immediately or w/in 3 months)	Yes	X	25
	No	0	0
2. OLDER THAN 60	Yes	X	15
	No	0	0
3. SECONDARY DIAGNOSIS (more than one diagnosis)	Yes	15	15
	No	0	0
4. AMBULATORY AID	Furniture	X	30
	Crutches, Cane(S), Walker	X	15
	None/Bed Rest/Nurse Assist	0	0
5. IV / HEPARIN LOCK OR SALINE	Yes	X	20
	No	0	0
6. GAIT / TRANSFERRING	Impaired	X	20
	Weak (uses touch for balance)	X	10
	Normal/On Bed Rest/Immobile	0	0
7. MENTAL STATUS	Impaired Vision/ Hearing	X	20
	Forgets limitations / Dizziness	X	15
	Oriented to own ability	0	0
8. MEDICATION USE	Anti-hypertensives/ diuretics/ antianxiety/within 2 hours post anesthesia/ sedation	X	25
	None	0	0
Total Score		15	
Signature of the Nurse		[Signature]	
Action Plan	Good Basic Nursing Care		

Risk Level	MFS Score	Action
No Risk	0 - 24	Good Basic Nursing Care
Low Risk	25 - 50	Implement Standard Fall
High Risk	≥ 51	Implement High Risk Fall

VIH-00130013 IP-00060291
 Mrs A ANUSHA
 05-06-1996 30 Y O M S D
 Dr. BHAVANA K

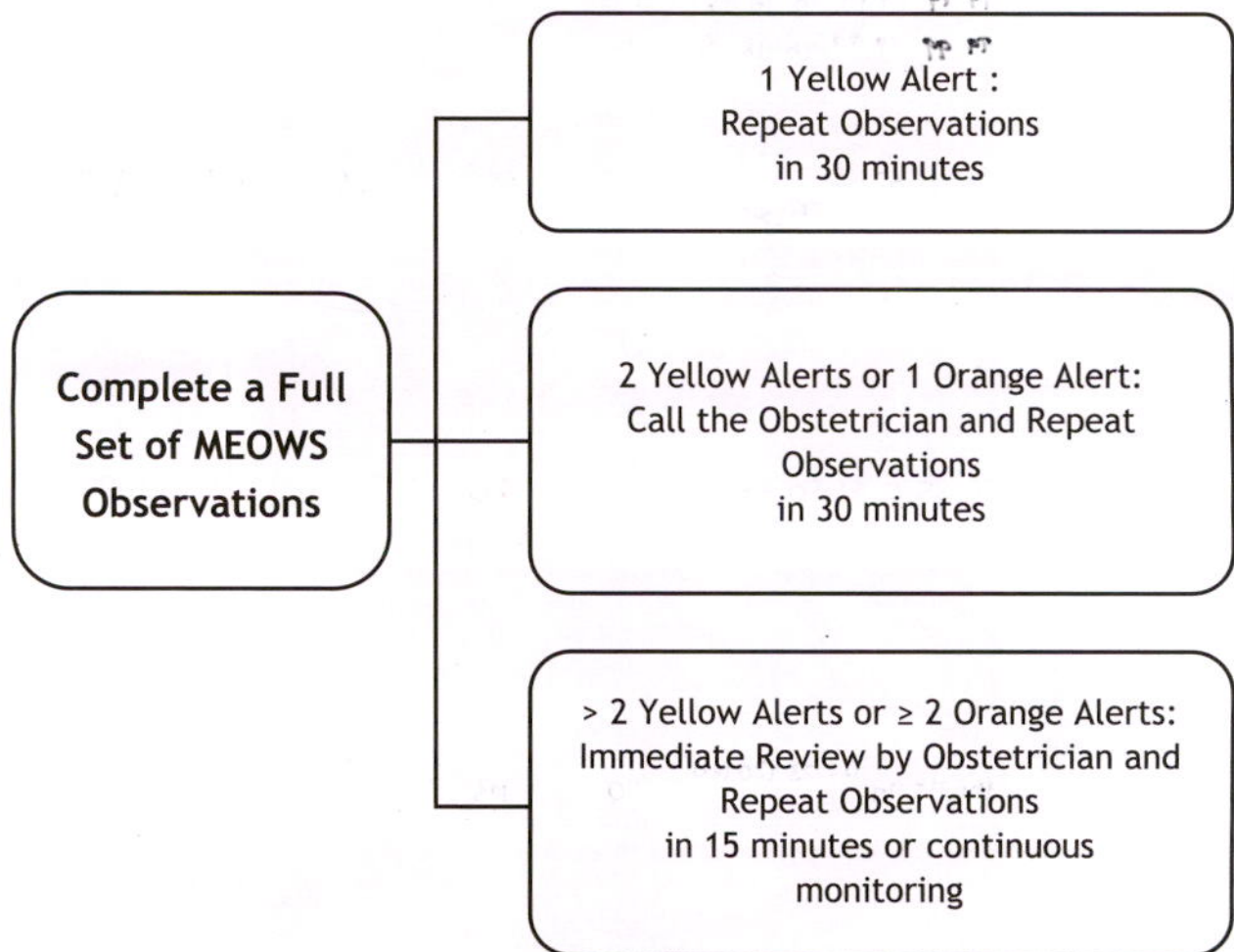


Early Warning Observation Score Chart - Obstetrics

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	19	19	19	18	18	18	19	18	19	18	18	18	18	18	18	18	18	18	18	18	18	20	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	98	98	98	98	97	97	97	97	97	97	97	97	97	97	97	97	97	97	98	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp ^c	40																								
	39																								
	38																								
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	
	36					36.0	36.0																		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90									90															
	80	86	85	85	82	80	88	81			86		87		79		76							88	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					120	123	120	120						99		101		98					110	
	110	117	115	110					110		103														
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
80	85	86					86	80		76		74		58		65		70					81		
70		70	73	76																					
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	
	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	
	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	
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	
Nurse Initial		[Handwritten signatures]																							

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

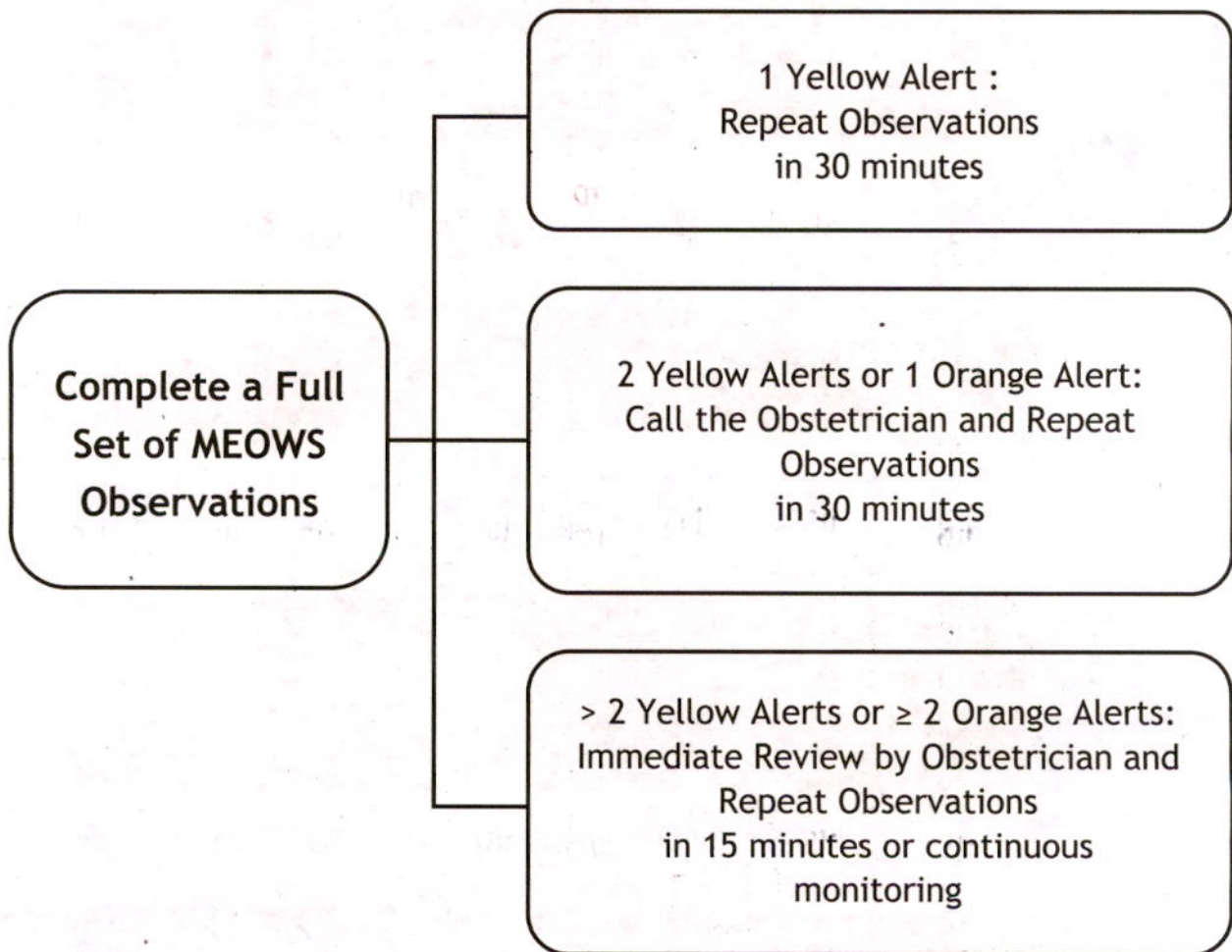


Early Warning Observation Score Chart - Obstetrics

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

		Date																										
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20																											
	0 - 10			19		19		19		19		19		19		18		18		18		18		20				
Saturations	94 - 100 %		99		99		97		98		98		99		98		99		99		99		100					
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36		36		36		36		37		36		36		36		36		36		36		37		37			
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80		77		80		82		90		86		91		84		81		84		84		75					
	70																											
	60																											
	50																											
40																												
Systemic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110		110		115		108		106		102		117		110		120		102		102							
	100																											
	90																											
	80																											
	70																											
60																												
50																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
70		72		75		68		70		74		78		69		78		69		78		69						
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert Voice		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Pain Unresponsive																											
URINE mls / hour	> 30		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Heavy / Foul																											
Liquor	Clear / Pink		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Green																											
TOTAL YELLOW SCORES			0		0		0		0		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	
Nurse Initial			B		B		B		B		B		B		B		B		B		B		B		B		B	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



Early Warning Observation Score Chart - Obstetrics

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

VH-00130013 IP-00060291
 Mrs A ANUSHA
 05-08-1996 30 Y 0 M 6 D (F)
 Dr. BHAVANA K

Name : Date of Birth :

UHID No. : IP No. :



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

*Noted by Anusha
 09/12/2019
 12/1/2*



FLUID CHART

Sheet No. : 0

10/6/20

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	RL + 100ml FF							✓			
	09:00 am	RL + 100ml NBM + RL 900 ml/hr							✓			
	10:00 am	RL + 100ml/hr							50ml			
	11:00 am	RL + 100ml/hr							50ml			
	12:00 pm	RL + 100ml/hr							50ml			
	01:00 pm	RL + 100ml/hr NBM							100ml			
Total Intake :					Total Output :					250ml		
	02:00 pm	H ₂ O + 50ml							50ml			
	03:00 pm								100			
	04:00 pm	water							100			
	05:00 pm								100			
	06:00 pm	ORS							50			
	07:00 pm								100			
Total Intake :					Total Output :					500ml		
	08:00 pm								50ml			
	09:00 pm								100ml			
	10:00 pm	Sally water							100ml			
	11:00 pm								400ml			
	12:00 am								50ml			
	01:00 am								50ml			
Total Intake :					Total Output :					750ml		
	02:00 am								400ml			
	03:00 am	water										
	04:00 am											
	05:00 am											
	06:00 am								100ml			
	07:00 am											
Total Intake :					Total Output :					500ml		

Total 24 hrs. Intake

Total 24 hrs. Output 2000ml

VIH-00130013 IP-00060291
 Mrs A ANUSHA
 05-08-1996 30 Y 0 M 5 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 2

11/06/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/06/26	08:00 am											} Beenuka 11/06 @ 2pm
	09:00 am											
	10:00 am	Oral water										
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
11/6	02:00 pm											} Nagara @ 8pm
	03:00 pm											
	04:00 pm	Rice water										
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
11/6/26	08:00 pm											} Subhr 11/6
	09:00 pm											
	10:00 pm											
	11:00 pm	Rice water										
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
12/6	02:00 am											} Subhr 12/6 @ 7AM
	03:00 am											
	04:00 am	Water										
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 3

12/6/22

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								
<i>12/6</i>	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: MICU Shifted to: Room (104)

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 PARACETAMOL	1gm	PO	6th HOURLY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB DICLOFENAC	50 mg	PO	8th HOURLY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB TRAMADOL	100 mg	PO	8th HOURLY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ CEFOTAXIME	1gm	IV	12th HOURLY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB PANTOPRAZOLE	40 mg	PO	ONCE DAILY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB THYROXINE	162.5 mcg	PO	ONCE DAILY	10/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Anu Ag

Date & Time: 10/06/20 2:00 PM

Nurse Name & Signature: Kanala KA

Date & Time: 10/06/20 2:00 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 (109)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- THYROXINE	162 mcg = 5	PO	ONCE DAILY	10/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T- IRON	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T- CALCIUM	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T- FOLIC ACID	1 TAB	PO	ONCE DAILY	9/6/26	<input type="checkbox"/> C <input checked="" 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. Geesamma

Date & Time : 10/6/26, 7:20 AM

Nurse Name & Signature: Prabha

Date & Time : 10/6/26, 7:20 AM



DRUG CHART

Date of Admission: 10/6/26 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 Signature

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

DRUG : T. PANTOPRAZOLE				Date Time	11/6																
Dose 40MG	Route PO	Frequency ONCE DAILY	Start Dt. 10/6/26		6 AM																
Name & Signature of the Doctor starting the Drugs: DR. NAUSHEEN				STOP 11/6 4 PM																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

DRUG : T. THYROXINE				Date Time	11/6	12/6															
Dose 162.5 mcg	Route PO	Frequency ONCE DAILY	Start Dt. 10/06		6 AM																
Name & Signature of the Doctor starting the Drugs: Dr. Geesamma																					
Additional Instructions: On Empty Stomach																					
Daily Doctor's Endorsement by a Sign.																					

DRUG : T. CEFIXIME				Date Time	11/6	12/6															
Dose 200MG	Route PO	Frequency 12th hly	Start Dt. 11/06		10 AM																
Name & Signature of the Doctor starting the Drugs: Dr. Geesamma																					
Additional Instructions: 10 PM																					
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.																					

Dr. J. Dabla

Dr. Dabla

Chitra 11/6/26

VIH-00130013 IP-00060291
 Mrs A ANUSHA 30 Y 0 M 7 D (F)
 05-06-1996
 Dr. BHAVANA K

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

I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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

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

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

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



Weight 91.35kg Ward 11W

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	8:25 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	<i>[Signature]</i>	<i>[Signature]</i>
10/6/26	7:45 AM	INJ PANTOPRAZOLE	40MG	IV	<i>[Signature]</i>	<i>[Signature]</i>
10/6/26	7:50 AM	INJ METOCLOPRAMIDE	10MG	IV	<i>[Signature]</i>	<i>[Signature]</i>
10/06	9:09 AM	INJ CARBETOCIN	100 mcg	IV	<i>[Signature]</i>	Vaishnavi <i>[Signature]</i>
10/06	9:15 AM	INJ TRANEXAMIC ACID	1g	IV	<i>[Signature]</i>	Vaishnavi <i>[Signature]</i>
10/06	9:40 AM	COPP. DICLOFENAC	100 mg	PR	<i>[Signature]</i>	Vaishnavi <i>[Signature]</i>
10/06	9:45 AM	COPP. TRAMADOL	100 mg	PR	<i>[Signature]</i>	Vaishnavi <i>[Signature]</i>
10/6/26	9:45 AM	T. MISOPROSTOL	600mcg	PR	<i>[Signature]</i>	Vaishnavi <i>[Signature]</i>
11/6/26	4:20 PM	INJ-PANTOPRAZOLE	40mg	IV	<i>[Signature]</i>	Gayatri

Signature
VERIFIED BY : Name

[Handwritten Signature]



I.V. FLUIDS CHART

Weight 96.3 kg Ward 16

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/26	7:30 AM	RINGER LACTATE	IV	FF	AS	AS (M)	10/6	AS	AS Ch
10/6/26	8 AM	RINGER LACTATE	IV	100 ML HR	AS	AS (M)	10/6	5/2	Vaishnavi Mf.
10/6	9:00 AM	RINGER LACTATE	IV	100 ml/hr	5/2	Vaishnavi Mf.	10/6	5/2	Vaishnavi Mf.
10/6	11:45 AM	RINGER LACTATE	IV	FF	AS	AS res	10/6	AS	AS AS
11/6	4:20 PM	RINGER LACTATE	IV	Free flow	AS	AS M M			

Signature
 VERIFIED BY: Name