

ACTIV VIH-00201686 IP-00060331 **ING**

Mrs Y SAI HARIKA
28-04-1993 33 Y 1 M 15 D (F)
Dr. BHAVANA K

Name: -----

UHD N ----- Consultant : ----- Dept : -----

Date of Admission : 12/6/26 Time : 9:22pm Date of Discharge : ----- Time: -----

Room / Bed No : 221 Ward : Lw Suggested Billable bed type : -----

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|--------|------|------------|--------------------|
| 13/6/26 | 2:47pm | Lw | OT | [Signature] |
| 13/6/26 | 4:10pm | OT | Micu | [Signature] |
| 13/6/26 | 9:40pm | Micu | Room (207) | [Signature] |
| | | | | |

Cross Consultation Visit

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

PROCEEDURE

| Date | Proceeedure | Quantity | Order No. | Signature |
|--|-----------------|----------|-----------|--------------------|
| 12/6/26 | lv placement | ① | 3089796 | <i>[Signature]</i> |
| 13/6/26 | catheterization | ① | 3089847 | <i>[Signature]</i> |
| 13/6/26 | PAC | ① | 3089967 | <i>[Signature]</i> |
| crossed checked by Lisa 13/6/26 at 7:30pm | | | | |
| | | | | |
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| | | | | |
| | | | | |

ANY OTHER INFORMATION

Date: 15/6/26 Time: 9 AM Prepared By: *[Signature]*

| | | | |
|-----------------------------------|---|-------------------|--------------------|
| Staff Nurse <i>[Signature]</i> | Shift / Ward <i>[Signature]</i> 15/6/26 9 AM | Billing Assistant | Billing Supervisor |
|-----------------------------------|---|-------------------|--------------------|

VIH-00201686 IP-00060331
Mrs Y SAI HARIKA
28-04-1993 33 Y 1 M 16 D (F)
Dr. BHAVANA K



SURGERY DETAILS

Date : 13/6/26
Patient Name: Mrs. Y. Sai-Harika Date of Birth: 28.04.1993 Age: 33yr
Gender: Female Ward: OT UHID No: 0201686
Date of Surgery: 13/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Emergency L.S.C.S & S.A

Time in : 3pm Time Out : 4pm

| | NAME | AMOUNT |
|----------------------|-----------------------------|-------------|
| 1. Surgeon | Dr. Bhavana.k | OT charges. |
| 2. Anaesthetist | Dr. Sunidhara. | |
| 3. Assistant Surgeon | Dr. Somyasree / Dr. Ashwini | |
| 4. OT Technician | Tech. Rekha / Vaishnavi. | |
| 5. Circulating Nurse | Sr. Prasoona / Vanitha. | |
| 6. Assistant Nurse | Sr. Manimala. | |

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

Signature of the Surgeon: *Dr. Ashwini*

Signature of Circulating Nurse: *[Signature]*

Order No: 30900221
3090023

Order by: Sr. Manimala

10/1/77

10/1/77

10/1/77

10/1/77

10/1/77

10/1/77

10/1/77



CONSUMABLES OF OT

Patient Name :
 Gender M F UHIS/IP
 Date : 13/06/26

Circulating Staff : Bhavani Technician : Vaishnavi

| Anaesthesia Disposables | Qty | | Surgical disposables | Qty | | Disposables (Baby side) | Qty | |
|--------------------------------|--------|------|-------------------------|--------|------|----------------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube | | | Major Pack LSCS | 1 | 1 | Inj. Vit. K | | 1 |
| LMA | | | Sutures 2346 | 2 | 2 | Cord Clamp | | 1 |
| ECG leads : A/P/N | | 3 | 2364 | 1 | 1 | Suction Catheter | | |
| HME filter : A/P/N | | | 1326 | 1 | 1 | Feeding Tube NO 6 | | 1 |
| Syringe 10 cc | | 3 | | | | Vaccum Suction Set | | |
| 05 cc | | 3 | Gloves pp 6 1/2 + 6 | 4 | 2 | Surgical Gloves 8g. 6 + pp 7-1/2 | | |
| 02 cc | | 2 | S.g. 6 1/2 + 7 1/2 | 3 | 2 | Gauze Pack | | |
| 01 cc | | 4 | | | | Syringe 1ml/2 ml | | 1 |
| Cautery Plate : A/P/N | | | Surgical blade NO 22 | 1 | 1 | Surgical Blade # 20 | | 1 |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | 3 | Cautery Pencil | | | Capto mark | | 2 |
| NS : 10ml/100 ml/ 500ml/1000ml | | 1 | Koochies | | | Latex gloves | | 4 |
| minispike | | 1 | Ointments | | | Proto gown | | 2 |
| myostigmine | | 2 | Suction Catheter | | | deodecum | | 1 |
| Fentanyl - Riligel | | 1 | Cap. Mask | 10 | 10 | D/Water 10ml | | 1 |
| Morphine | | | Gauze Pack | 1 | 1 | Nasal. prone Neo) | | 1 |
| Ketamine | | | Mop Pack | 3 | 3 | | | |
| Propofol | | | Steristrip - Allesorb | 2 | 2 | | | |
| Rocuronium | | | Underpad | | | | | |
| Glycopyrolate | | | Draw Sheet | | | | | |
| Myopyrolate | | | Abgel | | | | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 25g/Spinal Needle 22 | | 1 | Urobag - Protopoan | 1 | 1 | order no | | |
| Bupivacine 0.25% | | | Chest Drainage Catheter | | | 3090011 | | |
| Bupivacine 0.25%(Heavy) | | 1 | Romodrain bag | | | | | |
| Antibiotics | | | Bandage Shesimone | 1 | 1 | | | |
| Suppositories | | | Tegaderm | | | | | |
| Anamol : 80mg/250mg/170 mg | | | loban | | | | | |
| Supridol 100 mg | | 1 | Double J Stent | | | | | |
| Justin : 12.5 mg/25 mg/ 100 mg | | 1 | Vaccum Suction set | | 1 | | | |
| Tab. Misoprost : 200 mg | | 5 | Plastic Bed Sheet DIA | | 6 | | | |
| | | | Betadine Solution | | 2 | | | |
| | | | Microshield | | 2 | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 10 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon: Dr. Bhavana K Anaesthesiologist: Dr. Senuchara Nurse: Manimola OT:
 Order No. : 3089948182 Ordered by : Raj...

**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-00060331 Ward N 2F-LABOUR WARD
Patient Name Mrs Y SAI HARIKA Bed Name LW 221
Age/Sex 33 Y 1 M 16 D / Female Order No 0003089973
Date 13/06/2026 15:34 Prescription No PRIP-1291178
Payor BAJAJ ALLIANZ GENERAL INSURANCE CO LTD Dispensed Date 13/06/2026 15:39
UHID VIH-00201686

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|------|---|-------------------------|----------|--------------|----------|----------------|-----------------|------------------|
| 1 | ALLESORB CORE TURNAROUND COVER 40x102IN | | | VI01062026 | 03/29 | 2 | 775.00 | 1,550.00 |
| 2 | BACTOPREP SOLUTIONS 100 ML | RAMAN & WEIL PVT LTD | | RTBP26002 | 02/29 | 2 | 229.00 | 458.00 |
| 3 | BETADINE SOLUTION 10% 100 ML | Win-MedicarePvtLtd | GENERAL | MD01426 | 03/28 | 2 | 103.95 | 207.90 |
| 4 | DISPOSABLE APRONS STERILE XL | Mediblu | | 26050203 | 04/28 | 4 | 120.00 | 480.00 |
| 5 | DISPOSABLE APRONS STERILE XL | Mediblu | | 26051207 | 04/28 | 2 | 120.00 | 240.00 |
| 6 | Encore Microptic gloves- 6.5 | | H | 2510072605 | 10/28 | 1 | 117.00 | 117.00 |
| 7 | Encore Microptic gloves- 6.5 | | H | 26020044IT | 02/29 | 3 | 117.00 | 351.00 |
| 8 | ENCORE MICROPTIC GLOVES-6 PF | ELITE MEDICALS | GENERAL | 260300751T | 03/29 | 2 | 128.00 | 256.00 |
| 9 | FACE MASK-3LAYER THREADED | Sunrise | GENERAL | 01260502 | 04/29 | 10 | 10.00 | 100.00 |
| 10 | GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY | Bapuji Surgicals | GENERAL | M2645016 | 03/30 | 1 | 123.00 | 123.00 |
| 11 | LSCS DRAPE PACK SAFE SECURE | | | VI03062026 | 12/30 | 1 | 2,000.00 | 2,000.00 |
| 12 | MONOCRYL 3-0 NW 1326 | ETHICON SUTURES-J&J C1 | | T5115 | 09/30 | 1 | 997.00 | 997.00 |
| 13 | MOPS 30X30 8PLY 5S X- RAY | DATT MEDI PRODUCTS | H | M2642SF036 | 04/30 | 3 | 949.00 | 2,847.00 |
| 14 | PROTO GOWN (ADULT) (PROTECTCARE) | | GENERAL | VI20052026 | 12/30 | 1 | 450.00 | 450.00 |
| 15 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D3007M | 03/31 | 3 | 91.00 | 273.00 |
| 16 | SGLOVE # 7.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 25J9072M | 09/30 | 2 | 91.00 | 182.00 |
| 17 | STERIZONE PAD ST-91 9X25(4151-012) | DYNAMIC TECHNO | GENERAL | 10941B | 01/29 | 1 | 805.00 | 805.00 |
| 18 | SURGEON CAP(FEMALE) (PROTECTCARE) | | GENERAL | 211030042026 | 12/29 | 10 | 10.00 | 100.00 |
| 19 | SURGICAL BLADE 22 | Surgeon | GENERAL | 22C100126 | 12/30 | 1 | 7.67 | 7.67 |
| 20 | VACCUME SUCTION SET | ROMSONS | GENERAL | K26B010713 | 01/31 | 1 | 739.00 | 739.00 |
| 21 | VICRYL 1-0 NW 2364 | ETHICON SUTURES-J&J C1 | | T5008 | 09/30 | 1 | 988.00 | 988.00 |
| 22 | VICRYL 1-0 VP 2346 | ETHICON SUTURES-J&J C1 | | T5013 | 05/30 | 1 | 951.00 | 951.00 |
| | | | | | | Total : | 9,921.62 | 14,222.57 |

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,
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



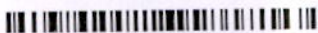
IP No : IP-00060331 Ward : N 2F-LABOUR WARD
Patient Name : Mrs Y SAI HARIKA Bed Name : LW 221
Age/Sex : 33 Y 1 M 16 D / Female Order No : 0003089982
Date : 13/06/2026 16:01 Prescription No : PRIP-1291184
Payor : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD Dispensed Date : 13/06/2026 16:02
UHID : VIH-00201686

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|---------------------------------|------------------------------------|----------|------------|----------|---------|-----------------|-----------------|
| 1 | ANAWIN HEAVY 5 MG INJ 4 ML | NEON LABORATORIES LTD | H | KP1713921 | 12/27 | 1 | 31.47 | 31.47 |
| 2 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26B20K66 | 01/31 | 3 | 28.13 | 84.39 |
| 3 | DSYRINGE 1ML (BD) | BECTON DICKINSON (BD) | GENERAL | 5344207 | 11/30 | 4 | 24.00 | 96.00 |
| 4 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | EB260026 | 04/29 | 3 | 61.00 | 183.00 |
| 5 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274054 | 11/28 | 1 | 18.74 | 18.74 |
| 6 | MINISPIKE-V | Bbraun Medical PvtLtd | GENERAL | 25G28A812A | 07/30 | 1 | 167.81 | 167.81 |
| 7 | MISOPROST TAB 200MCG 4S | CIPLA LIMITED | H | 5GH0383 | 11/26 | 5 | 20.26 | 101.30 |
| 8 | MYOSTIGMIN INJ 1ML | NEON LABORATORIES LTD | H | KP017027 | 08/28 | 2 | 5.33 | 10.66 |
| 9 | NS 100ML ACCULIFE - EH | Aculife Health Care Pvt.Ltd(Nirif) | H | 1C261641 | 02/29 | 1 | 44.93 | 44.93 |
| 10 | PENCAN 25G*3 1 2 | Bbraun Medical PvtLtd | GENERAL | 24K26G8217 | 09/29 | 1 | 469.69 | 469.69 |
| 11 | CARBITOCIN | Fresenius Kabi India Pvt Ltd | H | FF712501G | 03/28 | 1 | 566.05 | 566.05 |
| 12 | RL 500 ML CLOSED SYSTEM | Fresenius Kabi India Pvt Ltd | H | 1C261729 | 02/29 | 3 | 69.39 | 208.17 |
| 13 | SUPRIDOL SUPPOSITORIES | Neon Laboratories Ltd | H | BLNP349016 | 10/27 | 1 | 36.92 | 36.92 |
| Total : | | | | | | | 1,543.72 | 2,019.13 |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|--------------------|------------------------|----------|----------|----------|---------|---------------|---------------|
| 1 | VICRYL 1-0 VP 2346 | ETHICON SUTURES-J&J C1 | H | T5013 | 05/30 | 1 | 951.00 | 951.00 |
| Total : | | | | | | | 951.00 | 951.00 |

IP No : IP-00060331 Ward : N 2F-LABOUR WARD
Patient Name : Mrs Y SAI HARIKA Bed Name : LW 221
Age/Sex : 33 Y 1 M 16 D / Female Order No : 0003089982
Date : 13/06/2026 16:36 Prescription No : PRIP-1291184
Dispensed Date : 13/06/2026 16:37
Pharmacist Name : RUBY FLORENCE VELSIVELU
UHID : VIH-00201686
Authorized Signature : _____
BBAJ ALLIANZ GENERAL INSURANCE CO LTD

INPATIENT ISSUES AGAINST ORDERS



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

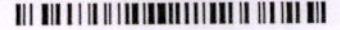
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

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-00060336 Ward N 2F-MICU
Patient Name Baby B/O Y SAI HARIKA Bed Name CRDL-MICU-227-1
Age/Sex 0 Y 0 M 0 D 2 H / Male Order No 0003090011
Date 13/06/2026 16:55 Prescription No PRIP-1291186
Payor SELFPAY Dispensed Date 13/06/2026 16:55
UHID VIH-00205878

| 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 | DUODERM EXTRA THIN 10X10 CM(187955) | Convatec | GENERAL | 5E05981 | 05/30 | 1 | 275.34 | 275.34 |
| 4 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirlif | H | 2254604 | 11/28 | 1 | 2.58 | 2.58 |
| 5 | EASYCLOT-K1 1MG INJ 0.5 ML | | H | L1152508A | 10/27 | 1 | 31.75 | 31.75 |
| 6 | ENCORE MICROPTIC GLOVES-7 PF | ANSEL | | 260301121T | 03/29 | 1 | 128.00 | 128.00 |
| 7 | FACE MASK-3LAYER THREADED | Sunrise | GENERAL | 01260502 | 04/29 | 2 | 10.00 | 20.00 |
| 8 | INFANT FEEDING TUBE-6 | ROMSONS | GENERAL | G26A010116 | 12/30 | 1 | 63.00 | 63.00 |
| 9 | OXYGEN NASAL CANNULA (NEO) | Polymed | GENERAL | K26A040076 | 12/30 | 1 | 255.00 | 255.00 |
| 10 | PROTO GOWN (ADULT) (PROTECTCARE) | | GENERAL | VI20052026 | 12/30 | 2 | 450.00 | 900.00 |
| 11 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26C2003M | 02/31 | 1 | 91.00 | 91.00 |
| 12 | SURGEON CAP(FEMALE) (PROTECTCARE) | | GENERAL | 211030042026 | 12/29 | 2 | 10.00 | 20.00 |
| 13 | SURGICAL BLADE 20 | Surgeon | | 071125 | 10/30 | 1 | 7.67 | 7.67 |
| Total : | | | | | | | 1,389.34 | 1,859.34 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RUBY FLORENCE VELPULA

| | | | |
|-----------------|--|----------------|----------------------|
| Name | Mrs Y SAI HARIKA | UHID | VIH-00201686 |
| Father/Guardian | Mr Y.BALAJI | Age/Gender | 33 Y 1 M 16 D/Female |
| Address | 30-191/24/A, Mahadevi Colony, Old Safilguda, Neredment 500056, Rajendra Nagar, Hyderabad, Telangana, INDIA, 500030 | | |
| IP No | IP-00060331 | Admission Date | 12-06-2026 |
| Ref Doctor | Self | Discharge Date | 15-06-2026 |

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3A2 with 36+4 weeks with IVF conception with Hypothyroidism with Steroid coverage with corrected Anemia in latent labour for Delivery.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 13.06.2026.

History:

LMP: 23.9.2026

Obstetric formula: G3A2

EDD: 6.7.2026

Gestation at admission: 36+4 weeks

Obstetric History:

G1 - 6weeks / Sp Miscarriage/ IVF / Jan 2024

G2 - 6weeks / Sp Miscarriage/ IVF / April 2024

G3 - Present pregnancy IVF conception.

Medical History: Nil

Family History: Mother- hypothyroidism, Father- DM, HTN,
Siblings- CHD, Expired

Surgical History: nil

Allergies: Nil

Name

Mrs Y SAI HARIKA

UHID

VIH-00201686

Antenatal Details: Mrs Y SAI HARIKA was booked to Rainbow hospital at 19 weeks of gestation. Previous ANCs done at Ragma Vendra Fertility. She had regular antenatal checkups and investigations as advised. Diagnosed with Hypothyroidism at conception started on Tab Thyroxine 12.5mcg OD. Had h/o rash with itching on hands and legs at 25+6weeks managed conservatively. Had history of anaemia at 26+1weeks managed with Tab Iron BD. She was on tab Ecosprin 150mg OD stopped at 36weeks. She was admitted at 36+4weeks with IVF conception with Hypothyroidism with Steroid coverage with corrected Anemia in latent labour for Delivery.

Investigations: Enclosed
Blood group: '**A**'**POSITIVE**

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch and 2 cm dilated, show present. Fetal well being was confirmed by an admission CTG which was found to be reactive. Inj Betamethasone 12mg IM 2 doses given after checking GRBS. Informed consent taken for normal vaginal delivery. Artificial rupture of membrane done at 3cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Continuous FHR monitoring done. NST done showed drop in fetal heart rate. Patient and attenders has been explained regarding drop in fetal heart rate, non progress of labour and risk of continuing with vaginal delivery and need of emergency LSCS has been explained and they opted to emergency LSCS.

She was decided for emergency C-section in view of non progress of labour and drop in fetal heart rate prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name

Mrs Y SAI HARIKA

UHID


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

MPS00201686


BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus clear Liquor seen. Baby head was completely deflexed. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 13.6.2026

Time of Delivery: 3:10Pm 15sec

Type of Delivery: Emergency LSCS

Indication: non progress of labour with drop in fetal heart rate

Analgesia: Spinal

Baby Details:

Date: 13.6.2026

Time: 3:10Pm 15sec

Sex: male

Weight: 2.854kg

Apgar: 7/10, 9/10

Gestational Age: 36+5weeks

NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 19.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 19.06.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 19.06.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 19.06.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 12.5 mcg once daily on empty stomach (6am) till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Inj. Enoxaparin 40mg subcutaneously once daily at 10 PM till 16.06.2026.
10. Nebasulf powder for local application.
11. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 19.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

Name

Mrs Y SAI HARIKA

UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O


Dr. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

PatientName : Mrs Y SAI HARIKA
Age/Gender : 33 Y 1 M 15 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 221

Inpatient No. : IP-0000334
Admit Date : 12-06-2026
Discharge Date :

| Investigation | Result | Unit | Biological Reference Interval |
|--|---|---|-------------------------------|
| COMPLETE BLOOD PICTURE (Specimen : BLOOD) | | TEST RESULT STATUS : REPORT AUTHORISED | |
| | | Order Date :12-06-2026 21:46 | |
| HEMOGLOBIN (Colorimetry) | 11.5 | g/dL | L 12 - 16 |
| RBC COUNT (DC detection method) | 3.70 | 10 ¹² /L | L 4 - 5.2 |
| PCV/HCT (Calculated) | 31.8 | VOL% | L 33 - 51 |
| MCV (Calculated) | 85.9 | fL | 80 - 100 |
| MCH (Calculated) | 31.1 | pg/cells | 26 - 34 |
| MCHC (Calculated) | 36.2 | g/dL | H 32 - 36 |
| RDW-CV (Calculated) | 12.7 | % | 11.5 - 13.1 |
| PLATELET COUNT (DC Detection Method) | 222 | 10 ⁹ /L | 150 - 450 |
| MPV (Calculated) | 8.4 | fL | 6.5 - 10 |
| WBC COUNT (DC Detection Method) | 12.83 | 10 ⁹ /L | H 4.5 - 11 |
| Differential Count | | | |
| NEUTROPHILS (Microscopy, Leishman stain) | 71 | % | H 35 - 66 |
| LYMPHOCYTES (Microscopy, Leishman stain) | 20 | % | L 24 - 44 |
| MONOCYTES (Microscopy, Leishman stain) | 07 | % | 4 - 10 |
| EOSINOPHILS (Microscopy, Leishman stain) | 02 | % | 1 - 4 |
| PERIPHERAL SMEAR (Microscopy, Leishman stain) | RBC : NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE | | |



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

| Investigation | Result | Unit | Biological Reference Interval |
|---|--------|--|-------------------------------|
| RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA) | | TEST RESULT STATUS : REPORT ENTERED | |
| | | Order Date :13-06-2026 01:57 | |
| RANDOM BLOOD GLUCOSE (GOD/POD) | 103 | mg/dl | 70 - 140 |

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VIH-00201888 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 17 D (F)
 Dr. BHAVANA K

Patient Name :

IP.No:

Ward:



DOA: 12/6/26

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

50 total pages

Signature and Date: *Dadma* 15/6/26
 @8Am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

PATIENT TRANSFER FORM

VIH-00201686 IP-00060331
Mrs Y SAI HARIKA
28-04-1993 33 Y 1 M 16 D (F)
Dr. BHAVANA K



| | | |
|---|--|--|
| | Date & Time of Admission 12/6/26 @ 9:22pm | Date & Time of Transfer Order 13/6/26 @ 9:50pm |
| Treating Consultant Name | Transfer Ordered by Dr. Nikitha | Reason for Transfer For observation |
| From Unit MICU | To Unit Room (207) | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Number of Sheets in Clinical File 38 | Number of Imaging Films 3 | 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. | Saral pad - (1) under pad - (1) Baccinub - (1) | |
| 2. | TAB:- PARACETOMOL - (15) | |
| 3. | TAB:- PANTOPRAZOLE - (15) | |
| 4. | TAB:- TRAMADOL - (10) | |
| 5. | TAB:- DICLOFENAC - (10) | |

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Nikitha

| | |
|--|--|
| Name & Signature of Person who is Transferring Sr. <i>[Signature]</i> | Name of Person Ordered Transfer Dr. Nikitha |
|--|--|

Patient & Clinical Records Received by : *Dupika* 13/6/26 @ 9:50pm

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

①

PATIENT TRANSFER FORM




| | | | |
|---|------------------------------|---|---|
| Patient Name & UHID No. VIH-00201686 IP-00060331 Mrs Y SAI HARIKA 28-04-1993 33 Y 1 M 16 D (F) Dr. BHAVANA K  | | Date & Time of Admission 12/6/26 9:22pm | Date & Time of Transfer Order 13/6/26 @ 2:47pm |
| | | Transfer Ordered by DR. Yogeshwari | Reason for Transfer Em LSCS |
| From Unit LW | To Unit OP | Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 30 | Number of Imaging Films 6 | 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 : Yes <input type="checkbox"/> No <input type="checkbox"/> Dr. Yogeshwari | | | |
| Name & Signature of Person who is Transferring Sr. Pradyumna | | Name of Person Ordered Transfer Dr. Yogeshwari | |
| Patient & Clinical Records Received by : S. Vantha | | | |
| Date & Time of Patient Received 12/6/26 @ 2:50pm | | | |

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

2

PATIENT TRANSFER FORM

| | | | |
|---|-------------------------|--|---|
| Patient Name / I.P. No. VIH-00201686 IP-00060331 Mrs Y SAI HARIKA 28-04-1993 33 Y 1 M 16 D (F) Dr. BHAVANA K  | | Date & Time of Admission 12/6/26 @ 9:22pm | Date & Time of Transfer Order 13/6/26 @ 4:10pm |
| | | Transfer ordered by Dr. Sunidhara | Reason for Transfer Postop care |
| From Unit OT | To Unit NICU | Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in clinical file | Number of Imaging films | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / notes written by Doctor : | | | |
| Name & Signature of Person who is Transferring Sr. Prathuska | | Name of Person Ordered Transfer Dr. Sunidhara | |
| Patient & Clinical records received by : Prathuska | | | |
| Date & Time of Patient Received: 13/6/26 @ 4:10pm | | | |

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060331

Admit Date : 12-Jun-2026

Admit Time : 09:22 PM UHID : VIH-00201686

Patient Details :

Patient Name : Mrs Y SAI HARIKA

Age : 33 Y 1 M 15 D

Guardian : Mr Y.BALAJI

DOB : 28-04-1993

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 30-191/24/A, Mahadevi Colony, Old Safilguda, Neredment 500056 Rajendra Nagar Hyderabad Telangana INDIA 500030

Phone No : 8125825027/ 9966118676

E-mail : saiharika93@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 221

Ward Name : N 2F-LABOUR WARD

Room No : LW 221

Admission Type : First Visit

Contact Details :

Name : Mr Y.BALAJI

Relationship : W/O

Contact Address :

Phone No : 8125825027


Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Came with c/o spotting PV since morning

Obstetric Formula: G3A2
 ML- 5ys NCM

Obstetric History:

G1 - 6 weeks / sp miscarriage / IVF / Jan 2024
 G2 - 6 weeks / sp miscarriage / IVF / April 2024
 G3 - PP, IVF conception

LMP: 23/9/25

EDD:

Corrected EDD: 6/7/26

GA: 36 + 4 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Present Pregnancy Record: Booked to RCH at 19 weeks; prev ANC's at Raghavendra fertility Rajendranagar. Dx with hypothyroidism - conception on T. thyroxine 12.5mg OD. H/O Rash & Itching on hands & legs at 25+6 wks managed conservatively. H/O anemia at 26+1 weeks was on T. Ecosprin 150mg OD stopped at 36 weeks.

RISK FACTORS: hands & legs at 25+6 wks

Per Speculum Examination

Not done.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 168 cm

Weight: 86-85 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: clecle Pallor:

Icterus: Edema:

Temp: Afeb PR: 100bpm

BP: 108/68mmHg DTR:

CVS: S1, S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adq.

DIAGNOSIS

G3A2 with 36+4 weeks with IVF conception with hypothyroidism with corrected anemia for steroid coverage / Delivery.

Family History:

Mother - Hypothyroid.
 Sibling - CHD, expired
 Father - HTN, DM

Surgical History:

Nil

Medical History:

Failed IUI thrice

Medication History:

Allergies - Nil

Plan of Care:

GRBS - 103 mg/dl

Investigations:

BG 'A' POSITIVE

Admission

(N) Diet

IV fluid 1lb NST.

Monitor Vitals

Inj Betamethasone 12mg, 12th huly
 after checking GRBS.

Neonatal Counselling.

Send CBP

Follow dry chart

NST 4th huly

FHR monitoring

Inform SOS.

noted by Subeew 12/6/26 9pm

HIV }
 HBsAg } NR.
 HCV }
 VDRL }

NT (outside)
 31/12/25
 13+6 weeks
 NT - 1.4 mm

TIFFA
 13/2/26
 SLIUF
 CL - 35.5mm
 No anomalies
 19+4 weeks.

Growth Scan

5/6/26
 SLIUF
 38+4 weeks
 Cephalic
 pl - A, H
 AFI - 13.8cm
 AC - 26%
 EFW - 2621gms.
 Dopplers (N)

FTS low risk
 fetal echo (N)

Doctor Name:

DR. Nausheen

Signature:

[Signature]

Date & Time:

12/6/26, 9pm

Consultant Name:

DR. Bhavana.k

Signature:

Date & Time:

12/6/26 ; 9pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) | |
|--|------|--|--|
| 13/6/26 | 1 AM | Pt is c/cle G/C fair Afebrile BP- 109/76 mmHg PR- 88 bpm S/E - NAD P/A - Ut + Tr Relaxed | Adv - Normal diet - Ambulation - Hydration - Follow drug chart - ut f pad for bleeding - monitor vitals |
| NST - reactive 1 dose betnesol given at 9 pm noted by Subairini 13/6/26 1 AM | | (C) FHR (D) 138 bpm - Inform SOS | |
| 13/6/26 | 5 AM | o/e pt is c/cle cyc fair Afeb BP- 112/70 mmHg PR- 76 bpm S/E NAD P/A ut ~ 36 wks. Relaxed FHR (D) 143 bpm vte - c/c | Adv - (N) Diet - Ambulation - Hydration - Monitor Vitals - Follow drug chart - NST 4th hly - FHR monitoring - Inform SOS |
| noted by Subairini 5 AM 13/6/26 | | | Dr. Narasimhan |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

13/6/26
6:30 AM.

C/S to Dr Bhavana man

P/A Relaxed
FHR ⊕ 142 bpm.

V/e cx - 1/2 inch long,
post
es - 2cm.
PPVx - 2

~~AS~~
Dr. Nushoon

Noted by
Saharini
13/6/26
6:30 AM

13/6/26
9 AM.

C/S by Dr Bhavana Man

Pt is c/c

GTC favor
Afebrile

BP - 104/68 mmHg

PR - 86 bpm.

S/E - NAD

P/A - Ut - TG

Relaxed

⊕ FHR ⊕ 138 bpm

V/e - 50% effaced

es - 3cm
leg clear

PPVx 3/1.

Adx

- Clear liquids
- Ambulation
- Hydration
- w/f POL
- Follow up chest
- NIST - 4th hour
- FHR monitoring - continue
- monitor vitals
- Inform SOS
- Foley's catheterization
- Enema
- Inf oxytocin

2nd dose
1mg Betamethasone
12mg IM - given at
9:10 AM.

AKM done

Noted by
Prathapsha @ 9 AM

Jhan
D. Jhan



2

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|--------------------------------|
| 13/6/2026 | c/s/B Dr. Soumya's mam | |
| 12:15 pm | O/E - pt is c/c/c Gc - fair | <u>Adv:</u> - clear liquids |
| | BP - 114/69 mmHg. | - Hydration |
| | PR - 79 bpm. | - Ambulation |
| | S/E - NAD. | - Biting ball exercises |
| <u>on sycto</u> | PIA - ut ~ 3 wks cephalic | - monitor vitals |
| | isritable | - FHR monitoring - continuous |
| | FHR ⊕ 148 bpm. | - w/F POL |
| | V/E - Cx - 50% effaced. | - monitor vitals |
| | OS - 3 cm. | - Follow drug chart |
| | PPVx 1-3) | - Infom sos. |
| | memb ⊖, liquor clear. | |
| <p>noted by manga 13/6/26 @ 12:15pm</p> | | <p><u>Dr. Nikhita</u></p> |
| 13/6/26 | <u>Counselling Note</u> | |
| 2:40 pm | patient and attenders are explained about fetal heart rate drop and risk of fetal distress and need for emergency Lscs and they opted for it. | |
| | <u>Y. Balaji</u> Husband | - NBM. |
| | | - PAC |
| | | - monitor FHR |
| | | - consent |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|--|
| 13/6/26 2:40pm | P/A ut ~ TV 3U1sseelloam Fur ⊕ dropped till 786PM PU - cx 80% eff and os - 3cm 1 PPUx-1 caput ⊕. m ⊕ uq ⊕ | Adv - Em. LSCS |
| Noted by prathyusha @ 2:40pm | | At Dr Ashwin |
| 13/6/26 4:30pm | P/O BP - 126/77mmg PR - 98bpm XANAD PIAUUR BS ⊕ PU - NAB | Adv - NBM x 4hrs - I/O charting - WIP bleeding PU - monitor vitals - follow up - inform SOS - Rest At Dr Ashwin |
| Noted by prathyusha 13/6/26 @ 4:30pm | | |

8
PROGRESS NOTES
(USE BALL POINT PEN ONLY)



| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) | |
|-------------------------|------|---|----------------------|
| 13/6/2026 | | POD - 0 (LSCS) | |
| 8:30 pm | | O/E - pt is c/c/c | Adv: |
| | | G/C - Fair | - water sips flb |
| P/L | | Afebrile | - clear liquids |
| Hypothyroid | | BP - 111/69 mmHg | - soft diet at |
| | | PR - 81 bpm | 2:30 Am |
| U/O | | S/E - NAD | - w/f bleeding pv |
| 650 ml | | P/A - wt ~ w/R | - monitor vitals |
| clear, adequate | | Soft, BS (+) | - No churning |
| pt. can be | | L/E - NAB | - passive ambulation |
| swifted to room | | Baby ^A BF (+) | - follow drug chart |
| | | | - Infom sos |
| Noted by <u>Deepika</u> | | 13/6/26 @ 8:30 PM | |
| 14/6/2026 | | POD - 1 (LSCS) | |
| 7:30 Am | | O/E - pt is c/c/c | Adv: |
| | | G/C - Fair | - soft diet |
| P/L | | Afebrile | - Adeq. Hydration |
| Hypothyroid | | BP - 110/70 mmHg | - Ambulation |
| | | PR - 88 bpm | - w/f bleeding PV |
| U/O | | S/E - NAD | - monitor vitals |
| 1000 ml | | P/A - wt ~ w/R | - follow drug chart |
| clear, adequate | | Soft, BS (+) | - Infom sos |
| Remove | | L/E - NAB | |
| foleys | | Baby ^A BF (+) | |
| | | | |
| Noted by <u>Deepika</u> | | 14/6/26 @ 7:30 Am | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Deepika

14/6/26

1 PM

P/L E Hypotension

Urine Passed
Motion Not Passed

POD-1 (Post Usci)

OLE Pt is c/c
GC - fair
Afebrile
BP - 105/80 mmHg
PR - 78 bpm
S/E - NAD
PIA - Ut w/IR
Soft BS (+)
UE - NAB
Baby T_A M, BF (+)

PBV

- Soft diet
- Ambulation
- Adequate hydration
- Bleeding PV
- Monitor vitals
- Follow dry chart
- Inform SCS

Dr Ashwin

[Signature]

Noted by Dadma. 14/6/26 @ 9pm

14/6/26

2:30 PM

P/L E Hypotension

Urine Passed
Motion Not Passed

POD-1 (Post Usci)

OLE Pt is c/c
GC - fair
Afebrile
BP - 110/72 mmHg
PR - 78 bpm
S/E - NAD
PIA - Ut w/IR
Soft BS (+)
UE - NAB
Baby T_A H, BF (+)

PBV

- (M) diet
- Ambulation
- Adequate hydration
- WIF Bleeding PV
- Monitor vitals
- Follow dry chart
- Inform SCS

Dr Ashwin

[Signature]

Noted by SCS 14/6/26 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------------|-----------------------------|----------------------|
| 15/6/26 | POD-2 (Post ces) | |
| 7am | O/E Rt to cl/c | Adv |
| | GC - fair | - (M) diet |
| P/E | Afebrile | - Ambulation |
| Hypothyroidism | RR - 110/76 mmHg | - Adequate hydration |
| | PR - 71 bpm | - W/F Bleeding per |
| | S/E - NAD | - Monitor vitals |
| UP | PIA - uterine | - Follows drug chart |
| M-TP | Soft RC ⊕ | - Inform tes. |
| ASD down wound | LE - PV examination done | |
| healthy | NO active bleeding | |
| It can be discharged | Baby F _A H, RF ⊕ | Dr. Ashwin |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Noted by padma 15/6/26 @ 8am



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/26

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: spotting plv since morning Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. NALYHEEM
 Time Notified: 9pm

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|------------------------|-----------------------|-----------------------------|
| <u>Fabi-thyroidine</u> | <u>Nil</u> | <u>Nil</u> |

| Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable | Gynecology Surgical History: | Gynecological History: |
|--|--|--|
| Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/9/25</u> | Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____ | Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |

Obstetric History: G 3 P Nil L Nil A 2

Previous LSCS: _____

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

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

Vital Signs / Measurements: Temp: 98.6F HR: 82b/m RR: 18b/m
 BP: 108/68mmHg Weight: 68kg Height: 168 BMI: 26.2

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 0 (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. Sai Harika
Name of Person Orientation was given to: Mrs. Sai Harika
Orientation not given Reason:

Nurse Signature: [Signature]
Nurse Name: K. Subashini
Date & Time: 2/6/26 9:10pm



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 13/6/26

To Be Filled In By Assigned Nurse:

Department: labour ward Duration of Procedure: 1.5 CS
 Name of Surgeon: Dr. Bhavana K. Date of Admission: 13/6/26

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

| | | Staff Signature |
|----|--|--------------------|
| 1. | Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Taj: Cefotaxime.</u> | <i>Posthushan</i> |
| 2. | Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input type="checkbox"/> Ward <input checked="" type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>[Signature]</i> |
| 3. | Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C) | <i>A</i> |
| 4. | Name of doctor or staff administering the antibiotic: <u>Dr. Ashwini</u> Date & Time of antibiotic administration: <u>13/6/26</u> Date & Time procedure started: <u>@ 11:30 pm</u> | <i>Pravone</i> |

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



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/6/26 Time of Arrival: 8:40pm Time Seen by Nurse: 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:

3) Vital Signs: Temperature: 98.6 Pulse: 82b/m RR: 16b/m SpO₂: 99% BP: 108/68 Weight: 86.85kg

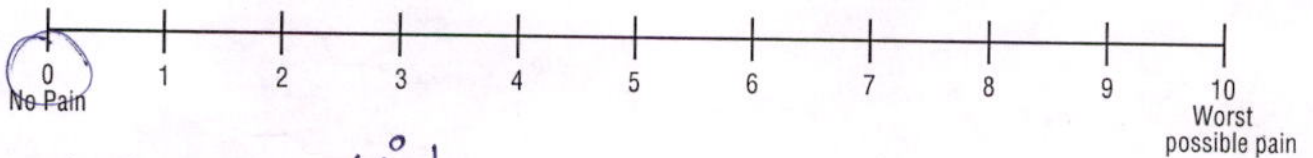
4) Gestational Criteria:

| | | | | | | | |
|----------|------------|---|----------|---|----------|---|----------|
| Gravida: | G <u>3</u> | P | <u>-</u> | L | <u>-</u> | A | <u>9</u> |
|----------|------------|---|----------|---|----------|---|----------|

LMP: 23/9/25 EDD: 6/7/26 Gestational Age: 36 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 checked="" type="checkbox"/> Yes | <input 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: No
- Duration: No Days / Weeks/ Months (Strike out which is not applicable)
- Character: No
- Frequency: No
- Interventions: No

6) Past History:

- a) Surgeries: No
- b) Medical: tab. Impositione



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

| OTAS | Level 1 (Resuscitative) | Level 2 (Emergent) | Level 3 (Urgent) | Level 4 (Less Urgent) | Level 5 (Non Urgent) |
|-------------------------|--|---|--|---|--|
| Level 1 (Resuscitative) | Immediate | ≤ 15 minutes | ≤ 30 minutes | ≤ 60 minutes | ≤ 120 minutes (2 Hours) |
| Re-Assessment | Continuous Nursing Care | Every 15 Minutes | Every 15 Minutes | Every 30 Minutes | Every 60 Minutes |
| Labour / Fluid | Imminent Birth | Suspected Pre-term Labour / PPROM < 37 Weeks | Signs of Active Labour > 37 weeks | Signs of Early Labour/ 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: 9pm

Nurse Name: K. Subasini Nurse Signature: [Signature]

Date: 12/6/26 Time: 8:45pm

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. Y. SAHARICA UHID No : VIH-00201686

Gender: Male Female Date : 13/6/26 Time : 9:20 AM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. BHAVANA K.

Consentee :
Signature : Y. Sai Hanika

Name : Y. Sai Hanika

Date & Time : 13/6/26, 9:20 AM

Witness :
Signature : Majjula

Name : Majjula

Date & Time :

Patient Attendant :
Signature : Y. Redji

Name : Y. Redji Husband

Relationship with Patient: Husband

Date & Time : 13/6/26, 9:20 AM
Doctor (who is taking the consent) :
Signature : Dr. Farooq

Name : Dr. Farooq

Date & Time : 13/6/26 9:20 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.బి.డి. బిభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య భాగంలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్), సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో జిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జి, ముచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసర్షన్, హెమటోమా, పుర్రె గాయం అయే అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: సాక్షి
..... సంతకము

నేను పేరు తేదీ మరియు సమయము

నా పేరు
నా సంతకము

నేను
Docu. No. : RCHBH /RRM / CLINICAL / 028

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. Y. SAI HARIKA Gender: Male Female Age : 33 YEARS

UHID No : MH-00201686 / 60331 Date : 13/6/2026

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon MRS. Y. SAI HARIKA
(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, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION, ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

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

Consentee :
Signature : [Handwritten Signature]

Name : Mrs. Y. SAI HARIKA

Date & Time : 13/6/2026 2:40 PM

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : [Handwritten Signature]

Name : Y. Balaji

Relationship with Patient: Husband

Date & Time : 13/6/2026 2:40 PM

Doctor (who is taking the consent) :

Signature : [Handwritten Signature]

Name : Dr. Advitini

Date & Time : 13/6/2026 2:40 PM

VIH-00201686 IP-00060331
Mrs Y SAI HARIKA
28-04-1993 33 Y 1 M 16 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / CON / ANES / 02



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Sai Harika Age : 33y
Gender: M F - IP No: Consultant: Dr. Bhavanee
Ward / Bed No. : Anaesthesiologist: Dr. Sundhara
Operative procedure planned : Emergency cesarean 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 / RTA
 Incapacitating COPD Others:

Comments : Hypertension, Bleeding

- 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 Sai Harika the above mentioned operation / Diagnostic / Therapeutic procedures Emergency cesarean section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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 anaesthesia.

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, CVP 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 anesthesiologist 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 / MAC 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 : CAJ HANNA

Relationship with Patient: Self

Date & Time : 13/6/26, 2:45 pm

Witness :

Signature : [Signature]

Name : Y. Babaji

Date & Time : 13/6/26, 2:45 pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Sunanda

Date & Time : 13/6/26, 2:45 pm



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Sai Harika Age: 33y Sex: F UHID.No: _____
 Date: 13/6/26 Time: 2:45 pm Proposed Operation: Em USG
 Diagnosis: G3 A2 Fetal distress - 36⁺ wks, IVF Conc, Hypothy
 B.P / CRT: 120/80 H.R: 92/min Weight: ~85 kg ASA Physical Status: 1 2 3 4 5 concealed Anen

Laboratory Data:

Hgb: 11.5 Glucose: _____ Protein: _____ HIV: _____ X-Ray: _____
 PCV: _____ Urea: _____ Alb: _____ HBS Ag: Nil ECG: _____
 WBC: _____ Creat: _____ Total Bill: _____ HCV: Acne 2D Echo: _____
 Plate: _____ Na: _____ Dir. Bill: _____ Blood group: _____ Stress/Angio: _____
 PT: _____ K: _____ LDH: _____ T3 _____ Other: _____
 PTT: _____ Ca++: _____ Alk phos: _____ T4 _____
 INR: _____ Mg++: _____ Amylase: _____ TSH _____
 Cl-: _____ SGOT/SGPT: _____

Allergies: _____

Medical History: CVS: /
 RESP: _____ Diabetes: _____
 CNS: _____
 Renal: NAD
 Hepatic / GE: _____ Physical Activity: Active
 Others: _____

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (2) Mentohyoid Distance: (2) Neck: (2) Teeth: (2)
 Lungs: clear
 Heart: S1S2
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: (2) Spine Exam for regional: (2)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| | |
| | |
| | |
| | |

Pre-Operative instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Sunanda



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 92/mnt B.P / CRT: 120/80 SpO₂: 100% R.R: 16/mnt Last Feed: > 6 hrs

Pre-OP Diagnosis: G2A2-36 w/ IVF Hysterectomy Operation: Em US Date: 13/6/26

Surgeon: Dr. Bhavana / Dr. Sonny Anaesthesiologist: Dr. Sundhara Technician: Vaithyani

| TIME | N ₂ O / AIR / O ₂ LPM | HALO / SO / SEVO | Drugs | Antibiotic | Suppository | Blood Loss | NOTES |
|-------|---|------------------|---------------------|------------|-------------|------------|-------|
| 3:30 | | | <u>Atrol 100 mg</u> | | | | |
| 3:40 | | | | | | | |
| 4:00 | | | | | | | |
| 4:15 | | | | | | | |
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| 24:00 | | | | | | | |

LAB Values

ABG

CPAB

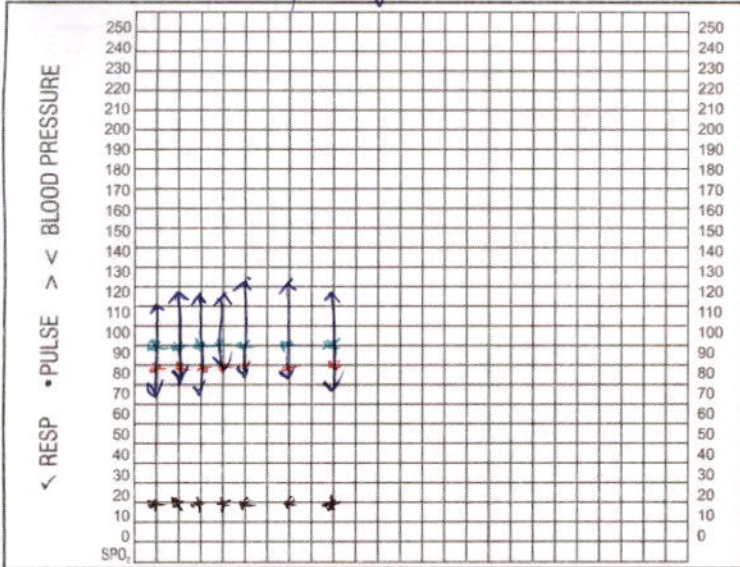
Others

| | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>Atrol</u> <input checked="" type="checkbox"/> Cuff Site: <input checked="" type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input 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>Sitting</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <u>Supine</u> <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake | Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Huggers <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>3pm</u> OP Start: <u>3:55pm</u> OP End: Leave OR: <u>4pm</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>18G Atrol</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"/> RS <input type="checkbox"/> Others <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 checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other | Regional: <input checked="" type="checkbox"/> Extremity <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <u>Sitting</u> Site: <u>Atrol</u> Needle Size: <u>25G</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin Drug Name & Conc: <u>0.5% Bup 20 (1+)</u> Bolus: <u>25 mg Santanyl</u> Infusion: Block Level: <u>T4-T6</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>Sundhara</u> Signature of the Doctor: <u>Sundhara</u> |
|--|---|--|--|



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Prathyusha Time Received : 4:10pm Time Discharged :



IV Cannula Site : left
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug : Aspirin 100mg
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral Yes No
 IV Fluids : ke
 Oral Feeds : nil

| 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 | 1 | 1 | 1 | 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 | 9 | 10 | | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---------|------|------------|-----------------------------------|------------|
| 13/6/26 | 6pm | 2 score | Tab - Paracetamol 1gm - (1) given | Prathyusha |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Sunidhara

Anaesthesiologist Signature : [Signature]

Date & Time : 13/6/26 @

PACU Nurse Name : Prathyusha

PACU Nurse Signature : [Signature]

Date & Time : 13/6/26 4:10pm

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): Roon (207)

Date & Time : 13/6/26 @



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level | | Maternal | | FHR | Comments |
|------|-----------------------|------------|-------|-------|----------|-------|-----|----------|
| | | | Left | Right | BP | Pulse | | |
| | | | | | | | | |
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Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavanan K
 Asst. Surgeon : Dr. Ashwin Dr. Gowri
 Anaesthetist : Dr. Sundhara S. Manimeal
 Scrub Nurse : S. Manimeal

VIH-00201686 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 16 D (F)
 Dr. BHAVANA K



Age : 33y Gender : F
 Surgery Name : Em. lscs

Date : 12/6/24 In-time : 3pm Out-time : 4pm



Before Induction of Anaesthesia ➤ US

| SIGN IN | | Time: <u>2 pm</u> |
|--|---|-------------------|
| Patient Has Confirmed | | |
| Identity | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Site | <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Risk of > 500ml Blood Loss (7ml/kg In Children)? | | |
| Yes, and Adequate Intravenous Access and Fluids Planned | <input checked="" type="checkbox"/> Yes <input 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>Sundhara</u> | | |
| Name : <u>Dr. Sundhara</u> | | |

Before Skin Incision ➤ ➤

| TIME OUT | | Time: <u>3pm</u> |
|---|---|------------------|
| Confirm all team members have introduced themselves by Name and Role <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Surgeon, Anaesthesia Professional and Nurse Verbally Confirm → <u>Mrs. Y. Sai. Harika</u> | | |
| Correct Patient (Check ID Band) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Correct Site | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Correct Procedure <u>EM. 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, <u>1hr</u> Anticipated Blood Loss? <u>500ml</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | |
| Anaesthesia Team Reviews: | | |
| Are There Any Patient-specific Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA | | |
| Nursing Team Reviews: <u>Hypothyroidism, Bleeding</u> | | |
| Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <input 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 checked="" type="checkbox"/> No | | |
| Signature : <u>Dr. Vanitha</u> | | |
| Name : <u>Dr. Vanitha</u> | | |

Before Patient Leaves Operating Room

| SIGN OUT | | Time: <u>4pm</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 type="checkbox"/> No <input checked="" type="checkbox"/> NA | |
| To Surgeon, Anaesthetist and Nurse: | | |
| What are the key concerns for recovery and management of this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Signature : <u>Dr. Ashwin</u> | | |
| Name : <u>Dr. Ashwin</u> | | |

VIH-00201686 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 16 D (F)
 Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

| | |
|--|---|
| Surgeon's Name: <i>Dr. Bhavana k</i> | Date of Delivery: - <i>13/6/26</i> |
| Assistant Surgeon: <i>Dr. Soumyasri / Dr. Ashu</i> | Time of Delivery: <i>3:10 PM 15 sec</i> |
| Anaesthetist's Name: <i>Dr. Sunidhara</i> | Gender of Baby: - <i>Male</i> |
| Type of Anaesthesia: <i>spinal</i> | Weight of Baby: - <i>2854 gm</i> |
| Neonatologist: <i>Dr. Smikar</i> | AGPAR Score: - <i>7/10, 9/10</i> |
| Scrub Nurse: <i>Sis Manimala</i> | NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Pre-Operative Diagnosis:

- Elective Emergency

Indication: - *non progress of labour
 & drop in fetal heart rate*

Urgency

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

Decision time: Knief to rectus:

CTG Description: *drop in FHR*

If there was a delay give the reasons:

Surgical Procedure: - *Emergency LSCS & SA*

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: *300 ml*

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

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

Skin Incision: Pfannensteil Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps head was completely deflexed
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: Normal Cord around the neck Yes No
 Appearance of placenta: Normal Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Vicryl Suture
 Peritoneal Closure: Pelvic Abdominal None Suture
 Sheath Closure: Vicryl Suture
 Fat Closure: Yes No monocryl 3-0 Suture
 Skin Closure: Subcuticular Mattress monocryl 3-0 Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in 12-24hr days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:

 NBM x 4 hrs
 110 charting
 w/6 bleeding pt
 monitor vitals
 follow drug chart
 inform s.o.
 H.D. Asmini

Doctor Name: Dr. Bhavana K

Doctor Signature:

Date & Time: 13/6/26

VIH-00201686 IP-00060331
 Mrs Y SAJ HARIKA
 28-04-1993 33 Y 1 M 15 D (F)
 Dr. BHAVANA K



①

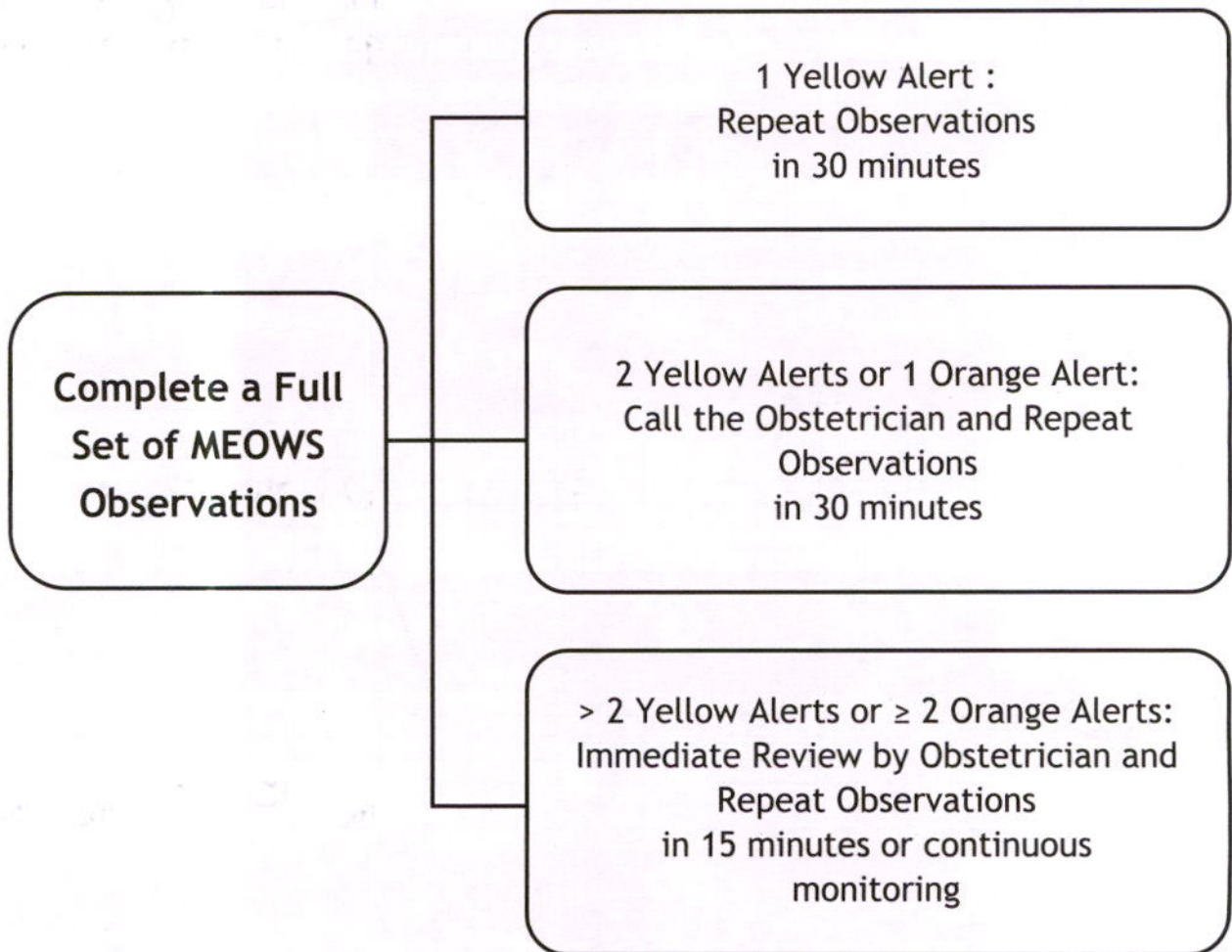


Early Warning Observation Score Chart - Obstetrics

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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 94 - 100 % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | < 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ↓ 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)



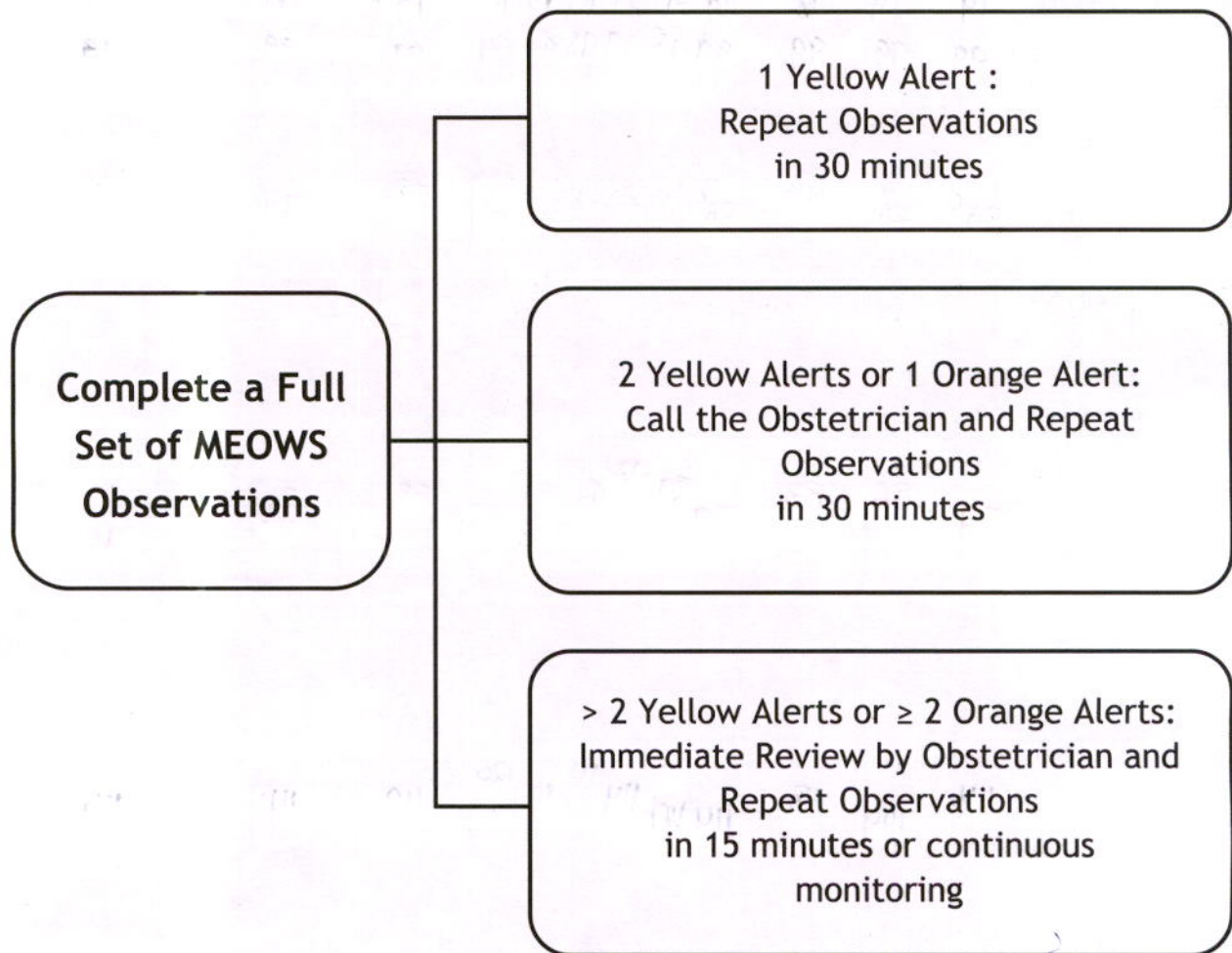
(2)

Early Warning Observation Score Chart - Obstetrics

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

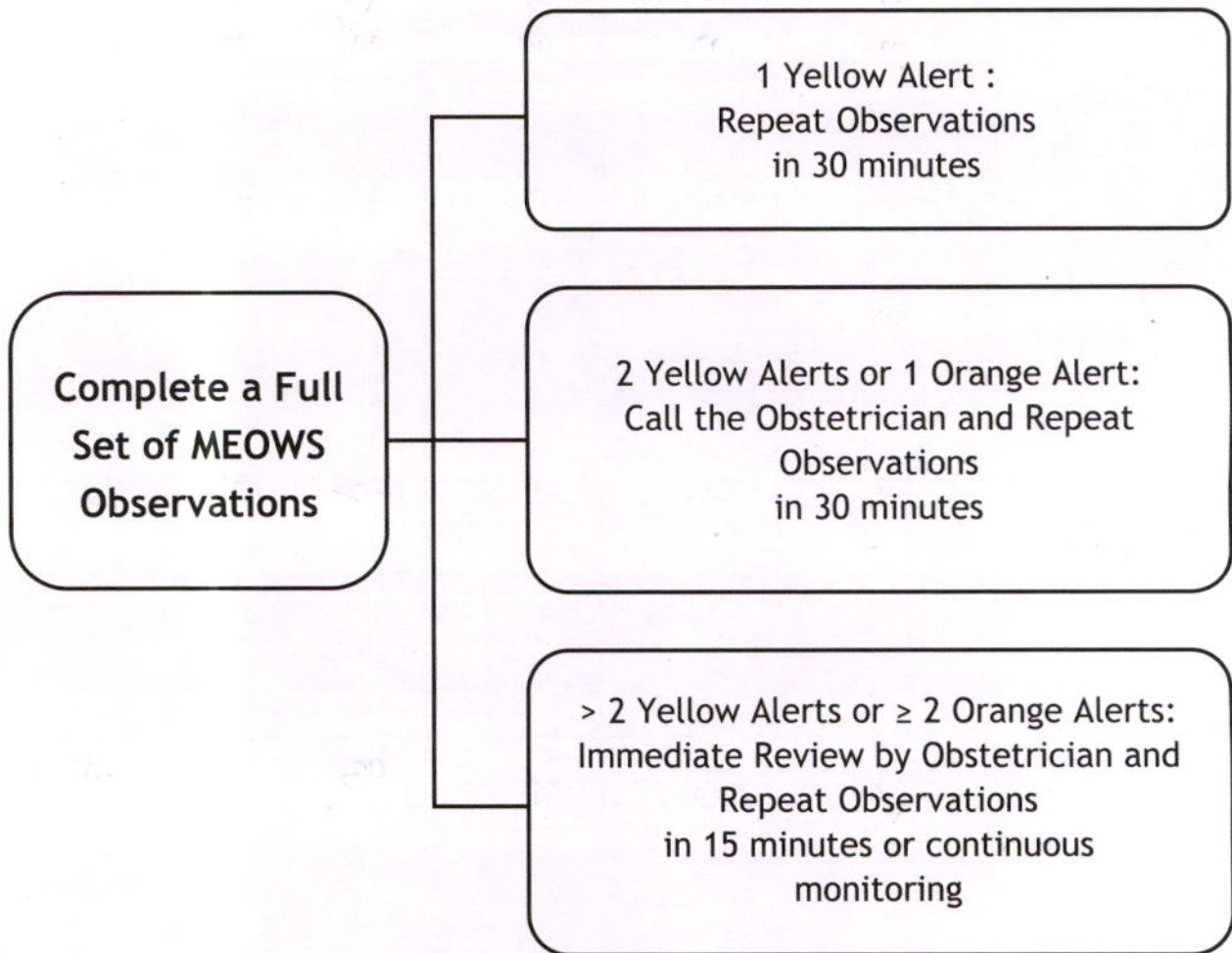
| | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--------------|------|-----|----|-----|----|----|-----|-----|-----|-----|----|----|-----|----|----|-----|----|----|----|-----|----|---|---|----|-----|----|--|--|
| | | Time | 8 | 9 | 10 | 11 | 12 | 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 | 18 | | | 19 | 21 | 20 | 19 | 19 | 19 | | | 19 | | | 19 | | | | 19 | | | | 19 | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 99 | 99 | 99 | | | 99 | 98 | 99 | 98 | 99 | 99 | | | 99 | | | 99 | | | | 98 | | | | 99 | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | 36 | 36 | 37 | | | 36 | 36 | 36 | 36 | 36 | 36 | | | 37 | | | 37 | | | | 36 | | | | 37 | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | 79 | 86 | 83 | | | 79 | 89 | 92 | 80 | 81 | | | 88 | | | 72 | | | | 65 | | | | | 70 | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | 114 | | | 118 | | | 114 | 114 | 121 | 120 | | | 110 | | | 111 | | | | 116 | | | | | 109 | | | |
| | 100 | | 109 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | 69 | 71 | 73 | | | 69 | 71 | 70 | 72 | 70 | | | 70 | | | 70 | | | | 72 | | | | | 70 | | | | |
| 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 | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | 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 | | |
| TOTAL ORANGE SCORES | | 0 | 0 | 0 | | | 0 | 0 | 0 | 0 | 0 | | | 0 | | | 0 | | | | 0 | | | | 0 | | 0 | | |
| Nurse Initial | | DB | DB | DB | | | DB | DB | DB | DB | DB | | | DB | | | DB | | | | DB | | | | DB | | DB | | |

Obstetrics and Gynaecology Early Warning Signs



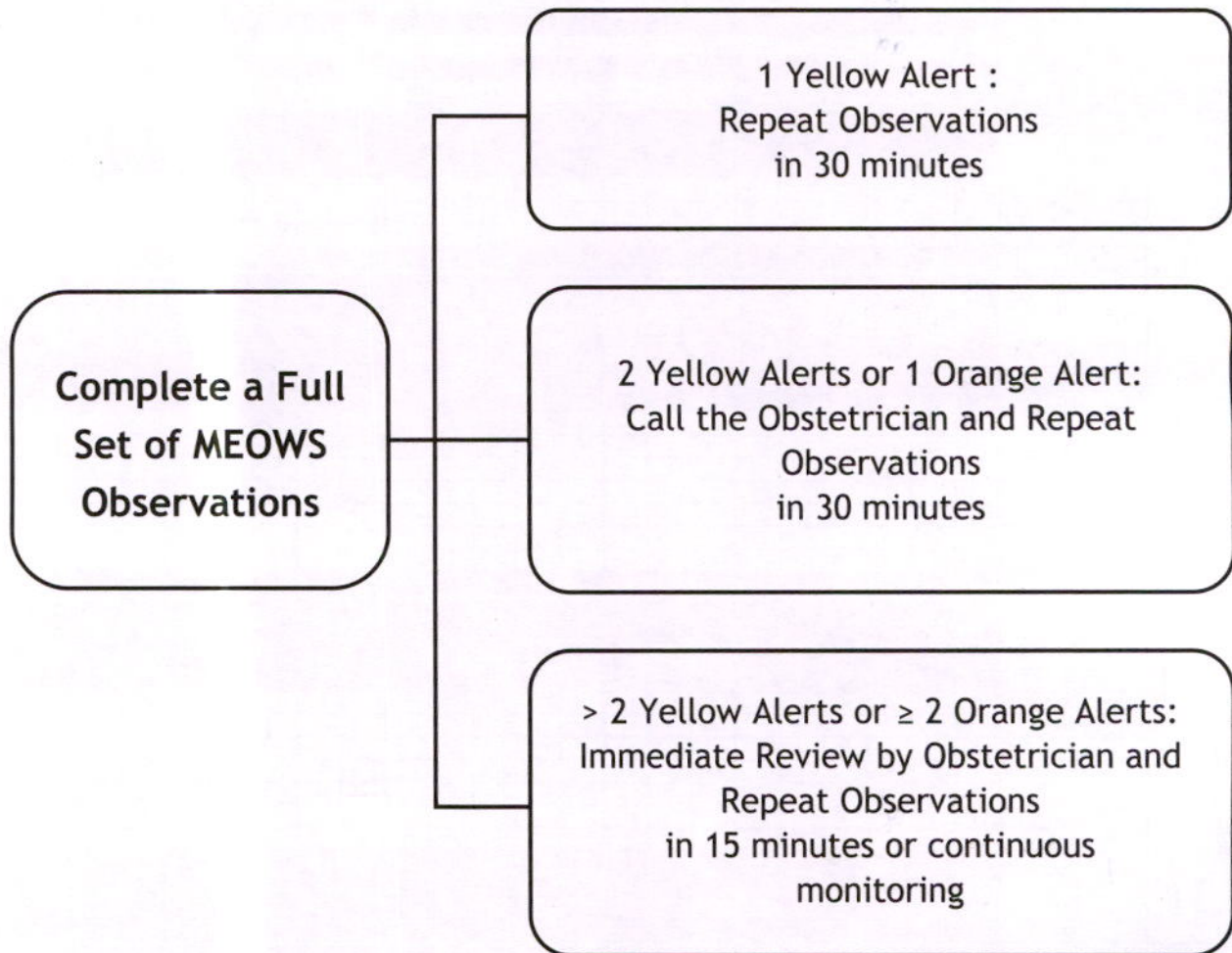
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00201686 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 15 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : C

- 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 | | |
| | 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 : | | | | | | |
| 12/6 | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | H ₂ O | 50ml | + RL | 100ml | | | | ✓ | 0 | } 8 12/6/26 (12/6/26) | |
| | 10:00 pm | H ₂ O | 100ml | | | | | | | 0 | | |
| | 11:00 pm | H ₂ O | 100ml | | | | | | | 0 | | |
| | 12:00 am | H ₂ O | 50ml | | | | | | ✓ | 0 | | |
| | 01:00 am | H ₂ O | 50ml | | | | | | | 0 | | |

| | | | | | | | | | | | |
|-----------------------------|----------|------------------|-------|--|--|------------------------------|--|--|---|---|-----------------------|
| Total Intake : 850ml | | | | | | Total Output : passed | | | | | |
| 13/6/26 | 02:00 am | H ₂ O | 50ml | | | | | | ✓ | 0 | } 8 13/6/26 7am |
| | 03:00 am | H ₂ O | 100ml | | | | | | | 0 | |
| | 04:00 am | H ₂ O | 50ml | | | | | | | 0 | |
| | 05:00 am | H ₂ O | 50ml | | | | | | ✓ | 0 | |
| | 06:00 am | H ₂ O | 50ml | | | | | | | 0 | |
| | 07:00 am | H ₂ O | 50ml | | | | | | ✓ | 0 | |

| | | | | | | | | | | | |
|-----------------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|
| Total Intake : 350ml | | | | | | Total Output : | | | | | |
|-----------------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|

| | |
|-----------------------------|--------|
| Total 24 hrs. Intake | 1200ml |
|-----------------------------|--------|

| | |
|-----------------------------|---------|
| Total 24 hrs. Output | passed. |
|-----------------------------|---------|

FHR monitoring chart

| <u>Date</u> | <u>Time</u> | <u>FHR</u> | <u>contraction</u> | <u>Date</u> | <u>Time</u> | <u>FHR</u> |
|-------------|-------------|------------|--------------------|-------------|-------------|------------|
| 12/6/26 | 9pm | 152b/m | nil | 13/6/26 | 11:30AM | 140b/m |
| | 9:30pm | 163b/m | | 12pm | 149b/m | |
| | 10pm | 133b/m | | 12:30pm | 130b/m | |
| | 10:30pm | 140b/m | | 1pm | 139b/m | |
| | 11pm | 152b/m | | 1:30pm | 133b/m | |
| | 11:30pm | 154b/m | | 2pm | 141b/m | |
| 13/6/26 | 12AM | 140b/m | | 2:30pm | | |
| | 12:30AM | 142b/m | | 3pm | | |
| | 1AM | 172b/m | | | | |
| | 1:30AM | 168b/m | | | | |
| | 2AM | 159b/m | | | | |
| | 2:30AM | 168b/m | | | | |
| | 3AM | 142b/m | | | | |
| | 3:30AM | 152b/m | | | | |
| | 4AM | 148b/m | | | | |
| | 4:30AM | 157b/m | | | | |
| | 5AM | 160b/m | | | | |
| | 5:30AM | 162b/m | | | | |
| | 6AM | 143b/m | | | | |
| | 6:30AM | 142b/m | | | | |
| | 7AM | 145b/m | | | | |
| | 7:30AM | 146b/m | | | | |
| | 8AM | 140b/m | | | | |
| | 8:30AM | 144b/m | | | | |
| | 9AM | 149b/m | | | | |
| | 9:30AM | 150b/m | | | | |
| | 10AM | 153b/m | | | | |
| | 10:30AM | 143b/m | | | | |
| | 11AM | 151b/m | | | | |

FLUID CHART

Sheet No. : 2

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|------------|----------------|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 13/6/26 | 08:00 am | H2O | 100ml | | | | | | | | | | |
| | 09:00 am | H2O | 100ml | + RL 100ml | + inj 10ml SM | | | | | | | | |
| | 10:00 am | H2O | 100ml | + RL 100ml | + inj 0.2ml SM | | | | | 100ml | | | |
| | 11:00 am | H2O | 100ml | + RL 100ml | | | | | | 50ml | | | |
| | 12:00 pm | H2O | 100ml | + RL 100ml | | | | | | 100ml | | | |
| | 01:00 pm | H2O | 100ml | + RL 100ml | | | | | | 100ml | | | |
| Total Intake : | | | 1100ml | | | Total Output : | | | | | 350ml | | |
| 13/6/26 | 02:00 pm | H2O | 100ml | | | | | | | | | | |
| | 03:00 pm | | NBM | + RL 100ml | | | | | | | | | |
| | 04:00 pm | | NBM | RL 100ml | | | | | | 400ml | | | |
| | 05:00 pm | | NBM | + RL 100ml | | | | | | 50ml | | | |
| | 06:00 pm | | NBM | + RL 100ml | | | | | | 50ml | | | |
| | 07:00 pm | | NBM | + RL 100ml | | | | | | 100ml | | | |
| Total Intake : | | | 1000ml | | | Total Output : | | | | | 600ml | | |
| 13/6 | 08:00 pm | | NBM | + RL 100ml | | | | | | 50ml | | | |
| | 09:00 pm | | H2O | + 50ml | | | | | | 50ml | | | |
| | 10:00 pm | | | | | | | | | 100ml | | | |
| | 11:00 pm | | | | | | | | | 100ml | | | |
| | 12:00 am | | | | | | | | | 100ml | | | |
| | 01:00 am | | | | | | | | | 100ml | | | |
| Total Intake : | | | | | | Total Output : | | | | | 500ml | | |
| 14/6 | 02:00 am | | Daly | | | | | | | 100ml | | | |
| | 03:00 am | | + H2O | | | | | | | 50ml | | | |
| | 04:00 am | | | | | | | | | 50ml | | | |
| | 05:00 am | | | | | | | | | 200ml | | | |
| | 06:00 am | | water | | | | | | | 50ml | | | |
| | 07:00 am | | | | | | | | | 50ml | | | |
| Total Intake : | | | | | | Total Output : | | | | | 500ml | | |

Total 24 hrs. Intake

Total 24 hrs. Output 1000ml



FLUID CHART

Sheet No. : 2

14/6/26

- 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 | | |
| 14/6 | 08:00 am | | | | | | | | | | | Padma 14/6/26 @ 2PM |
| | 09:00 am | 200ml H ₂ O | | | | | | | | | | |
| | 10:00 am | | | | | | | | | I/Removed | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | | 100 | | | | | | | | ✓ | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 14/6 | 02:00 pm | | | | | | | | | | | Padma 14/6/26 @ 2PM |
| | 03:00 pm | | 100 H ₂ O | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | ✓ | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | | supp | | | | | | | | | |
| | 07:00 pm | | 100 H ₂ O | | | | | | | | ✓ | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 14/6/26 | 08:00 pm | | | | | | | | | | | Abhash 15/6/26 @ 2am |
| | 09:00 pm | | 100 H ₂ O | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | ✓ | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 15/6/26 | 02:00 am | | | | | | | | | | | Abhash 15/6/26 @ 8AM |
| | 03:00 am | | 100 H ₂ O | | | | | | | | ✓ | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | 100 H ₂ O | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | ✓ | |
| Total Intake : | | | | | | Total Output : | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00201686 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 18 D
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 3

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 | | | | | | | | |
| 15/6 | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | Dobly | | | | | | | ✓ | | | |
| | 10:00 am | | H ₂ O | | | | | | | | | | |
| | 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 | |

SO



1

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: OT

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|------|---|-------------------|---------------------------|------------|--------------------------|---|
| 1 | TAB IRON | 1 TAB | PO | ONCE DAILY | 12/6 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | TAB CALCIUM | 1 TAB | PO | ONCE DAILY | 12/6 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | TAB FOLIC ACID | 1 TAB | PO | ONCE DAILY | 12/6 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | TAB THYROXINE | 12.5 mcg | PO | ONCE DAILY | 12/6 | <input checked="" 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: [Signature]

Date & Time: 12/6/26 9:06 pm

Nurse Name & Signature: K. Subhine [Signature]

Date & Time: 12/6/26 9:06 pm

VIH-00201686 IP-00060331
 Mrs Y SAI HARIKA
 28-04-1993 33 Y 1 M 15 D (F)
 Dr. BHAVANA K



2

MEDICATION RECONCILIATION FORM

Drug Allergies: 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 207

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|------|---|-------------------|---------------------------|----------------|--------------------------|---|
| 1 | TAB. PANTOPRAZOLE | 40 MG | PO | ONCE DAILY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | TAB. PARACETAMOL | 1 GM | PO | 6TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | TAB. DICLOFENAC | 50 MG | PO | 8TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | TAB. TRAMADOL | 100 MG | PO | 8TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | INJ. CEFOTAXIME | 1 GM | IU | 12TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | INJ. TRANEXAMIC ACID | 1 GM | IU | 8TH HOURLY | | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | INJ. ENOXAPARIN | 40 MG | SC | ONCE DAILY | | <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. Nichita

Date & Time : 13/6/2026 8:30 PM

Nurse Name & Signature: [Signature]

Date & Time : 13/6/26 @ 8:30 PM



DRUG CHART

Date of Admission: 12/6/20 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: | | | | | | | | | | | | | | | | | | | | | |

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

VERIFIED BY : Name

VH-00201686

IP-00060331

Mrs Y SAI HARIKA

28-04-1993

33 Y 1 M 15 D (F)

Dr. BHAVANA K



REGULAR PRESCRIPTIONS

Weight: 86.8kg Ward: LHO

Dr. Shanvi 13/6/26 @ 6am
Dr. Shanvi 13/6/26 @ 6am
Dr. Shanvi 13/6/26 @ 6am
Dr. Shanvi 13/6/26 @ 6am

| | | | | | | | |
|---|-------|------------|------------|------|------|------|------|
| DRUG : TAB THYROXINE | | | | Date | 13/6 | 14/6 | 15/6 |
| | | | | Time | 6 | 8 | 10 |
| Dose | Route | Frequency | Start Date | | | | |
| 12.5mg | PO | ONCE DAILY | 12/6 | | | | |
| Name & Signature of the Doctor Starting the Drugs: <i>Dr. Shanvi</i> | | | | | | | |
| Additional Instructions: ON EMPTY STOMACH | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | |

| | | | | | | | |
|---|-------|------------|------------|------|------|--|--|
| DRUG : TAB IRON | | | | Date | 13/6 | | |
| | | | | Time | 9 | | |
| Dose | Route | Frequency | Start Date | | | | |
| 1TAB | PO | ONCE DAILY | 12/6 | | | | |
| Name & Signature of the Doctor Starting the Drugs: <i>Dr. Shanvi</i> | | | | | | | |
| Additional Instructions: <i>STOP DR. NEKHITA 13/6/2026 9:30 AM</i> | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | |

| | | | | | | | |
|---|-------|------------|------------|------|------|--|--|
| DRUG : TAB CALCIUM | | | | Date | 12/6 | | |
| | | | | Time | 9 | | |
| Dose | Route | Frequency | Start Date | | | | |
| 500MG | PO | ONCE DAILY | 12/6 | | | | |
| Name & Signature of the Doctor Starting the Drugs: <i>Dr. Shanvi</i> | | | | | | | |
| Additional Instructions: <i>STOP DR. NEKHITA 13/6/26 9:30 AM</i> | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | |

| | | | | | | | |
|---|-------|------------|------------|------|------|--|--|
| DRUG : TAB FOLIC ACID | | | | Date | 13/6 | | |
| | | | | Time | 7 | | |
| Dose | Route | Frequency | Start Date | | | | |
| 1TAB | PO | ONCE DAILY | 12/6 | | | | |
| Name & Signature of the Doctor Starting the Drugs: <i>Dr. Shanvi</i> | | | | | | | |
| Additional Instructions: <i>STOP DR. NEKHITA 13/6/26 9:30 AM</i> | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | |



Weight. 86.8kg Ward. 21/w

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

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

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|------|----------|-----------------------------------|-----------------------------|-------|-----------|--------|
| 12/6 | 9 PM | INT BETAMETHASONE | 12 MG | IM | ☑ | Teja |
| 13/6 | 9 AM | INT BETAMETHASONE | 12 MG | IM | ☑ | Teja |
| 13/6 | 9:10 AM | ENEMA PROCTOLYSIS | 100 ML | PR | ☑ | Teja |
| 13/6 | 11:00 AM | INJ. CEFOTAXIME [AFTER TEST DOSE] | 1 GM | I.V. | ☑ | Teja |
| 13/6 | 10 AM | INJ. DROTAVERINE | 40 MG | I.V. | ☑ | Teja |
| 13/6 | 10:30 AM | INJ. VALETHAMATE BROMIDE | 8 MG | I.V. | ☑ | Teja |
| 13/6 | 11 AM | INJ. DROTAVERINE | 40 MG | I.V. | ☑ | Teja |
| 13/6 | 11:30 AM | INJ. VALETHAMATE BROMIDE | 8 MG | I.V. | ☑ | Teja |
| 13/6 | 12 PM | INJ. DROTAVERINE | 40 MG | I.V. | ☑ | Teja |

Signature

Verify name

8/12/6 10pm

Dr. Bhavana K



I.V. FLUIDS CHART

Weight. 86.8kg Ward. 2LW

Signature
VERIFIED BY: Name

| 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 |
|------|-----------------------|---|-------|--------------------|--------------------|--------------------|---------------------|--------------------|--------------------|
| 12/6 | 9 pm | RINGER LACTATE | IV | FF | <i>[Signature]</i> | <i>[Signature]</i> | 12/6/20 | <i>[Signature]</i> | <i>[Signature]</i> |
| 13/6 | 9:15 AM | INS OXYTOCIN 5 UNITS IN 500ML RINGER LACTATE | IV | 5ML/ HOUR | <i>[Signature]</i> | <i>[Signature]</i> | 13/6 | <i>[Signature]</i> | <i>[Signature]</i> |
| 13/6 | 9:15 AM | RINGER LACTATE | I.V. | 100ML HR | <i>[Signature]</i> | <i>[Signature]</i> | 13/6 | <i>[Signature]</i> | <i>[Signature]</i> |
| 13/6 | 3 ²⁰ pm | RINGER LACTATE | IV | 150 ML/ hr | <i>[Signature]</i> | <i>[Signature]</i> | 13/6 | <i>[Signature]</i> | <i>[Signature]</i> |
| 13/6 | 4 pm | RINGER LACTATE | I.V. | 100ML HR | <i>[Signature]</i> | <i>[Signature]</i> | 13/6 | <i>[Signature]</i> | <i>[Signature]</i> |
| 13/6 | 6 pm | RINGER LACTATE | I.V. | 100ML HR | <i>[Signature]</i> | <i>[Signature]</i> | 13/6 | <i>[Signature]</i> | <i>[Signature]</i> |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |



Sheet No:

REGULAR PRESCRIPTIONS

Weight 9.6 kg Ward C6

Dr. Dobbles
 Signature
 14/6/26

| | | | | |
|--|--------------------|------------------------------------|-----------------------------|---|
| DRUG : T. CEFIXIME | | | | Date Time |
| Dose <u>200MG</u> | Route <u>PO</u> | Frequency <u>12-M bidly</u> | Start Dt. <u>14/5/26</u> | <u>11 AM</u> / <u>15/6</u> <u>pm</u> |
| Name & Signature of the Doctor Starting the Drugs: <u>Dr. Geethamma</u> | | | | |
| Additional Instructions: | | | | <u>11 AM</u> <u>PM</u> |
| 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 : T. PARACETAMOL | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 1g | P/O | QID | 13/6 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="text-align: right;"> STOP Dr. Nikhita 13/6/26 </div> | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | |

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|--|-------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. DICLOFENAC | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 50mg | P/O | TID | 13/6 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="text-align: right;"> STOP Dr. Nikhita 13/6/26 </div> | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. TRAMADOL | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 100mg | P/O | TID | 13/6 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="text-align: right;"> STOP Dr. Nikhita 13/6/26 </div> | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : INJ. ENOXAPARINE | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 40mg | S/C | OD | 13/6 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="text-align: right;"> STOP Dr. Nikhita 13/6/26 </div> | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| @ 10 pm x 3 days. | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | |

| | | | | |
|----------------|----------|-----------|-------|-----------------------|
| Patient Name : | I.P. No. | Sheet No. | Wards | Weight (kg) 26.8kg |
|----------------|----------|-----------|-------|-----------------------|

REGULAR PRESCRIPTIONS

Do P. Ashwin
24/05/13/16/17/18

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|------------|-----------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. PANTOPRAZOLE | | | | Date | 14/6 | 15/6 | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | Time | 14/6 | 15/6 | | | | | | | | | | | | | | | |
| 40mg | PO | ONCE DAILY | 13/6 | 6 AM | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | | | | | | | | | | | | | | | | | | |
| Dr. Ashwin | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | | | |

24/05/13/16/17/18

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-------------|-----------|-------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : INJ CEFOTAXIME | | | | Date | 13/6 | 14/6 | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | Time | 13/6 | 14/6 | | | | | | | | | | | | | | | |
| 1gm | IV | 12TH HOURLY | 13/6 | 11 AM | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | | | | | | | | | | | | | | | | | | |
| Dr. Ashwin | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | | | |

24/05/13/16/17/18

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|------------|-----------|------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : INJ TRANEXAMIC ACID | | | | Date | 13/6 | 14/6 | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | Time | 13/6 | 14/6 | | | | | | | | | | | | | | | |
| 1gm | IV | 8TH HOURLY | 13/6 | 6 AM | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | | | | | | | | | | | | | | | | | | |
| Dr. Ashwin | | | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| 3 doses only. | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | | | | | | | | | | | | | | | | | | |

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

VIH-00201686 IP-00060331
Mrs Y SAI HARIKA
28-04-1993 33 Y 1 M 15 D (F)
Dr. BHAVANA K




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

| | | | | | |
|---------------------|---------|--|--|--|--|
| Date | 12/6/26 | | | | |
| Time | | | | | |
| Hb | 11.5 | | | | |
| PCV | | | | | |
| RBC | 3.70 | | | | |
| WBC | 12.83 | | | | |
| N/L | | | | | |
| Platelets | 2.22 | | | | |
| CRP | | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | | | | | |
| K | | | | | |
| Cl | | | | | |
| Ca/Mg | | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | |
| SGPT | | | | | |
| SGOT | | | | | |
| T.Bill/Conj | | | | | |
| T.Protein | | | | | |
| S.Albumin | | | | | |
| S.Globulin | | | | | |
| A/G Ratio | | | | | |
| Uric Acid | | | | | |
| S.Amylase | | | | | |
| Sr.Lipase | | | | | |
| Blood Lactate | | | | | |
| S.Cholesterol | | | | | |
| PT/INR | | | | | |
| APTT | | | | | |
| CSF Protein / Sugar | | | | | |
| Cells | | | | | |

| | | | | | | |
|--|-------|--|--|--|--|--|
| Date | | | | | | |
| Time | | | | | | |
| CUE - Alb | | | | | | |
| CUE - Sugar | | | | | | |
| CUE - Ketones | | | | | | |
| CUE - PUS Cells | | | | | | |
| CUE - RBC Cells | | | | | | |
| CUE | | | | | | |
| | | | | | | |
| | | | | | | |
| Stool Pus Cell | | | | | | |
| OVA / Cyst | | | | | | |
| Occult Blood | | | | | | |
| Blood grouping A ⁺ positive | | | | | | |
| HIV | } NR. | | | | | |
| HBsAg | | | | | | |
| HCV | | | | | | |
| VDRAL | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

ESTIMATION SLIP



Date: 5/6/26 UHID/IP No.: Utt-0020686 Sl. No.: **12618**
 Name of Patient: Mrs. Y. Sai Harika Age: 33y Gender: fe
 Husband's Name: Mr. Y. Balaji Corporate/Occupation: Software
 Address: Old Sapiguda Phone: 8125 825 027 Email: 9966118676
 Procedure/Plan: MD/CS EDD/DOS: _____

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

TARIFF INFORMATION: D. Bhawanee

| PARTICULARS | PACKAGE AMOUNT (Rs.) | |
|-------------------|--|---|
| | Normal Delivery | LSCS |
| Room Category | | |
| General Ward | | |
| Shared Ward | | |
| Shared Ward | | |
| Private Room | <u>92,000</u> | <u>1,102,000</u> |
| Deluxe Room | <u>1,07,000</u> | <u>1,17,000</u> |
| Super Deluxe Room | | |
| 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 (24hrs)</u> | Length of Stay for : <u>3d (72hrs)</u> |
| | Pharmacy up to : <u>9k Basic + 15k</u> | Pharmacy up to : <u>12k</u> |
| | Investigations up to : <u>2500</u> | Investigations up to : <u>2500</u> |

Others IPM-10k+, IPF-1500, MRD-2500, Lact-2k, 5% GST on Bed 5% D&A. MTA-1000, Diet-1000 per day, Massage-800.

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

Initial Minimum Deposit: RS. 20,000/-

REMARKS: Well 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, Disposables, 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

Ms. _____ 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: Y. Balaji
 Signatory Relationship: Husband
 Signature of the Financial Counselor: Jrathi