

10:00 AM

(4)

LSCS

1

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTING

VIH-00198052 IP-00060369
Mrs M SARIKA . 35 Y 8 M 2 D (F)
Dr. BUDDHAVARAPU.PADMAVATHI

ING

Name: _____

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 17/6/26 Time : 7:40AM Date of Discharge : _____ Time : _____

Room / Bed No : 221 Ward : L10 Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	10:01AM	MICU	OT	
17/6/26	11AM	OT	MICU	
17/6/26	5:30PM	MICU	Room (203)	

Cross Consultation Visit

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

INSURANCE COPY

Name	Mrs M SARIKA .	UHID	VIH-00196052
Father/Guardian	Mr K BHARATH KUMAR	Age/Gender	35 Y 8 M 2 D/Female
Address	PLOT NO:65,KOTESHWAR RAO COLONY, Kharkhana Main Road, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060369	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	19-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BUDDHAVARAPU.PADMAVATHI, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2P1L1 with 38+3 weeks GA with Prev LSCS admitted for Elective LSCS

ELECTIVE LOWER SEGMENT CAESAREAN SECTION WAS DONE UNDER SPINAL ANESTHESIA ON 17.6.2026

History:

LMP: 21.9.2026

Obstetric formula: G2P1L1

EDD:28.6.2026

Gestation at admission: 38+3 weeks

Obstetric History:

G1 - Female / 8 YRS / FTLSCS / Abruptio / 3.5 kg / Anupama Hospital/A & H

G2 - Present pregnancy , Spontaneous conception.

Name	Mrs M SARIKA .	UHID	VIH-00196052
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Medical History: Nil

Family History: Mother : HTN, Hypothyroid, Father - Hypertension

Surgical History: Previous LSCS

Allergies: Nil

Antenatal Details: Mrs M SARIKA was Unbooked to Rainbow hospital .prev ANC were done at Basant sahney Hospital. She had regular antenatal checkups and investigations as advised. She had history of urinary tract infection at 21 weeks and managed conservatively. She was admitted at 38+3 weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed

Blood group: A POSITIVE

Management: Course in hospital:

She was prepared for elective C-section 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.

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. Baby delivered with one loop of cord around neck. 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab

Name	Mrs M SARIKA .	UHID
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count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 17.06.2026

Time of Delivery: 10:26 AM 30 sec

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

Baby Details:

Date: 17.06.2026

Time: 10:26 AM 30 sec

Sex: Female

Weight: 3.080 kg

Apgar: 7/10 , 9/10

Gestational Age: 38+3 weeks

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. 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.

Name	Mrs M SARIKA .	UHID	VIH-00196052
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Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 23.6.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 23.6.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 23.6.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 23.6.2026 (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. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after one weeks on 23.6.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

Name	Mrs M SARIKA .	UHID
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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: *M. SARIKA*
 Relationship: *Myself*

Signature: *M. Sarika*

This summary was explained by: *sushila lakshmi of UASAM*

Summary prepared by: Dr.

Dr
Registrar/Resident/C.M.O

Dr. BUDDHAVARAPU.PADMAVATHI
 CONSULTANT GYNECOLOGIST
 & OBSTETRICIAN

PatientName : Mrs M SARIKA .
Age/Gender : 35 Y 8 M 2 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 221

Inpatient No. : IP-00060369
Admit Date : 17-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 18:28
RANDOM BLOOD GLUCOSE (GOD/POD)	59	mg/dl	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 19:19
RANDOM BLOOD GLUCOSE (GOD/POD)	167	mg/dl	H 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 18:59
RANDOM BLOOD GLUCOSE (GOD/POD)	113	mg/dl	70 - 140

Interim

Report

VIH-00196052 IP-00060369
 Mrs M SARIKA . 35 Y 8 M 2 D (F)
 15-10-1990
 Dr. BUDDHAVARAPU.PADMAVATHI



SURGERY DETAILS

Date : 17/6/26
 Patient Name: Mrs M. Sarika Date of Birth: 15/10/1990 Age: 35yrs
 Gender: female Ward : OT UHID No.: 196052
 Date of Surgery: 17/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery : ELECTIVE LOWER SEGMENT CESAREAN SECTION ↓ SA

Time in : 10:10 AM Time Out : 10:45 AM

	NAME	AMOUNT
1. Surgeon	Dr. B. padmavathi	OT charge
2. Anaesthetist	Dr. Vinetha	
3. Assistant Surgeon	Dr. Mounika	
4. OT Technician	Br. Vaishnavi	
5. Circulating Nurse	Sr. Ruby P / Br. Radan	
6. Assistant Nurse	Sr. Jyothi	

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

Dr. B. Padmavathi

Signature of the Surgeon _____ Signature of Circulating Nurse *Ruby*

Order No: 3091136 / 3091137 Order by: *Ruby P. Radan*



CONSUMABLES OF OT

B. Suresh
②

Patient Name
Gender
Date :

VH-00196052
Mrs M SARIKA .
15-10-1990
Dr. BUDDHAVARAPU.PADMAVATHI
IP-00060369
35 Y 6 M 2 D
(F)

Age :
.....
.....

Circulating Staff : *Dr. Ruby* Technician : *Vasudha*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>uses</i>		1	Inj. Vit. K		1
LMA			Sutures <i>2347</i>		2	Cord Clamp		1
ECG leads : A/P/N		3	<i>2364</i>		1	Suction Catheter		
HME filter : A/P/N			<i>1326</i>		1	Feeding Tube		
Syringe 10 cc		2				Vaccum Suction Set		
05 cc		3	Gloves <i>6 Ysal / 6 Blue</i>		2/2	Surgical Gloves <i>6 / 6 m</i>		2/2
02 cc		3	<i>6 ppf / 6 upf</i>		2/2	Gauze Pack		
01 cc			<i>7 ppf</i>		2	Syringe 1 ml / 2 ml		1
Cautery Plate : A/P/N		1	Surgical blade <i>22</i>		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			<i>pridegrom</i>		2
<i>minispike</i>		1	Ointments			<i>lotex</i>		4
<i>Bioxamic</i>		2	Suction Catheter					
Fentanyl			Cap. Mask		10/10			
Morphine			Gauze Pack		2	<i>Cap mask</i>		4/4
Ketamine			Mop Pack		2			
Propofol			Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate		1	Draw Sheet <i>Allesib</i>		1	<i>orducase</i>		
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag <i>D/Amn</i>		1	<i>3091154</i>		
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) <i>Arnowin</i>		1	Romodrain bag					
Antibiotics			Bandage					
<i>Rilipol</i>		1	Tegaderm <i>Stenzone</i>		2			
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg		5	Betadine Solution		2			
<i>PE (6.5)</i>		1	Microshield		2			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral		1			

Surgeon *Dr. B. Padmarathi* Anaesthesiologist *Dr. Vinetha* Nurse *Jyothi* OT Technician *Vasudha*
 Order No. : *3091148 / 3091149* Ordered by : *Shree*



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

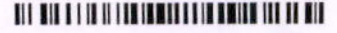
VAT TIN : 36920283145

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-00060369	Ward	N 2F-MICU
Patient Name	Mrs M SARIKA	Bed Name	MICU 229
Age/Sex	35 Y 8 M 2 D / Female	Order No	0003091149
Date	17/06/2026 12:02	Prescription No	PRIP-1291651
Payor	HEALTH INSURANCE TPA OF INDIA LTD	Dispensed Date	17/06/2026 12:03
UHID	VIH-00196052		

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	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	2	229.00	458.00
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	2	103.95	207.90
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
6	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	4	120.00	480.00
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	2	28.13	56.26
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
11	Encore Microptic gloves- 6.5		H	26020044IT	02/29	3	117.00	351.00
12	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
13	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
14	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	01260502	04/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	170724	06/27	2	100.00	200.00
16	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
17	LSCS DRAPE PACK SAFE SECURE			VI03062026	12/30	1	2,000.00	2,000.00
18	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
19	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	5	20.26	101.30
20	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5115	09/30	1	997.00	997.00
21	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
23	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C261641	02/29	1	44.93	44.93
24	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
25	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510292407	10/27	1	1,195.00	1,195.00
26	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254176	12/28	1	15.37	15.37
27	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
28	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	2	69.39	138.78
29	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
30	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
31	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	2	805.00	1,610.00
32	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92

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

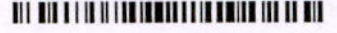
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

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-00060369	Ward	N 2F-MICU
Patient Name	Mrs M SARIKA .	Bed Name	MICU 229
Age/Sex	35 Y 8 M 2 D / Female	Order No	0003091148
Date	17/06/2026 12:02	Prescription No	PRIP-1291652
Payor	HEALTH INSURANCE TPA OF INDIA LTD	Dispensed Date	17/06/2026 12:03
UHID	VIH-00196052		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
Total :							140.00	140.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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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-00060373
Patient Name Baby B/O M SARIKA .
Age/Sex 0 Y 0 M 0 D 1 H / Female
Date 17/06/2026 12:13
Payor SELFPAY
UHID VIH-00205985

Ward N 2F-MICU
Bed Name CRDL-MICU-229-1
Order No 0003091154
Prescription No PRIP-1291653
Dispensed Date 17/06/2026 12:14

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	6043348	01/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	4	10.00	40.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI20052026	12/30	1	450.00	450.00
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VU20052026	12/30	1	450.00	450.00
8	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
9	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
10	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	4	10.00	40.00
11	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							1,229.85	1,542.14

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-00060369	Ward	N 2F-MICU
Patient Name	Mrs M SARIKA	Bed Name	MICU 229
Age/Sex	35 Y 8 M 2 D / Female	Order No	0003091149
Date	17/06/2026 12:02	Prescription No	PRIP-1291651
Payor	HEALTH INSURANCE TPA OF INDIA LTD	Dispensed Date	17/06/2026 12:03
UHID	VIH-00196052		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	10	10.00	100.00
34	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
35	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS15	03/28	1	140.00	140.00
36	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
37	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
38	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	2	951.00	1,902.00
Total :							12,333.85	17,334.08

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :
Admission No : IP-00060369 **Admit Date** : 17-Jun-2026 **Admit Time** : 07:40 AM **UHID** : VIH-00196052

Patient Details :

Patient Name : Mrs M SARIKA .	Age : 35 Y 8 M 2 D
Guardian : Mr K BHARATH KUMAR	DOB : 15-10-1990
Gender : Female	Religion :
Occupation :	Martial Status :
Address (H) : PLOT NO:65,KOTESHWAR RAO COLONY Kharkhana Main Road Hyderabad Telangana INDIA 500015	Phone No : 9703028046/ 8197915070
	E-mail : NA@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 K BHARATH KUMAR	Relationship : W/O
Contact Address :	Phone No : 9703028046



Signature

Doctor Details :


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

Payment Details :

Payment Mode : Cash	Deposit Amount : 0.00
	Payor Name : HEALTH INSURANCE TPA OF INDIA LTD

1

PATIENT TRANSFER FORM


Patient Name & UHID No. VIH-00196052 IP-00060369 Mrs M SARIKA . 15-10-1990 35 Y 8 M 2 D (F) Dr. BUDDHAVARAPU.PADMAVATHI 		Date & Time of Admission 17/6/26 @	Date & Time of Transfer Order 17/6/26 @ 10:01 AM
		Transfer Ordered by DR. Geeshma	Reason for Transfer EL. CS CS
From Unit MICU	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films Nil	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 : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DR. Geeshma			
Name & Signature of Person who is Transferring Srs. Meghana		Name of Person Ordered Transfer DR. Geeshma	
Patient & Clinical Records Received by : Ruby 17/6/26 10:01 AM			
Date & Time of Patient Received : 17/6/26 10:01 AM			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00196052 IP-00060369 Mrs M SARIKA . 15-10-1990 35 Y 8 M 2 D (F) Dr. BUDDHAVARAPU.PADMAVATHI 		Date & Time of Admission 17/6/26 @ 7:40 AM	Date & Time of Transfer Order 17/6/26 @ 11 AM.
Transfer Ordered by Dr. vineetha		Reason for Transfer postoperative care.	
From Unit OT	To Unit MICU.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 40	Number of Imaging Films Nil	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 : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Ruby.P		Name of Person Ordered Transfer Dr. vineetha	
Patient & Clinical Records Received by : Mangal 17/6/26 @ 11A			
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

3

PATIENT TRANSFER FORM

Patient Name & UHID No. Mrs - Sushila	Date & Time of Admission 17/6/26 @	Date & Time of Transfer Order 17/6/26 @ 5:30pm
Treating Consultant Name DR. Padmavathi	Transfer Ordered by DR. mounika	Reason for Transfer Observation
From Unit micu	To Unit Room (203)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 36	Number of Imaging Films Nil	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.	T. Paracetamol 1gm - 13	sanat pads - 1
2.	T. Diclofenac - 4	under pad - 1
3.	T. Tramadol - 10	Baccisub - 1
4.	T. Pantop - 15	
5.		

Shifting Summary / Notes Written by Doctor : Yes No

DR. mounika

Name & Signature of Person who is Transferring Sis. manga	Name of Person Ordered Transfer DR. mounika
---	---

Patient & Clinical Records Received by : **Sushila**

Date & Time of Patient Received : **Sushila 17/6/26 at 5:30pm**

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



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 27/6/26 Time of Arrival: 7:15 AM Time Seen by Nurse: 7:20 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.4 F Pulse: 90 bpm RR: 19 bpm SpO₂: 99% BP: 114/70 Weight: 80 kg

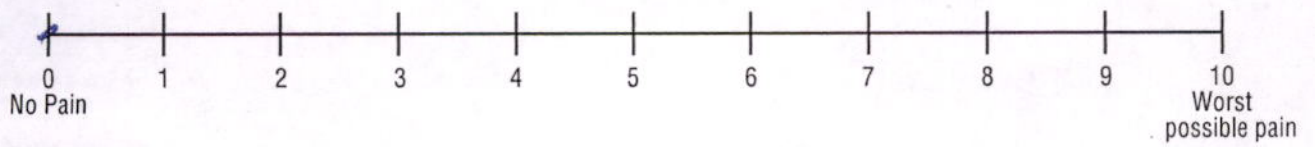
4) Gestational Criteria:

Gravida:	<u>G2</u>	P	<u>1</u>	L	<u>1</u>	A	<u>-</u>
----------	-----------	---	----------	---	----------	---	----------

LMP: 21/9/2025 EDD: 28/6/2026 Gestational Age: 38+3 wks

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

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Pree GSS
- b) Medical: NI



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

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 8:30 Am

Nurse Name : manga Devi Nurse Signature:

Date: 17/6/26 Time: 8Am



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/25

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify Clw
 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: Admitted to EL. CS Doctor Notified on Admission: Yes No
 Name of the Doctor: DR. G. Jyothma
 Time Notified: 8:30AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>LSCS</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>29/9/2025</u>	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A -

Previous LSCS: yes

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

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other Mother - HTN, Hypothyroidism, Father - HTN

Vital Signs / Measurements: Temp: 98.4F HR: 80b/min RR: 19b/min
 BP: 110/70mmHg Weight: 80kgs Height: 164cm BMI: 29.7kg (low weight)

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

VIH-00196052 IP-00060369
 Mrs M SARIKA .
 15-10-1990 35 Y 8 M 2 D (F)
 Dr. BUDDHAVARAPU.PADMAVATHI

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. M SARIKA

Name of Person Orientation was given to: Mrs. SARIKA

Orientation not given Reason: -

Nurse Signature: [Signature]

Nurse Name: MANGA DEVI

Date & Time: 17/6/25 @ 8:35AM

VIH-00196052
 Mrs M SARIKA .
 15-10-1990
 Dr. BUDDHAVARAPU.PADMAVATHI (F)
 35 Y 8 M 2 D
 IP-00060369



IP ADMISSION FORM FOR OBSTETRICS

Presenting Complaints

LMP: 21/09/2025 EDD: 28/06/2026

Corrected EDD:

GA: 38 + 3 weeks

Obstetric Formula: G2P1L1

Menstrual History: Regular: Yes No

ML- 10 420 NCM

Obstetric Examination

Obstetric History:

5 kg / A & W / uneventful / Anupama Hosp. / Feb 2018 / BF - 3 1/2 yrs

G1 - Female / 8 420 / FTLSCS / Abruption / 3.

Fundal Height: ~ T4

G2 - present pregnancy / spontaneous conception

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: unbooked to RCH. Previous ANC's done at Basant nay hosp. H/O urinary tract infection at 2 weeks and was managed conservatively.

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable:

RISK FACTORS: Inj. TT 2 doses done.

FHS: Normal Tachy Brady Absent

⊕ 145 bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 164 cm

Weight: 80 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor: ⊕

Icterus: ⊕ Edema: ⊕

Temp: Afebr. PR: 77 bpm

BP: 118/74 mmHg. DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD. Urine Output: Adeq

DIAGNOSIS

G2P1L1 with 38+3 weeks with Previous LSCS
 for Elective lower segment cesarean section

<p>Family History:</p> <p>Mother - HTN, Hypothyroid Father - HTN.</p>	<p>Surgical History:</p> <p>Previous LSCS</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>Allergies - NIL</p>
<p>Plan of Care:</p> <p><u>C/I to Dr. B. Padmavathi mam</u></p> <ul style="list-style-type: none"> - Admission - Consent - NBM - PAC - part preparation - Foley's catheterisation - FHR monitoring - monitor vitals - Follow drug chart - Jufosm sos. <p>Noted by manga : 15 17/6/26 @ 9AM</p>	<p>Investigations:</p> <p>BT: 'A' POSITIVE 3/6/26.</p> <p>BT - 2:30 sec. CT - 7 min. LFT - (N) CBP - 12.2 / 9200 / 205L</p> <p>HFW HBSAg } NR HCV VDRL</p> <p>2D Echo - (N) ECG - Sinus Arrhythmia No sig. ST changes.</p> <p>GROWTH scan (25/5/26)</p> <p>SLIUF 35 weeks Cephalic AFI - 13.29cm AC - 36.9% EFW - 2617 gm Pl - Post, Q-III Single loop of cord around neck</p> <p>TREFA scan (14/2/26) SLIUF 20+5 weeks. CL - 43 mm No anomalies</p> <p>NT scan (21/12/25) SLIUF 13+4 weeks. NT - 118 mm Nasal bone (F) CL - 49 mm.</p> <p>Fetal 2D-Echo - (N) FTS - low risk</p>

Doctor Name: Dr. Geedamma
 Signature: [Signature]
 Date & Time: 17/6/2026, 8:30 AM

Consultant Name: Dr. B. Padmavathi
 Signature: [Signature]
 Date & Time: 17/6/26, 8:30 AM

①

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Ref No. E / HM / DON / 11000000000000000000
VIH-00196052 IP-00080369
Patient Mrs M SARIKA . 35 Y 8 M 2 D (F)
15-10-1990
Dr. BUDDHAVARAPU.PADMAVATHI
Age : ...
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
17/6/26	11:00am	POD-0 (SIP FL LSCS)	
		o/t	
		PT's CG, cuffs	
		Afebrile	ADY
		BP- 118/70 mmHg	NRM
		PR 88 bpm	Passive Ambulation
Urine output	200ml clear	SIE-NAD	WIF Bleeding PV
		PIA- Ut-wc	No chattering
		soft	Follow over chart
		Ut-NAD	monitor vitals
		Baby C ^A BF⊕	Inform SOS
note d by mangal 17/6/26 @ 11AM			(R) Dvmoullika.
17/6/26	4:00pm	POD-0 (SIP FL LSCS)	
		o/t	
		PT's CG, cuffs	
		Afebrile	ADY
		BP- 110/70 mmHg	over sips of water
		PR 86 bpm	flb liquid diet
		SIE-NAD	-soft diet at 9 pm
		PIA- Ut-wc	-Ambulation
		soft	-wif Bleeding PV
		Ut-NAD	-Follow over chart
		Baby C ^A BF⊕	-monitor vitals
			-Inform SOS
note d by mangal 17/6/26 @ 4pm			(R) Dvmoullika.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

17/6/26
6:30pm

NT NO dizziness

BP - 117/80 mmg

PR - 86 bpm

PIA ut ur
BS (+)

PIU NAB

CRB - 59 mg/dl

Adv
- 57. Dentose
IV
Dr. Ashwin

17/6/26

9pm
P2L Rev LSCS

U.O
800ml
adq ur

60y A BR (+)
N

POD - '0

orient ur
afebrile

BP - 106/68 mmg

PR - 72 bpm

SCNAD

PIA ut ur
BS (+)

PIU NAB.

Adv
- soft diet
- STO charting
- WIK bleeding
- passive ambulation
- monitor vitals
- follow drug
 chart
- inform sig
Dr. Ashwin



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/20 7 am	POD 1. ole pt c/c/c ac fair afebrile BP - 112/76 mmg PR - 86 bpm OLENAD P/A ut - NR BS ⊕ PIUNAB Baby AH BF ⊕ u	Adv - soft diet - w/f bleeding PV - hydration - ambulation - monitor vitals - follow drug chart - inform sos
		At Dr. Ashwin
	Noted by padma.	
18/6/20 2 pm	POD - 1 (LSCS) ole pt is c/c/c ac fair afebrile BP - 108/66 mmg PR - 84 bpm S/E - NAD P/A - ut - NR soft BS ⊕ L/G NAB Baby AH BF ⊕	Adv - soft diet - w/f bleeding PV - Adequate hydration - Ambulation - Monitor vitals - Follow drug chart - Inform sos

Dr Yogeshwar

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 2pm	o/s/B Dr padmavathimam	
	o/e pt is c/c/c vitals stable p/A - ut ~ wr soft BS ⊕ L/E NAB	Adv - stop iv antibiotics - tomorrow discharge - continue all medication - convert to oral antibiotics T. Taximo 200mg twice daily Dr yageshwari
		note by Rofa @ 18/6/26 @ 2pm
18/6/26 4pm	POD-1 (LSCS)	
	o/e pt is c/c/c u/c fair afebrile BP-110/72mmHg PR- 86bpm. S/E-NAD PIA- ut ~ wr soft BS ⊕ L/E NAB Baby A BFG ⊕	Adv - soft diet - w/f bleeding PV - Adequate Hydration - Ambulation - Monitor Vitals - Follow drug chart - Inform SOS Dr yageshwari

Urine passed

Motion not passed

VIH-00196052
 Mrs M SARIKA . 35 Y 8 M 2 D (F)
 15-10-1990
 Dr. BUDDHAVARAPU, PADMAVATHI
 IP-00060369

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/2026 9 AM	POD - 2 (LSCS) o/e	
	Pt is c/c	<u>Adv</u>
	Uc fair	- Normal diet
<u>Urine</u>	Afebrile	- W/F bleeding Pv
<u>passed</u>	BP - 110/65 mmHg	- Monitor vitals
motion not	PR - 72 bpm	- Adequate hydration
<u>passed</u>	S/E - NAD	- Ambulation
<u>suppository kept</u>	P/A - ut ~ w/r	- Follow drug chart
Aseptic dressing	Soft Bs (+)	- Inform sos
done	Ue - NAB	
Pt can be	Baby ^A BF (+)	
<u>discharged</u>		Noted by Deepika
		19/6/26 @ 7 AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SARIKA Gender: Male Female Age : 35 years
 UHID No : VIH-00196052 / IP-00060369 Date : 17/06/2026

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)

ELECTIVE LOWER SEGMENT CESAREAN SECTION
 upon MRS. SARIKA
 (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, ADHESIONS

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. B. PADMAVATHI

Consentee :

Signature : M. Sarika
 Name : MRS. SARIKA
 Date & Time : 17/06/2026, 7:30 AM

Patient Attendant :

Signature : Bharathi Karmel
 Name : Bharathi Karmel
 Relationship with Patient: Spouse
 Date & Time : 17/06/2026, 7:30 AM

Witness :

Signature :
 Name :
 Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Geethamma
 Date & Time : 17/06/2026, 7:30 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Mrs. M. Sarika Age : 35yr Gender : Male Female

UHID NO: VHA-00196052 Surgeon Name: Dr. Padmavathi

Anaesthesiologist : Dr. M. VINKETHA

Operative procedure planned : Elective Caesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. M. Sarika the above mentioned operation / Diagnostic / Therapeutic procedures Elective Caesarean Section

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

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

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

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

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

I understand that the above mentioned consultant 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 / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

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

Patient / Patient Attendant :

Signature : M. Sathya

Name : Janika

Relationship with Patient: Spouse

Date & Time : 17/6/26

Witness :

Signature : [Signature]

Name : Shalath Kameel

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VINETHA

Date & Time : 17/06/26

Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION

Name: Mrs. M. Sarika Age: 35 yr. Sex: female UHID.No: VIH-00196052
 Date: 17/06/26 Time: 9.16 AM Proposed Operation: Elective Caesarean Section
 Diagnosis: G2P1L1 @ 3813 wks @ previous LSCS.
 B.P / CRT: 120/74 H.R: 92 Weight: 80 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.2 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: 2 NR ECG:
 WBC: 9.200 Creat: Total Bil: HCV: 2D Echo:
 Plate: 2.5L Na: Dir. Bil: (W) Blood group: A positive Stress/Anglo:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 PT: 2.30 Cl-: SGOT/SGPT:
 CT: 7 min.

Allergies: NICKEL

Medical History: CVS: / Diabetes: Placenta - posterior, 4-3 -
 RESP: / nil significant.
 CNS:
 Renal:
 Hepatic / GE: Physical Activity: Active.
 Others:

Past Anaesthetic History: H/o 1 previous LSCS @ CAR in 2018 - Uneventful.

Physical Exam:
 Airway: MP 1 (2) 3 4 Mouth Opening: 3f Mentohyoid Distance: (W) Neck: (W) Teeth: (W) Intact.
 Lungs: Clear (+), clear.
 Heart: S1S2 (+)
 CNS: HMC (+)
 Pregnant: Yes No NA Venous Access Site: (4) Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

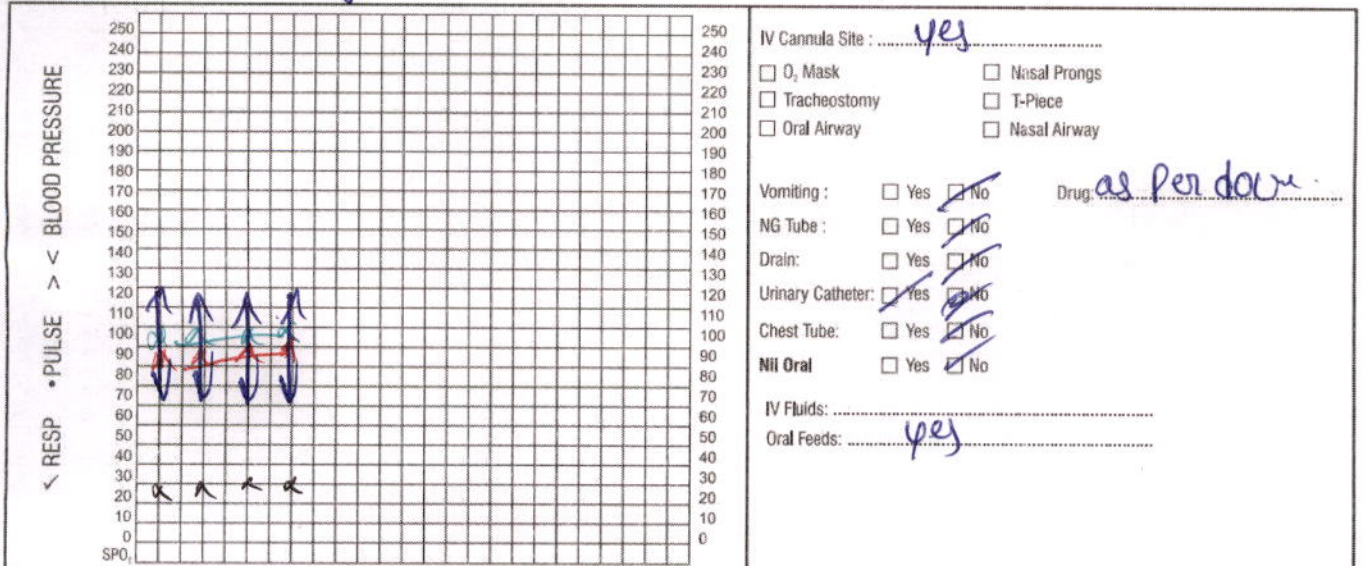
Pre-Operative Instructions:
 1. DVT Prophylaxis: 2f
 2. NIL ORAL -> Water / ORS 2 Hours | 1 can food - 9.20 pm yesterday
 -> Others 6 Hours
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:

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



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : manga Devi Time Received : 11 AM Time Discharged : 5:30 PM



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	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP \pm 20 of Pre Anaesthetic level = 2 BP \pm 20-50 of Pre Anaesthetic level = 1 BP \pm 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
17/6/26	2pm	2 score	is score analysis given	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : DR. madhav

Anaesthesiologist Signature:

Date & Time: 17/6/26

PACU Nurse Name : manga Devi

PACU Nurse Signature:

Date & Time: 17/6/26 @ 11:10 AM

Reassessment Frequency:

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

Transferred to Unit by (PACU): manga Devi

Date & Time: 17/6/26 @ 5:30 PM

VH-00196052 IP-00060369

Mrs M SARIKA .

15-10-1990 35 Y 8 M 2 D (F)

Dr. BUDDHAVARAPU.PADMAVATHI



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		

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. B. padmavathi
 Asst. Surgeon : Dr. mounika
 Anaesthetist : Dr. vireetha
 Scrub Nurse : Sri Jyothi

VIH-00196052 IP-00060361
 Mrs M SARIKA .
 15-10-1990 35 Y 8 M 2 D (F)
 Dr. BUDDHAVARAPU.PADMAVATHI



Age : Gender :
 Name : EL. LIS



Date : In-time : 10:10 AM Out-time : 10:45 AM

17/10/26

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:00 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VIREETHA</u>	

TIME OUT	Time: <u>10:10 AM</u>
Confirm all team members have introduced themselves by Name and Role	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>1hr. Bleeding actually 500ml</u> <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Sri Ruby</u>	

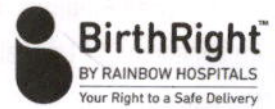
SIGN OUT	Time: <u>10:45 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. PADMAVATHI. B</u>	

VIH-00196052 IP-00060369

Mrs M SARIKA

15-10-1990 35 Y 8 M 2 D (F)

Dr. BUDDHAVARAPU.PADMAVATHI



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. PADMAVATHI. B	Date of Delivery: 17/06/2026
Assistant Surgeon: Dr. MOUNICA	Time of Delivery: 10:26:30 AM
Anaesthetist's Name: Dr. VINEETHA	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 3.080 kg
Neonatologist: Dr. SHRIKAR	AGPAR Score: 7/10, 9/10
Scrub Nurse: SIS JYOTHI	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency

Indication: **Previous U.C.S**

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: **Reactive**

If there was a delay give the reasons: **-**

Surgical Procedure: **ELECTIVE LOWER SEGMENT CESAREAN SECTION**

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

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: NORMAL Cord around the neck: Yes ^{1 loop of cord} No
Appearance of placenta: NORMAL Cavity explored: Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers VICRYL 1-0 Suture
Peritoneal Closure: Pelvic Abdominal None COPT/COT Suture
Sheath Closure: VICRYL 1-0 Suture
Fat Closure: Yes No 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 hours 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, Rest, No charting, Monitor vitals, Follow drug chart, Inform ROS

[Handwritten signature]
[Handwritten signature]

Doctor Name: Dr. PADMAVATHI. B Doctor Signature:
Date & Time: 17/06/20, 10:45 AM



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 17/6/26

To Be Filled In By Assigned Nurse:

Department: Uw Duration of Procedure: 35 min
 Name of Surgeon: DR. B. padmavathi Date of Admission: 17/6/26

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input checked="" 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>oxy! Taziam 1gm</u>	
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input checked="" type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input 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	
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input type="checkbox"/> Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: <u>manga Devi</u> Date & Time of antibiotic administration: <u>17/6/26 @ 10AM</u> Date & Time procedure started: <u>17/6/26 @ 10:10AM</u>	

- 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

VIH-00196052 IP-00060369
 Mrs M SARIKA . 35 Y 8 M 2 D (F)
 Dr. BUDDHAVARAPU.PADMAVATHI

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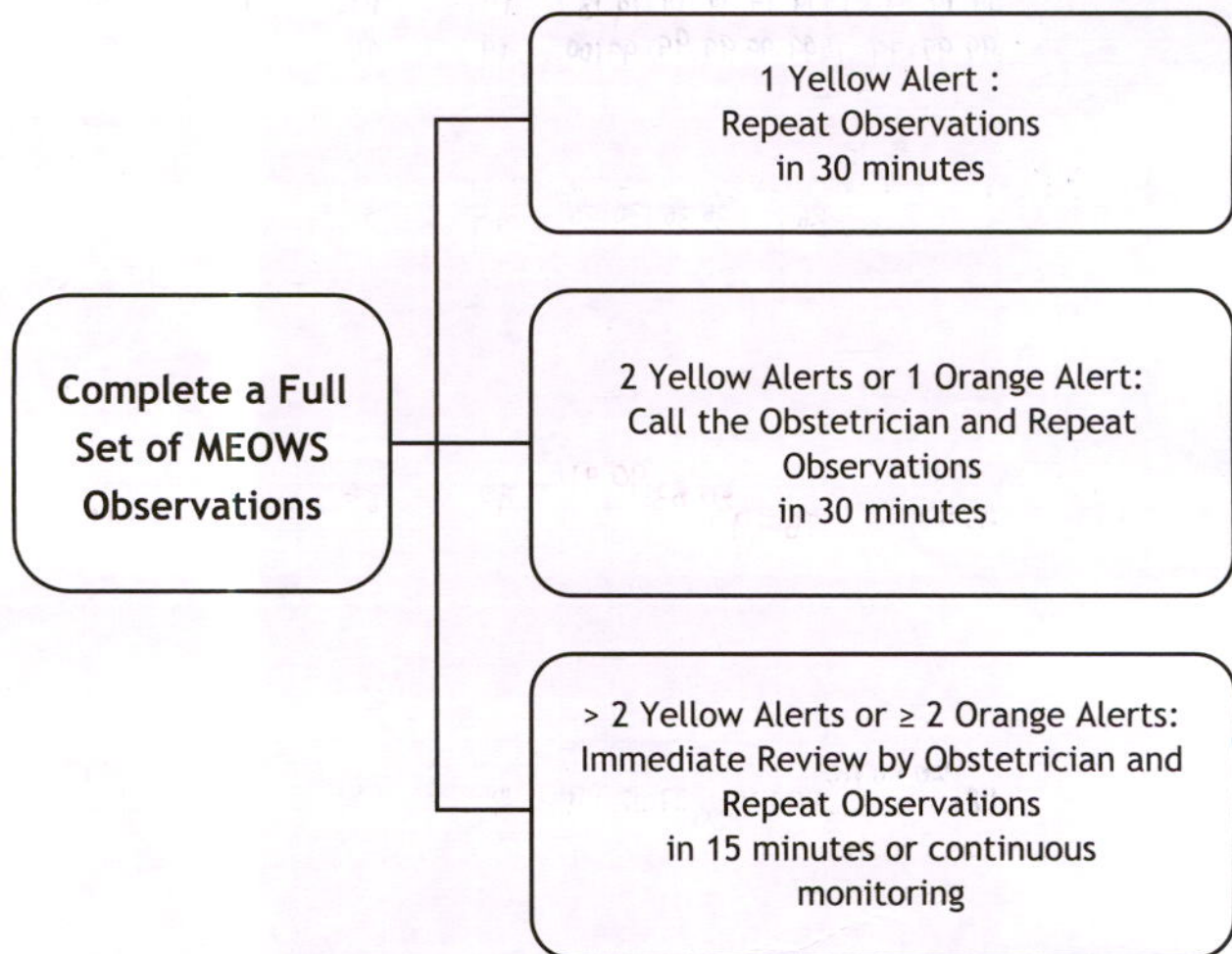


Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19	19	19	19	19	19	18	19					19						19				
	0 - 10																									
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	100	99				98						99			99	99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	75	73	82	84	76	79	80	83	90	91	72	86	82	75	76										
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	118	120	110	110	119	114	104	117	112	114	106	112	110	120	116										
	100																									
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70	74	82	80	69	71	73	79	88	69	68	72	79	75	70										
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Voice		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	✓	✓	✓	✓	✓	✓	✓	NA	NA	NA	NA	NA											
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	✓	✓	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA											
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML	ML		

Obstetrics and Gynaecology Early Warning Signs



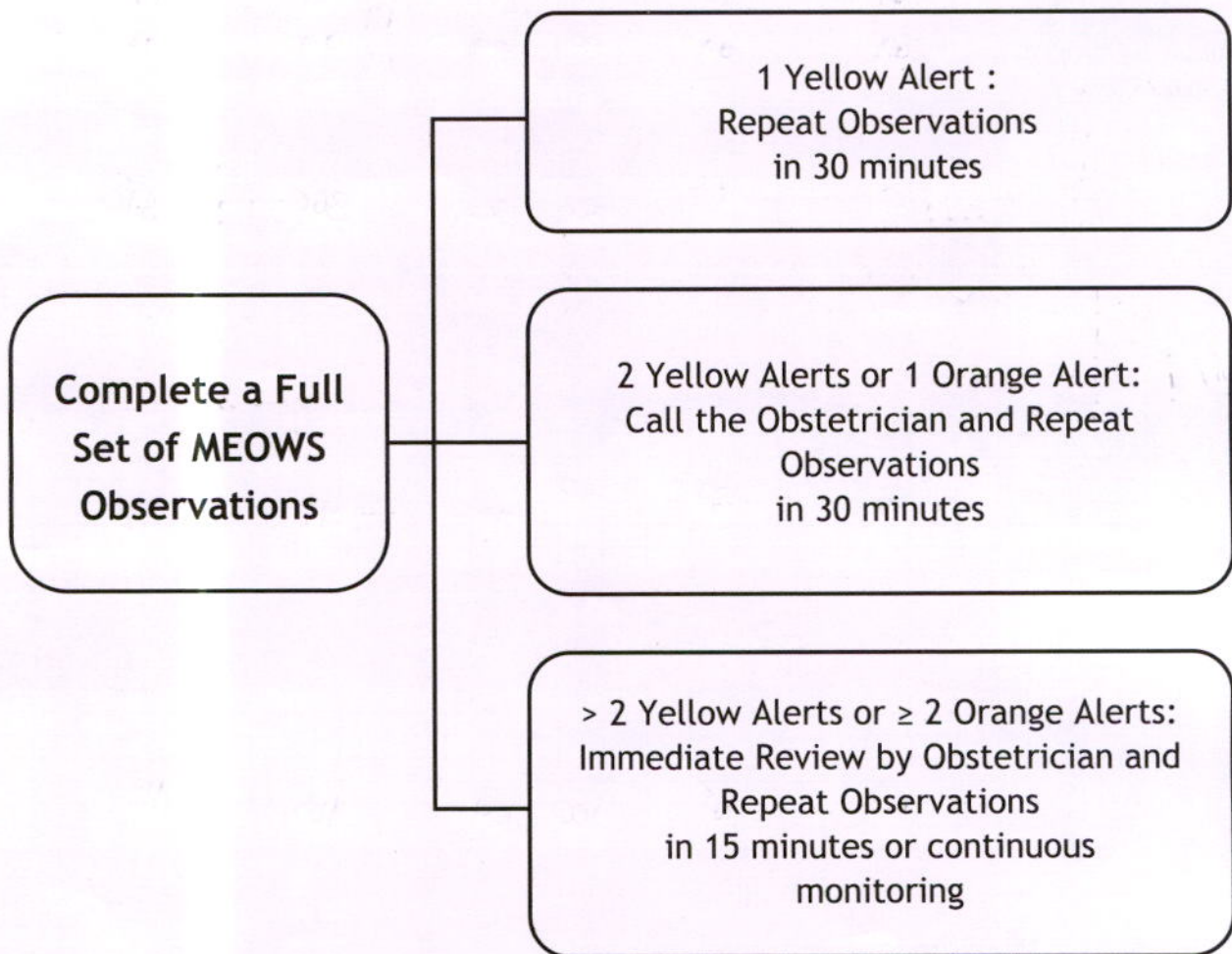
* The Modified Early Warning Score (MEOWS)

Early Warning Observation Score Chart - Obstetrics

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

Date																										
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
18/10/26	Time																									
	RESP (write rate in corresp. box)	> 30																								
		21 - 30																								
		11 - 20			19			19			19			19				19				19				19
Saturations	0 - 10																									
	94 - 100 %			99			99			99			99				99				99				99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36			36			36			36			36			36			36			36			36	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			70			72			80			72			71			72			72			66	
60																										
50																										
40																										
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100			102			105			100			104			105			110			112				
	90																									
80																										
70																										
60																										
50																										
40																										
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
90																										
80																										
70																										
60			70			72			65			68			61			65			64					
50																										
40																										
NEURO RESPONSE [✓]	Alert		✓			✓			✓		✓			✓			✓			✓			✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓			✓			✓		✓			✓			✓			✓			✓			
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal		NA			NA			NA		NA			NA			NA			NA			NA			
	Heavy / Foul																									
Liquor	Clear / Pink		NA			NA			NA		NA			NA			NA			NA			NA			
	Green																									
TOTAL YELLOW SCORES			0			0			0		0			0			0			0			0			
TOTAL ORANGE SCORES			0			0			0		0			0			0			0			0			
Nurse Initial			P			P			AR		AR			P			P			P			P			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00190052 IP-00060369
 Mrs M SARIKA .
 15-10-1990 36 Y 8 M 3 D (F)
 Dr. BUDDHAVARAPU, PADMAVATHI



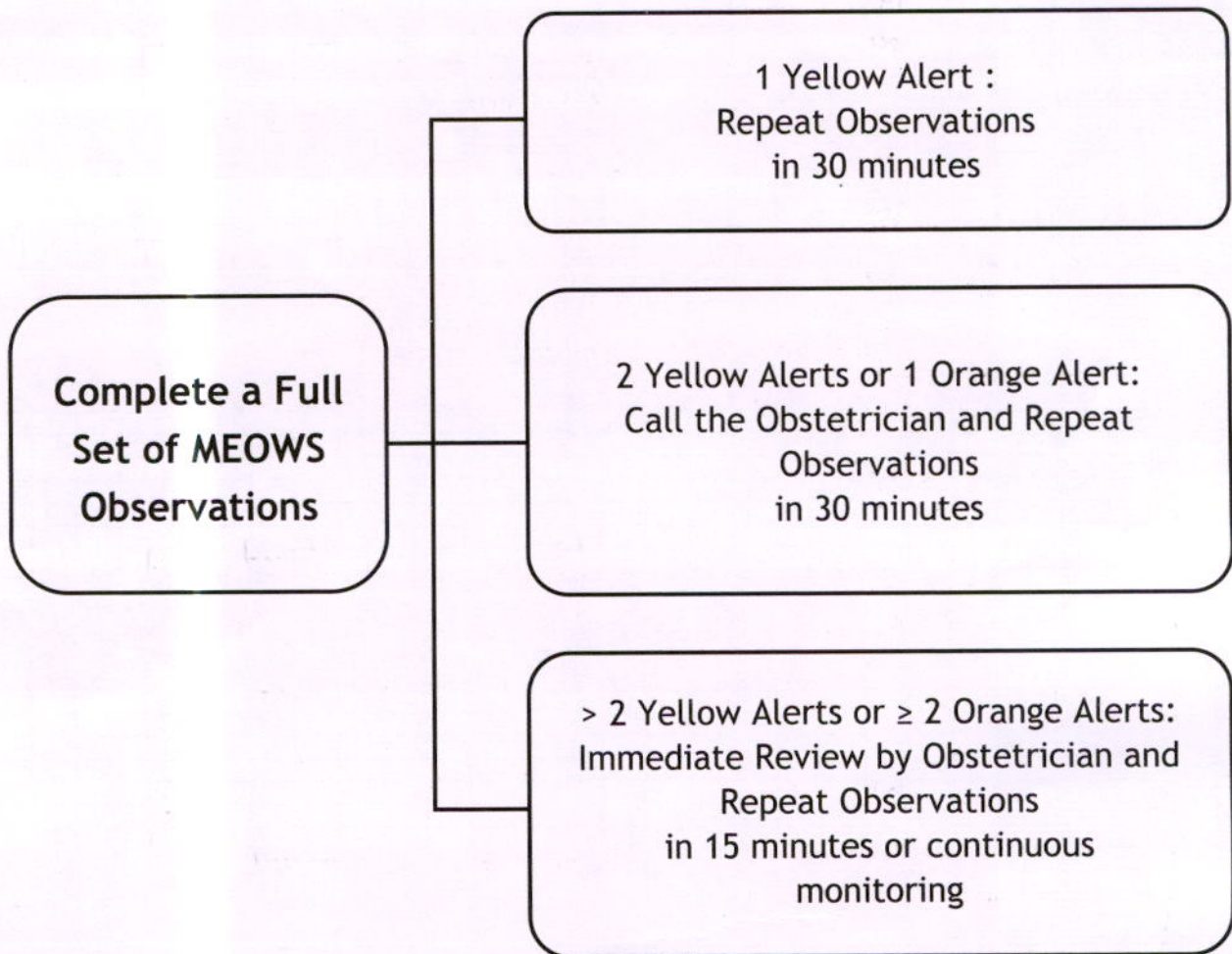
Pregnancy Observation Score Chart - Obstetrics

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

<i>laleba</i>		Date																												
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Saturations	94 - 100 %																													
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Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
	40																													
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	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																														

*noted by
 sushil
 laleba
 11/10/20*

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
17/6/26	08:00 am	NBM							✓		0	@m
	09:00 am	NBM + RLFF							200ml		0	
	10:00 am	NBM + RL 100ml							100ml		0	
	11:00 am	NBM + RL 100ml							50ml		0	
	12:00 pm	NBM + RL 100ml							50ml		0	
	01:00 pm	NBM + RL 100ml							50ml		0	
Total Intake :						Total Output : 450ml						
17/6/26	02:00 pm	NBM + RL 100ml							50ml		0	@m
	03:00 pm	NBM + RL 100ml							100ml		0	
	04:00 pm	H2O 50ml							50ml		0	
	05:00 pm	H2O 100ml							50ml		0	
	06:00 pm								50ml		0	
	07:00 pm								50ml		0	
Total Intake :						Total Output : 350ml						
17/6/26	08:00 pm	H2O 100ml							200ml		1	@m
	09:00 pm								200ml		1	
	10:00 pm	Jelly							200ml		0	
	11:00 pm	H2O 100ml							100ml		1	
	12:00 am								100ml		1	
	01:00 am	H2O 100ml							50ml		1	
Total Intake :						Total Output : 850ml						
18/6/26	02:00 am								100ml		1	@m
	03:00 am	H2O 100ml							100ml		1	
	04:00 am	H2O 100ml							50ml		0	
	05:00 am								50ml		1	
	06:00 am	H2O 50ml							100ml		1	
	07:00 am								100ml		1	
Total Intake :						Total Output : 500ml						

Total 24 hrs. Intake

Total 24 hrs. Output 2150 ml



FLUID CHART

Sheet No. : 2

18/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6	08:00 am											
	09:00 am	Jelly								AIR		
	10:00 am											
	11:00 am									✓		
	12:00 pm											
	01:00 pm		H ₂ O									
Total Intake :						Total Output :						
18/6	02:00 pm											
	03:00 pm	Rice										
	04:00 pm											
	05:00 pm											
	06:00 pm		H ₂ O									
	07:00 pm											
Total Intake :						Total Output :						
18/6/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am		Water									
	01:00 am											
Total Intake :						Total Output :						
19/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am		H ₂ O									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
<i>19/6/16</i>	08:00 am										6	Sunita labbe @10A
	09:00 am		<i>1 day water</i>									
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

*no feeds
sunita
labbe
@10A*

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00196052 IP-00060369
 Mrs M SARIKA . 35 Y 8 M 2 D (F)
 Dr. BUDDHAVARAPU.PADMAVATHI



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: MIW 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		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB - CALCIUM	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB - FOLIC ACID	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NEKHITA

Date & Time : 17/6/2026 , 8:30 Am

Nurse Name & Signature: Manga Devi

Date & Time : 17/6/26 @ 9:30AM



2

MEDICATION RECONCILIATION FORM

Drug Allergies: nil Not known any Drug Allergies

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

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

Shifting From: MICU Shifted to: Room (203)

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 (FTO)XIME	1um	IV	BD	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB PARACETamol	1um	PO	QID	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB TRAMADOL	100mcg	PO	TID	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB DICLOFENAC	50mcg	PO	TID	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB PANTOPRAZOL	40mcg	PO	OD	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Meeunika

Date & Time : 17/6/26, 4:00 PM

Nurse Name & Signature: manga devi

Date & Time : 17/6/26 @ 4 PM



DRUG CHART

Date of Admission: 17/6/2026 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signatu

REGULAR PRESCRIPTIONS

Weight. 80kg Ward. L4



Dr. Shree... 17/6/20 @ 5pm
 Dr. Shree... 17/6/20 @ 5pm
 Dr. Shree... 17/6/20 @ 5pm
 Dr. Shree... 17/6/20 @ 5pm
 Dr. Shree... 17/6/20 @ 5pm

DRUG : TAB. PARACETAMOL				Date	Time														
Dose	Route	Frequency	Start Date	17/6	18/6	19/6													
1g	PO	6HRly	17/06	AM	AM	AM													
Name & Signature of the Doctor Starting the Drugs:				6 AM	12 PM	6 PM													
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : TAB. DICLOFEWAC				Date	Time														
Dose	Route	Frequency	Start Date	17/6	18/6	19/6													
50mg	PO	8HRly	17/06	AM	AM	AM													
Name & Signature of the Doctor Starting the Drugs:				3 PM	11 PM														
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : TAB. TRAMADOL				Date	Time														
Dose	Route	Frequency	Start Date	17/6	18/6	19/6													
100mg	PO	8HRly	17/06	AM	AM	AM													
Name & Signature of the Doctor Starting the Drugs:				2 PM	10 PM														
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : INTI. CEFOTAXIME				Date	Time														
Dose	Route	Frequency	Start Date	17/6	18/6	19/6													
1GM	IV	8HRly	17/06	AM	AM	AM													
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

STOP 10/6/20
 2PM
 DR YOUNG SHAWARI



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6	10AM	INJ. CEFOTAXIME [AFTER TEST POS]	1GM	I.V	[Signature]	[Signature]
17/6	9:15AM	INJ. PANTOPRAZOLE	40 MG	I.V	[Signature]	[Signature]
17/6	9:15AM	INJ. METOCLOPRAMIDE	10 MG	I.V	[Signature]	[Signature]
17/6	10:27AM	INJ. CARBETOCIN	100 mcg	I.V	[Signature]	[Signature]
17/6	10:30AM	INJ. TRANEXAMIC ACID	1gm	I.V	[Signature]	[Signature]
17/6	10:45AM	SUPP. DICLOFLINAC	100 mg	PR	[Signature]	[Signature]
17/6	10:45AM	SUPP. TRAMADOL	100 mg	PR	[Signature]	[Signature]
17/6	10:45AM	T. MICROPROSTOL	600 mcg	PR	[Signature]	[Signature]
19/6/26	9AM	SUPPOSITORY BISACODYL	20mg	PR	[Signature]	[Signature]

VERIFIED BY: Name: Signature:

17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM
17/6 10AM



I.V. FLUIDS CHART

Weight. 80kg Ward. 210

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
17/6	9AM	RINGER LACTATE	I.V	F/F		 Nurse	17/6		
17/6	9:40 AM	RINGER LACTATE	I.V	100ML HR ↓ 900ml/hr		 Nurse	17/6		
17/6	10:45 AM	RINGER LACTATE	I.V	200ml/hr			17/6		
17/6	6:40 PM	5% DEX TROSE	I.V	F/F			17/6		

Signature
VERIFIED BY : Name

Patient No.	I.P. No.	Sheet No.	Wards	Weight (kg)
		11	UW	80kg

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE				Date	18/6	19/6														
				Time	18:00	19:00														
Dose	Route	Frequency	Start Dt.																	
40mg	PO	ONCE DAILY	18/6	6 AM	18/6	19/6														
Name & Signature of the Doctor starting the Drugs:																				
Dr. G. G. G. G.																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. CEFIXIME				Date	18/6	19/6														
				Time	10 AM	10 AM														
Dose	Route	Frequency	Start Dt.																	
200mg	PO	12TH HOURLY	18/6/24	10 AM	18/6	19/6														
Name & Signature of the Doctor starting the Drugs:																				
Dr. Y. Y. Y. Y.																				
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.																				

Dr. G. G. G. G.
 17/6/2024

Dr. Y. Y. Y. Y.

VIH-00100052 IP-0000309
Mrs M SARIKA .
 15-10-1990 35 Y 8 M 2 D (F)
 Dr. **BUDDHAVARAPU, PADMAVATHI**

Patient Name

I.P. No.

Sheet No. **(1)**

Wards **Ch**

Weight (kg) **80V**

REGULAR PRESCRIPTIONS

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

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

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

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