LSCS

(1)

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ACTIVIT VIH-00204071 IP-00060401 **G**
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

Name: ---

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

Date of Admission : 18/6/26 Time : 8:56pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 Ward : Leo Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	2:00pm	L&D	O.T	
19/6/26	3:30pm	OT	MICU	
19/6/26	10 pm.	MICU	Room (210)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/6	NST @ 9pm — (1)	R26-009799	
19/6	NST @ 1:30pm - (2)	R26-009804	
19/6	NST @ 5:30pm - (3)	R26-009805	
19/6	CBP	V1260	
19/6	NST 10 AM - (4)	R26-00980 57	
19/6	NST 12:30 - (5)	R26-00980 58	Chm
19/6	NST 2 PM - (6)	R26-00980 59	
	GOK checked by manager	19/6/26 @ 4pm	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Cardiac monitor	3:00PM	19/6/26 7:30PM	3092274	
19/6/26	Infusion Pump	12:30PM	19/6/26 7:30PM	3092274	
	cross checked by manager		19/6/26 @ 9PM		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6/26	IV placement	1	3091963	
19/6/26	PAC	1	3092275	
19/6/26	Catherization	1	3092865	
	(Cross) Chest & leg Circle			

ANY OTHER INFORMATION

Date : 21.06.2026 Time : 8:34 Am Prepared By : 21/06/26 @8:34pm

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sig.	Sig.		

VIH-002[illegible]071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 19/6/26

Patient Name: Mrs. Munira Shahpurwala Date of Birth: 29-11-1999 Age: 26 yrs

Gender: female Ward : OT UHID No.: 204071

Date of Surgery: 19/6/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS + SA

Time in : 2:18 pm Time Out : 3:18 pm

	NAME	AMOUNT
1. Surgeon	: Dr. Bhavana K	Dr charges
2. Anaesthetist	: Dr. Himabindhu.	
3. Assistant Surgeon	: Dr. Soumya / Dr. Farnaaz	
4. OT Technician	: Br. Rakesh	
5. Circulating Nurse	: Sr. Marinda.	
6. Assistant Nurse	: Sr. Ruby. P	

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

Dr Farnaz
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3092192/193 Order by: Rafar

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
28-11-1999 26 Y 6 M 22 D (F)
Dr. BHAVANA K

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	6	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets		✓	✓	
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
	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	2	✓	✓	
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)	4	✓	✓	
27	Drug Chart (Regular prescription)	6	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Others	12	✓	✓	
	Total No. of Pages	52 pages			

Deepika 2016 12 26 @ 11pm
Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060401 **Admit Date** : 18-Jun-2026 **Admit Time** : 08:56 PM **UHID** : VIH-00204071

Patient Details :

Patient Name	: Mrs MUNIRA SHAHPURWALA	**Age**	: 26 Y 6 M 20 D
Guardian	: Mr MUSTALI SHAHPURWALA	**DOB**	: 29-11-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no-12-noor villa mubaram colony Gough Lines Hyderabad Telangana INDIA 500015	**Phone No**	: 8179908220/ 9848017199
		E-mail	: fatema.dsa@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr MUSTALI SHAHPURWALA **Relationship** : W/O

Contact Address : plot no-12-noor villa mubaram colony Gough Lines Hyderabad Telangana INDIA 500015 **Phone No** : 8179908220 / 9848017199

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 : SELFPAY

MH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
19-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/6/26

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 .... Nil

Chief Complaints: .... POL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: 10 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	NO

Gynecology Assessment: ☐ Not Applicable

Menstrual History: ....

....

Onset of Menarche: ....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 15/9/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: POL

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G Primi .... P .... L .... A ....

Previous LSCS: NO

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 Both parents – Hypertension mother – Ca endometrium Ca Rectum

Vital Signs / Measurements: Temp: 96.5°F HR: 79/Min RR: 20/min

BP: 120/60mmHg Weight: 77kg Height: 160cm BMI: 30.2

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

MH-00204071 IP-00000401
Mrs MUNIRA SHAHPURWALA
9-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

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 ..0'.. (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. Munira SHAHPURWALA..

Name of Person Orientation was given to: ..Mrs. Munira SHAHPURWALA..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Ashwini..

Date & Time: ..18/6/26 @ 10:15pm..

PATIENT TRANSFER FORM

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VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
18/6/26 8:53 PM	19/6/26 @ 10pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	DR. mounika	observation

From Unit	To Unit	Information to Attendant
MICU	Room ( )	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
36	NST-	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab- PCM (15)	under pad (1)
2.	Tab - Pantop (15)	Sanitizer (1)
3.	Tab- Tramadol (10)	
4.	Tab- Dicloran (10)	
5.	Salaal (1)	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SP Rani	DR mounika.

Patient & Clinical Records Received by : Deepika 19/6/26@10pm

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)

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PATIENT TRANSFER FORM

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	18/6/26 @ 8:56pm	19/6/26 @ 2pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Faanaaz	EM LSCS
From Unit	**To Unit**	**Information to Attendant**
L/W	~~Room~~	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
32	NIL	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Faanaaz

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Jyothi.	Dr. Faanaaz

Patient & Clinical Records Received by : meghana.

Date & Time of Patient Received : 19/6/26 @ 8pm.

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

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 15/9/2025 EDD:

Corrected EDD: 22/6/2026 GA: 39+3 weeks

Obstetric Formula: primigravida
ML-1 4r NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
I- PP, Spontaneous Conception
Booked to RCH at 30+5 weeks
previous ANCs at Virag
H/O vitD deficiency at 30+5 wks

Obstetric Examination

Fundal Height: TG

Present Pregnancy Record: managed conservatively
H/O anemia at 30+5 wks Mx conservatively
H/O decreased fetal movements at 36+4 wks. Mx conservatively
H/O oligohydramnios at 36 wks
Mx conservatively

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PR: at 36+5 wks ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS: H/O Back pain & dizziness at 35+2 wk Mx conservatively
corrected Anemia

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
⊕ 140bpm

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ½ inch ☐ 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: 164 cm
Weight: 77 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C|C|C Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 84bpm
BP: 112|70 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

primigravida with 39+3 weeks

for Induction of labour

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

Family History:

Both parents – HTN
Mother- Ca endometrium
Ca Rectum

Surgical History:

Nil

Medical History:

Nil

Medication History:

Nil

Plan of Care: C/I to DR. Bhavana mam

- Admission
- Normal diet
- Part preparation
- consent
- Monitor FHR
- NST 4th hrly
- Tab Misoprostol 25 mcg 4th hrly
- Monitor vitals
- Follow drug chart
- Inform SOS
- send CBP

Noted by auto 18/6/26 10p"

Investigations: BG- 'A' POSITIVE

HIV, HBsAg, HCV, VDRL } NR

CBP- 19/6/26
10.8 / 11550 / 1.9L

15/6/2026
Growth scan
39 wks
SLIUF
cephalic
EFW- 3239gm
AC - 25%
AFI - 12.7cm
Pl - Ant High
Doppler - normal

13/2/26 (outside)
TIFFA
21+5 wk
CL - 3.2cm
No anomalies

11/12/2025
NT scan
13 wks
NT - 1.6cm
Pl - Ant low lying
CL - 3.8cm

FTS - LOW RISK

Doctor Name: DR. YOGESHWARI
Signature: .....
Date & Time: 18/6/2026 10pm

Consultant Name: DR. BHAVANA K.
Signature: .....
Date & Time: 18/6/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	T-[illegible] C FHR	
18/6/26		1
	10pm 142 bl/mt	11:30 - 142 bl/mt
	10:30pm 150 bl/mt	11:30 - 146 bl/mt
	11pm 148 bl/mt	12:00PM - 150 bl/mt
	11:30pm 138 bl/mt	12:30PM - 143 bl/mt
	12AM 146 bl/mt	1 PM - 143 bl/mt
19/6	12:30AM 152 bl/mt	1:30 PM - 146 bl/mt
	1AM 143 bl/mt	— & delivered —
	1:30AM 139 bl/mt	
	2AM 140 bl/mt	
	2:30AM. 146 bl/mt	
	3AM 142 bl/mt	
	3:20AM 138 bl/mt	
	4AM 136 bl/mt	
	4:30AM 141 bl/mt	
	5AM 137 bl/mt	
19/6	5:30AM 140 bl/mt	
	6AM 138 bl/mt	
	6:30AM 152 bl/mt	
	7AM 139 bl/mt	
	7:30AM 130 bl/mt	
	8AM 136 bl/mt	
	8:30AM 148 bl/mt	
	9:00AM 150 bl/mt	
	9:30 AM 156 bl/mt	
	10:00 AM 142 bl/mt	
	10:30A - 140 bl/mt	

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

VIH-00204071 IP-00060401
Patie Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Age Dr. BHAVANA K
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
18/6/2026	9:30 pm	O/E	
		pt i s c/c/c	
		Gc fair	Adv
		Afebrile	- Normal diet
NST Reactive		BP-114/70mmHg	- Monitor FHR
Tab Misoprostol		PR- 84bpm	- W/F POL
25 mcg PV		S/E - NAD	- NST 4th hrly
kept 9:30pm		P/A- Ut~TG	- Ambulation
		Relaxed	- Adequate hydration
		Cephalic FHR (+)	- Birthing Ball
		148 bpm	exercises
		P/V- Cx ½ inch long	- Monitor vitals
		OS- 2cm	- Follow drug chart
		PPV+ [-2]	- Inform SOS
		BOM (+)	
			Dr Yogeshwari
		Noted by Prathyusha @ 9:30pm	
19/6/2026	1:30 pm	O/E	Adv
		Pt i s c/c/c	- (N) diet
		Gc fair	- Monitor vitals
		Afebrile	- NST 4th hrly
Tab Misoprostol		BP-116/72mmHg	- W/F POL
25 mcg PV		PR- 86bpm	- Ambulation
kept at		S/E - NAD	- Adequate hydration
1:30 AM		P/A - Bt-TG	- Birthing ball
		Relaxed (C) FHR (+) 148bpm	exercise
		P/V- Cx ½ inch long	- Follow drug chart
		OS- 2cm	- Inform SOS
		PPV+ [-2]	
		Noted by Prathyusha @ 1:30pm (+)	Dr Yogeshwari

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26
5 AM

O/E
Pt is c/c/c
Uc fair
Afebrile
BP- 114/70 mmHg
PR- 80 bpm
S/E - NAD
P/A - Ut~TG
(C) Relaxed
FHR @ 148 bpm
P/V - Cx-50% effaced
OS- 2 cm
PPV x 1-21
MO clear liquor

ARM done
clear liquor

Adv
- Clear liquids
- Monitor FHR continuous
- NST 4th hrly
- W/F POL
- Enema
- Inj oxytocin 5 units in RL
- Monitor vitals
- Ambulation
- Adequate hydration
- Birthing ball exercise
- Informs SOS

Noted by Prathyusha @ 8 am

Dr Yogeshwari

19/6/26
8:35 AM

O/E pt is c/c/c
Uc fair
Afebrile
BP- 112/70 mmHg
PR- 84 bpm
S/E - NAD
P/A - Ut~TG
(C) Irritable
FHR @ 140 bpm
P/V - Cx 50% effaced
OS- 2 cm
PPV x 1-21
MO clear liquor

Adv
- clear liquids
- Monitor FHR
- NST 4th hrly
- Monitor vitals
- Ambulation
- Adequate hydration
- Birthing ball exercise
- W/F POL
- Follow drug chart
- Inform SOS

Dr Yogeshwari

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9:30am	Pt is c/c/c G2 C1 A0 Afebrile BP - 120/72 mmHg PR - 84 bpm S/E - NAD P/A - Ut ~TG (-) FHR (+) 138 bpm Irritable FHR (+) 144 bpm	Adv - Clear liquids - Monitor FHR continuously - NST - 4th hourly - Ambulation - Adeq Hydration - W/ + POL - Follow drug chart - monitor vitals - Inform SOS Dhar Dr Farmer
19/6/26 11 AM	C/T to Dr Bhavana Maam P/A - 4c/25sec/10min v/e - Ex - 60% effaced os - 4cm PPC (-)11 Caput ++. NST - Non reassuring.	Adv - 1 (+) RL - ff - stat - Stop syntocin - NST - stat - 4th hourly - Oxygen. - W/ + POL - Inform SOS Dhar Dr Farmer

Noted by Suhruti 19/6/26 9:30AM

Noted by Suhruti 11AM

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 12:30 pm	C/I to Dr Bhavana Madam RIST - Non reassuring. c baseline Heart rate - ✓ 110 - 130 bpm. Inj NTG - 0.025mg - IV - given ↓ FHR ↑ 130 bpm.	Adv - IO RL - FF - O_2 - 6 l. - Inj NTG 0.025mg IV - stat - NST - at 1:15pm repeat If Non reassuring - Plan for emergency LSCS. - W/f POL - contraction FHR monitoring - Inform SOS Dr Fairoz.
Noted by Sukanya 12:39pm.		
19/6/2026 1:50 pm	Counselling notes Patient & attendess explained regarding non-reassuring NST with decelerations c presumed fetal distress & need for emergency LSCS & they opted to emergency LSCS Mustafa (Husband) Jaleel (witness) PS. Nikhita.	
Noted by sukanya @ 1:50 PM 19/6/26		

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 1:50 pm	P/A - 4C/35sec/10min	
	V/E - cx - 60% effaced	Adv
	os - 6cm	- consents
	PPC VX (-1) MO liq clear	- Shift to OT
		- NBM
		- foleys catheterization
	Noted by Karah 19/6/26 @ 1:50PM	- Inform SOS
		Dr Faonen
19/6/26 3:30 pm	POD - 0	
	Pt is c/c/c	Adv
	GC fair	- NBM x 4hours
	Afebrile	- Rest
	BP - 108/64 mmHg	- I/O charting
	PR - 87bpm	- w/f PV bleeding
U.O - 150ml Adeq clears	S/E - NAD	- follow drug chart
	P/A - soft BS ⊕	- monitor vitals
	ut ↓ UWR	- Inform SOS
	L/E - No active bleeding	
Noted by Kamah	Baby T A/H BF ⊕	Dr Faonen
	19/6/26 @ 3:30Pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 7:30pm	POD-0	
P1L1	O/E pt c/c/c	Adv
	c/f air	- clear liquids
	afebrile	- soft diet at 1:30 am
	BP-116/79mmg	- w/f bleeding PV
U.O 450ml	PR-85bPm	- I/O charting
adeq clr	S1S2 N AD	- monitor vitals
pt can be	A/A Ut nup	- follow drug chart
shifted to room	RS - +/+ +/+	- inform ses
baby A BF ⊕	P/V NAB	Dr. Ashwini
Noted by [signature] 19/6/26 @7:30PM		
19/6/26 9:30PM	POD-0	Adv
	O/E pt c/c/c	- clear liquids
	c/f air	- soft diet at
	afebrile	1:30 am
	BP-110/70mg	- w/f bleeding PV
U.O 500ml	PR-82bPm	- I/O charting
adeq	S1S2 NAD	- monitor vitals
clr	P/A Ut nup	- follow drug
baby A BF ⊕	BS ⊕	chart
	P/V NAB	- inform ss
		Dr. Ashwini
Noted by Dupitha 19/6/26 @9:30PM		

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 7AM	POD-1 O/E pt c/c/c vegius afebrile BP - 119/75mmg PR - 86bpm SCENAD P/A ut-wr BS+ P/UNAB Baby A/M NBF+	Adv - soft diet - W/F bleeding PV - adq hydration - ambulation - monitor vitals - follow drug chart - inform sos Dr Ashwini
U.O 1100ml adq. Remove foleys -	Noted by Akanksha 20/6/26 @12pm	
20/6/2026 1:45 pm P/A urine not passed Foleys removal done 1 hr ago motion not passed	POD-1 (LSCS) O/E - pt is c/c/c Gc - Fair. Afebrile BP - 119/82 mmHg PR - 82 bpm. S/E - NAD. P/A - ut - IN/R Soft, BS+ L/E - NAB. Baby < A/M BF+	Adv: - (N) diet - Adeq. Hydration - Ambulation - Monitor Vitals - W/F bleeding PV - Follow drug chart - Inform SOS. Dr. Nikita
Noted by Akanksha 20/6/26 @ 8pm		Dr. Farooq

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026	POD1 (LSCS)	
8:30 pm.	O/E - pt is c/c/c	Adv:
	GC - Fair	- (N) diet
P1L1	Afebrile	- Adeq. Hydration
urine passed	BP - 122/76 mmHg.	- w/F bleeding PV
motion not passed	PR - 88 bpm	- Ambulation
	S/E - NAD.	- monitor vitals
	P/A - ut - W/R.	- Follow drug chart
	Soft, BS (+)	- Inform SOS
	L/E - NAB.	(N)
	Baby < A M BF (+)	Ds. Nikhita
21/6/2026		
7:45 Am.		
P1L1	O/E - pt is c/c/c	Adv:
	GC - Fair.	- (N) diet
urine passed	Afebrile	- Adeq. Hydration
motion not passed	BP - 114/75 mmHg.	- Ambulation
	PR - 88 bpm.	- monitor vitals
Aseptic dressing done	S/E - NAD.	- w/F bleeding PV
	P/A - ut - W/R.	- Follow drug chart
pt. can be discharged	Soft, BS (+)	- Inform SOS.
	L/E - NAB.	
	Baby < A M BF (+)	(N)
		Ds. Nikhita
		Noted by Dr. Pilca 21/6/26 @ 7:45 Am

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Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Patient S Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primigravida c̄ 37+3 weeks for IOL.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	18/6 N	19/6 M	19/6/26 E	19/6/26 E	19/6/26 Night	19/6/26 night
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	N diet	N diet	NBM		Liquids	N diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	R/A	RA.	RA	–	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	96.2°F	98.6°F	98.6°F	98.1°F	98.6°F	98.2°F
	Res:	19b/mt	18b/mt	19bpm	18b/mt	18b/mt	19b/m
	SpO_2:	96%.	99%.	99%	99%.	99%.	98%.
	Pulse:	77b/mt	88b/mt	82bpm	86b/mt	86b/mt	78b/-
	BP:	121/70mmHg	113/78mmHg	110/70mmHg	123/78mmHg	110/70	115/71
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0	0	–	0	0	0
	Pain Score:	0	0	0	0	2	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–		nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N diet	N diet	–		Liquid	N diet
	Critical Lab Test / Values:	–	–	–	–		nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	Dependent	depend	dependent
Post Operative Procedure Special Orders:		–	–	–	w/f Bleeding	w/f Bleeding	w/f Bleeding
Handed Over By Name :		prathyusha	shunshid	sri Ruby P	Kamal	Rani	Deepika
Signature / ID :		020533	020573	018135	020573	[illegible]	607469
Date:		19/6/26	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26
Time:		@8Am	@	5pm	@8PM	10PM	@8Am
Taken Over By Name :		K. Sahu	meghana	Kamal	Rani	Deepika	Akanksha
Signature / ID :		020477	[illegible]	020573	[illegible]	607469	606603
Date:		19/6/26	19/6/26	19/6/26	19/6/26	19/6/26	20/6/26
Time:		8Am	2pM	@5Pm	8pm	10:30pm	@8am

Docu. No. : RCH /FRM / CLINICAL / 097

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi c 39+3 weeks) for IOL			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: IOL			Post OP Day:			
BACKGROUND	Date / Shift	20/6/26 M	20/6/26 E	20/6/26 N	21/6/26 M		
	Medical Condition (Any special condition to be noted):	–	–	–	–		
	Diet:	(N) diet	(N) Diet	(N) diet	S diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0 F	98.0 F	98.0 F	98.6 F		
	Res:	19 b/m	19 b/m	20 b/m	20 b/mt		
	SpO_2:	99%	99%	99%	99%		
	Pulse:	82 b/m	80 b/m	80 b/m	80 b/m		
	BP:	106/69 (81)	122/76 (88)	120/76	120/76		
	LOC:	conscious	conscious	conscious	conscious		
	Fall Risk Score:	(0)		'15'	'15'		
	Pain Score:	'0'	'0'	'0'	'0'		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(N) diet	(N) Diet	(N) diet	(N) Diet		
	Critical Lab Test / Values:	–	–	–	–		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent		
Post Operative Procedure Special Orders:		–	–	–	–		
Handed Over By Name :		Akanksha	Akanksha	Deepika	Sushila		
Signature / ID :		606607	606607	607469	846993		
Date:		20/6/26	20/6/26	20/6/26	21/6/26		
Time:		@ 2pm	@ 8pm	@ 8pm	@ 8am		
Taken Over By Name :		Akanksha	Deepika	Sushila		noted by	
Signature / ID :		606607	607469	846993		Sushila	
Date:		20/6/26	20/6/26	21/6/26		21/6/26	
Time:		@ 2pm	@ 8pm	8 Am		@ 8:00 AM	

Docu. No. : RCH /FRM / CLINICAL / 097

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NURSING CARE RECORD

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Date: 18/5/16

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11pm	Ensure Safety	11pm	provide side rails	to prevent fall from bed-Side	Patient was Safe.	Pradhan @ 11pm 18/5/16
	6am	monitored vitals	6am	checked vitals	Vitals are normal	Patient was Stable	Pradhan @ 6pm 18/5/16

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NURSING CARE RECORD

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Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	Ensure safety	9 AM	To provied side rails.	To prevent fall	Patient is Good.	19/6/26 @ 2PM
	12 PM	Maintain fluid Balance	12 PM	Maintaintend RL 100ml/hr	To prevent dehydration.	Patient is safe	
Afternoon	3 PM	Ensure safety	3 PM	To provied side rails.	To prevent fall	Patient is Good	19/6/26 @ 3PM
	7 PM	maintain fluid Balance	7 PM	maintain fluid RL 100ml hr.	To prevent de hydration.	Patient is safe	
Night	8 PM	→ TO Relive pain → Discanfut	8:15 PM	→ provided canfut → pain left lateral pn	→ patiat feel canfut	→ Re-assessment pain declared	19/6/26 @ 8:15
	11pm	→ Ensure Safety.	12mm	→ provided side rails.	→ To prevent risk of fall.	→ Re-assessment every 4th hrly.	Deepika. 19/6/26 @ 8PM

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NURSING CARE RECORD

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Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* Maintain fluid Balance. * Ensure Safety	10 AM	* Encouraged pt to take plenty of fluids. * Provided Side Rails upside.	* Prevented Dehydration * Reduced fall Risk.	* Re-Assessment Done. Pt is Stable.	Akaubh 20/6/26 @ 2pm
Afternoon		* Ensure safety * Maintain fluid Balance		Provided side rails Encouraged patient to take plenty of fluids	* Prevent falls Risk Prevented dehydration	Re-assessment Done. Patient is stable	Abyfg 20/6/26 @8pm
Night	8PM 12AM	Ensure Safety Maintain fluid Balance	11PM 3AM	To provide safety To take plenty of water	To provide Safety To prevent dehydration	Re-Assessment was done pt is safe	bupitha 20/6/26 @8PM

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29-11-1999 26 Y 6 M 22 D (F)
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NURSING CARE RECORD

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Date: 21/6/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 12pm	Ensure safety. Maintain fluid Balance.	8am 12 pm	To provide safety. Maintained fluid balance.	Patient feels comfortable. TO prevent dehydration.	Patient is Haemodynamically stable.	
Afternoon				Discharge note By Doctor advised for discharge			
Night				noted by Sonia 21/6/26 at 6:40 AM			

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MUNIRA SHAHPURWALA**	**Age :**	**26 Y 6 M 20 D**
IP No:	**IP-00060401**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill arance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature: (.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: FATEMA

Relationship: SISTER

Date: 18/6/26 Time: 08-56 P.M

Witness Name:

Witness Signature:

Patient Address:

plot no-12-noor villa mubaram colony
Gough Lines Hyderabad Telangana
INDIA 500015

/IH-00204071 IP-00060401
/rs MUNIRA SHAHPURWALA
9-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/6/26 Time of Arrival: 8:30pm Time Seen by Nurse: 8:30pm

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: IOL

3) **Vital Signs:** Temperature: 96.4F Pulse: 84bpm RR: 20bpm SpO_2: 96% BP: 110/69mm Weight: 77kgs

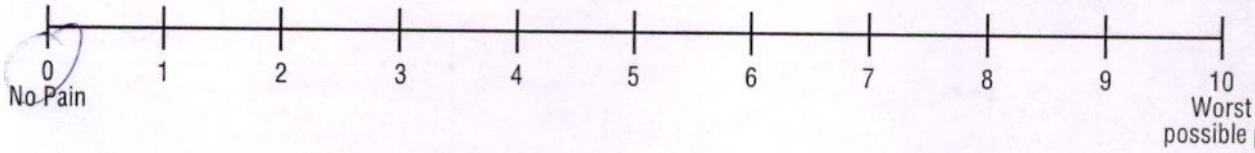
4) **Gestational Criteria:**

Gravida:	G primi	P —	L —	A —

LMP: 15/9/2025 EDD: 22/6/26 Gestational Age: 39+3weeks

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

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: Nil

b) Medical: Nil

/IH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
9-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

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	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 10pm

Nurse Name : Prathyusha Nurse Signature:

Date: 18/6/26 Time: 9:30pm

INFORMED CONSENT FOR VAGINAL BIRTH

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Your Right to a Safe Delivery

Patient Name : Mrs. Munira Shahpurwala UHID No : VIH-0026407/

Gender: ☐ Male ☑ Female Date : 18/6/26 Time : 9.15 PM

I hereby authorized the performance of the following procedure:

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

Consentee :
Signature : Munira
Name : Mrs. Munira
Date & Time : 18/6/26 9.15 PM

Patient Attendant :
Signature : Fatena
Name : Mrs. Fatena
Relationship with Patient: Sister
Date & Time : 18/6/26 9.15 PM

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : Dr. Madhumita
Date & Time : 18/6/26 9.15 PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

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

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

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

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

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ 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: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Induction of Labor Consent

Name: Mrs. Munira Shahpurwala
Date of Birth: 29/11/99
ANC No: 10628/V/26

Consulatant: Dr. Bhavana
Registration Number: 204071 / 60401

You are scheduled for an induction of labor on 18/6/26 (date) at 39w3d (weeks of gestation).

The reason for your induction is term gestation

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

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

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

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

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

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

Munira — 18/6/26
Parents Signature — Date

Jaleen (sister) — 18/6/26
Husband's Signature — Date

18/6/26
Doctor's Signature — Date

NAME:

EDD:

GESTATION:

INDICATION OF IOL:

SCORE	0	1	2
STATION IN RELATION TO THE SPINES	-3	-2	-1
DILTATION OF THE CEVIX CONSISTENCY	0CM	1-2CM	3-4CM
LENGTH OF CERVIX	3CM	2CM	1CM
CONSISTENCY	FIRM	MEDIUM	SOFT
POSITION	POSTERIOR	MILD POSITION	ANTERIOR

DATE & TIME	VAGINAL EXAM	BISHOP SCORE	CTG	PGE1/E2 DOSE	PGE1/E2 NUMBER	OXYTOCIN	A.R.M	REMARKS	SIGNATURE & NAME

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS MUNIRA SHAHPURWALA Gender: ☐ Male ☑ Female Age : 26

UHID No : NIH-0020401/IP-0006401 Date : 19/6/26

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS MUNIRA SHAHPURWALA
(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, POST PARTUM HEMORRHAGE, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTION:, BOWEL AND BLADDER INJURY; URETRIC INJURY, INFECTION.

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 KASU.

Consentee :
Signature : Munira
Name : MRS MUNIRA
Date & Time : 19/6/26 1:45 PM

Patient Attendant :
Signature : Mustali
Name : MUSTALI SHAHPURWALA
Relationship with Patient: HUSBAND
Date & Time : 19/6/26 1:45 PM

Witness :
Signature : Fatema
Name : FATEMA
Date & Time : 19/6/26

Doctor (who is taking the consent) :
Signature : Dr Fazeez
Name : Dr fazeez
Date & Time : 19/6/26 1:45 pm.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs Munira Khalpurwala Age : 26y Gender : Male ☐ Female ☑

UHID NO: VIH- 204071 Surgeon Name: Dr. Bhavana. K

Anaesthesiologist : Dr. Subramanyam

Operative procedure planned : Dr. Usr.

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, Itching / Shaking, Bradycardia,

Comments : PDPH, PPH,

- 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 Munira Khalpurwala the above mentioned operation / Diagnostic / Therapeutic procedures Dr. Usr

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 : .....

Name : .....

Relationship with Patient: Self

Date & Time : 19/6/26

Witness :

Signature : .....

Name : MUSTALI SHAHPURWALA (HUSBAND)

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Kamal Bindra

Date & Time : 19/6/26, 2:10 pm

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr Bhavana Kasa	Date of Delivery: 19/6/26.
Assistant Surgeon: Dr Sowmya sri	Time of Delivery: 2:20 Pm (24 sec)
Anaesthetist's Name: Dr Hima bindu	Gender of Baby: Male
Type of Anaesthesia: spinal	Weight of Baby: 3.249 kg.
Neonatologist: Dr Shriram	AGPAR Score: 7/10, 9/10
Scrub Nurse: Ruby.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non progress of labour & Non reassuring NST & fetal decelerations

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: Non reassuring.

If there was a delay give the reasons: .....

Surgical Procedure: Emergency LSCS. + SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 500ML	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 5 cm ..... 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 ☐ Thinnedout ☐ 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 2 loop of cord ☑ 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 1-0 ..... Suture

Peritoneal Closure: ☑ Pelvic ☐ Abdominal ☐ None VICRYL ..... Suture

Sheath Closure: VICRYL – 1 ..... 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

Ctheter ☑ 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 x 4 hours, Rest, I/O charting, w/f PV bleeding, follow doing chart, inform SOS.

Doctor Name: Dr Bhavana JR Doctor Signature: Dr Bhavana

Date & Time: 19/6/26 4:30 pm.

SURGICAL SAFETY CHECKLIST

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

Surgeon : Dr. Bhavana. K
Asst. Surgeon :
Anaesthetist : Dr. Renuka / Dr. Rima bindu
Scrub Nurse : Sr. Ruby. P

Age : 26yrs Gender : F
Name : Emlscs
Date : 19/8/26 In-time : 2.18 p.m Out-time : 3.18 p.m

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 2.17pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : [signature]
Name : Dr. Rima Bindu

Before Skin Incision ➤ ➤

TIME OUT Time: 2.18pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) → mrs. munira ☑ Yes ☐ No
- Correct Site → lower abdomen ☑ Yes ☐ No
- Correct Procedure → Emlscs ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Hrs Anticipated Blood Loss? bleeding 500ml ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]
Name : Sr. Ruby

Before Patient Leaves Operating Room

SIGN OUT Time: 3.18pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☑ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☑ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature] Dr. farnaz
Name : Dr farnaz.

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

P

(1)

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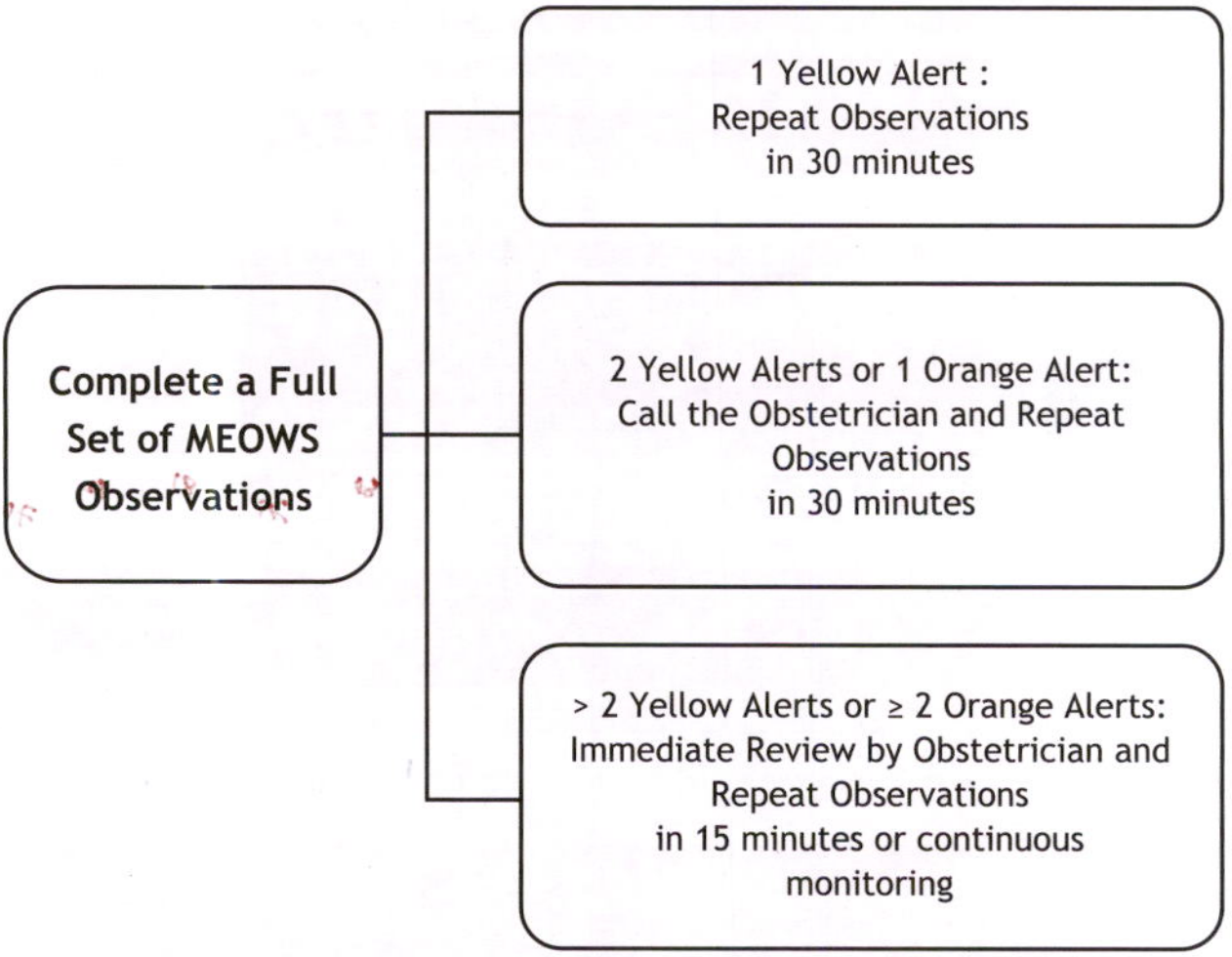
Early Warning Observation Score Chart - Obstetrics

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

18/6

		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		17		19		19		19	
	0 - 10																									
Saturations	94 - 100 %																99		99		98		98		98	
	< 94 %																									
Administered O, (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																37.1°C		37.2°		36.2°		36.4°		37.2°	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																80		78		81		82		70	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																120				121					
	110																		119				110			113
	100																								109	
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																70				73		69		60	70
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert														✓		✓		✓			✓		✓	✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30														✓		✓		✓		✓			✓		✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal														NO		NO		NO		NO		NO		NO	
	Heavy / Foul																									
Liquor	Clear / Pink														NO		NO		NO		NO		NO		NO	
	Green																									
TOTAL YELLOW SCORES															0		0		0		0		0		0	
TOTAL ORANGE SCORES															0		0		0		0		0		0	
Nurse Initial															MS		MS		MS		MS		MS		MS	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

Patie

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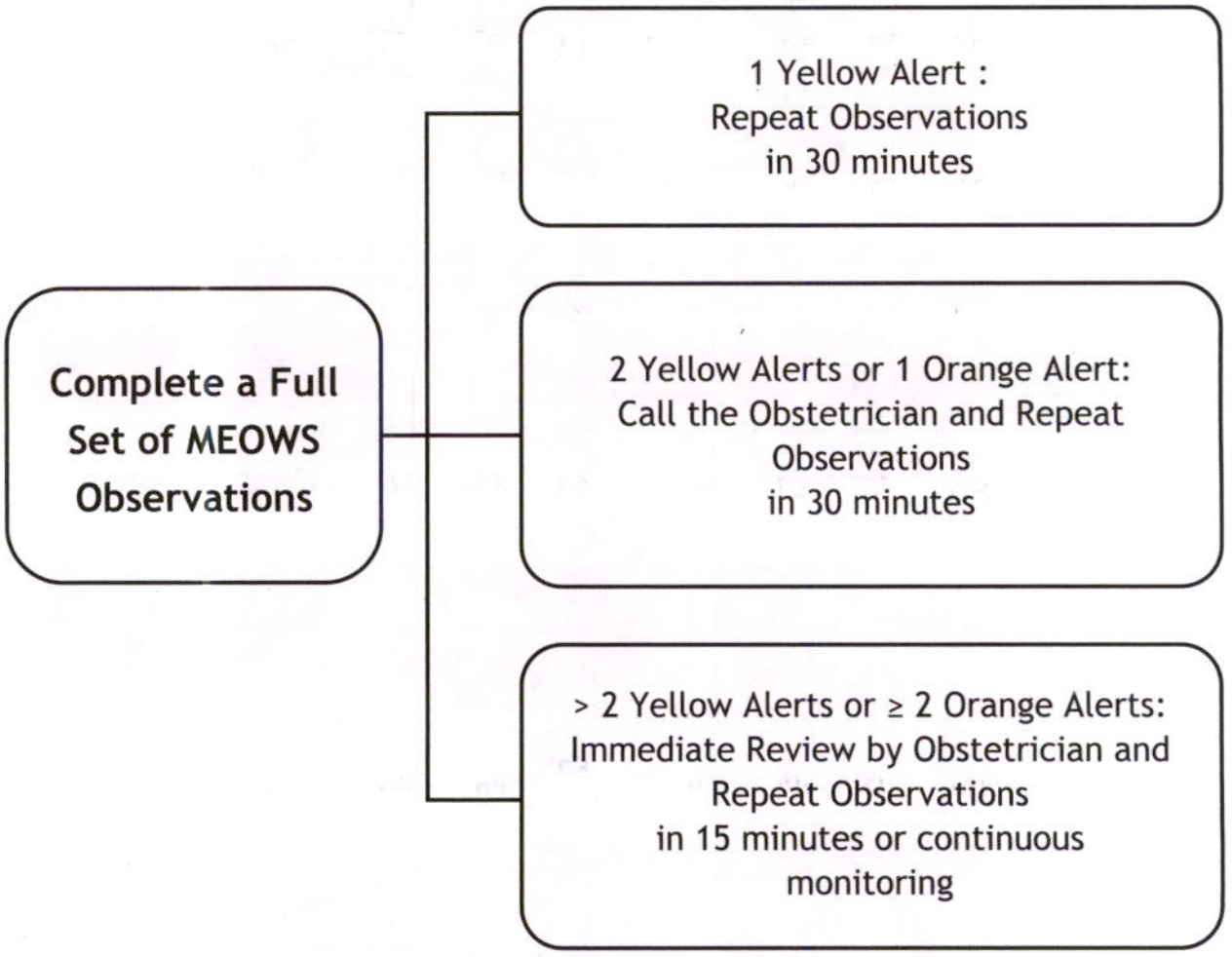
Early Warning Observation Score Chart - Obstetrics

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

29/6																								
	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		18		17			19			19				19
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99	99		99		98		99			98			99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37	37°		37°		37°		37	37		37°		37°		37			37.2°			37.1°				36°
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		86		88		84	85		83		86		82			78			81				80
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120										120														
	110	110		113		110		110	110				110		110			114			115				115
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			80							83		86												
	70	70				72		70	74						70			71			65				60
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓	✓		✓		✓		✓			-			-				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓	✓		✓		✓		✓			-			-				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		✓	✓		NA		NA		✓			NA			NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		✓	✓		NA		NA		✓			NA			NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0	0		0		0		1			0			0				0
TOTAL ORANGE SCORES		0		0		0		0	0		0		0		0			0			0				0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 22 D (F)
Dr. BHAVANA K

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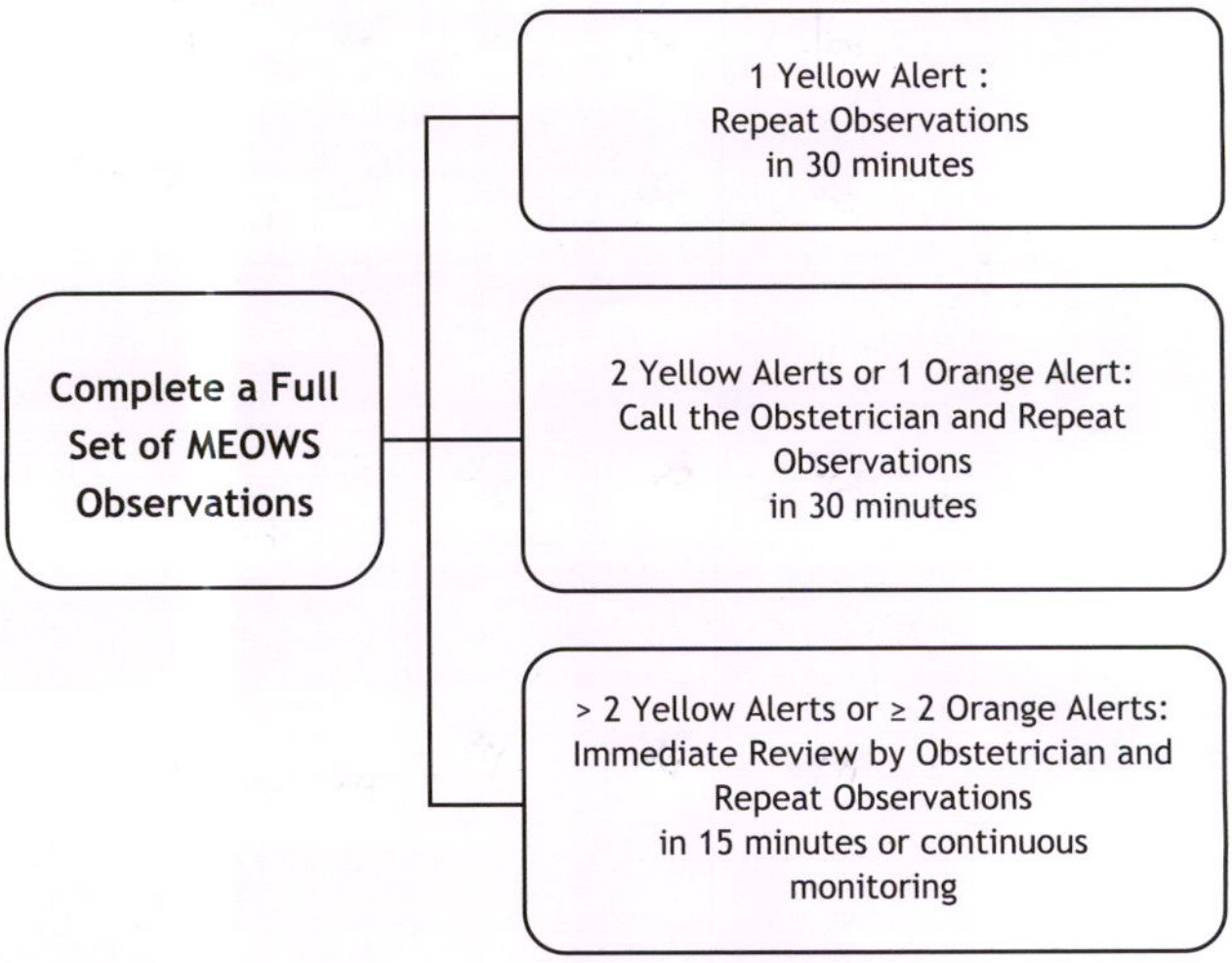
Early Warning Observation Score Chart - Obstetrics

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

20/6/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20				19				19				19			19				19					19
	0 - 10																								
Saturations	94 - 100 %				99%				99%				99%			99				99					99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37				36°				36°				36°			36°				37°					36°
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82					85				86			87				79				76	75
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120				119				118				122												
	110															110				114					112
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				62				70				76			96				98					69
	60																								
	50																								
	40								✓				✓												
NEURO RESPONSE [✓]	Alert				✓											✓				✓					✓
	Voice																								
	Pain																								
	Unresponsive								✓																
URINE mls / hour	> 30				✓				✓				✓			✓				✓					✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				NA				NA				NA			NA				NA					NA
	Heavy / Foul																								
Liquor	Clear / Pink				NA				NA				NA			NA				NA					NA
	Green																								
TOTAL YELLOW SCORES					1				1				1			0				0					1
TOTAL ORANGE SCORES					0				0				0			0				0					0
Nurse Initial					D				D				D			D				D					D

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 22 D (F)
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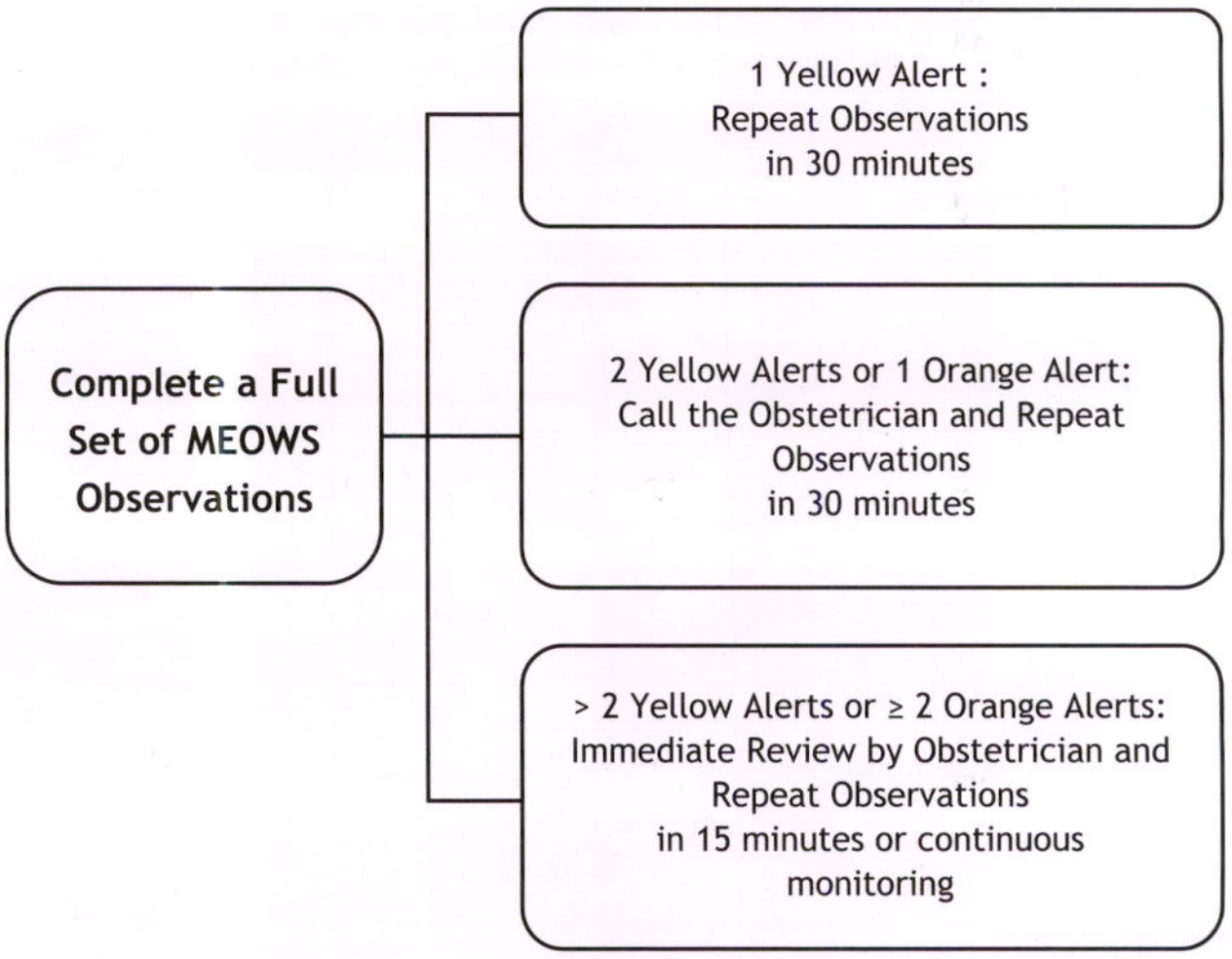
Early warning Observation Score Chart - Obstetrics

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

21/6/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19																							
	0 - 10																								
Saturations	94 - 100 %	99																							
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°C	40																								
	39																								
	38																								
	37																								
	36	36																							
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80																							
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110																							
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70																							
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓																							
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓																							
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA																							
	Heavy / Foul																								
Liquor	Clear / Pink	NA																							
	Green																								
TOTAL YELLOW SCORES		0																							
TOTAL ORANGE SCORES		0																							
Nurse Initial		SR																							

not taken by Sister 21/6/26 at 8 AM

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/6	08:00 am	H2O + RL 100ml/hr + Inj. oxy								✓	0	
	09:00 am	H2O + RL 100ml/hr + Inj. oxytocin									0	
	10:00 am	H2O + RL RL 100ml/hr + Inj. oxytocin								✓	0	
	11:00 am	H2O + RL 100ml + Inj. oxytocin									0	19/6/26
	12:00 pm	H2O + RL 100ml + Inj. oxytocin								✓	0	@2PM
	01:00 pm	H2O + RL 100ml + [illegible]									0	
Total Intake :		600 ml				**Total Output :**				Passed		
19/6/26	02:00 pm		NBM	RL 100ml						100ml	0	
	03:00 pm		NBM	RL 100ml/hr						100ml	0	
	04:00 pm	NBM + RL 100ml/hr								100ml	0	
	05:00 pm	NBM + RL 100ml/hr								50ml	0	19/6/26
	06:00 pm	NBM + RL 100ml/hr								50ml	0	@8PM
	07:00 pm	H2O + RL 100ml/hr								50ml	0	
Total Intake :		1000 ml				**Total Output :**				450		
19/6/26	08:00 pm	H2O 100ml								50ml	0	RL 9PM
	09:00 pm	H2O 100ml								50ml	0	
	10:00 pm									50ml		
	11:00 pm	[illegible]								50ml		
	12:00 am									50ml		
	01:00 am									50ml		
Total Intake :						**Total Output :**				300ml		
20/6/26	02:00 am		[illegible]							50ml		Deepika 19/6/26 @8AM
	03:00 am									50ml		
	04:00 am									100ml		
	05:00 am									50ml		
	06:00 am		Water							50ml		
	07:00 am									50ml		
Total Intake :						**Total Output :**				350ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1100 ml.

VIH-00204071 IP-00060401
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Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :**						
18/6	08:00 pm											
	09:00 pm											
	10:00 pm	H_2O 100ml										
	11:00 pm	H_2O 100ml										
	12:00 am											
	01:00 am	H_2O 100ml										
Total Intake :		300ml				**Total Output :**						
19/6	02:00 am	H_2O 100ml										
	03:00 am	H_2O 100ml										
	04:00 am											
	05:00 am	H_2O 100ml										
	06:00 am	H_2O 50ml										
	07:00 am	H_2O 100ml										
Total Intake :		450ml				**Total Output :**				Passed		

Total 24 hrs. Intake	750 ml	Total 24 hrs. Output	Passed

VIH-00204071 IP-00060401
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28-11-1999 26 Y 6 M 22 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

20/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/6/26	08:00 am		RO Wtr									
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm		Rice									
	03:00 pm		RO									
	04:00 pm											
	05:00 pm									✓		
	06:00 pm		RO									
	07:00 pm											
Total Intake :						Total Output :						
20/6/26	08:00 pm		RO									
	09:00 pm						✓					
	10:00 pm											
	11:00 pm									✓		
	12:00 am		water									
	01:00 am											
Total Intake :						Total Output :						
21/6/26	02:00 am		water									
	03:00 am											
	04:00 am											
	05:00 am									✓		
	06:00 am		RO				✓					
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00204071 IP-00060401
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29-11-1999 26 Y 6 M 22 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6/16	08:00 am									✓	1	Sujith 21/6 @ 1PM
	09:00 am		Milky Water								1	
	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 :**						

noted by Sujith 21/6/16 @ 9Am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00204071 IP-00060401
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29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

(1)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: L/O Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	18/6/26	☐ C ☑ ~~DC~~
2	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	18/6/26	☐ C ☑ ~~DC~~
3	T. MULTI VITAMIN	1 TAB	PO	ONCE DAILY	18/6/26	☐ C ☑ ~~DC~~
4	T. CALCIUM	1 TAB	PO	ONCE DAILY	18/6/26	☐ C ☑ ~~DC~~
5	L ARGININE SACHET	1 SACHET	PO	12TH HOURLY	17/6/26	☐ C ☑ ~~DC~~
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESHWARI

Date & Time : 18/6/2026 · 10 PM

Nurse Name & Signature: Prathyusha

Date & Time : 18/6/2026 @ 8pm

MH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

(2)

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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: ..... Shifted to: ..... Room 12 .....

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	INJ CEFOTAXIME	1GM	IV	BD	19/6	☑ C ☐ DC
2	T TRAMADOL	100MG	PO	TID	19/6	☑ C ☐ DC
3	T PANTOPRAZOLE	40MG	PO	OD	19/6	☑ C ☐ DC
4	T DICLOFENAC	50MG	PO	BD	19/6	☑ C ☐ DC
5	T PARACETAMOL	1GM	PO	QID	19/6	☑ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr Abhi .....

Date & Time : ..... 19/6/26 @ 7:30PM .....

Nurse Name & Signature: ..... Rani .....

Date & Time : ..... 19/6/26 @ 7:30 P .....

VIH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 77kg Ward LLW

DRUG : TAB PANTOPRAZOLE	Dose	Route	Frequency	Start Dt.	Date→ 20/6	21/6
	40MG	PO	ONCE DAILY	19/6	6 AM	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: ONCE DAILY ON EMPTY STOMACH.						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB TRAMADOL	Dose	Route	Frequency	Start Dt.	Date→ 20/6	21/6
	100MG	PO	8TH HOURLY	19/6	7 AM	
Name & Signature of the Doctor Starting the Drugs:					3 PM	
Additional Instructions:					11 PM	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB. CEFIXIME	Dose	Route	Frequency	Start Dt.	Date→ 20/6
	200 MG	PO	12TH HOURLY	20/6	11 AM
Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA					
Additional Instructions:					11 PM
Daily Doctor's Endorsement by a Sign					

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

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29-11-1999 26 Y 6 M 22 D (F)
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

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

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Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 21 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Munira. Weight: 77 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/6	10:30 AM.	INJ- VALETHAMATE BROMIDE	8 MG	IV			
19/6	1:00 PM	INJ NITROGLYCERINE	0.025 MG	IV		HOLD	
19/6	1:30 PM	INJ NITROGLYCERINE	0.025 MCG	IV			
19/6	1:50 PM	INJ PANTOPRAZOLE	40 MG	IV			
19/6	1:58 PM	INJ METOCLOPRAMIDE	10 MG	IV			
19/6	2:00 PM	INJ. CARBETOCIN	100 mcg	IV			
19/6	2:25 PM	INJ. TRANEXAMIC ACID 1 gm		IV			
19/6	3:10 PM	DICLOFENAC Sup.	100 mg	PR			
19/6	3:10 PM	TRAMADOL Sup.	100 mg	PR			
19/6	3:30 PM	TAB MISOPROSTOL	800 MCG	PR			
21/6		SUPPOSITORY BISACODYL	20 MG	PR		-	-

Docu. No. : RCH /FRM / CLINICAL / 136

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Mrs MUNIRA SHAHPURWALA
29-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

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DRUG CHART

Date of Admission: 18|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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

/IH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
19-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 72kg Ward. I/W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/6/26	6:00 Am	INJ OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5ml/HR			19/6	19/6	
19/6	6:00 AM	RINGER LACTATE	IV	100ml/HR			19/6	19/6	
19/6	9:00 AM	RINGER LACTATE	IV	FF			19/6		
19/6	2:15 pm	RINGER LACTATE	IV	70ml/hr			19/6		
19/6	3:00 pm	RINGER LACTATE	IV	70ml/hr			19/6		
19/6	4:50 PM	RINGER LACTATE	IV	100ML/HR			19		

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

/IH-00204071 IP-00060401
Mrs MUNIRA SHAHPURWALA
19-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

Weight. 77kg Ward. L/W

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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.	

Signature .....

VERIFIED by : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	9:30 PM	T. MISOPROSTOL	25 MCG	PV	✓	
19/6/26	1:30 AM	T. MISOPROSTOL	25 MCG	PV	✓	
19/6/26	5:30 AM	PROCTOCLYSIS ENEMA	100 ML	PR	✓	
19/6/26	6:10AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	✓	
19/6/26	5:45AM	INJ DROTAVERINE	40MG	IV	✓	
19/6/26	6:30AM	INJ VALETHAMATE BROMIDE	8 MG	IV	✓	
19/6/26	8:30 AM	INJ DROTAVERINE	40MG	IV	✓	
19/6/26	9:00AM	INJ VALETHAMATE BROMIDE	8 MG	IV	✓	
19/6/26	9:30AM	INJ DROTAVERINE	40MG	IV	✓	

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Mrs MUNIRA SHAHPURWALA
19-11-1999 26 Y 6 M 20 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 77kg Ward. C/W

DRUG: TAB. PARACETAMOL				Date/Time	19/6	21/6
Dose	Route	Frequency	Start Date	12 PM	[signature]	[signature]
1gm	P/O	Q6H	19/6	6 AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. HIMABINDU				12 PM	[signature]	
Additional Instructions:				6 PM	[signature]	
Daily Doctor's Endorsement by a Sign					20/6	

Dr. [signature] 19/6/26 Chith

DRUG: TAB. DICLOFENAC				Date/Time	19/6	20/6	21/6
Dose	Route	Frequency	Start Date	6 AM		[signature]	[signature]
50mg	P/O	Q8H	19/6				
Name & Signature of the Doctor Starting the Drugs: Dr. HIMABINDU				2 PM		[signature]	
Additional Instructions:				10 PM	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign							

Dr. [signature] 19/6/26 Chith

DRUG: TAB. TRAMADOL				Date/Time	19/6	20/6
Dose	Route	Frequency	Start Date	7 AM		[signature]
100mg	P/O	Q8H	19/6			
Name & Signature of the Doctor Starting the Drugs: Dr. HIMABINDU				3 PM		
Additional Instructions:				11 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

STOP Dr. Ashwin 20/6 7am

Dr. [signature] 19/6/26 Chith

DRUG: INJ CEFOTAXIME				Date/Time	19/6	20/6
Dose	Route	Frequency	Start Date	10 AM		[signature]
1 GM	IV	12TH HOURLY	19/6			
Name & Signature of the Doctor Starting the Drugs: [signature] Dr Farmeen						
Additional Instructions: AFTER TEST DOSE.				10 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

STOP Dr. Nikhita [signature] 20/6/26 12:45 pm.

Dr. [signature] 19/6/26 Chith