Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023396 **Admit Date** : 26-Jun-2026 **Admit Time** : 11:38 AM **UHID** : HCV-00040114

Patient Details :

Patient Name	: Mrs MOULIKA B	**Age**	: 31 Y 1 M 12 D
Guardian	: SATYA NARAYANA SINGH	**DOB**	: 14-05-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SSV Vihar, Kommadi, Visakhapatnam Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048	**Phone No**	: 7675015363/ 7675015363
		E-mail	: moulika.buddha145@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 107 **Ward Name** : 1F-FIRST FLOOR

Room No : SPVT 107 **Admission Type** : First Visit

Contact Details :

Name : SATYA NARAYANA SINGH **Relationship** : W/O

Contact Address : **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

Name:---------- HCV-00040114 IP22-00023396
Mrs MOULIKA B
UHID No :..... 14-05-1995 31 Y 1 M 12 D (F) nsultant :.....Dept.:.....
Dr. CHUPPANA RAGA SUDHA
Date of Admission :.. ..Date of Discharge:.....Time:.....
Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26.	1:15 pm,	MICU	107	Pavani
26/6/26	5:45 pm	107	MICU	
26/06/26	6:10 pm	MICU	107	
29/6/26	8:20 AM	107	MICU	
28/6/26	12:45 pm	MICU	LDR 1	Pavani
28/6/26	2:30 pm	LDR-1	PICU	
29/6/26	3:10 pm	MICU	107	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. kalyan chakravarthi.P	26/6/26 at 6:10 pm		Girija
2.	JYOTHIR MYCE	27/6/26	1688	Uma
3.	Prathyusha Samuel	29/6/26	692244	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked By Girija

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/8/26	syringe pump	28/8/26 @ 9:40Am	28/6/26 @ 5pm	189	Pawai
28/8/26	syringe pump	28/8/26 @ 11:40Am	28/6/26 @ 2:30 pm	1929	[illegible]
28/6/26	cardiac moniter	28/6/26 11:40AM	28/6/26 @ 2:30pm	1921	[illegible]

Cross check by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6/26	NST ① 12:20pm	7090	Neelam
26/6/26	NST ② 5pm	7112	Deepa
26/6/26	E.C.G.	7117	Gaya
26/6/26	NST ③ at 6:45pm	7118	Gaya
26/6/26	2D ECHO	7119	Gaya
26/6	NST 11:45pm ④	7124	Jivan
27/6	NST 2 Am ⑤	7125	Jyy
27/6	NST 8 Am ⑥	7129	Jyy
27/6	NST 1 pm ⑦	7154	Uma
27/6	NST 5pm ⑧	7168	Deepa
27/6	NST 10pm ⑨	7175	Jyy
28/6	NST 3 Am ⑩	7176	
28/6/26	NST @ 8:40A ⑪	7179	Pavani.

Cross checked by Jyy

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	IV placement	1	19722	
28/6/26	Epidural charges.	1	91892	Pawan
28/6/26	catheterization	1	19222	
28/6/26	IV placement	1		
28/6/26	AVD I Epidural done by Dr. Ragavendra I/C Time in : 1:20pm Time out : 2:20pm	1	691985	Shiv

Cross checked by Rinlay

ANY OTHER INFORMATION

Date: 30/6/26 Time: 2 AM Prepared By: Rinlay

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Rinlay			

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints : came for Induction of labour

Obstetric Formula : primi

Obstetric History: Primi

LMP : 10/10/25 EDD: 17/7/26

Corrected EDD: 21/7/2026 GA: 37 weeks

Menstrual History : Regular : ☑ Yes ☐ No 4/33 days - 35 days

Obstetric Examination ML : 2 yrs , NCM.

Fundal Height ~ 36 weeks

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others_____

Head Fifths Palpable 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record
→ spontaneous conception
→ Immunised [TT, flu vaccine]
→ Regular antenatal checkups

RISK FACTORS:

→ H/o elevated BP recording (148/101 mmHg) on 25/6/26
↓
T. Labetalol 200 mg PO 8th hly
→ H/o hypothyroidism : 6th months
↓
on T. Thyronorm 50 mcg

Height : 159 cms
Weight 77 kgs
Allergies : (-)
Breast ☑ Normal ☐ Abnormal

General Examination:
Consciousness : (+) Pallor: (-)
Icterus : (-) Edema: (+) grade II
Temp: Afebrile PR: 86/min
BP: 157/110 mm Hg DTR: (+)
CVS: S1S2 (+) RS (N) Vesicular breath sounds
Liver / Spleen : NAD Urine Output: Normal

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liqour: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced 30%.
Os: Closed_____ Dilated 1cm.
Membranes : ☑ Present ☐ Absent
Liquor : ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primi / 37 weeks POG / Pre Eclampsia (late onset) / Hypothyroidism / SLICPAN.

for Induction of labour.

(P.T.O)

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

Family History

Father: CVA in 2022, DM, HTN.

Mother: HTN, Hypothyroidism

Surgical History

Nil.

Medical History:

Pre eclampsia → on T. Labetalol 200mg plo 8th hrly × 1 day

Hypothyroidism → on T. Thyronorm 50mcg plo 24th hrly

Medication History:

Plan of Care:

1) Admission
2) Parts preparation.
3) consent for Induction of labour
4) CTG 4th hourly monitoring.
5) FHR monitoring every 30mins
6) With adverse action
7) with labour progression
8) BP monitoring every 2nd hourly
9) Inform if headache, blurring of vision, epigastric pain
10) T. MISOPROSTOL 25mcg plv kept @
   ||,
   Next (2nd) dose @ 5pm
   Next CTG @ 4:30pm

LCT.

Investigations : BG(T) → A+ve

25/6/26

Hb: 11.2gm/dl
Plt: 1.89 lakh

HIV, HBsAg, HCV
VDRL → Non-reactive

Spot protein Creatinine ratio : 1.18

Creatinine : 0.8, Urea : 21.8 mg/dl
Na+ - 131
K+ - 4.51
Cl- - 114
Uric acid : 8.2 mg/dl
Total Bilirubin : 0.3 mg/dl
ALP: 148 U/L
Protein : 5.2, Albumin: 2.8

25/6/26 SLIUG → 36w 6days

Presentation : cephalic
Placenta : Posterior
AFI : 10.7

EFW : 2.608 Kgs (26th %ile)
Single loop of cord around neck
Doppler : Normal.

Doctor Name: Dr. Nikhat
Signature: (Consultant)
Date & Time: 26/6/26, 12:00 pm

Consultant Name: Dr. Raga Sudha
Signature:
Date & Time:

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: @11:30Am

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others, specify MBBS

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify

Do you require an interpreter? ☐ Yes ☒ No if Yes specify

Source of Information: ☑ Patient ☐ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Chief Complaints:

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Nikhath

Time Notified: 11:35 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes.	No.	No.

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 3 TO 5 days

Onset of Menarche: 13 years

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 10/10/25

Gynecology Surgical History:

Caesarean Section: ☒ No ☐ Yes

Cervical Cerclage: ☒ No ☐ Yes

Ectopic Pregnancy: ☒ No ☐ Yes

Myomectomy: ☒ No ☐ Yes

Others:

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 mother, father

☐ Heart Disease ☑ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.6°F HR: 98b/m RR: 20b/m

BP: 150/80mmHg Weight: 77kgs Height: ~~4ft~~ 159Cm BMI: ~

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

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score ..2.. (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 ..HUSBAND.....

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 ..patient.....

Name of Person Orientation was given to: mrs. moulika.....

Orientation not given Reason: ..—.....

Nurse Signature: .....

Nurse Name: ..pavai.....

Date & Time: ..26/6/26 @ 11:32 Am.....

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

☐M ☐F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/22 5:00pm		C/S (B Dr. Ratnavalli CReg)
		Dr. Soumya (CPG_2), Dr. Nikhita (PG_1)
		Primi / 37 weeks POG / late onset PE / Hypothyroidism / SLCAN / for IOL
		GC: Fair c/o Headache
		Afebrile
		BP: 160/100mmHg ⇒ checked manually. after 15min ↓ 180/100mmHg
		PR: 78/min
		RR: 16/min
		H/L: No abnormality detected
		P/A: uterus ~ 36weeks cephalic FHS (+) uterus ~ relaxed.
Adv: Tab T. Labetalol 200mg p/o @2:20pm		Case informed to Dr. Ragasudha ↓ Advised 2D Echo
		R 1) T. NICARDIA 20mg p/o stat 2) BP monitoring every 30mins. 3) CTG with hourly monitoring 4) FHR monitoring every 30mins. 5) w/f uterine action 6) w/f labour progression 7) Monitor vitals 8) Inform if BP ≥ 140/90 mmHg, headache, blurring of vision, epigastric pain.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/22
8:00 pm

C/S/B Dr. Athalathe (Reg)
Dr. Nihit (PG)

Primi | 37w POG | late onset PE | Hypothyroidism | SLCAN | for IOL

GC: Fair

Afebrile

BP: 134/89 mmHg

PR: 84/min

RR: 16/min

HLC: No abnormality detected

PA: uterus ~36 weeks
Cephalic
FHS (+)
uterus ~ mild tightening.

R/
Adv: 1) T. NICARDIA 20mg p/o 8th hly
2) T. LABETALOL 200mg p/o 8th hly
3) DFMC / LLP
4) CTG 4th hourly monitoring.
5) FHR monitoring every 30 min
6) BP monitoring every 30 min
7) w/f uterine action.
8) w/f labour progression
9) w/f headache, blurring vision, epigastric pain
10) Monitor vitals
11) Inform SOS

2nd dose T. MISOPROST 25mcg p/v given @ 7:30pm
//

3rd dose due @ 11:30pm
next CTG @ 11:00pm

Cwith

Noted by Duty

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patier HCV-00040114 Mrs MOULIKA B IP22-00023396
Age : 14-05-1995 31 Y 1 M 13 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/24		C/S/B Dr. Ashalatha (Reg)
11:30pm		Dr. Nikhita (PG)
		Primi | 37w POG | late onset PE | Hypothyroidism | SLCA w | DOL (2day PG.)
		H/O
		C/C: Fair
		Afebrile
		BP: 115/84 mmHg
		PR: 84/min
		RR: 16/min
		H/L: No abnormality detected
		P/A: uterus ~ 36 week cephalic
		FHS (+)
		uterus ~ mild tightning
		CTG: no beat to beat variability
		Repeat CTG @ 2:00am
		1) Rest in LLP / DFMC
		2) continue RL @ 4 per drip chart
		3) CTG 4th hourly monitoring
		4) FHR monitoring every 30 mins
		5) w/f uterine action.
		6) w/f labour progression
		7) w/f headache, blurring of vision, epigastric Pain
		8) monitor BP every 2 nd hrly (if imp it 4th hrly)
		9) monitor vitals, inform SOS
		3rd dose deferred till next CTG
		c initial
		noted by duty

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/24
2:00am

CLS/B Dr. Ashalatha (Rly)
Dr. Nikhita (Pty)

Primi | 37 wks +1 day POG | Lab onset PE | Hypothyroidism | SL CAN | DOL

GC: Fair
Afebrile
BP: 170/100 mmHg
PR: 84/min
RR: 16/min
HIL: No abnormality detected
PA: uterus ~ term 36 weeks cephalic
FHS (+)
uterus ~ mild tightening.

CTG- reactive

Adv

1) T. NICARDIA 20mg PO stat
2) continue Rx as per drug chart
3) CTG 4th hourly monitoring
4) FHR monitoring every 30 mins
5) W/H uterine action
6) W/H labour progression
7) W/H headache, blurring of vision, epigastric pain
8) Monitor vitals
9) Monitor BP every 2nd hourly inform if 7/140/90 mmHg.
10) Explanation

3rd dose T. MISOPROSTOL 25mcg took orally @ 2:15am on 27/6/24

4th dose due @ 6:15am
Next CTG @ 5:30am

noted by Ricky

Counselled

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PROGRESS NOTES
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Patier: HCV-00040114 IP22-00023396
Mrs MOULIKA B
Age: 14-05-1995 31 Y 1 M 13 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26		C/S/B Dr. Abalatha (Reg)
6:15am		Dr. Nithish (PG)
		Primi / 37+0+1day / late onset PE / Hypothyroidism / SLCA / LOL
		R
		GC: Fair
		Afebrile
		BP: 130/97 mmHg
		PR: 84/min
		RR: 16/min
		HLL: No abnormality detected
		PA: uterus ~~term~~ 36 week. cephalic
		FHS (+)
		uterus ~ mild tightness
		CTG - beat to beat variability ↓
		∥ repeat CTG @ 7:30am
		1) DFMC / Retain LLP
		2) continue R as per drug chart.
		3) CTG with baby monitoring
		4) FHR monitoring every 30mins.
		5) Wd uterine action.
		6) Wd labour progression
		7) Wd headache, blurring of vision, epigastric pain.
		8) Monitor BP every 2nd hrly inform if >/ 140/90 mmHg
		9) Monitor vitals
		10) Inform S.O.S.
		4th dose deferred ~~next~~ next CTG
		Noted By Dinky

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/06/2026

8Am

C/s/By Dr Mukhat (Reg)

S/B Dr. Soumya (PG) | Dr. Niroshini (PG)

Dr Mythe (PG) | Dr Nikhita

Primi | 37w+1d POG | late onset PE | SLCAN | DOL on 3rd day PSG

Hypothyroidism

PAIN (+)

c/o Headache on/off

O/E fair

Afebrile

BP - 130/98 mm Hg (@ 6Am)

130/100 mmHg (@ 8Am)

PR - 80 bpm

RR - 14 Lpm

PA - UT Term

Cephalic

FHS (+)

Uterus mild acting

2/40-50"/10

2D echo s/o Trivial MR mild TR

Induced c̄ 3 doses of PGE1

last dose 2:15am.

CTG @ 8am reactive

advs

1. Regular diet with plenty of oral fluids
2. T. NICARDIA 20mg P/O 8th hly
3. T. LABETALOL 200mg P/O 8th hly
4. DFMC | LLP
5. CTG 4th hly monitoring (Now @ 8Am)
6. FHR monitoring every 30 min
7. BP monitoring every 2nd hly

Inform if BP ≥ 140/90 mmHg

8. w/f s/o eclampsia like Epigastric pain | Breathlessness | Headache | BOV
9. monitor vitals
10. Inform SOS

Night 11. T. NICARDIA 20mg P/o S.O.S

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00040114 IP22-00023396
Mrs MOULIKA B
Age : . 14-05-1995 31 Y 1 M 13 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/25		C/S(B Dr. Raga Sudha (consultant)
	9:30am	
		Primi | 37+0+1day | Cat1 ovct PG | sLCAN | SOL | Hypothyroidism.
		Rx
		G C: Fair 1) Rest in LGP/DEMC
		Afebrile 2) continue Rx as per drug chart.
		BP: 130/80 mmHg
		PR: 84/min 3) CTG 4th hourly monitoring
		RR: 16/min 4) FHR monitoring every 30mins.
		H/L: NO abnormality detected
		P/A: uterus ntsm 4) BP monitoring every 2nd hourly.
		cephalic Inform if BP ≥ 140/90 mmHg
		FHS (+) 5) W/K headache, breath'
		uterus ntsm/acting blurring of vision, epigastric
		P/V: Cx: 30% effaced pain, breathlessness
		Os: 1cm dilated 6) Monitor vitals
		PP: vertex @-3 station. 7) Inform S.O.S
		Pelvis: adequate and gynaecoid. 9) W/K uterine action, labour Progression.
		4th dose T. MISOPROSTOL 25mg Rept PV @ 9:30am
		5th dose due @ 1:30pm
		Next CTG @ 1:00pm
		G. Nithish

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/06/2026
2pm

C/s/By Dr. Nikita (Reg)
Dr. Soumya (PG)

primi | 37wk 4day POG | late onset pre eclampsia | single loop around neck | Hypothyroidism | Induction an 4doses PGE

PAFM ⊕

C/o Headache on/off

no C/o any other s/s of Imminent features

GC: no pallor.
face puffiness ⊕
Afebrile
BP: 110/102 mmHg
PR: 86 bt/min
RR: 18/min
CVS: S1S2 ⊕
R/S: B/L AE ⊕
SpO2: 99% at RA
P/A: ut ~ term
cephalic
FHR ⊕
ut activity seen
3/30-35"/10

CTG reactive

Rx
1) DFMC / UP
2) FHR ⊕ every 30 min
3) CTG ⊕ every 4th hly
4) BP ⊕ 2nd hrly
↓
Inform if ≥140/90 mmHg
5) w/f c/s of headache, nausea/vomiting, blurred vision, epigastric pain
6) w/f uterine action, labor progress
7) w/f bleeding p/v, leak p/v
8) Continue anti hypertensive Rx as per chart
9) Vitals ⊕
10) Inform SOS

5th dose deferred i/v/o adq. ut contraction.
↓
Reassess @ 4pm
CTG @ 5pm

N.B. Vidya

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00040114 IP22-00023396
Pa Mrs MOULIKA B
14-05-1995 31 Y 1 M 13 D (F)
Ag Dr. CHUPPANA RAGA SUDHA I F
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	6:15 pm	C/S/B - Dr. Niveshini (PG)
		Primi | 37wk | Day POG | Late onset PE | single loop of cord around neck | Hypothyroid | 20L.
		GC - No pallor Afebrile 150/110 ↓ BP - 140/100 mmHg PR - 80/min RR - 14/min SPO2 - 99% ↓ RA H/L - NAD P/A - ut @ Term cephalic FHR (+) 142 bpm ut ∿ acting (3⁴ | 25⁴ | 30 min) P/V - Cx - 30% effaced OS - 1 cm dilated PP - Vx @ -3 station pelvis - adequate & gynecoid
		Rx: ① DFMC | CLP. ② CTG 4th hrly ③ FHR every 15 mins ④ BP every hrly monitor ⑤ w/o uterine action & labour progress Inform if BP > 140/90 ⑥ Vitals monitoring. ⑦ T. Labetalol 200mg P/O stat given @ 6:15 pm ⑧ T. Misoprostol 25mcg P/V kept @ 6:15 pm.
		Dose ⑤ ↓ ASP.
		↓ CTG @ 9:30 pm

Dr. Niveshini

N.B. Nepa

27/6/26
9pm

4/S/B - Dr. Kruparshika (Reg)
Dr. Niroshini (PG)

Primi ē 37wks 1 Day POG ē Late onset PEē
Single loop of cord around neck ē
Hypothyroid on IOL

GC - No pallor
B/L pedal edema (+)
Afebrile
BP - 138/94 mmHg
PR - 80/min
RR - 20/min
HPC - NAD
P/A - ut @ Term
Cephalic
FHR (+) 146 bpm
~~ut c relaxed~~
ut c acting (3⁴/35⁴/10min)

CTotal
(5) doses given
↓
last dose @ 6:15pm)
↓
CTn @ 9:30pm
6th dose due @ 10:15pm)

Rx:
1. DFMC/LLP
2. CTn 4th hourly
3. FHR every 30mins
4. W/f uterine action & labour progression
5. BP hourly monitoring
6. Continue Rx as per drug chart
7. Vitals monitoring
8. Inform if BP ≥ 140/90 mmHg / headache, Blurring of vision
9. Inform SOS.

Dr. Niro

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00040114 IP22-00023396
Mrs MOULIKA B
Age : . 14-05-1995 31 Y 1 M 13 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26	10pm	At 10pm ⇒ 150/104 mm Hg ↓ Given T. Nicardia 20mg stat @ 10pm ↓ Rpt BP @ 11pm ⇒ 160/110 mm Hg ↓ T. Labetalol 200mg stat given
27/6	11pm	
		P/A : ut @ Term Cephalic FHR ⊕ 142 bpm ut acting (4" / 45-50" / 10 min P/V : Cx - 50% effaced os - 2cm dilated PP :- Vx @ -3 station pelvis :- adequate & gynecoid 6th dose deferred due to adequate contraction Adv : - Follow previous orders - Inform BP after 30 mins @ 11:30pm Dr. noted by Pinky.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

8:30 am
28/6/26

c/s/s Dr. Nikita (Registrar)
Dr. Nisha (PG).

Primigravida @ 37 weeks 2 days c Late Onset Pre-Eclampsia
c Single loop of cord around the neck
c Hypothyroidism for 10 L.

No fresh complaints
C/C- foul smell
no c/o headache, blurring of vision
epigastric pain, nausea.

Pallor - Absent
CVS - S_1S_2 (N).
Chest - B/L clear
B/L Pedal edem +nt.
P/A - nt TS, cephalic
FHS(+) 140 bpm.
contractions (+).
3C/45sec/10min.

P/v - OS- 4cm
ca - 80%.
st -2
M(+BOM)
P- adequate

6th dose
T. Misoprostol 25 mg kept P/v @ 6:15 pm [last dose].

- Discontinue

Adv!

- T. Labetalol 200 mg stat given @ (9:00 am).
- T. Labetalol 200 mg TID. (8am - 4pm - 12 am)
- T. Nicardia 20 mg SOS.
- Continuous CTG monitoring
- W/F progress of labour
- W/F signs of impending eclampsia (headache, blurring of vision, epigastric pain)
- W/F leaking or bleeding P/v
- BP monitoring strictly 1 hourly.
- Inform SOS.
- Rest in LLP.

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pat: HCV-00040114 Mrs MOULIKA B IP22-00023396
Ag: 14-05-1995 31 Y 1 M 14 D (F)
I.F: Dr. CHUPPANA RAGA SUDHA

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	9Am	Patient opted for Epidural Analgesia @ 4cm dilatation and the same was noted by Anaesthesia Doctor on duty.
28/6/26	11Am	S/B Dr. Nikita (Reg) Dr. Nisha (PG)
		Primi / 37w+2d / late onset PE / SLCAN / Hypothyroidism in Active labour
		No Headache, BOV, Epigastric pain. c/o - pelvic pressure.
		B/L Pedema +nt
		GC fair. Afebrile. BP - 150/112 mmHg. PR - 90 bpm. RR - increased. PA - Ut. term. cephalic. Ut acting (3c/45sec/10min). PV - Cx - fully effaced. Os - 6cm. PP-Vx-St - 0. BOM (+). P: Adequate.
		adv: (1) T. NICARDIA 20mg P/o stat (2) T. Labet 200mg tid. (3) w/f Headache, BOV, Epigastric pain (4) w/f leaking PV/ bleeding PV (5) BP monitoring every 15min (6) monitor vitals (7) inform SOS. Nisha

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/2026.
11:30 AM

CIS Dr. Nikita (Reg)
Dr Nisha:

Primi / 37 +2 weeks POG / Late onset Pre eclampsia / Hypothyroidism / SLCAW / In Active labour.
On Epidural analgesia.
Case informed to Dr. Rageshwari ma'am.

RC : Pt seems drowsy

BP - 150/100 mm Hg

PR - 90 bpm

RR - 18 cpm

H/L - No abnormality detected

PA - Uterus ~~extra~~ term
Cephalic
FHS (+)
Uterus acting (3c/40"/10 min).

B/L Pedal edema +ill - Above knee

B/C knee jerk (+).

Foley's catheterization done.

adv

(1) Inj. $MgSO_4$ inf @ rate of 1g/hour infusion.

(2) w/f s/o Eclampsia
Headache / BOV / epigastric pain.

(3) w/f uterine action & progression.

(4) monitor BP every 15 min inform if 140/90 mmHg

(5) monitor vitals

(6) inform SOS

Nisha

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

R

Patier

Age :

I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/2026	12:45 pm	S/B Dr. Nikita (Reg). Dr Nisha
		BP=144/100 PR=98/min P/V : Cx: fully dilated Os: fully effaced. PPVx : (+2) membs (-) clear leak. Pelvis adequate gynecoid
		SROM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/2026 Assisted Vaginal delivery c RMLE & LA.

3:30pm Patient was put on a Lithotomy position upon full dilatation, under aseptic Precautions parts Painted and draped. 1% xylocaine ~~xxyl~~ infiltrated. RMLE given & Pt is asked to bear down. Due to Poor maternal effort and exhaustion, Kiwi used to deliver head. A single loop of cord present around the neck. Delayed cord clamping done & cut. Baby cried immediately after birth, baby handed over to Paediatrician. Placenta and membranes delivered completely. RMLE inspected and no extension / tear found.

- RMLE Sutured in layers
- Hemostasis achieved
- Uterus retracted well

Baby Details A Term, single, Female baby Delivered on 28/06/2026

@ time: 1:49 pm

c birth wt: 2.436 Kgs

with APGAR - 8/10.

shifted to NICU w/o Crowding @

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 14 D (F)
Dr. CHUPPANA RAGA SUDHA

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Immediate post-natal orders:
28/06/2026	3:30pm	P1L1 | PNVD - 0 | late onset Preeclampsia, hypothyroidism
		adv
		NC fair Afebrile BP - 130 mmHg PR - 88 bpm RR - 12 cpm SpO2 - 100% @ RA. H/L - NAD PA - uterus retracted well P/V - No active PV bleeding B/L Pedal edema (+) B/L knee jerk (+) UO: (1150 ml) / 150 ml in 1 hr clear Monitor U/O hourly Express breast milk w/f any active bleeding
B/L breast S/F		
Baby: NICU		
		① Regular diet with plenty of oral fluid.
		② T. DALACIN 300mg P/O 8th hourly
		③ T. PANTOP 40mg P/O 24th hrly
		④ T. ACECLO PLUS 500mg P/O 8th hrs
		⑤ continue Inj MgSO4 1g/hr till 1:45pm 29/6/2026
		⑥ T. NICARDIA 20mg P/O 8th hly
		⑦ w/f - S/O Eclampsia - Headache, BOV, Epigastric pain, Breathlessness
		⑧ monitor BP every 30min mfom if ≥ 140/90 mmHg

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26 — cfs/B Dr. Kruparshika (Reg) / Dr. Nisha (PG)

10pm — P1L4 / PND-0 / Late onset Preeclapsia / Hypothyroidism

o/e

Gc: fair / BIL pedaledema (+)
Temp afebrile
PR: 98bpm
RR: 21bpm
BP: 113/70 mmHg
P/L: NAD
SpO2: 98% @ room air
P/A: Uterus well
C/E: NAB
Foley's catheter in situ (+)
Deep tendon reflex (+)
Urine output: clear, adequate

Baby in NICU

Adv

1) Reg. diet & plenty of oral fluids
2) Expression of breast milk
3) Monthly intake
4) Continue as per drug chart & monitor intake
5) BP monitoring half hourly, (Temp Y ≥ 140/90 mmHg)
6) W/F S/S eclampsia - headache, blurring of vision, epigastric pain, SOB, knee reflex, urine output, SpO2.
7) Inform SOS.
8) Perineal hygiene
9) W/F any bleeding P/V

Dr Kruparshika (Reg).

Noted by Uche.

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pat HCV-00040114 IP22-00023396 ...
Mrs MOULIKA B
Age 14-05-1995 31 Y 1 M 15 D (F) F
Dr. CHUPPANA RAGA SUDHA
I.P. ..

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/06/2026		C/s/By Dr nikita (Reg)
	9AM	Dr Soumya (Pg) / Dr niveshini (Pg)
		Dr nishe (Pg) / Dr nihita (Pg)
		P4 - PND'I (AVD: kiwi) / Rati count
		pre eclampsia / Hypothyroidism. on
		Inj. MgSO4 maintainance dose at flow
		no c/o s/s of imminent sts of eclampsia
		GC: no pallor
		conscious & coherent
		Afebrile
		Bp: 107/86 mmHg
		PR: 84bt/min.
		RR: 16/min
		H/L: NAD
		P/A: Ut retracted well.
		O/E: NAB
		UOP: 250ml in 1hr
		clear adq.
		B/L Breast soft
		Baby: NICU.

Rp

1.) Inj MgSO4 1gm/hr maintainance dose IV at flow @ 10dpm of 29/6/26

2) IT PANTOP 40mg p/o 24thly 1-0-0

3) IT DALACIN 300mg p/o 8thly 1-1-1

4) IT ACECLOPUS 50mg p/o 8thly 1-1-1

5) IT. NICARDIA 20mg p/o 8thly 1-1-1

6) w/t s/s of Magnesium toxicity

7) Strict Input/Output (N)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PTO

8) BP monitoring 2nd hourly
Inform if $\geq \frac{140}{90}$ mmHg

9) W/K s/s & Imminent c/f eclampsia headache, blurred vision, nausea & vomiting epigastric pain

10) w/f active labour pl.

11) Breastmilk expression

12) perineal care

13) Vitals (H)

14) Inform SOS

Dr. [illegible]

26/06/24
10AM

Cls/By Dr. Ch Raja Sridhar Reddy (Consult)

Adv.

- Inj ENOXAPARIN 40U s/c 24Hrly for 10 days.
- Shift to Room if complete Hg Sol.
- follow above orders

Dr. [illegible]

noted by Sridhar

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/20		C/S/B Dr. Ratnavalli (PG)
9:00PM		Dr. Nikhita (PG)
		P/L/ PND-I / AVD ? KIWI / Hypothyroidism / late onset Preeclampsia
		R
		GC: Fair
		Afebrile
		BP: 137/93 mmHg.
		PR: 86/min
		RR: 14/min
		HIL: No abnormality detected
		PIA: uterus retracted well
		OIE: No active bleeding
		B/L Breast s/f
		Baby well & mother side
		1) Regular diet with plenty of oral fluids
		2) continue Rx as per drug chart.
		3) Exclusive breast feeding.
		4) wt bleeding pv
		5) BP monitoring 2nd hourly inform if >/140/90 mmHg
		6) Inform if headache, blurring of vision, epigastric pain.
		7) Perineal care.
		8) Monitor vitals
		9) Inform s.o.s
Remove IV cannula		
		Thanks

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/06/2026
8am

S/B . Dr Ashalatha (Ph)
S/B Dr. Soumya (PG)
Dr Nisha (PG) / Dr Nithika (PG)

at P1L1 / POD-2 | AVD c K1101 | Hypothyroidism |
late onset Pre eclampsia

c/o/c

at fair
Afebrile (8AM) 8am
BP - 122/85 mmHg → 138/100 mmHg
PR - 98bpm
RR - 14cpm
HPL - No abnormality Detected
PA - Uterus retracted well
OG - No active PV bleeding

BIL - Breast soft
Baby - well with the side

- urine passed
- passed stools.

Plan Discharge tomorrow
→ continue anti thyroid medication.
→ TFT assessment after 6weeks.

1. Regular diet with plenty of oral fluid
D2/10 2. Inj. ENOXAPARIN 40 U SC 24 hourly
3. Tb DALACIN 300mg P/o 8th hly
4. Tb PANTOP 40mg P/o 24th hly
5. Tb. ACECLO PLUS 500mg P/o 8th hly
6. Exclusive breast feeding
7. c/f any active PV bleeding
8. Tb NICARDIA 20mg P/o 8th hly
9. BP monitoring 2nd hourly — inform if ≥ 140/90 mmHg & inform if any headache, BOV, epigastric pain, breathlessness
10. inform s/o/s

night T. STAMLO 5mg P/o od
To PLICA1

noted by [illegible]

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

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient: HCV-00040114 IP22-00023396 Mrs MOULIKA B 14-05-1995 31 Y 1 M 16 D (F) Dr. CHUPPANA RAGA SUDHA

Age : ...

I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/06/2026 2:30pm		C/s (By Dr. nikital Reg) Dr Soumya (Pg)
		PiL - PND'2' / AVD c kiwi / Hypothyroidism / late onset pre-eclampsia
		no c/o s/s of Imminent s/s of eclamp.
		GC: no pallor; conscious & coherent; Afebrile; Bp: 120/90 mm Hg; PR: 84 bpm/min; RR: 16/min; H/L: NAD; p/a: ut ut contracted; O/E: NAB; B/L Breast soft; Baby: well mothers side; mini pane — Rx: 1) Reg diet and plenty of oral fluid; 2) Continue oral Rx as per chart; 3) Bp ⓜ 4th hourly; Inform if > 140/90 mm Hg; 4) w/f s/s of headache, nausea & vomiting, epigastric pain; 5) w/f active bleeding p/v; 6) Exclusive breastfeeding; 7) perineal care; 8) Vitals ⓜ; 9) Inform SOS.
plan discharge tomorrow; follow discharge advice		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/2026
8:30pm

C/S/B Dr. Nikhat (Reg)
Dr. Nusha (PG)

PL1 | PPD-2 | AVD & KIWI | Hypothyroidism | late onset pre eclampsia

[took T. NICARDIA 20mg @ 5pm]

ac fair
Afebrile
BP - 130/90 mmHg @ 7pm
PR - 86 bpm
RR - 18 bpm
thl - No abnormality detected
PA - Uterus retracted well
OE - No active PV bleeding

BIL breast soft
Baby well mother side

Plan discharge tomorrow.

advice

1. Regular diet with plenty of oral fluid
2. Continue same medication as advised in discharge
3. Continue antihypertensive medication as advised
4. Exclusive breast feeding
5. c/o any active PV bleeding
6. monitor BP - 4th hrly inform if ≥ 140/90 mmHg
7. inform if any headache, BOV, Epigastric pain, breathlessness
8. monitor PR, Temp, SpO_2
9. inform SOS

Nurse.

Noted by Dr.

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040114 IP22-00023396
Patien Mrs MOULIKA B
14-05-1995 31 Y 1 M 16 D (F)
Age : Dr. CHUPPANA RAGA SUDHA
I.P. Nc

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/7/24 8:30am		c/s/B Dr. Kruparshini (PG) / Dr. Sowmya (PG)
		Dr. Sowmya (PG) & Dr. Nikith (PG)
		P/L/ PND-3 / AVD & KIWI / Hypothyroidism /
		Lat onset preeclampsia
		℞
		GC: fair
		Afebrile
		BP: 126/76 mmHg
		PR: 74/min
		RR: 16/min
		HIL: No abnormality detected
		PIA: uterus retracted well
		O/E: No active bleeding
		B/L Breast ++
		Baby well & mother sick
		1) Regular diet with plenty of oral fluids
		2) T. DALACIN 300mg PO 8th hly
		3) T. PANTOP 40mg PO 24th hly
		4) T. ACCELO PLUS 500mg PO 8th hly
		5) Inj. ENOXAPARIN 40mg S/C 24th hly.
		6) T. NICARDIA 20mg PO 8th hly
		7) T. STAMLO 5mg PO 24th hly
		8) BP monitoring 4th hly inform if >/140/80 mm Hg
		9) Exclusive breast feeding
		10) W/F bleeding PV
		11) Perineal care
		12) W/F headache, Blurring of vision, Epigastric pain
		13) Monitor vitals
		14) Information

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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RESULT SHEET

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

Sheet No. : .....

Date	25/6/26					
Time						
Hb	11.2 gram					
PCV						
RBC						
WBC						
N/L						
Platelets	1.89 lac					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	AHC					
HIV HbSAg HCV VDRL	MR.					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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

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Patient Name : .... Age : ....

Gender [HCV-00040114 Mrs MOULIKA B IP22-00023396
14-05-1995 31 Y 1 M 12 D (F)
Consulta Dr. CHUPPANA RAGA SUDHA

Date of

DRUG ALLERGIES : NO.

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 : T. NICARDIA

Dose	Route	Frequency	Start Dt.
20mg	p/o	S.O.S	27/6/2[illegible]

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions

Date / Time														
Date	27/6	28/6												
Time	11:30 AM	11:20 AM												
	20mg	20mg												
	[illegible]	Sandhya												
	[signature]	[signature]												

DRUG : T. LABETALOL

Dose	Route	Frequency	Start Dt.
200mg	P/O	SOS.	28/6/28

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time														
Date	28/6.													
Time	12:10pm													
	[signature]													
	[signature]													

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time														
Date														
Time														

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

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

REGULAR PRESCRIPTIONS

DRUG : T. NICARDIA

Dose	Route	Frequency	Start Dt.
20mg	P/O	8th hly	26/6/24

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 27/6 | 2 AM | 10 AM | 6 PM

Stop on 27/6/24 @ 8:00 am

DRUG : T. LABETALOL

Dose	Route	Frequency	Start Dt.
200mg	P/O	8th hly	26/6/24

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 27/6 | 28/6 | 8 AM | 4 PM | 12 AM

Stop.

DRUG : T. NICARDIA

Dose	Route	Frequency	Start Dt.
20mg	P/O	8th hourly	28/6/24

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 28/6 | 29/6 | 30/6 | 6 AM | 2 PM | 10 PM

DRUG : T. DALACIN-

Dose	Route	Frequency	Start Dt.
300mg	P/O	8 hly	28/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 28/6 | 29/6 | 30/6 | 6 AM | 2 PM | 10 PM

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

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

REGULAR PRESCRIPTIONS

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	P/o	24hry	28/6/26

Name & Signature of the Doctor starting the Drugs: [signature]

Additional Instructions:

Date	28/6	29/6	30/6	1/7
6Am / 6pm	[signatures]	[signatures]	[signatures]	[signatures]

Daily Doctor's Endorsement by a Sign.

DRUG : T ACECLO PLUS

Dose	Route	Frequency	Start Dt.
50mg	P/o	8hry	28/6/26

Name & Signature of the Doctor starting the Drugs: [signature]

Additional Instructions:

Date		29/6	30/6	1/7
6Am / 2pm / 10pm	[signatures]	[signatures]	[signatures]	[signatures]

Daily Doctor's Endorsement by a Sign.

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40u	S/c	24thly	29/6.

Name & Signature of the Doctor starting the Drugs: [signature]

Additional Instructions: f 10 days.

Date	29/6	30/6
12pm	[signature]	[signature]

Daily Doctor's Endorsement by a Sign.

DRUG : T STAMLO

Dose	Route	Frequency	Start Dt.
5mg	P/o	24hly	30/6

Name & Signature of the Doctor starting the Drugs: [signature]

Additional Instructions:

Date	30/6	1/7
1 pm / 10Am	[signature]	

Daily Doctor's Endorsement by a Sign.

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

		Date							
		Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DR			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.	

		Date							
VARIABLE DOSE		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.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
26/6/26	12:00pm.	T. LABETALOL	100mg	P/O	stat	~~Merlett~~ Usha
26/6/26	1pm	Tb. MISOPROSTOL	25mcg	P/V	Inj.	Usha Malathi
26/6/26	5:20pm.	T. NICARDIA	20mg	P/O	✓	Usha Jyothi
26/6/26	7:25pm	T MISOPROST	25 mg	O/C	✗	Usha Sandhya
26/6/26	11pm	T. LABETALOL	~~200~~ 100 mg	P/O	✓	Kiran Durga
27/6/26	2:15 Am	T. MISOPROSTOL	25 mcg	P/O	✓	Kiran Durga.
27/6/26	9:30am	T. MISOPROSTOL	25mcg	P/V	✓	Uma Vani
27/6/26	6:15pm	T. misoprostol	25mcg	P/V	✓	Usha Jyothi
27/6/26	6:15pm	T. Labetalol	200mg	P/O	✓	Usha Kalyai
27/6/26	10pm	T. NICARDIA	20mg	P/O	✓	Usha Usha
~~27/6/26 11:30AM~~		T. NICARDIA	~~20mg~~	P/O	~~Usha~~	

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

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

I.V. FLUIDS CHART

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.
28/6	Am 9:40	1Ⓞ NS	IV	60ml/hr	[signature]	Pavani / Sadhya	28/6/24 12:50 pm	[signature]	Pallavi / Salga
28/6/24	11:45 am	Inj. MgSO4 5g 100 ml NS	IV	1g/hr	Nisha	[signature] / [signature]	29/6/24 @2pm	[signature]	Snehal / [signature]
28/6	1:49 pm	Inj. OXYTOCIN 10 U - 80 ml RL	IV	80ml	[signature]	[signature] / Sita	28/6	[signature]	[signature] / Swe

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Ref. No. : F/HW/DC/STAT/18

Patient Name : mrs moulika.B	I.P. No. 23396	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
27/6/26	9:10 am	T. LABETALOL	200mg	P/O	[signature]	pavani / Sandhya
28/6/26	1:49pm	Inj. OXYTOCIN	10U	IM	[signature]	Shenu / Satya
28/6/26	2:10pm	Inj. LASIX	40mg	IV	[signature]	Shenu / Satya
28/6/26	2:15pm	T. MISOPROST	800mcg	PR	[signature]	Shenu / Satya

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Ref. No. : F/HW/DC/STAT/18

Patient Name :	I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

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Medication Reconciliation Form

HCV-00040114 IP22-00023396
Mrs MOULIKA B
14-05-1995 31 Y 1 M 12 D (F)
Dr. CHUPPANA RAGA SUDHA

Drug allergies:

DATE: .....

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.
(E.G. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.	T. LABETALOL	200mg	PO	8th hly	26/6/26	☐C DC☐
2.	T. THIROWORM	50mg	PO	24th hly	26/6/26	☐C DC☐
3.						☐C DC☐
4.						☐C DC☐
5.						☐C DC☐
6.						☐C DC☐
7.						☐C DC☐
8.						☐C DC☐
9.						☐C DC☐
10.						☐C DC☐

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature : .....

Date & Time : 26/6/26, 12:00 pm

Nurse name & Signature : .....

Date / Time: 26/6/26 @ 12pm

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES

PREANAESTHETIC EVALUATION

Date: 28/6/26 Time: 9:15 Am Name: Moulika B

Proposed Operation Epidural Analgesia Age: 31 yr

Preoperative Diagnosis Primi / 37wk Pog / Late Pre-Eclampsia / Hypothyroid Sex: F

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status 1 2 3 4 5

I.P. No. 23396

LABORATORY DATA

Hgb	11.2	Glucose		Protien		HIV	NR	X-ray	Other:
PCV		Urea		Alb		HBS Ag	NR	ECG	
WBC		Creat		Total Bill		HCV	NR	2D Echo	
Plate	1.89 lakh	Na		Dir. Bill		Blood group	A+ve	Stress/Anglo	
PT		K		LDH		Other			
PTT		Ca++		Alk phos					
INR		Mg++		Amylase					

Allergies: NIL

Medical History: CVS: S1S2 (+)

RESP: B/L AE (+)

CNS: NAD

Renal:

Hepatic / GE:

Diabetes: -

APD+/-

Others:

Past Anaesthetic History: -

Physical Exam

Airway MP 1 2 3 Mouth Opening Adeq Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs: B/L AE (+)

Heart: S1S2 (+)

CNS: Conscious Coherent Pupils: (N), Reactive to light E V M 6

Others: Pallor : +/- Venous Access Site: Spine Exam for regional (N)

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT LMP YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

1. DVT Prophylaxis
2. NBM form: 6 hrs before Surgery
3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 88/min Sa02 : 98% RA

R.R.: 14/min Last Feed :

B.P./C.T.Y.: 110/70

Signature:

Dr. Praveen
28/6/26

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Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

ANAESTHESIA CHART

PRE-OP DIAGNOSIS _____ OPERATION _____ Date _____

SURGEON _____ ANAESTHESIOLOGIST _____

ANAES	#1	Start	End	Cons. Sig	Res
CARE	#2	Start	End	Cons. Sig	Res
TEAM	#3	Start	End	Cons. Sig	Res

PHYSICAL STATUS
PT IDENTIFIED ☐ CONSENT PRESENT ☐ CHART REVEIWED ☐
LAST PO INTAKE

TIME
N_2O/AIR/O_2 LPM
HALO/SO/SEVO
DRUGS:

FIO_2 / SaO_2
$ETCO_2$
ECG
CVP / Wedge
Urine
EBL
FLUIDS
BLOOD

NOTES

ANASTHESA
X
START FINISH
I INTUBATION
P PREP
O - OP START
O - DP END

B.P
V_0 SYSTOLIC
DIASTOLIC
X MEAN
* HEART RATE
Tourniquet up T
Tourniquet down T
RESP
O Spont O
AR Assisted O
CR controlled
RATE

TV
PIP
PEEP

240 220 200 180 160 140 120 100 80 60 40 20 10 0

42° 41° 40°9 38° 37° 36° 35° 34° 33° 32° 31° 30°

TEMP
CET
(T)

☐ EQUIPMENT CHECKED AND FUNCTIONAL
☐ BP
CUFF SITE _____
ART SITE _____
☐ EKG LEAD
☐ TEMP SITE
☐ FIO2 MONITOR
☐ AGENT MONITOR
☐ PULSE OXIMETER
☐ PA OXIMETER
☐ CAPNOGRAPH
☐ VENTILATOR
☐ NERVE STIMULATOR

POSITION _____
☐ PRESSURE POINT CKD
EYE CARE
☐ OINT
☐ TAPE
☐ PADDING
TEMP
☐ HUMIDIFIER
☐ BLD WARMER
☐ LIGHTS
☐ HEATERS
☐ HUGGER'S
☐ BLANKET
☐ OTHER

LAB VALUES
TIME
PH
$PACO_2$
PaO_2/FIO_2
HCO_3/BE
Na/k

COMMENT/SYMBOL

TIMES
ANAES START _____
OP START _____
OP END _____
LEAVE OR _____
END ANAES _____

GENERAL ☐
MAC no DRUG ☐
MAC with DRUG ☐
REGIONAL ☐ LOC BY SURG ☐

LINE (SIZE & LOCATION
☐ CVP _____
☐ PA _____
☐ ART _____
☐ IV _____
☐ IV _____
☐ IV _____

INDUCTION
IV ☐ INHAL ☐ RECTAL ☐
IM ☐ OTHER ☐ _____
PREO. ☐ CRICOID PR ☐

MASK ☐ ☐ LMA
AIRWAY ORAL ☐ NASAL ☐
ETT# _____ at _____ cm
ORAL ☐ NASAL ☐ CUFF ☐
TRACHEOTOMY ☐
TOPICAL ☐ DRUG _____
_____ % _____ ml
TRANSTRACHEAL ☐
DRUG _____ _____ % _____ ml
AWAKE ☐ RAPID SEDQUENCE ☐
DIRECT VISION ☐ BLIND ☐
FIBEROPTIC ☐ STYLETTE ☐
BLADE# _____ ATTEMPTS _____
DIFFICULT WHY? _____

BILAT = BS ☐
SEMICLOSED CIRCLE ☐
CLOSED CIRCLE ☐
NON REBREATH ☐
AYREST PIECE ☐

REGIONAL
EXTREMITY
SPECIFY _____
SPINAL
EPIDURAL CAUDAL
CATHETER
PUMP
OTHER _____
SITE _____
NEEDLE SIZE _____ DEPTH _____
PARASTHESIA YES NO
CATHETER AT SKIN _____ (CM)
DRUG / DOSE _____
TEST DOSE _____
ANAES LEVEL _____
COMMENTS _____

TRANSPORTATION TO PACU ☐ ICU ☐ OTHER ☐
RELAXANT REVERSED YES ☐ NO ☐
TRAIN OF 4 TET HEAD LIFT

SIGNATURE _____

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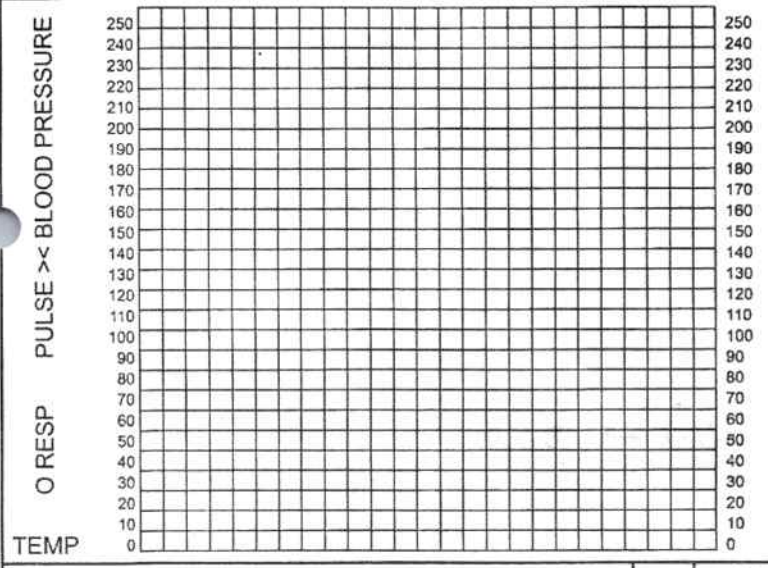
POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General ☐ Epidural ☐ Spinal ☐ Other Regional ☐

Anaesthesiologist : _____ Surgeon : _____ Procedure : _____

Received in PACU by : _____ Time in : _____ Time Out : _____



Pre-Op BP	INTAKE/OUTPUT		IN	OUT
OR BP	Emesis			
	Gastric Suction			
	Voided			
O_2	Urinary Catheter			
	Chest Drainage			
Begun	Wound Drainage			
	Recovery Room Blood Given			
Ended	PO FLUID			
	IV FLUID			
Method	TOTAL			

O2: Mask : _____ Nasal Prongs : _____ Ventilator : _____
Cannula : _____ Trach Collar : _____ T-Place : _____
Always : NETT _____ TRACH _____ NASAL _____
OETT _____ ORAL _____

POST ANAESTHESIA SCORE			IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 2	ACTIVITY					
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION					
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS					
Pink Pale, dusky, blotchy, jandiced, other Cuanotic	= 2 = 1 = 0	COLOR					
		TOTAL					

SCORING INTERPRETATION

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.

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia
			2. Analgesia
			3. Fluids
			4. Anti Emetics
			5. PCA/Epidural/ I.V. Infusion
			6.

Evaluated and discharged by : Dr. _____ Transferred to Unit by _____

Discharged by : (Nurse) _____ Received on Unit by _____

Patient ID : 2338

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Date : 28/6/26 Time: 9:15 Am **Procedure done by:** Dr. Praveen

CSE/Spinal/Epidural Position: Sitting Speace: L_3-L_4 Technique (LOR/LOS)

Depth: Catheter at Skin: 11 Cm Attempts: 1

Parasthesia : Yes/No if yes details :

Any other Issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments
Test dose	Inj. Lignocaine + Adrenaline (2%) → 3ml					
		+				
Maintance dose	Inj. Bupivacaine 0.125%. → 10ml					
Infusion Dose	Inj. Bupivacaine 0.125%. infusion @2-8 ml/hr					
	monitor vitals, Inform sos, . Monitor NIBP, Lower limb movements					

Dr. Praveen

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : 2 : 45 pm Dr. Dheeraja

Patient Satisfaction: Satisfied

Discharge / Shifting ordered by (Name, Signature, date and time)

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Moulika
Gender : M ☐ F ☑ IP No.: 23396
Age : 31yr Department :
Date : 28/6/26

I Moulika S/DW/O

hereby consent for the procedure of Epidural Analgesia

For my patient / myself named UHID NO IP-23396

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure: Epidural Analgesia

The doctors have explained to me about the alternative to the procedure as : Epidural Labor Analgesia

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications :

I have been explained about possible complication of sedation such as: fall in blood pressure ☑
Fall in heart rate ☐ , suppression of spontaneous breathing ☐ , others Hemodynamic instability

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure :

Name of the Doctor administering the sedation:

Patient Attendant :

Signature : K.L.V.S.S.

Name : K.L.V. Satyanarayana singh

Relationship with Patient: Husband

Date & Time : 28/6/26 at 9 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Praveen

Date & Time : 28/6/26 : 9:15 Am

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం

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పెషెంట్ పేరు : .....
లింగం: పు ☐ స్త్రీ .....
ఐ.డి.నెం. .....
వయస్సు.....డిపార్ట్‌మెంట్. :.....
తేది:.....

నేను.....S/D/W/O .....

నేను/నా బాలుడు / బాలిక ..... ఐ.డి.నెం. .....

జరుగు ..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు

.....

.....

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

.....

.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్ కి మత్తు మందులు ఇంట్రావీనస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

☐ రక్తపోటు తగ్గుతుందని ☐ గుండే రేటు తగ్గుట ☐ సహజ శ్వాస తగ్గుట ☐ ఇతర కారణాలు :.....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు.నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : _____

మత్తు ఇచ్చు డాక్టరు పేరు : _____

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

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CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 26/6/26

DEPARTMENT: OBG

NAME: B. Moulika

UHID / I.P.NO.: HCU - 40114

WARD / BED NO.: M 101

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY:

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
23396 mrs. monika	26/6/26 @ 11:38 Am	28/6/26. @ 3:10 pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. Ragasudha.	DR. Nikat	Postnatal Care
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant**
MICU	107	Yes ☑ No ☐
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant**
34	MT — 18	Yes ☐ No ☑
		If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Dab Acelofac –	
2.	Tab. clinda	
3.	Tab. pantop	
4.	Tab. NV Levoclib.	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Nikat	Malathi	

Patient & Clinical records received by:

sandhya 29/6/26 @ 3:10 pm

Signature with Date & Time

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

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
moulika 23376	26/6/26 at 12 Am	28/6/26 at 02.20 Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Ragasudha	Dr. Ragasudha	for Labour
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☒ No ☐
103	MICU	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☒ No ☐ If yes, What ?
33	10	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	undies pair	1
2.	IV fluid, IV set	
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Rivly	Dr. Ragasreekh	Mallikarjuni	Dr. Ragasudha

Patient & Clinical records received by: Rani 28/6/26 8:20 Am

Signature with Date & Time

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

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
M. Moulika. B / 23396	26/06/26 @ 11:38 Am	26/06/26 @ 8:40 PM
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Raghuadh	Dr. Asha Latha	Fetal Cause
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☐ No ☐
MLW	107	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, What ?
32	NST - (3) ECG - (1) 2D Echo - (0)	

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Nikhitha		

Patient & Clinical records received by:

Signature with Date & Time 26/06/26 at 8:30 pm

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

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Mounika	26/6/26 at 11:38 am	26/6/26 @ 5:45 pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. Raga Sudha	DR. Ratnavalli	Observation
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant**
107	@ MICU	Yes ☑ No ☐
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant**
20	NST- 2	Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	RL-500ml	(1)
2.	IV set	(1)
3.	Nikardia - 20mg	(10)
4.	Miso 25mcg	4
5.	Cannula/Easy fix	(1)

Shifting Summary / Notes written by Doctor:

DR. Soumya

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Nisa 226558	DR. Ratnavalli	DR. Gangu	

Patient & Clinical records received by: Gangu 01:45 PM 20/6/26 at 5:45 pm

Signature with Date & Time

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

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
mas. moulika.	26/6/26 @ 11:38 PM	26/6/26 @ 1:15 PM
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. Ragasudha	DR. Nikath	Observation for IOL.
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
MSW	10	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, What?
23	NST - 1	

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Pavani	DR. Nikath	malathi	

Patient & Clinical records received by: P. Uma

Signature with Date & Time: 26/6/26 1:15 pm

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

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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Ref.No. F/OT/05

SURGERY DETAILS

Sl.No.

Date: 28/06/2026

Patient Name : Ms. Moulika. B Age: 31yr Sex: Female

UHID No. : Hav-00040114 IP No: 23396

Date of Surgery: 28/06/2026 OT : ☐ OT 1 ☐ (LDR-I) OT 2 ☐ OT 3 ☐

Name of the Surgery : AVD + Epidural

Time in: 1:20pm Time Out : 2:20pm

	NAME	AMOUNT
1. Surgeon	: Dr. Ragasudha	:
2. Anaesthetist	:	:
3. Asst. Surgeon	:	:
4.OT Technician	:	:
5. Circulating Nurse	: Parani	:
6. Asst. Nurse	: Jhansi	:

Special Equipment: ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse Jhansi

Order No : 691985 Ordered by: Jhansi

Ref. No F/CONB/SUR/OT/02

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CONSUMABLES OF OT

Patent Name : Ms. Mallika Age: 34/F
Gender M (F) UHIS /IP NO. Hu00040114
Date : 28/06/2026 Time : 2pm

Circulating Staff: pavani Technician:

Anaesthesia Disposables	Qty. Issued	Qty. Used	Surgical disposables	Qty. Issued	Qty. Used	Disposables (Baby side)	Qty. Issued	Qty. Used
ET tube			Major Pack NVD		01	Inj. Vit.K – 01		
LMA			Sutures 2762		01	Cord clamp – 01		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		04				Vaccum Suction Set		
05 cc		03	Gloves 6½		03	Surgical Gloves 6½ – 01		
02 cc			6		01	Gauze Pack		
01 cc						Syringe 1ml/2 ml – 01		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 22 – 01		
IV set			NG tube			Koochies (S) – 04		
RL		01	Cautery Pencil			Alcohol Swabs – 02		
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10	Newborn pad – 02		
Morphine			Gauze Pack			Fixator – 01		
Ketamine			Mop Pack		01	Nelcath 12 – 01		
Propofol			Steristrip			Hand lace – 01		
Rocuronium			Underpad		03	Inj. Tranexa – 02		
Glycopyrolate			Draw Sheet			D-water – 03		
Myopyrolate			Abgel			Photogown – 02		
Ondansetron			Foleys Catheter			Inj. Oxytocin – 04		
Pencan 23g/Spinal Needle 22			Urobag			Inj. Carboprost – 01		
Bupivacine 0.25%			Chest Drinage Catheter			Inj. Lasix – 02		
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg		04	Betadine Solution					
			Microshield			1741/ 29/6/26		
			Cotton Balls					
			Latex Gloves 16		16			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Jhansi OT Technician

Order No: 691977/691978 Ordered by: Jhansi

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023396	**Ward**	1F-FIRST FLOOR
Patient Name	Mrs MOULIKA B	**Bed Name**	SPVT 107
Age/Sex	31 Y 1 M 14 D / Female	**Order No**	22-0000691977
Date	28/06/2026 16:31	**Prescription No**	PRIP22-0292488
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	28/06/2026 16:56
UHID	HCV-00040114		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO003	10/27	2	73.23	146.46
2	CABOPROST INJ AMP 250 MCG 1 ML	Neon Laboratories Ltd	H	97I28	01/27	1	318.56	318.56
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	4	28.13	112.52
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	3	2.71	8.13
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
8	FRUSECURE INJ 2 ML	PHARMA CURE LABORATRIES	H	FM143	10/27	2	6.37	12.74
9	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	1	38.00	38.00
10	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1	949.00	949.00
12	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
13	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
14	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	2	194.00	388.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
16	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
17	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
18	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261155	01/29	1	69.39	69.39
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
20	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
22	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	3	170.00	510.00
23	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J	C1	T5013	11/28	1	519.00	519.00
						Total :	**4,993.79**	**6,926.25**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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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	IP22-00023424	**Ward**	1F-FIRST FLOOR-NICU
Patient Name	Baby B/O MOULIKA B	**Bed Name**	NICU 109
Age/Sex	0 Y 0 M 0 D 3 H / Female	**Order No**	22-0000691978
Date	28/06/2026 16:35	**Prescription No**	PRIP22-0292487
Payor	SELFPAY	**Dispensed Date**	28/06/2026 16:56
UHID	HCV-00041157		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	2509O7	08/30	2	4.09	8.18
2	BABY DIAPER SMALL 5S-HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	1	91.00	91.00
7	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
						Total :	**375.41**	**379.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA