

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature
27/5/26	Physiotherapy	<i>[Signature]</i>			

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Date : 28/5/26 Time : 9.30 A.M

Prepared By : *[Signature]*

Staff Nurse / Floor Co-ordinator	Nursing Supervisor <i>[Signature]</i>	Billing Assistant	Billing Supervisor
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DISCHARGE SUMMARY

Name	Mrs DAMARLA GAYATHRI SASIMANI	UHID	CUV-00169381
Father/Guardian	SURENDRA	Age/Gender	32 Y /Female
Address	Kanki Padu, Krishna, Andhra Pradesh, INDIA, 521151		
IP No	IP27-00006751	Admission Date	26-05-2026
Ref Doctor	SELF	Discharge Date	28-05-2026

Consultant: Dr. SHEFALI TYAGI
MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
81798

Diagnosis: G3P1L1A1 WITH 38+2 WEEKS OF GESTATION WITH PREVIOUS LSCS FOR ELECTIVE LSCS

Procedure: ELECTIVE LSCS under spinal anesthesia done on 26-05-2026

History: Mrs DAMARLA GAYATHRI SASIMANI at 38+2 weeks of gestation with cephalic presentation admitted for Elective LSCS. Appreciating fetal movements well. No complaints of bleeding p/v and leaking P/v. She did all ANC's with Dr. SHEFALI TYAGI. She took Iron and calcium throughout pregnancy. She took two doses of Tetanus toxoid during her pregnancy. She gained adequate weight.

LMP: 30-08-2025
C.EDD: 06-06-2026
weeks

Obstetric formula: G3P1L1A1
Gestation at admission: 38+2

Obstetric History:

P1-LSCS/ Oligo/ Girl/3.5 years/Hypothyroidism

A1- MTP/ Jan 2024

G3 - Present pregnancy spontaneous conception. Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : Nil

Rainbow Children's Medicare Limited

Marathahalli: Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. Ph: 1800 2122
Bannerghatta Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. Ph: 080-66902200
Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122

Sarjapur Road: Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. Ph: 080 6957 9999
Electronic City: SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122
Hennur: No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

For Appointments call: 1800 2122

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info@rainbowhospitals.in

www.rainbowhospitals.in

Mrs. DAMARLA GAYATHRI
SASIMANI

UHID

CUV-00169381

IP No

IP27-00006751

Admission Date

26-05-2026

Family History : Father HTN,DM
Surgical History : Nil
Allergies : Nil

Investigations:

Blood group: 'AB' Positive
HB: 11.6 g/dl
WBC: 11,060 cell/mm3
PLT: 1.97 lakhs/mm3
TSH: 1.1
Serology: Negative
USG- (16-05-2026)
SLIUG: 37 WEEKS
Presentation: Cephalic
Placenta: Posterior grade III, 6.7cm away from os
AFI: 10,1cm
EFW: 2695kg+/- 393
Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished
well oriented cooperative.
GC good No pallor /edema
Pulse- 82 b/min
BP -122/78 mm of Hg
CVS/ RS - NAD
P/A - Uterus term size, relaxed, Liquor adequate, cephalic presentation, FHR good, No scar tender

Admission CTG was reactive.

DETAILS OF THE PROCEDURE WITH DATE

Elective LSCS done Under spinal anesthesia on 26-05-2026

Rainbow Children's Medicare Limited



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UHID	CUV-00169381
Admission Date	26-05-2026

IP No	IP27-00006751
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Indication : Previous LSCS

Surgeon: Dr SHEFALI TYAGI

Asst Surgeon: Dr Shivraj

Anaesthetist: Dr Meghana

Type of Anaesthesia: Spinal anesthesia

Under all aseptic precaution, patient put in supine position

Parts painted and draped, under SA

Pfannenstiel incision taken on skin

Abdomen opened in layers.

Adhesion noted between anterior surface of uterus and bladder

UV fold identified, transversely cut and separated, bladder pushed down.

LUS well formed. Kerr's incision taken on LUS.

Clear adequate liquor drained.

Extracted single live baby cephalic presentation

Baby cried immediately after birth

Delayed clamping done, baby handed to pediatrician.

Placenta and membrane delivered in toto.

Uterus contracted, uterine incision closed in two layers with vicryl 1-0.

Paracolic gutters cleaned with new mop.

Hemostasis achieved.

Both tubes and ovaries appears normal,

Needles/Mops/instruments count were correct.

Abdomen closed in layers. Rectus sheath closed with vicryl 1-0

Skin sutured sub cuticular fashion with monocryl 3-0.

Vaginal toileting done, bleeding within normal limits

Uterus well contracted by the end of the procedure, clear urine drained.

Patient withstood the procedure well.

Tab misoprostol 600 mcg and Jonac suppository 100 mg per rectal kept.

MEDICATIONS DURING HOSPITALIZATION:

IV FLUIDS

INJ AUGMENTIN 1.2 G IV STAT

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ow
Children's
Hospital
Name

BirthRight™
BY RAINBOW HOSPITALS
MRS. JAYATHRI
Your Right to a Safe Delivery
SASIMANI

IP No

IP27-00006751

UHID

CUV-00169381

Admission Date

26-05-2026

INJ PANTOP 40MG IV BD.
INJ EMESET 4MG IV BD
JONAC SUPPOSITORY 100MG PR TID.
INJ CLEXANE 40 MG SC 3 DOSES

DETAILS OF THE NEWBORN :

Date : 26-05-2026
Time of Delivery : 09:04:24 AM
Type of Delivery : Elective LSCS
Indication : Previous LSCS
Analgesia : Spinal anesthesia
Sex : Female
Weight : 2.960 kgs

POST OPERATIVE PERIOD : Uneventful, she received a course of antibiotics and analgesics.

PATIENT'S CONDITION ON DISCHARGE:

Satisfactory
Breast soft Lactation established
Uterus involuting well
Surgical wound healthy
Lochia healthy.

DISCHARGE MEDICATIONS AND ADVICE:

TAB. PAN 40 MG 1-0-1 FOR 7 DAYS BEFORE FOOD
TAB. TOLPA D 1-1-1 FOR 7 DAYS (8AM, 2PM, 8PM) AFTER FOOD
TAB ULTRACET 1-1-1 FOR 7 DAYS (11AM-5PM-11PM) (IN CASE OF SEVER PAIN)
SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS
Normal Diet.
Drink plenty of fluids.
Avoid sexual intercourse for next 2 months.

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Follow Up:

Review with Dr. SHEFALI TYAGI after 1 week with prior appointment.

Instructions for the care of surgical site/wound:

1. Follow the discharge advice and take the prescribed medicines properly. Maintain good personal hygiene by taking a bath daily with soap and warm water. Pat the surgical site dry with a clean absorbent towel.
3. Keep the surgical site clean and dry, especially after using the washroom.
4. Wash your hands thoroughly with soap and water and dry with a clean towel before touching the surgical site.
5. If wound dressing is required, it should be performed in Rainbow Children's Hospital only.
6. Report to your doctor immediately if you notice any of the following symptoms - Redness or swelling around the incision, increased pain at the surgical site, any discharge or foul odour from the incision, wound gaping in the stitches before healing, fever, malaise or tiredness.
7. If you are a diabetic, keep your blood sugar levels under control with a proper diet, exercise and medication as prescribed by your doctor. Monitor the blood sugar levels and HbA1c levels periodically or as advised by your doctor.

In case of emergency Kindly contact 9620688818/9620688814.

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .

Discharge Summary Prepared by Dr. SHIVRAJ

Discharge Summary explained to patient, Nurse Name & Signature

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IP No

IP27-00006751

UHID

CUV-00169381

Admission Date

26-05-2026

DOCTOR'S SIGNATURE

Dr. SHEFALI TYAGI

MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
81798

Patients Signature _____

Rainbow Children's Medicare Limited



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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints G3P1A1 @ 38 weeks

2d of gestational age @
prev low LSCs = appreciating
 Obstetric Formula: fetal mounts well.

Obstetric History:

M: 7 years
G3P1A1:

1st preg: LSCs (oligo) / 3 signs /
Hypothyroidism

2nd preg: MTP (Jan 2024)

RISK FACTORS:

- Spontaneous Conception
- Anomaly Scan: long bones short.
- 2y. booster (TT booster dose)
- NIFT @ 18w: low risk @

Height: 145 cm

Weight: 69.9 kg

Allergies: No

Breast: Normal Abnormal

Genital Examination:

Consciousness: conscious Pallor:

Edema:

Temp: 37°C PR: 82bpm

122/78 mmHg DTR:

RS BL NUB @

Urine Output:

LMP: 30/08/2015

EDD:

Corrected EDD: 06/06/2016

GA: 38 weeks 2d

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: term size

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifts Palpable: ballotable

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination (23/05/2018)

Cervix: Long Partially effaced Effaced

Os: Closed Dilated

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful


DIAGNOSIS

G3P1A1 @ 38 weeks 2 days of gestational age @ prev low LSCs
for elective LSC.

Patient Sticker

<p>Family History:</p> <p>Father: HTN, DM</p>	<p>Surgical History:</p> <p>- N/S</p>
<p>Medical History:</p> <p>- NG</p>	<p>Medication History:</p> <p>- N/S</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admit - NPO - NCS - informed, written consent. - preps preparation - Follow me Op medication - Foley's Catheterism - Shift to OT on order - Cross match reserve 10 PRBC in blood bank 	<p>Investigations:</p> <p>Wt: (24/05/2026) Ktb: 11.6 TC: 11060 PLt: 1.97L Blood group: AB positive Serology: Non Reactive TSH: 1.1</p> <hr/> <p>USG: (16/05/2026) / End term scan</p> <ul style="list-style-type: none"> - Cephalic - Placenta Anterior, grade II, 1 <p>AFI: 10.1 cm - EFW: 2.4 FL: 13th percentile } Longitudinal Humerus: 21 percentile }</p>

Doctor Name: Dr. Akhoy

Signature: 

Date & Time: 26/05/2026 7 AM

Consultant Name: Dr. Shefal

Signature: 

Date & Time: 26/05/2026

IV-00169381 IP27-00006751
 s DAMARLA GAYATHRI SASIMANI
 -08-1993 32 Y (F)
 SHEFALI TYAGI

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/05/26 at 5:53 am

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Admitted for el lscs Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Shekhar
 Time Notified: 6:30 am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nothing major</u>	<u>Nil</u>	<u>Nil</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Amethyst</u> <u>Amethyst</u></p> <p>Age at Menarche: <u>13 yrs</u></p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Menstrual Period: <u>30/8/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 2 P 1 L 1 A 0

Previous LSCS: Yes

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

Medical History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Signs / Measurements: Temp: 98.6 HR: 88 RR: 20
 BP: 122/78 Weight: 69.9 Height: 1.55m BMI:

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

CUV-00169381 IP27-00006751
Mrs DAMARLA GAYATHRI SASIMANI
30-08-1993 32 Y (F)
Dr. SHEFALI TYAGI



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

Risk of Pressure Sore: Yes No Score (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant No Abnormality

Mobility problem Walking Problem
 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

Above information given to patient

Name of Person Orientation was given to: Deepika

Orientation not given Reason:

Nurse Signature: [Signature]
Nurse Name: Deepika
Date & Time: 20/5/20
6:30 AM

Far

Me

Pl:

IP169281 IP27-00006751
 AMARLA GAYATHRI SASIMANI
 1993 22 Y (F)
 ISFALI TYAGI

PROGRESS NOTES AND DOCTOR'S ORDER

Date Time	Progress Notes	Doctor's Order
25/26	C/S/B Dr. Shivaraj / C/S to Dr. Shivali	
11 AM	POD = Elective CES	
	patient comfortable	
<u>Baby</u>		
Mother's side	O/E PR - 60 bpm	SpO2 - 98%
Breastfeeding	BP - 112/71 mmHg	Afebrile
	CNS / RS - NAD	
	PIA = uterus = contracted well.	
	dressing - intact dry	
	L/E - NATS	urine output = clear 250ml
<u>Advice</u>		
	1) Follow post op order	
	2) Monitor vitals, FIO chart	
	3) Watch for excess PV bleed, hypotension	
	tachycardia	
	4) Breastfeeding	
	5) Inform S/O	
	6) Shift to ward	
		Dr. Shivaraj

Patient Sticker

Ameyashree

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	C/S/B Dr. Shivraj (C/S/T) Sri Srinivas	
9pm	P/O LCC	
	patient comfortable	
Baby		
Mother side	Vitals - Stable	
Breastfeeding	PIA = Uterus = contracted well	
	Lactating - intact dm	
	Bowel sounds (+)	
	L/E - NRS.	
	<u>Advice</u>	
	1) Follow post op order	
	2) Soft diet	
	3) Monitor vitals Hourly	
	4) Watch for excess P/v bleed, hypotension	
	5) Inform L&T	
	6) Catheter removal 6am tomorrow	
	Ameyashree	
27/5/26	S/B Dr. Acharya	
9AM	Pt. Comfortable	No!
	Baby: Mother side	C/S
	Vitals: Stable	
	P/E -	
	PIA: uterus CLP	
	Dressing: Dry	

PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes

Doctor's Order

C/S/B on (with) (P)

PCO, LSCS

Pt. comfortable, no complaints.

PTX → DBEXS

→ ATM's

→ Heel slides

→ bed mobility

→ Ergonomics advised.

Pt. comfortable post PTX.

[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 5:45 AM	C/S/B Anaesthesia team (Dr Meghana)	
	POD, Elective LSCS Pt complaints of backache & burning sensation in the chest since 1 day o/e	
	HR - 70/min	
	BP - 110/70 mmHg	
	RS (Mx)	Adv
	CVS	- Maintain Hydrat
		(3-4 l of liquids)
		- Bed rest
		- Lij Pan 40mg IV
		- T. Paracetamol 6
		- Maintain proper pt
		while feeding

Dr Meghana

~~27/5/26~~
~~6 AM~~

chk on shohulata

D1 - Lys

~~6 AM~~
vital stable

labetal for neta

PA - soft

Breat freely

mild disten (+)

Distended

ut ne

Deep breathy

bowel sound (+)

Rpr - wvc

C/S R - moves head nsted using

CUV-00169381
 Mrs DAMARLA GAYATHRI SASIMANI
 30-08-1993 32 Y
 Dr. SHEFAI TYAGI (F)

Name	I.P. No.:	Sheet No.	Wards
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REGULAR PRESCRIPTIONS

	Date	Time							
--	------	------	--	--	--	--	--	--	--

DRUG <u>ENT PARACETAMOL</u>				Date	26/5/26	27/5/26													
				Time															
Dose	Route	Frequency	Start Date																
600	IV	TTT	26/5/26	6pm Paracetamol 6/5/26															
Name & Signature of the Doctor				pm Michael 6/5/26															
Additional Instructions				pm Paracetamol 6/5/26															

DRUG <u>ENT PAN</u>				Date	26/5/26	27/5/26													
				Time															
Dose	Route	Frequency	Start Date																
40mg	IV	TTT	26/5/26	7pm Paracetamol 6/5/26															
Name & Signature of the Doctor				pm Michael 6/5/26															
Additional Instructions				pm Paracetamol 6/5/26															

DRUG <u>JOMAC SUPPOSITORY</u>				Date	26/5/26	27/5/26													
				Time															
Dose	Route	Frequency	Start Date																
100mg	PR	TTT	26/5/26	11pm Paracetamol 6/5/26															
Name & Signature of the Doctor				pm Michael 6/5/26															
Additional Instructions				pm Paracetamol 6/5/26															

DRUG <u>ENT CLEXANE</u>				Date	26/5/26	27/5/26													
				Time															
Dose	Route	Frequency	Start Date																
400mg	SLC	OD	26/5/26	pm Paracetamol 6/5/26															
Name & Signature of the Doctor				pm Paracetamol 6/5/26															
Additional Instructions				OD at 9:30 PM x 3 days pm Paracetamol 6/5/26															

DRUG <u>SYP. DIPHALAC</u>				Date																
				Time																
Dose	Route	Frequency	Start Date																	
20ml	PRO	QOP	26/5/26																	
Name & Signature of the Doctor																				
Additional Instructions																				

SPB-00025060 IP27-00006755
 Baby B/O DAMARLA GAYATHRI (F)
 26-05-2026 0 Y 0 M 2 D
 Dr. NICU TEAM



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

Date	Time																	
RUG <u>ST. TOLPA-D</u>		Date	28/05/26															
Route	Frequency	Start Date																
PO	1-1-2/6	27/5	9 AM	Strength	200 mg													
Signature of the Doctor																		
Special Instructions																		

Date	Time																	
RUG <u>ST. PANTOP</u>		Date																
Route	Frequency	Start Date																
PO	1-1-2/6	27/5																
Signature of the Doctor																		
Special Instructions																		

Date	Time																	
RUG <u>IPP-</u>		Date																
Route	Frequency	Start Date																
Signature of the Doctor																		
Special Instructions																		

Date	Time																	
RUG		Date																
Route	Frequency	Start Date																
Signature of the Doctor																		
Special Instructions																		

Date	Time																	
		Date																
Route	Frequency	Start Date																
Signature of the Doctor																		
Special Instructions																		



Date				
Time		Nurse signature	Nurse signature	Nurse signature
	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign

VARIABLE DOSE		Date			
	Time		Nurse signature	Nurse signature	Nurse signature

DRUG		Date			
	Time		Nurse signature	Nurse signature	Nurse signature
	Dose	Dose	Dose	Dose	
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	
	Dose	Dose	Dose	Dose	
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	
	Dose	Dose	Dose	Dose	
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	
	Dose	Dose	Dose	Dose	
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
05/26	9 AM	Tab. Augmentin	1.2gm ATD	iv stat	[Signature]	[Signature] 0200/02
5/26	9 AM	Tab. PAN TOP	40mg	iv stat	[Signature]	[Signature] 0201
5/26	1 AM	Tab. Eucet	4mg	iv stat	[Signature]	[Signature] 0204
5/26	9:04 am	Li CARBETOCIN	100 mg	iv	[Signature]	[Signature]
5/26	9:30 AM	TAB MESOPROSTOL	600 mg	PR	[Signature]	[Signature]
5/26	9:30 AM	JONAC SUPPOSITORY	100mg	PR	[Signature]	[Signature]
5/26	11 AM	INTJ. PAUSE	1gm	NS 100ML	[Signature]	[Signature]
5/26	11 AM	INTJ. AVIL	1 AMP	iv	[Signature]	[Signature]
5/26	6 PM	Tab PAN 40 mg	40 mg	iv stat	[Signature]	[Signature] 0206/04



MEDICATION RECONCILIATION FORM

Drug Allergies: No

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:

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

EDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: Dr. Akhaya

Date & Time: 26/05/2026

Doctor Name & Signature: Deepushu An

Date & Time: 26/5/26

NURSES NOTES
 (USE BALL POINT PEN ONLY)

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
26/10/22	6:10 AM	<p>my Gayathri came to OR by walk patient placed incubator @ 4 patient vital Chel & recorded, also chel to co → Dr. Ashu patient admitted to ED (SSC) Dr. Ashu patient prep done → Dr. Ashu patient in catheterization done, cath 18 & catheter blood sample collected & sent to lab → Dr. Ashu</p>
	8 AM	<p>As per Dr. Ashu pre-op medicines given by Dr. Ashu & Dr. Ashu D: Amulya 1.2gm ATD & full dose with 100ml NS → Dr. Ashu</p>
	8 AM	<p>Handover given to night staff → Dr. Ashu 020952</p>
	8 AM	<p>Handover taken from night duty staff. while taking handover patient is active - Manisha</p>
	8:20 AM	<p>Catheterization done, followed by sterile technique. inj. supacel full dose given - Manisha</p>
	8:50 AM	<p>Patient shifted to OT. Handover given to OT staff Manisha/01/22.</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		patient received from LOR to OR. pt is stable. All consent (+), sign in done. Anaesthesia given by Dr. Hari
26/5/24	8 AM	Team & SA. Time out done. painting and draping done. LSC done and an alive female baby delivered @ 9.04 am. Baby cried at birth. cord clamping done. Baby handover to paediatrician. placenta expelled completely. All mop, gauze, instruments needles counts correct. sign out done. uterine layers closed and suturing done followed by aseptic dressing. vaginal toiletting done. Tab. PPH, Jonec supp given PR. patient shifted to recovery c table
		Recovery notes: patient received from OR to RR. pt is stable vitals checked and recorded. IV fluids on flow 100 ml/hr. minimal bleeding (+)
		Dr. shivaraj has seen and advised to shift since pt comfortable
		Sup. Avil lamp given due to patient had itching. patient stable. shifted to ward
		Handover given to ward duty staff

New entry

New entry

New entry

Post entry

Post entry

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

CUV-00169381 IP27-00006751
Mrs DAMARLA GAYATHRI SASIMANI (F)
30-08-1993 32 Y
Dr. SHEFALI TYAGI



Date & Time of Admission
26/5/26 @ 5:53 AM

Date & Time of Transfer Order
26/5/26 @ 8:45 AM

Treating Consultant Name

Dr. Shifali

Transfer Ordered by

Dr. Shirraj

Reason for Transfer

EL. LSCS

From Unit

LDR

To Unit

OT

Information to Attendant

Yes No

Number of Sheets in Clinical File

32

Number of Imaging Films

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	OP file	1
2.	IP file	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring

Manisha
01/21

Name of Person Ordered Transfer

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

Unavailable Bed

Nurse not Available

Available Bed not ready

CONSENT FOR CAESAREAN SECTION

(please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness.)

Indication for surgery: previous LSCS.

Part I: Information about the surgery

1. Name of the procedure: Caesarean Section. The most common type of the cesarean section is Lower Segment Caesarean Section (LSCS)

2. Meaning: Baby delivers through the birth canal or vagina during natural child birth. When baby (and placenta) are delivered by making an incision on the abdomen, it is called as Cesarean section. In this, the doctor makes a cut on the abdomen and the uterus to deliver the baby. The cut on the uterus may be made on the upper part or the lower part. In almost all cases, the cut is made on the lower part of the uterus. This is called as lower segment cesarean section (LSCS). If agreed beforehand, additional surgeries such as female sterilization (also called tubal ligation), removal of ovarian cyst & removal of fibroids etc. may be done.

3. Purpose/ indications: (Not all but only common indications are listed below.)

Cesarean is indicated when vaginal birth is not possible or risky to the mother / baby or both. Here are few common examples:

- Immediate delivery is needed: The baby in the womb (fetus) is in distress and needs immediate delivery. If the fetus cannot cope with the stress of labour, the fetal heart sound pattern may become abnormal. Thus, immediate delivery is needed.
- Inadequate space or improper position: If the space in the birth canal is inadequate for the baby to descend or baby is in transverse or breech (buttocks/ legs down position), or there is obstruction due to tumors, or attempts of vaginal delivery have failed.
- Uterus prone to rupture: Previous surgeries on the uterus making it prone for rupture (giving way) in response to uterine contractions of labour (e.g., Previous LSCS, previous Myomectomy or Hysterotomy). Previous surgeries on the genital tract making vaginal delivery difficult or not possible (vaginal repairs).
- Risk of life-threatening bleeding in vaginal delivery: When the placenta is low and if the labour begins, it can lead to life threatening bleeding. Thus, cesarean is preferred.
- Medical conditions in the mother making it risky to wait for and go through labour pains and vaginal delivery. (e.g., pregnancy induced hypertension, gestational diabetes, heart disease etc.)
- Cesarean on demand: In this the woman demands cesarean as her preferred mode of delivery.
- If vaginal delivery is likely to be more complex. For example, large baby, elderly mother, previous pregnancy losses etc.

4. Description of the procedure: When surgery is planned in advance, it is called "Elective Cesarean section." When vaginal delivery is tried but the situation becomes risky to the baby or mother or both, or if the vaginal delivery is not possible, cesarean is planned in emergency. This is called as "Emergency Cesarean section".

Cesarean section may be done under regional anaesthesia (where in the lower half of the body is anaesthetised) or under general anaesthesia where the patient is put to sleep by giving injection. The abdomen is opened layer by layer by making an incision on the abdomen. This incision may be horizontal or vertical. Baby is delivered after making a cut on the uterus. Sometimes instrument like vacuum extractor or forceps may be required to deliver the baby. This is followed by delivery of the placenta and membranes. Uterus and abdominal wall are sutured in systematic manner or layer wise manner. Additional surgery (e.g., tubal ligation), (removal of fibroids removal of ovarian cyst) if already planned is performed before the abdomen is stitched up.

5. Benefits of the procedure:

- a. Benefit to the baby (foetus): When foetus is in distress, it needs to be delivered at earliest. C section is a quick way to achieve delivery. If vaginal birth is likely to be traumatic or risky to the baby, C section reduces that risk.
- b. Benefit to the mother: Surgery relieves the mother from expected complications of vaginal birth.

PART II: UNDERTAKING

Gayatri Damalla

Konki Padu, Andhra Pradesh

aged 32 years, residing at

Give my free and valid consent for Elective LSCS
(Name of operation and /or medication /investigation / therapy/ procedure etc.)

upon myself/my (relation)

Mr./Mrs. Surendra
aged 38 years,

residing at Konki Padu, Andhra Pradesh

I am aware that the surgery will be carried out by Dr. Dr. Shefali Tyagi and team.

I am aware that the anaesthesia will be administered by Dr. Dr. Mohan Kumar and team.

- I have been explained about the nature of the disease that I am suffering from.
- I have been given the information about the surgery by doctor.
- Was also given a leaflet that had detailed information regarding:
 - nature and procedure of the surgery/ procedure
 - its purpose, benefits and effect;
 - alternatives if any available;
 - an outline of the substantial risks
 - adverse consequences of refusing treatment
- I have gone through the details mentioned and have clarified my doubts with the doctor.
- In order to save the life it may even be necessary to do additional surgeries or procedures which are beyond the scope of the consent given by me. I authorize the doctor to take such decisions if the need be.
- I have been counseled about the nature of anaesthesia, benefits, purpose, effects and alternatives and substantial risks.
- I understand that tissue, secretions, discharges, organs removed during surgery may be sent for appropriate examination for further evaluation and dispose of as deemed fit by the doctor.
- I give consent for blood /blood products transfusion. I have been explained about the benefits, purpose, effects, alternatives and substantial risks associated with it.
- I consent to observing, photographing or televising of the surgery for medical, scientific, or educational purpose, provided my identity is not revealed by picture or by descriptive text accompanying them.
- I accept that medical science is not perfect and has certain limitations. No guarantee has been given about result or outcome.
- I agree to co-operate fully with my doctor and to follow instructions and recommendations about my care and overall treatment.
- I confirm that I have given accurate and relevant details about myself including past medical history, previous ailments, surgeries and allergies to my doctor.

Apart from the above mentioned general information, I have been specifically informed about individual risks related to:

(to be written physically by the doctor. This refers to specific problems pertaining to that patient).
I was encouraged to ask questions related to disease and the procedure/operation. All the questions/queries were answered to my satisfaction.

By signing below I indicate that I have understood the above information in the language that I understand. I am giving my free consent to the above mentioned procedure/operation with sound mind, without any undue influence, coercion, fraud, misrepresentation or mistake of facts.

Signature..... 

Signature..... * Gayathri
(or Thumb impression)

Dr's Name: Dr. Arshad

Patient's Name: Gayathri Dam

Reg No: 140046

Age: 32 yrs

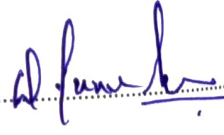
Date: 26/05/2022

Date: 26/05/2022

Time: 7 AM

Time: 7 AM

Sign.....

Sign..... 

Name of witness: Deepika An
(From hospital side)

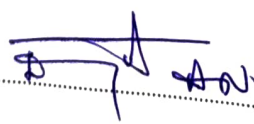
Name of witness: * Surendra
(From patient side)

Date: 26/05/22

Age: 35 yrs

Time: 7 AM

Relationship with patient: husband

Sign..... 

Date: 26/05/2022

Time: 7 AM

CONSENT FORM FOR ANAESTHESIA



Patient Name: Gayathri Age: 32 yrs Gender: Male Female
Surgeon Name: Dr. Sufali
Anesthesiologist: Dr. P. K. Mohanty & team Operative procedure planned: Elective LSCS

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 can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease
- Hypertension
- Diabetes mellitus
- Renal failure
- Hepatic disorders
- Shock
- Multiple organ failure
- Polytrauma / Road Traffic Accident
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others: Pregnancy

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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 and acknowledge that I have discussed with the anaesthetists any significant risk and complications specific to my individual circumstances, and I have considered them before consenting for anaesthesia.

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

I authorize the anaesthesia 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. PDPH, fluctuation in BP/HR, transient nerve injury

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 if need arises.

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

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant:
Signature: Gayathri
Name: Gayathri
Relationship with Patient: self
Date & Time: 26/5/26 7:05am

Witness:
Signature: [Signature]
Name: Surendra Divi
Date & Time: 26/5/26 7:05am

Doctor (who is taking the consent):
Signature: [Signature]
Name: Dr. Meghana
Date & Time: 26/5/26 7:05am

Name: Ms. Gayatri Age: 32y Sex: F UHID.No: _____

Date: 23/5/26 Time: 1:20 PM Proposed Operation: Elective LSCS

Diagnosis: G3P2 LIA at 38 wou for with prev. LSCS for safe confinement

BP: 120/84 H.R: 106 bpm Weight: 70 kg ASA Physical Status: 1 2 3 4 5

HT-145cm Laboratory Data:

Ht: 11.6
 PCV: 35.8
 WBC: 11,060
 Plate: 1,97,000
 PT: 11.87
 PTT: _____
 INR: 0.74

Glucose: _____ Protein: _____
 Urea: _____ Alb: _____
 Creat: _____ Total Bill: _____
 Na: _____ Dir. Bill: _____
 K: _____ LDH: _____
 Ca++: _____ Alk phos: _____
 Mg++: _____ Amylase: _____
 Cl-: _____ SGOT/SGPT: _____

HIV: _____ X-Ray: _____
 HBS Ag: _____ ECG: _____
 HCV: _____ 2D Echo: _____
 Blood group: AB +ve Stress/Angio: _____
 T3 _____ Other: _____
 T4 _____
 TSH _____

Allergies: NKDA

Medical History: CVS: No h/o recent URTI

RESP: _____ Diabetes:

CNS: _____
 Renal: _____
 Hepatic / GE: _____
 Others: _____

} No significant comorbidities

Physical Activity: > 4 METS

Past Anaesthetic History: h/o LSCS ↓ SAB in 2022
h/o D&C ↓ CIA in 2024

Physical Exam: PICCLINE ⊕ B/L Pedal Edema ⊕
 Airway: MP 1 ⊕ 3 4 Mouth Opening: Adequate Mento-hyoid Distance: > 3 FB Neck: WNL Teeth: +/+
+/+

Lungs: B/L RIVBS ⊕

Heart: S1 S2 ⊕

CNS: MMF ⊕

Pregnant: Yes No NA

Venous Access Site: Good Spine Exam for regional: Midline
WS palpable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
(Ses)

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

c/p/w Dr. Kaapiasad
Pre-Operative Instructions:
 1. DVT Prophylaxis: clear liquid tender coconut water
 2. NIL ORAL Water / ORS 2 Hours Others 6 Hours Solids / milk / juice
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:
 6. To Do: CBC, Same Sample
 7. Same Sample

Signature: [Signature]

Name: Dr. Keshma 118. Keshma 10 PROC

CUV-00169381
 Mrs DAMARLA GAYATHRI SASIMANI (F)
 32 Y
 Dr. SHEFALI TYAGI



ANAESTHESIA CHART



Change in Patient Condition: Yes No

Physical Status: Patient Identified Consent Present Chart Reviewed

Fasting Status: adequate

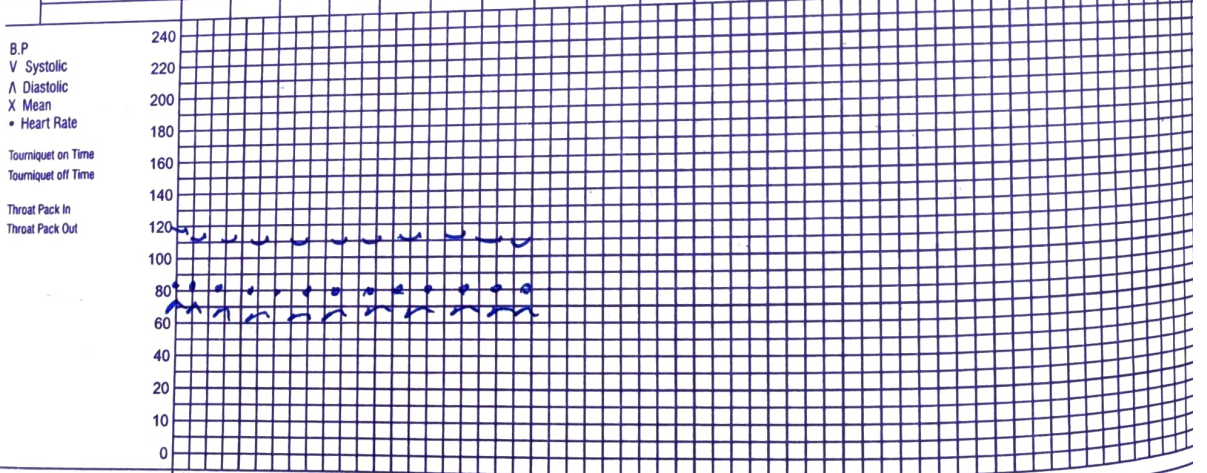
H.R.: 72/min B.P./CRT: 110/70/4 SpO₂: 100% R.R.: 16/min Last Feed: _____

Pre-OP Diagnosis: Grp. L. Ant 38 WOOD Operation: Elective LSCS Date: _____

Surgeon: Dr. Shefali Anaesthesiologist: Dr. S. K. Mohanty Technician: _____

TIME	N ₂ O / AIR / O ₂ LPM	HALO / ISO / SEVO	Drugs
8:55	0.5	0.5	0.5
9:00	0.5	0.5	0.5
9:05	0.5	0.5	0.5
9:10	0.5	0.5	0.5
9:15	0.5	0.5	0.5
9:20	0.5	0.5	0.5
9:25	0.5	0.5	0.5
9:30	0.5	0.5	0.5
9:35	0.5	0.5	0.5
9:40	0.5	0.5	0.5
9:45	0.5	0.5	0.5
9:50	0.5	0.5	0.5
9:55	0.5	0.5	0.5
10:00	0.5	0.5	0.5
10:05	0.5	0.5	0.5
10:10	0.5	0.5	0.5
10:15	0.5	0.5	0.5
10:20	0.5	0.5	0.5
10:25	0.5	0.5	0.5
10:30	0.5	0.5	0.5
10:35	0.5	0.5	0.5
10:40	0.5	0.5	0.5
10:45	0.5	0.5	0.5
10:50	0.5	0.5	0.5
10:55	0.5	0.5	0.5
11:00	0.5	0.5	0.5
11:05	0.5	0.5	0.5
11:10	0.5	0.5	0.5
11:15	0.5	0.5	0.5
11:20	0.5	0.5	0.5
11:25	0.5	0.5	0.5
11:30	0.5	0.5	0.5
11:35	0.5	0.5	0.5
11:40	0.5	0.5	0.5
11:45	0.5	0.5	0.5
11:50	0.5	0.5	0.5
11:55	0.5	0.5	0.5
12:00	0.5	0.5	0.5

FiO ₂ / SaO ₂	100	100	100	100	100	100
ETCO ₂	SR	SR	SR	SR	SR	SR
ECG						
Temperature						
Urine Output						



LAB Values: Baby - 9:04 am, female, CIAB

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>OU</u> <input checked="" type="checkbox"/> Art Site: <u>OU</u> <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hügger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>8:55 am</u> OP Start: <u>9:00 am</u> OP End: <u>9:55 am</u> Leave OR: <u>10:05 am</u> Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>OU 18G</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# _____ at _____ cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: _____ <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# _____ Attempts: _____ Difficulty Why? _____ <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: _____ Specify: _____ <input checked="" type="checkbox"/> Extremity <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Spinal Others: _____ Position: <u>Sitting</u> Site: <u>L3-L4</u> Needle Size: <u>27G</u> Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ Drug Name & Conc: <u>10mg</u> Bolus: <u>Bupivacaine</u> Infusion: _____ Block Level: <u>T6</u> Comments: <u>adeq</u> Transportation to _____ <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU Relaxant Reversed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Doctor: _____ Signature of the Doctor: _____
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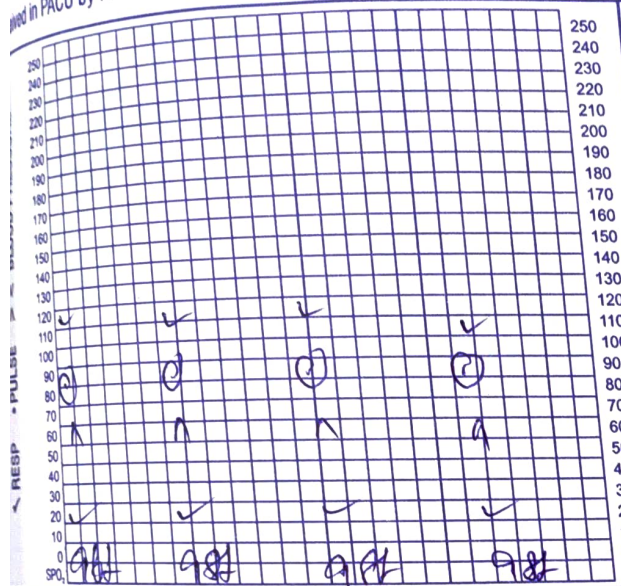
IP27-00006751
 ANAESTHESIA
 MAMARCA GAYATHRI SASIMANI (F)
 32 Y
 SURAJI YAGI

UNIT RECORD

Admitted in PACU by: Rojan

Time Received: 10am

Time Discharged:



IV Cannula Site: Distal BG

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting: Yes No Drug:

NG Tube: Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral: Yes No

IV Fluids: IVF - 10RL @ 100ml/hr

Oral Feeds: till further order

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NA	

Pain Tool Used: N PASS FLACC Wong Baker NRS

Anaesthesiologist Name: Dr. Hani

Anaesthesiologist Signature: Dr. Hani

Date & Time: 26/5/26

PACU Nurse Name: Rojan

PACU Nurse Signature: Rojan

Date & Time: 26/5/26

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

Transferred to Unit by (PACU): 26/5/26

Date & Time:

CESAREAN DELIVERY NOTES



Gayathri

Date: 26/5/26

IP No:

Diagnosis: G3P1A1 at 38+2 wog & previous ces

Reason: previous ces

Surgeon: Dr. Shefali

Assistants: 1. Dr. Shivraj

Anesthesiologist: Dr. Meghana

Anesthesia: Spinal

Obstetrician: Dr. Akhil

Lab Nurse: NEENU

Circulatory Nurse: Raja

Time: 9 AM to 9:30 AM

Catheterization of the bladder: Yes/No

Incision: Pfannenstiel/Joel Cohen's Incision

Scar excision: Yes/No

Abdomen opened in layers: Conventional/Misgav Ladach

Intra OP Findings: Adhesion between anterior surface of uterus & bladder

Adhesions - well formed

Uterine incision: Lower Segment/Transverse/Vertical/Inverted T

Liquor - clean adequate cephalic

Baby presentation and position: cephalic

Extraction by: Hand/Vectis/Forceps/Ventouse

Cord clamping: immediate/delayed

Placental delivery: controlled cord traction/manual removal of placenta

Exteriorisation of Uterus: Yes/No

Uterine Closure: Single layer/Double layers

Uterus, both fallopian tubes and ovaries - appears normal

BA tubectomy done - yes/no method - modified Pomeroy/Parkland Polyglactin/Chromic Catgut

Tears/PPH - No

Paracolic gutters cleaned:

Complete hemostasis achieved:

Mops and instruments count verified:

Abdomen closure:

1. Peritonium: Yes/No

Yes/No

Yes/No

Yes/No

4. Subcutaneous fat obliterated : Yes/No
 5. Skin : Subcuticular/Mattress
 Polydioxanone/Polyglactin/Mersilk

18. Vaginal toileting: Yes/No
 19. Per Rectal: Diclofenac/Paracetamol/Misoprostol
 20. Urine in the uro sac bag and tube: clear/blood stain, 100 ml
 21. Blood loss: 350 ml
 22. Blood transfusion: Yes/No
 23. She withstood the procedure well : Yes/No

MOTHER	BABY DETAILS	PLACENTA
1.P/R: <u>86</u> /min 2.BP: <u>110/70</u> mm/Hg 3.SPO2: <u>99%</u> 4.P/A: <u>uterus = ventral</u> 5.PV: <u>minimal</u>	1.Weight: <u>2.960</u> Kg 2.Sex: <u>FEMALE</u> 3.Time: <u>9:04:24 AM</u> 4.Date: <u>26-05-2026</u> 5.APGAR: <u>8/10 9/10</u> 6.Mother's side/NICU: 7.Injuries: Yes <u>No</u>	1.Weight of placenta: <u>300</u> 2.Complete & healthy : <u>Yes/No</u> 3.Cord Normal <u>Yes/NO</u>

POST OPERATIVE PROCEDURES:

- NPO till 6 hours. Sips of water (sos) followed by clear fluids & soft diet.
- IV fluids : 2RL/2NS/1DMS at 125 ml/hr
- IV Antibiotics : -
- Inj Pan 40mg IV 101
- Inj Emeset 4mg IV sos
- TPR/BP chart half hourly for 2 hrs and then 2 hourly, Input/Output chart
- Watch for bleeding PV & abdominal distension
- Analgesic Protocol a per Anesthetist advice
- Exclusive breast feeding
- Remove the Foley's catheter at 6 AM on 27/5/26 if urine output >30ml/hr
- Early ambulation
- Inform SOS.

1) Inj PCT 2g IV 1H
 2) Inj Tramadol 100mg in team to IV
 3) Tenax suppository 100mg PR 1H
 4) Inj Clexane 40mg SLC OD at 9:30pm

IP27 - 00006751

MATERNAL NUTRITIONAL ASSESSMENT FORM

Lactating Others
 Weight: 69.9 kg BMI: 33.2 kg/m²
 Moderate Heavy
 Overweight:

Classification
 Normal Weight 30.0 - 34.9
 Over Weight 35.0 - 39.9
 Classification
 Class I Obesity
 Class II Obesity

Diabetes Type 1 / Type 2 / GDM on diet / OHA / Insulin
 Gastro Reflux
 Geriatric Patient
 Cardiac Problem
 Constipation
 Others
 Diarrhea
 Anemia
 Hemoglobin

Meal	Menu	Quantity
Early Morning		
Breakfast	Tomato rice - 2cup + 2Hbsp chutney	
Mid Morning	Ragi Ganji - 1 glass	
Lunch	Rice - 2cup + Rasam 2cup + Ghee Palya - 1cup	
Snacks (Evening)	Tea - 1 glass	
Dinner	Chapati - 3no + Chicken curry - 1cup	
Bed Time	Milk - 1 glass	

Diet Recall Total Calories: 2030

Diet Recall Total Protein: 40g

Iron and Calcium Tablets: Yes

Diet Preference: Vegetarian Non-Vegetarian

Food Allergies: Yes No

Prescribed Diet: Lactation soft diet

Recommendations: 80g Others: Fluids