



**SURGERY / PROCEDURE CHART**

Surgery / Procedure Details:		Surgery / Procedure Details:	
Surgery / Procedure Details:		Surgery / Procedure Details:	
Date: 3/6/26	Duration: 10:30	Date:	Duration:
Start Time: 9:30	End Time: 10:30	Start Time:	End Time:
a. Surgeon: D. Shekari Tyagi	a. Surgeon:	b. Assistant:	b. Assistant:
b. Assistant: D. Hestlay	b. Assistant:	c. Anaesthetist	c. Anaesthetist
c. Anaesthetist: D. Saigava	c. Anaesthetist	Instruments	Instruments
Instruments	Instruments	OT Equipment	OT Equipment
OT Equipment	OT Equipment	Any Other Information	Any Other Information

**MEDICAL EQUIPMENT (WARD & ICU)**

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks
3/6	3am	4am		NST ✓
3/6	5am	6am		NST ✓
3/6/26	10:30 Am	12:30 Pm		Cardiac Monitor ✓
	10:30 Am	12:30 Pm	9 Covers	Resection Pump ✓
	10:30 Am	11 Pm	30 wire	✓

6/9/26



RADIOLOGY / SCANS				
Date	Service	Signature	Date	Service
05/06/20	BCV	[Signature]		

SUPPORT SERVICES				
Date	Physiotherapy	Signature	Date	Others Services
4/6/20	Physiotherapy	[Signature]		

BLOOD BANK				
Date	Units	Remarks		

ANY OTHER INFORMATION

Date: 5/6/20 Time: 2:00 PM

Staff Nurse / Floor Co-ordinator: [Signature]

Nursing Supervisor: [Signature]

Prepared By: [Signature]

Billing Assistant: [Signature]

Billing Supervisor: [Signature]

**Diagnosis:**  
 PRESENTATION  
 GDM ON

**Procedure:**

**History:**  
 presentat  
 complaint  
 TYAGI. SB  
 of Tetanu

LMP: 07-  
 EDD: 14-  
 weeks

**Obstetri**  
 A1-Misse  
 A2-Misse  
 G3 - Pres  
 Regular /

**Marathahalli**  
**Bannerghatta**  
 Hebbal: No.2  
**Sarjapur Road**  
 Bangalore: 560075



**DISCHARGE SUMMARY**

Name	Mrs BHAVNA SAXENA	UHID	SPB-00001908
Father/Guardian	Mr ANKIT SRIVASTAVA	Age/Gender	36 Y 3 M 14 D/Female
Address	A-706 CONFIDENT AQUILA SARIJAPUR ROAD, Dommasandra, Bangalore, Karnataka, INDIA, 562125		
IP No	IP27-00006808	Admission Date	02-06-2026
Ref Doctor	SELF	Discharge Date	05-06-2026

**Consultant:** Dr. SHEFALI TYAGI

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

**Diagnosis:** G3A2 AT 38+2 WEEKS OF GESTATION WITH CEPHALIC PRESENTATION WITH CHRONIC HYPERTENSION ON TREATMENT WITH GDM ON DIET FOR IOL

**Procedure:** EMERGENCY LSCS under spinal anesthesia done on 03-06-2026

**History:** Mrs BHAVNA SAXENA at 38+2 weeks of gestation with cephalic presentation admitted for IOL. Appreciating fetal movements well. No complaints of bleeding p/v and leaking P/v. She did all ANCs 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.

Obstetric formula: G3A2

Gestation at admission: 38+2

LMP: 07-09-2025

EDD: 14-06-2026  
weeks

**Obstetric History:**

A1-Missed miscarriage. MTP in 2024 April. D&C not done  
A2-Missed miscarriage D&C done in 2025  
G3 - Present pregnancy Spontaneous conception. Booked and Immunised, Regular ANC's done. All investigations done as advised.

**Rainbow Children's Medicare Limited**

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**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



Name	UHIID	SPP-00001908
IP No	Admission Date	02-06-2026

IP No IP27-00006808

Medical History : Chronic hypertension since 1 yr On Tab Labetelol 100 mg

1-0-1, GDM from 5th month of pregnancy on MNT

Family History : Father-HTN, Mother-T2 DM

Surgical History : D&C done in 2025

Allergies : Nil

#### Investigations:

Blood group: 'AB' Positive

HB: 12.6 g/dl

WBC: 8310 cell/mm<sup>3</sup>

PLT: 2.01laks/mm<sup>3</sup>

PT-13.9 sec

INR-0.97

APTT-34.7 sec

Serology: Negative

USG- (29-05-2026)

SLIUG: 37+5 weeks

Presentation: Cephalic

Placenta: Posterior left lateral grade III

AFI: 18cm

EFW: 3184 grams

Doppler: Normal

#### PHYSICAL EXAMINATION:

moderately built and nourished  
well oriented cooperative.

GC good No pallor /edema

Pulse - 90 b/min

BP - 146/86 mm of Hg

CVS/ RS - NAD

P/A - Uterus term size ,relaxed, Liquor adequate , cephalic presentation FHR  
good

P/V- Cervix Long, os closed, membranes present, vertex at -3 station, pelvis-

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**AW<sup>®</sup>**  
**Children's**  
**Digital**  
Hospital



Your Right to a Safe Delivery  
Mrs. BHAVANA SAXENA

UHID

SPB-00001908

IP No

IP27-000006808

Admission Date

02-06-2026

Adequate

Admission CTG was reactive.

**Course in the Hospital:** Patient admitted with above history. required investigations done. NST reactive, consent taken , induction of labour done with 2 doses of PGE2 gel , in view of Failed induction, patient was taken for Emergency LSCS after consent.

#### DETAILS OF THE PROCEDURE WITH DATE

EMERGENCY LSCS done Under spinal anesthesia on 03-06-2026

Indication : Failed Induction

Surgeon: Dr. SHEFALI TYAGI

Asst Surgeon: Dr. Akshay

Anaesthetist: Dr. Sanjana

Type of Anaesthesia: Spinal anesthesia

Under all aseptic precaution, patient put in supine position

Parts painted and draped, under Spinal anesthesia

Pfannenstiel incision taken on skin

Abdomen opened in layers.

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.

A small pedunculated subserous fibroid 3x3 cm at the right side of the fundus

noted.

Paracolic gutters cleaned with new mop.

Hemostasis achieved.

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UHID	SPB-00001908
Admission Date	02-06-2026

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 supridol suppository 100 mg per rectal kept.

### MEDICATIONS DURING HOSPITALIZATION:

IV FLUIDS  
 INJ AUGMENTIN 1.2 G IV STAT  
 INJ PANTOP 40MG IV BD.  
 INJ EMESET 4MG IV BD  
 JONAC SUPPOSITORY 100MG PR TID.  
 INJ.CLEFXANE 40 MG SC 3 DOSES  
 TAB LABETLOL 100 MG 1-1-1  
 TAB AMLONG 5 MG 1-0-1

### DETAILS OF THE NEWBORN :

Date : 03-06-2026  
 Time of Delivery : 09:40:39 AM  
 Type of Delivery : Emergency LSCS  
 Indication : Failed Induction  
 Analgesia : Spinal anesthesia  
 Sex : Male  
 Weight : 3.36 kgs

**POST OPERATIVE PERIOD :** She received a course of antibiotics and analgesics. BP monitoring done , physician opinion taken, the same followed. Another antihypertensive added, BP was within normal limits. Patient being discharged in stable condition.

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For Appointments call: 1800 2122

IP No	IP27-00006808	UHID	SPB-00001908
Admission Date	02-06-2026		

**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. HIFENAC P 1-1-1 FOR 7 DAYS ( 8 AM, 2PM, 8PM)  
 TAB ULTRACET 1-1-1 FOR 7 DAYS (11AM-5PM-11PM) ( IN CASE OF SEVERE PAIN)  
 SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS  
 TAB LABETELLOL 100 MG 1-1-1 TO CONTINUE  
 TAB AMLONG 5 MG 1-0-1 TO CONTINUE  
 BP monitoring at home  
 Normal Diet.  
 Avoid sexual intercourse for next 2 months.

**Follow Up:**

Review with Dr. SHEFALI TYAGI after 1 week in the OPD with BP recordings.  
 appointment.  
 Review with Dr Krishnashree after 1 week in the OPD with BP recordings.

**Instructions for the care of surgical site/wound:**

1. Follow the discharge advice and take the prescribed medicines properly.
2. Maintain good personal hygiene by taking a bath daily with soap and warm water. Pat the surgical site clean and dry, especially after using the washroom.
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

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IP27-00006808

UHID

SPB-00001908

Admission Date

02-06-2026

Hospital only.

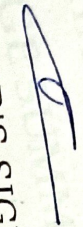
- Report to your doctor immediately if you notice any of the following symptoms - Redness or swelling around the incision, increased pain at the surgical site, any discharge or foul odour from the incision, wound gaping in the stitches before healing, fever, malaise or tiredness.
7. If you are a diabetic, 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. Keerthi

Discharge Summary explained to patient, Nurse Name & Signature  
.....



DOCTOR'S SIGNATURE  
Dr. SHEFALI TYAGI  
MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG  
81798

Patients Signature \_\_\_\_\_

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<p><b>Family History:</b> Father - HTN Mother - T2 DM</p>	<p><b>Surgical History:</b> D &amp; C ↓ GA in 2025 Jy</p>
<p><b>Medical History:</b> 1) Chronic Hypertension 2) GDM from 5th month pregnancy - on diet control.</p>	<p><b>Medication History:</b> Tab Labetalol 200mg b.i.d.</p>
<p><b>Plan of Care:</b></p> <ol style="list-style-type: none"><li>1) Admission NST</li><li>2) Fats palpate</li><li>3) P. Enema 100ml P/R stat</li><li>4) Consent for IOL</li><li>5) Reserve Unit - PRBC</li><li>6) Send CBC, PT, INR, LFT, RFT, urine albumin</li><li>7) IOL with Cerviprime gel 0.5mg Plv</li><li>8) Watch for contractions</li><li>9) Reassess after 6 hours</li><li>10) Post ECG NST</li><li>11) monitor vitals, FHR</li><li>12) Infuse SOB</li><li>13) NPO from 12 AM</li><li>14) IV fluid - RL at 7ml/hr.</li></ol>	<p><b>Investigations:</b> Blood group = <del>A</del>B positive 23/5/26 Hb - 12.6 gm/l. PT-13 TC - 8310 calls INR-1 B14 - 2.01 lakh. APTT- Serology - Non reactive Urine Alb: Nil, LFT RFT USG - 29/5/2026 - SHUG = 37 + 5 cm G - cephalic - Placenta - posterior left - AFI = 18 cm - EFW = 3184 gm</p>

Doctor Name: Dr. Shefali Tyagi  
Signature: [Signature]  
Date & Time: 2/06/2026 9:30 pm

Consultant Name: Dr. Sachin  
Signature: [Signature]  
Date & Time: 2/06/2026 9:30 pm



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 4 AM	C/S/B Dr. Shrinjay (C/I) Dr. Shekari patient comfortable no pain, bleed or leak	
OLE	PR - 81 bpm BP - 150/107 mmHg P/A = uterus = Term size, cephalic FHR 125 bpm, relaxed	SpO2 - 97%
	P/S = Cervix - tip of finger, minimally effaced membranes, outlet 3, pelvis-gynecoid	
	NST - Reactive	
	A device	
	1) EOL done with End Cerviprime gel acton PM Start	
	2) Enj Labet 20mg IV stat	
	3) keep her NPO	
	4) Start fluid - PR at 50ml/hr	
	5) monitor vitals & RHR	
	9) Post BOL AUST	
	10) Enform 60g	
	11) watch for labor contractions	
	12) Check BP again after 20 min	



# PROGRESS NOTES AND DOCTOR'S ORDER

IP27-00006808  
 BHAVNA SAXENA 36 Y 3 M 13 D (F)  
 21-02-1990  
 SHEFALI TYAGI

**Progress Notes**  
 3/06/2018  
 S/B Dr. Shefali Tyagi

**Doctor's Order**

PN: & 1cm dilated  
 30% effaced  
 Mumbroune  
 Vertex at high up.

**Progress**  
 S/B Dr. Kank  
 S/o Ye Han  
 G.O.M on cl  
 LSCC POD a  
 BP-138/84  
 No headache  
 Urp to  
 Chd cl

Publication of Trilled  
 for LSCC induction

Adv:  
 - prepare for emergency  
 - Consents  
 - Shift to OT on today

2:06 pm  
 2:15 pm

Vitals  
 BP: 138  
 Reflex  
 P/A: u

3/06/2018  
 2:30 pm

S/B Dr. Abhinav  
 PR 12 mm  
 BP: 148/96 mmHg  
 AS 7  
 CW (W)  
 30/80 mmHg  
 Conj. Injection  
 10mg IV stat

Dr. Abhinav

Mild headache  
 Dr. Shefali

P/A: uterine contracted  
 decontracted  
 Dressing: Dry  
 Ue: min bleed

Adv:  
 - W/P headache / vom  
 burning of eyes  
 Infusion  
 - W/P PV bleed  
 - BP Charting

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>S/B Dr. Krishna (Physician)            C/o CC Unit            ADM on call            LSCC PODO.            BP-138/84            No loadal            Uro/p found            chd cl</p>	<p>803/            - F. Loadal 1-1-1            - F. Ombing symptoms 1 BP-140/90              [Signature]            Dr. Kulk</p>
<p>02/06/24            8:15 PM</p>	<p>S/B Dr. Akhavan              Vitals: stable            BP: 130/80mm            Refers: NAD            P/A: uterine contracted            retracted            RL: well heard.            Dressing: Dry            Ur: <u>min bleed.</u></p>	<p>Acho!            - Start BP monitoring            - F. Labetalol loading 1-1            - Salt restriction.            - W/f premenstrual symptoms              [Signature]</p>





# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/26	C/S/B Dr. Chaitanya (PT)	
	POD, Eng. LSCS.	
	· Pt. comfortable, no complaints.	
	PTRs: → DBEXS	
	→ ATMs	
	→ Heel slides	
	→ Bed mobility	
	→ Ergonomics advised.	
	→ BP positioning advised	
	→ Pt. ambulated x 1 round	
	→ Called for follow up after 6 wks.	
	Pt. comfortable post PTRs.	
16/26	C/S/B Dr. Anisha (Physian)	
	POD, LSCS.	
	<del>PTA</del> c/c Hml	
	ADMON det	
	BP - 146/90	
	No headache	
	norm	

→ hobit 60 H-H  
→ Anlong Smg Post Care to  
BP ↓ > 140/90

*[Signature]*

# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 8pm	CSB Dr. Shivray (LIT) Dr. Shefali POD, ILLS	
Baby mother's side Breastfeeding	Patient comfortable Ambulatory, urine - voided - O/C PR - 86 bpm SpO2 - 98% TSP - 138 / 84 mmHg -afebrile PIA = uterus = cont retracted very density intact dm HE - SATIS.	
Advice		
1) Continue treatment	as per drug chart	
2) Monitor vitals		
3) Breastfeeding		
4) Ambulate		
5) Normal diet & plenty of oral fluid		
6) Typhoid say		
		Dr. Shefali

Ward  Shared  Single Room  PICU  NICU

Name: ..... Age: .....  
 SPB-00001908 IP27-00006808  
 Mrs BHAVNA SAXENA  
 Gender: ... 21-02-1990 36 Y 3 M 12 D (F)  
 Consultant Dr. SHEFALI TYAGI



Date of Adm: .....  
**DRUG ALLERGIES**



**DRUG CHART**

**FOR THE SAFETY OF THE PATIENT**

- GENERAL DOCTOR**
    - Ensure that all patient Details are entered above.
    - Please use only internationally approved abbreviations.
    - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
    - 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 the FIVE RIGHTS before administration of medication.
    - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY.** If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

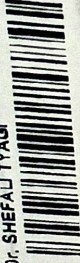
**SOS / PRN (As Required Medication)**

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG <b>Tranexamsul</b>	<b>100mg</b>	<b>iv</b>	<b>SOS</b>	<b>06/08</b>		
Name & Signature of the Doctor <b>ff</b>						
Additional Instructions <b>Wound NS.</b>						

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG <b>Zup. EMBEET</b>	<b>4mg</b>	<b>iv</b>	<b>SOS</b>	<b>02/08</b>		
Name & Signature of the Doctor <b>A</b>						
Additional Instructions						

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG <b>T. NICARDIA</b>	<b>10mg</b>	<b>PO</b>	<b>SOS</b>	<b>03/08</b>		
Name & Signature of the Doctor <b>ff</b>						
Additional Instructions <b>Inform if BP &gt; 160/100</b>						

*(Handwritten signature)*



Name :

# REGULAR PRESCRIPTIONS

DRUG		Date	Time	
DRUG	Zij. PARACETAMOL	3/6/26	4/6/26	
Dose	1gm			
Route	iv			
Frequency	1-1-1			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

DRUG		Date	Time	
DRUG	Zij. PANTOPRAZOLE	3/6/26	4/6/26	
Dose	40mg			
Route	iv			
Frequency	1-1-1			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

DRUG		Date	Time	
DRUG	SUPRIDOL SUPPRESION	3/6/26	4/6/26	
Dose	400mg			
Route	PR			
Frequency	1-1-1			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

DRUG		Date	Time	
DRUG	Zij. CLEXANE	3/6/26	4/6/26	
Dose	400mg			
Route	SC			
Frequency	OD			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

DRUG		Date	Time	
DRUG	TAB. LABELEDOL	3/6/26	4/6/26	
Dose	100mg			
Route	PO			
Frequency	1-1-1			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

DRUG		Date	Time	
DRUG	TAB. LABELEDOL	3/6/26	4/6/26	
Dose	100mg			
Route	PO			
Frequency	1-1-1			
Start Date	03/06			
Name & Signature of the Doctor		SPM [Signature]		
Additional Instructions		if BP > 14		

SPB-00001908 IP27-00006508  
 M's BHAVNA SAXENA  
 21-02-1980 36 Y 3 M 13 D (F)  
 Dr. SHEFALI TYAGI



I.P. No.: \_\_\_\_\_ Sheet No. \_\_\_\_\_ Wards \_\_\_\_\_ Weight (kg) \_\_\_\_\_

REGULAR PRESCRIPTIONS

DRUG	Route	Frequency	Start Date	Date/Time
T. Amlong				4/6/26
5mg PO SOS			02/06	12AM Htavalve
Name & Signature of the Doctor Dr. Kureth				
Additional Instructions If BP > 140/90				

DRUG	Route	Frequency	Start Date	Date/Time
7ab AmLong				4/6/26
5mg PO 1-0-7			4/6	
Name & Signature of the Doctor Dr. Kureth - @				
Additional Instructions If BP > 140/90				

DRUG	Route	Frequency	Start Date	Date/Time
7ab HIFENAC-P				4/6/26
7ab PO 1-1-1			4/6	
Name & Signature of the Doctor Dr. Kureth - @				
Additional Instructions 8 AM - 2 PM - 8 PM				

DRUG	Route	Frequency	Start Date	Date/Time
7ab PAN 40mg				4/6/26
40mg PO 1-0-2			4/6	
Name & Signature of the Doctor Dr. Kureth - @				
Additional Instructions (Before food)				

DRUG	Route	Frequency	Start Date	Date/Time
7ab ULTRACO 7				
7ab PO 1-1-1			4/6	
Name & Signature of the Doctor Dr. Kureth - @				
Additional Instructions 1st in case of pain / 1st in case of pain - 11 PM				

Name: \_\_\_\_\_ I.P. No.: \_\_\_\_\_ Sheet No. \_\_\_\_\_

# REGULAR PRESCRIPTIONS

			Date	Time
DRUG	JYP DUPHACAC		4/19/26	
Dose	Route	Frequency	Start Date	
20ml	P.O.	0-0-7	4/16	
Name & Signature of the Doctor <i>Dr. Kuteh Q.</i>				
Additional Instructions <i>Shirkye</i>				

			Date	Time
DRUG				
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor				
Additional Instructions				

			Date	Time
DRUG				
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor				
Additional Instructions				

			Date	Time
DRUG				
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor				
Additional Instructions				

			Date	Time
DRUG				
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor				
Additional Instructions				

ABLE DOSE	Date	Time

ABLE DOSE	Date	Time

ABLE DOSE	Date	Time

ABLE DOSE	Date	Time

ABLE DOSE	Date	Time

DRUG	Time	Nurse signature	Nurse signature	Nurse signature	Nurse signature	Nurse signature
Route	Start Date					
Name & Signature of the Doctor						
Additional Instruction						

DRUG	Time	Nurse signature	Nurse signature	Nurse signature	Nurse signature
Route	Start Date				
Name & Signature of the Doctor					
Additional Instruction					

**STAT / ONCE ONLY DRUGS**

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
3/6/26	10pm	CERVIPRIME GEL	0.5mg	PIV	[Signature]	Mauliga 017312
3/6/26	6am	P. ENEMA	100ml	PIR	[Signature]	Mauliga 017312
3/6/26	4AM	CERVIPRIME GEL	0.5mg	PIV	[Signature]	Mauliga 017312
3/6/26	4:10 AM	INJ LABETALOL	20mg	IV	[Signature]	Mauliga 017312
3/6/26	8:50AM	Bij. Augmentin (TB)	1.2gm	iv stat	[Signature]	Mauliga 017312
03/6/26	8:50AM	<del>Bij. Augmentin</del> PANTOP	40mg	iv stat	[Signature]	Mauliga 017312
03/6/26	8:50AM	Bij. EmCef	4mg	iv stat	[Signature]	Mauliga 017312
3/6/26	9:30AM	INJ. AUGMENTIN (FD)	1.2g	IV	[Signature]	Mauliga 017312
3/6/26	9:40AM	INJ. CARBETOCIN	100mg	IV	[Signature]	Mauliga 017312
3/6/26	12:15PM	Bij. LABETALOL	60mg	iv stat	[Signature]	Mauliga 017312



Shafali  
Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

MT - Hindi  
NV



Name: Bhavana Saxena Age: 36 yrs Sex: female UHID.No: \_\_\_\_\_  
Date: 29/5/26 Time: 7:55 pm  
Diagnosis: Primi @ 37<sup>th</sup> w.o.g. Proposed Operation: Epidural analgesia/Emergency LSC3  
B.P / CRT: 150/90 #8 90 in Weight: 88.2 kg ASA Physical Status:  1  2  3  4  5

Laboratory Data:  
Hgb: 12.6 → 11.9 FBS: 93 Protein: 23/5/26  
PCV: 37.7 → 32.5 Urea: 11.7 → 11.8 Alb: 3.53 → 3.2  
WBC: 8.3 Creat: 0.57 → 0.7 Total Bill: 0.19 → 0.2  
Plate: 201000 → 225x10<sup>3</sup> Na: 133.9 → 136 Dir. Bill: 0.09  
PT: 13.9 → 13.1 K: 4.5 → 4.1 LDH: \_\_\_\_\_  
APTT: 34.7 → 30.3 Ca++: \_\_\_\_\_ Alk phos: 198 → 235  
INR: 0.96 → 0.9 Mg++: \_\_\_\_\_ Amylase: \_\_\_\_\_ T3 \_\_\_\_\_ T4 \_\_\_\_\_  
Cl: 102.9 SGOT/SGPT: 85.7/30.2 TSH: 1.3

Urine albumin: negative Allergies: NKDA

Medical History: CVS: H/O chronic HTN since 2025 January - On Rx  
RESP: No H/O DM/asthma/Ep. (psy) / thyroid abnormalities / heart disease  
CNS: No H/O cough/cold/fever  
Renal: No H/O SOB/headache  
Hepatic / GE: \_\_\_\_\_ Physical Activity: good  
Others: \_\_\_\_\_

Past Anaesthetic History: D&C - 2025 (USAB)

Physical Exam: PICCLE (-)

Airway: MP 1234 Mouth Opening: >3FB Mentohyoid Distance: WNL Neck: WNL Teeth: intact

Lungs: B/L AE (+)

Heart: SS (+)

CNS: HME (N)

Pregnant:  Yes  No  NA Venous Access Site: good Spine Exam for regional: midline IVS palpable

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA SoC

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>T. Labetolol</u>	<u>100mg 1-0-1</u>
<u>T. Escopizum 150mg</u>	<u>Last dose - 2 hrs ago</u>
<u>Fe &amp; G, Folic acid supplements</u>	

CI / t Dr CHP

Signature: [Signature] Name: Dr Meghana

**Pre-Operative Instructions:**

- DVT Prophylaxis:
- NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent:  Standard  High Risk
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:
  - Save sample. CBC, coagulation profile
  - Cross matching & decrease PRBC for obstetric emergencies
  - Continue antihypertensive on day of



# ANAESTHESIA CHART



## Pre-Induction Assessment:

Change in Patient Condition:  Yes  No

Fasting Status: Adequate

Physical Status:  Patient Identified  Consent Present

H.R.: 90bpm B.P./CRT: 150/80 mmHg SpO<sub>2</sub>: 99% on RA R.R.: 18/min

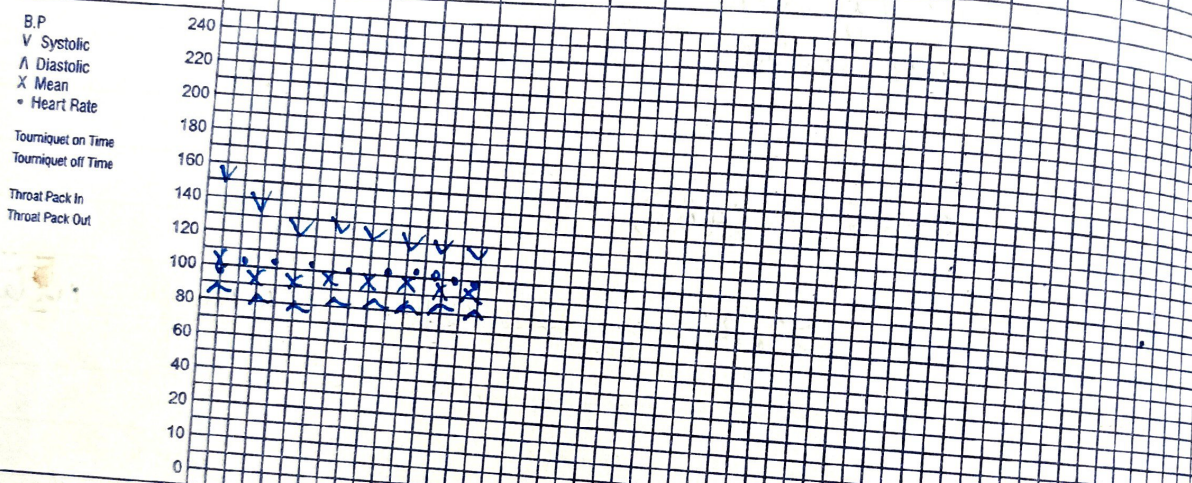
Pre-OP Diagnosis: G3A2 @ 39+2woc + Chronic Operation: Emergency L.C.C

Surgeon: Dr. Shufali Anaesthesiologist: Dr. Sanjana

TIME	9:30	9:45	10:00	10:15	10:30
N <sub>2</sub> O / Air / O <sub>2</sub> LPM	4	→	→	→	→
HALO / SO / SEVO					
Drugs:	<u>2x 100 mg IV CARBETOICIN</u>				

FiO <sub>2</sub> / SaO <sub>2</sub>	<u>100% / 100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
ETCO <sub>2</sub>					
ECG	<u>SR</u>	<u>JR</u>	<u>JR</u>	<u>JR</u>	<u>SR</u>
Temperature					
Urine Output					

Fluids Blood: IV F RL 1500ml



LAB Values: Single level male baby @ 9:40:39 AM BW: 3.360kg

- Equipment Checked and Functional
- BP
  - Cuff Site: Right arm
  - Art Site:
  - EKG Lead
  - Temp Site
  - FiO<sub>2</sub> Monitor
  - Agent Monitor
  - Pulse Oximeter
  - Gonograph
  - Ventilator
  - Nerve Stimulator

- Temp:
- HME
  - Fluid Warmer
  - Cling Film
  - OH Warmer
  - Hugger's
  - Cotton Wool
  - Other
- Blanket
- Times:
- Anaes Start: 9:30 AM
- OP Start: 9:35 AM
- OP End: 10:20 AM
- Leave OR: 10:20 AM
- Anaesthesia:
- GA
  - Monitored Anaesthesia Care
  - Regional

- Induction
- IV
  - Pre O<sub>2</sub>
  - Others
  - Inhal
  - RSJ
- Mask  SGA  Oral  Nasal
- Airway  Oral  Nasal
- ETT# ..... at ..... cm
- Oral  Nasal  Cuff
- Tracheostomy  Topical
- Drug: .....
- Awake  Direct Vision
- Video Laryngoscopy  Stylette / Bougie
- Fiberoptic
- Blade# ..... Attempts: .....
- Difficulty Why? .....

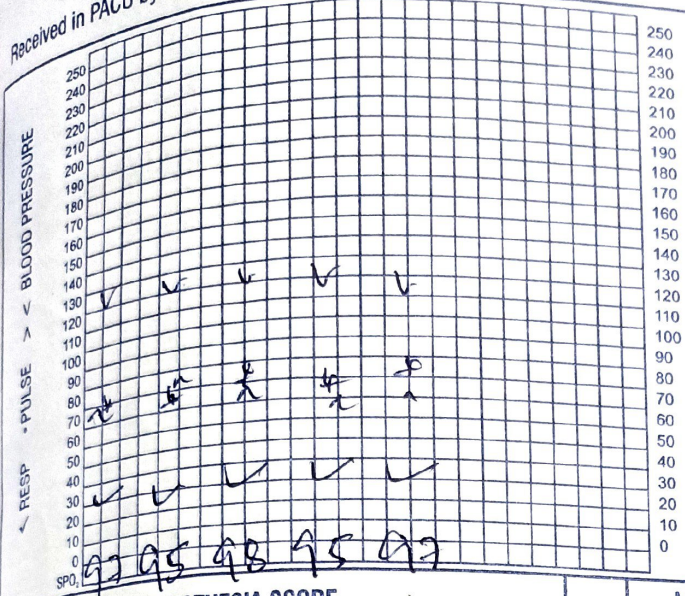
- Regional:
- Extremity Specify:
- Spinal
  - Epidural
- Others: Attempt - 2
- Position: SPR
- Site: L3-L4
- Needle Size: 27G
- Parasthesia  Yes  No
- Catheter at skin ..... cm
- Drug Name & Conc: Inv. Bupivacaine
- Bolus: (H) 2x 10mg + 10mg
- Infusion: 60mg
- Block Level: Adequate
- Comments: .....
- Transportation to
- PACU
  - ICU
- Relaxant Reversed  Yes  No

- Line (Size & Location)
- CVP: .....
  - ART: .....
  - IV: 18G @ hand
  - IV: infu
  - IV: .....

- Bilat = BS
  - Semi-Closed Circle
  - Closed Circle
  - Other
- Name of the Doctor: Dr. Sanjana

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Ayisha/017394 Time Received: 16:30 AM Time Discharged: \_\_\_\_\_



IV Cannula Site: 18g @ hand

O<sub>2</sub> Mask  
 Tracheostomy  
 Oral Airway

Nasal Prongs  
 T-Piece  
 Nasal Airway

Vomiting:  Yes  No  
 NG Tube:  Yes  No  
 Drain:  Yes  No  
 Urinary Catheter:  Yes  No  
 Chest Tube:  Yes  No  
 Nil Oral:  Yes  No

IV Fluids: IVE PR @ 7ml/hr  
 Oral Feeds: NPO until further orders.

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26	11 AM	9/10	NA	ASJ 017394

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name: Dr. Harjot Kaur

Anaesthesiologist Signature: Chp

Date & Time: 3/6/26 at 1:15 PM

PACU Nurse Name: Ayisha

PACU Nurse Signature: ASJ

Date & Time: 3/6/26 @ 1:15 PM

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

Transferred to Unit by (PACU): ASJ

Date & Time: 3/6/26 @

