



ACTIVITY RECORD FOR BILLING

Cash: Credit:

Name: DEEPTHI JACOB Age: 34 Gender: Female

UHID No.: 4780 IP No.: 6756 Consultant: Shefali Tyagi

Date of Admission: 26/5/26 Time: 10:54 Date of Discharge: Time:

Room / Bed No.: PVT 219 Ward: Room Bed No.: Ward:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>26/5</u>	<u>7:30 AM</u>	<u>LDR</u>	<u>Ward</u>	<u>Maha Priya</u>

Updated on							
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DOCTORS VISITS

Consultants	Date		Date		Date		Date		Date		Date		Date		Date	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																
2																
3																
4																
5																
6																

Dr Krishna (phy)

Lucy - LC

✓

OK

21/5/26

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature
27/5/26	Physiotherapy	[Signature]			

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Date : 27/5/26 Time : 10:00 Prepared By : [Signature]

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

Name	Mrs DEEPTHI JACOB	UHID	MAB-00064780
Father/Guardian	Mr JOANS GEORGE	Age/Gender	34 Y 4 M 12 D/Female
Address	#45/1-5 EDAYANAL, 1ST MAIN, 8TH CROSS, R. H. B COLONY, MAHADEVAPURA BANGALORE, Mahadevapura, Bangalore, Karnataka, INDIA		
IP No	IP27-00006756	Admission Date	26-05-2026
Ref Doctor	YES BANK LIMITED_SELF	Discharge Date	28-05-2026

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

Diagnosis: G2P1L1 AT 38+1 WEEKS OF GESTATION WITH CEPHALIC PRESENTATION WITH PREVIOUS NVD WITH CHRONIC HTN ON TREATMENT IN LABOUR

Procedure: FULL TERM VAGINAL DELIVERY WITH RMLE UNDER EPIDURAL ANALGESIA DONE ON 26-05-2027

History: DEEPTHI JACOB at 38+1 weeks of gestation with cephalic presentation complaints of pain abdomen increasing in frequency and duration , radiating to the back and thighs since 6 am. Appreciating fetal movements well. No complaints of leaking p/v and bleeding 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: 05-08-2026

EDD: 01-06-2026

C.EDD: 08-06-2026
weeks

Obstetric formula: G2P1L1

Gestation at admission: 38+1

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, Kessaba Hobli Bengaluru - 560 040. **T : 1800 2122**

IP No

IP27-00006756

UHID	MAB-00064780
Admission Date	26-05-2026

Obstetric History:

G1-Girl/6.5 years/FTVD/ 2.9 kgs/ Alive & Healthy

G2 - Present pregnancy Spontaneous conception, Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : Chronic HTN since 1.5 years, Currently on Tab Labetalol 100mg 1-0-1

Family History : Father- HTN& IHD

Surgical History : Nil

Allergies : Nil

Investigations:

Blood group: 'B' Positive

HB: 12.5 gm

WBC:11.190 cell/mm³PLT:2.38 lakhs/mm³

PT: 13.0 sec

INR: 0.9

Serology: Negative

USG- (15-05-2026)

SLIUG: 36+4 weeks

Presentation: Cephalic

Placenta: Anterior Right lateral

AFI: 8 cm

EFW : 3022 Grams

Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished

well oriented cooperative.

GC good No pallor /edema

Rainbow Children's Medicare Limited


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Hennur : No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

For Appointments call: 1800 2122

IP No	IP27-00006756	UHID	MAB-00064780
		Admission Date	26-05-2026

Pulse - 86 b/min

BP -134-84 mm of Hg

CVS/ RS - NAD

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

P/V: Cervix partially effaced, os closed dilated 3cm, Membranes present, Vertex at -3 station, Pelvis Adequate

Admission CTG was reactive.

COURSE IN HOSPITAL: Admission CTG was reactive. patient admitted with above history. after consent , watched for spontaneous progress, then augmented with inj oxytocin. patient opted for Epidural analgesia. Then patient progressed into second stage and delivered with following details:

DETAILS OF THE PROCEDURE WITH DATE AND TIME:

FULL TERM VAGINAL DELIVERY WITH RMLE DONE UNDER EPIDURAL+ LOCAL ANALGESIA DONE ON 26-05-2026

Patient put in lithotomy position. parts painted and draped. Labour augmented with inj. oxytocin. With good uterine contractions and maternal bearing down efforts, at crowning, right mediolateral episiotomy given and delivered a live Female baby by vertex, baby cried immediately after birth. Cord clamped, cut and separated, Baby handed over to the neonatologist. Placenta and membranes delivered in toto. uterus contracted. under LA, Episiotomy sutured in 3 layers. Hemostasis achieved. patient withstood the procedure well. gentle pv cleaned. Tab misoprostol 600mcg and jonac suppository 100 mg per rectal kept.

DETAILS OF THE NEWBORN :

Date : 26-05-2026
Time of Delivery : 05:03:50 PM
Type of Delivery : Normal Vaginal Delivery + RMLE
Analgesia : Epidural analgesia

Rainbow Children's Medicare Limited



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IP No	IP27-00006756	UHID	MAB-00064780
		Admission Date	26-05-2026

Sex : Male
Weight : 3.40 kgs

POST NATAL PERIOD: Uneventful, she received a course of analgesic and supportive care. BP monitoring done , physician opinion take and medications changed. Patient being discharged in stable condition.

PATIENT'S CONDITION ON DISCHARGE:

Satisfactory
Breast soft Lactation established
Uterus involuting well
Lochia healthy.

MEDICATION DURING HOSPITAL STAY:

INJ AUGMENTIN 1.2 G IV
TAB PAN 40 MG 1-0-1
TAB HIFENAC P 1-1-1
SYP DUPHALAC 20 ML 0-0-1
OINTMENT METROGYL P LOCAL APPLICATION 1-1-1
SITZ BATH 1-1-1

DISCHARGE MEDICATIONS AND ADVICE:

TAB PAN 40 MG 1-0-1 FOR 7 DAYS
TAB HIFENAC P 1-1-1 FOR 7 DAYS(8AM, 2PM, 8PM)
TAB ULTRACET FOR 7DAYS (11AM, 5PM, 11PM) IN CASE OF EXCESSIVE PAIN
SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS
OINTMENT METROGYL P LOCAL APPLICATION 1-1-1 FOR 3 WEEKS
SITZ BATH 1-1-1 FOR 3 WEEKS
TAB AMLONG 2.5 MG ONCE DAILY TO CONTINUE
BP MONITORING AT HOME 1-1-1 IF > 140/90 MM HG PERSISTANTLY HIGH THEN INCREASE THE DOSE TO
TAB AMLONG 5 ONCE DAILY

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For Appointments call: 1800 2122

Name

MRS. DEEPTHI JACOB

UHID

MAB-00064780

IP No

IP27-00006756

Admission Date

26-05-2026

Avoid sexual intercourse for 2 months.

Follow Up:

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

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
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DOCTOR'S SIGNATURE

Dr. SHEFALI TYAGI

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

Patient Signature _____

Rainbow Children's Medicare Limited

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Hennur : No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

PATIENT TRANSFER FORM

MAB-00064780 IP27-00006756
Mrs DEEPTHI JACOB
15-01-1992 34 Y 4 M 11 D (F)
Dr. SHEFALI TYAGI



Date & Time of Admission 26/5/26 @ 10.54 AM		Date & Time of Transfer Order 26/5/26 @ 7.30 PM
Treating Consultant Name Dr. Shefali	Transfer Ordered by Dr. Shivraj	Reason for Transfer post delivery
From Unit 252	To Unit ICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30 pages	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	IV set	01
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring 26/5/26 077312	Name of Person Ordered Transfer Dr. Shivraj
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Attending & 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

ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

4/10 months pregnancy
 decreasing fetal movements
 OP doctor pain abdomen since 6 AM today

LMP: 25/8/2025

EDD: 3/06/2026

Corrected EDD: 8/6/2026

GA: 38+1 wog

Obstetric Formula:

G2 P11

Menstrual History: Regular: Yes No

Obstetric History:

married life = 8 yrs 10 m

Obstetric Examination

Fundal Height: Term size

1st girl 1.5 yrs / FTVD / 2.8 kg / 1st H

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

1st - Present pregnancy
 Spontaneous Conception

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: 4/5th

RISK FACTORS:

1) Chronic HTN

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated 3cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 164 cm

Weight: 95.3 kg

Allergies: None

Breast: Normal Abnormal

General Examination: Stable

Consciousness: + Pallor: -

Ferrous: - Edema: -

Temp: afebrile PR: 86 bpm

P: 124 (24 mmHg) DTR: +

VS: S1, S2 (+) RS DLINVR (+)

Liver/Spleen: - Urine Output: -

DIAGNOSIS

G2P11 at 38+1 weeks gestation e cephalic
 Presentation with previously NVD e Chronic HTN on Rx
 in labor.



<p>Family History: Father - HTN & EMD.</p>	<p>Surgical History: Nil</p>
<p>Medical History: Chronic HTN since 1.5 yrs</p>	<p>Medication History: Currently on Telo tabs 100mg OD.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none">1) Admission NST2) Part prepau3) Enema 100ml PIR stat4) Send CBC, PT, LFT, RFT5) Reserve unit PRBC6) monitor vitals & HR7) watch for labor contraction8) Epidural analgesia sos9) Inform sos.	<p>Investigations:</p> <p>Blood group = B+ve 26/5/26</p> <p>Hb - 12.5 gm/l Tc - 11,190 cells Plt - 2.38 lakh PT - 13.0 sec FNR - 0.9</p> <p>Serology - Non reaction</p> <p>USG 15/5/26</p> <ul style="list-style-type: none">- SLEUG = 36th week- Cephalic- EFW = 3022 gm- ABI = 8cm- Placenta - Anterior lateral

Doctor Name: Dr. Shwari
Signature: [Signature]
Date & Time: 26/5/26 11AM

Consultant Name: Dr. [Signature]
Signature: [Signature]
Date & Time: [Signature]

CONSENT FORM FOR ANAESTHESIA

Patient Name : Deepthi Jacob Age : 34yr Gender : Male Female
ID NO : _____ Surgeon Name : Dr. Shefali
Anesthesiologist : Dr. Ruchika Operative procedure planned : Labour Epidural / Emg. Cx.

EASE 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 using 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. Epidural

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 I acknowledge that I have discussed with the anaesthetists any significant risk and complications specific to my individual circumstances, and I have considered them before consenting for 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. PDPN, PONU, variation RPE & UR, catheter HP migration

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 : Deepthi
Name : Deepthi
Relationship with Patient : self
Date & Time : 26/5/26 12:54pm

Witness : [Signature]
Signature : _____
Name : JOANS GEORGE
Date & Time : 26/05/26, 12:54 pm.

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Ruchika Date & Time : 26/5/26 12:54 pm.

Patient: Deepthi Jacob Age: 34 yrs Sex: female UHID.No:
 Date: 22/5/26 Time: 10:43 am Proposed Operation: Epidural counselling /
Emergency C/CS

Address: G.P.L, C. 37/2009
 Wt: 95.9 kg ASA Physical Status: 1 2 3 4 5
 Ht: 161.6 cm

Laboratory Data:
 Glucose: 12.5 g/dl Protein: HIV: X-Ray:
 Urea: 11.90 mg/dl Alb: HBS Ag: negative ECG:
 Creat: 2.381 mg/dl Total Bill: HCV: 2D Echo:
 Na: 13 Dir. Bill: Blood group: B positive Stress/Angio:
 K: 29.8 LDH: T3: Other:
 Ca++: 0.9 Alk phos: T4:
 Mg++: Amylase: TSH: 2.5
 Cl-: SGOT/SGPT:

Allergies: (-)

Medical History: CVS:
 Diabetes: K/O HTN - 1 yr -> was on T. Amiloron 2.5mg then switched to T. Cabetolol 100mg 1-0-1
 No H/O Type II DM / Thyroid issues / Epilepsy / asthma
 No H/O SOB / heart disease / headache Physical Activity: good
 No H/O cough / cold / fever

Anaesthetic History: (-)

Physical Exam: PICCLE (-)
 MP 1 (2) 3 4 Mouth Opening: > 3 FB Mentohyoid Distance: WNL Neck: WNL Teeth: intact
 B/L AE (+)
 SS (+)
 HMF (+)

Signant: Yes No NA Venous Access Site: good Spine Exam for regional: Midline
Anesthetic Plan: MAC REGIONAL GA-ETT LMA 80S IVS on deep Palpation
Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
Laletolol	100 mg 1-0-1
Escopieim	150 mg - Last dose
Essentials	10/5/26

Pre-Operative Instructions:
 1. DVT Prophylaxis :
 2. NIL ORAL Water / ORS 2 Hours
Others 6 Hours
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:
 - CBC, save sample
 - Coagulation profile
 - cross matching & reserve PRBC for obstetric emergencies.

Signature: [Signature] Name: Dr. Medhane

MAB-00064780 IP27-00006756
 Mrs DEEPTHI JACOB 34 Y 4 M 13 D (F)
 18-01-1992
 Dr. SHEFALI TYAGI



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: 26/5/26 Time: 1:10pm Procedure done by Dr Ruchitha
 Position: sitting Space: L3-L4 Technique: (LOF/LOS)
 CSE/Spinal: (Epidural) Catheter at Skin: 10.5cm Attempts: 1
 Depth: 5.5cm
 Parasthesia: Yes/No if yes details: _____
 Solution Composition: 1% Ropivacaine 0.2:1 + Fentanyl 2ug/ml

Any other issues : _____
 a) _____
 b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Commen
			Left	Right	BP	Pulse		
1:10pm		Ropiv 0.2:1 10ml	-	-	140/90	80	146	-
1:20pm	1% Ropiv 0.1:1 + fentanyl 2ug/ml		-	-	140/92	82	144	-
2:15pm	"		T10	T10	128/80	80	138	-

Delivery Details: Time: 5:03pm APGAR: 8/10 (SVD) / Instrumental / LSCS (if LSCS)
 Catheter Removed by and Tip Inspected: Dr Ruchitha.v
 Patient Satisfaction: Good

Discharge/Shifting ordered by _____
 Doctor Signature: [Signature]
 Doctor Name: Dr Ruchitha.v
 Date and Time: 27/5/26 7:20am

00064780 IP27-0006756
 DEEPTHI JACOB 34 Y 4 M 11 D (F)
 NEPALI TYABI



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26 @ 11 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: G2 P1 L1 38+1 weeks
no abdomen Pain

Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Shivraj
 Time Notified: 11:20 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>chronic HTN</u> <u>since 1.5 yrs.</u>	<u>Not significant</u>	<u>NO</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: <u>12 yrs</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>25/3/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A

Previous LSCS: No

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 97.8° F HR: 79 b/m RR: 19 b/m
 BP: 130/80 Weight: 95.3 kg Height: 164 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 6/10 (complete the Braden Q Sheet)

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

- Mobility problem
- Developmental Delay
- Walking Problem
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Under Weight
- Poor Appetite > 3 Days
- Diabetes Mellitus
- Needs Therapeutic Diet.
- 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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach: Yes No Waste Disposal Explained: Yes No
- Infusion Pump: Yes No Hand Hygiene Explained: Yes No Others

Above information given to Patient

Name of Person Orientation was given to: Mrs. Deepthi

Orientation not given Reason:

Nurse Signature: 017297

Nurse Name: Manisha

Date & Time: 26/5/26 @ 11:30am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	<p> Procedure: TTVD + PMIE ↓ Epidural + LA consultant: Dr. Shyali + cord blood stem Assistant: LDR nurse: Mallika Pediatrician:- </p>	<p> Cells collected. </p>
	<p> Under all aseptic precaution patient put in lithotomy position. Pub painted & draped. At crowning of head, ↓ LA, PMIE given & delivered single live male baby of Birth weight = _____ kg on 26/5/2026 at 5:03:50 PM. Baby cried immediately cord clamped cut & separated & baby handed to pediatrician. AMT ↓ followed. Placenta & membrane delivered into uterus contracted. ↓ LA, PMIE sutured in layers. Hemostasis achieved. Gentle air cleaned. Mops, gauze, instruments counts tallied & correct AP done, Rectal mucus & sphincter intact. Lat nitroglycerol 600mg & Tenax Suppository 100mg BP kept. Patient withstood the procedure well. </p>	<p> Intra-partum: cord blood stem cells collected. </p>
	<p> <u>Post delivery vitals</u> PP - </p>	
	<p> BS - A. Uterus - contracted well Plu. minimal bleed </p>	<p> Alive & happy baby 5:03:50pm 26/5/26 </p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	Post delivery order	
7:30 PM	PNDs ETVP + RMSE Patient very comfortable	
Baby		
Mother's side	O/E vitals - stable	P/A = uterus - contracted
Breastfeeding	AE = minimal.	
	<u>Advice</u>	
1)	Follow drug chart	
2)	Normal diet	
3)	Drink plenty of fluid	
4)	Breastfeeding	
5)	monitor vitals	
6)	Watch for excess PW bleed, hypotension	
7)	Early ambulation	
8)	Encourage voiding	
9)	Inform Jos	
10)	Shift to ward	
11)	Catheter removal once patient void	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
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16/12 AM	<p><u>Sh. Dr. Ceerfi</u> <u>Dr. Achary</u></p>	
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	<p>pt umbilical . No symptoms of haemorrhage/bruising/ BP: 130/93 mmHg</p>	<p>during visit</p>
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	<p>Asy ax (N) P/A: Atrium clp Ue: min bacel Epistomy! fecal</p>	<p>Adv. Salt restricted diet Continue T. Cefepime myocelan opion w/8 premeditation</p>
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15/26	<p>C/S/B Dr. Chaitura (PT) PND, , FTVD Pt. comfortable, no complaints.</p>	
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	<p>PTRx : → DBEx's → ATMs → Heel slides → Bed mobility, ergonomics advised.</p>	<p>Pt. comfortable post PTRx</p>
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(P.T.O)

HAB-0006780
 Mrs DEEPTHI JAGOB
 18-01-1992 34 Y 4 M 11 D (F)
 Dr. SHEFALI TYAGI

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 1:00pm	<p>CS/IB Dr Krishna (Physician)</p> <p>PND1</p> <p>BP - 130/90 → 126/70</p> <p>Currently on T. Labet 100 b.o</p> <p>Was on Amlong 2.5 OD</p> <p>No headache/vomiting</p> <p>Chest clear</p> <p>U/o p Acqua</p>	<p>Asw</p> <p>Consider changing L</p> <p>to Amlong 2.5</p> <p>Monitor BP 1-4.</p> <p>If not under control</p> <p>Change to Amlong</p> <p>OD.</p> <p>RA (w/ in med op)</p>
22/5/26 6pm	<p>ec. fair</p> <p>vitals stable</p> <p>PA soft</p> <p>wt-wc</p> <p>Rpr - wrc</p> <p>CR2 - S1S2 @</p> <p>NVAs heard</p> <p>pt complies</p> <p>no complaints</p>	<p>else on skeletal</p> <p>Asw - D2 NVAs</p> <p>Asw</p> <p>label for next</p> <p>T. Amlong 2.5 OD</p> <p>Breast feeding</p>

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Dr. K