

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: 28/5/26 Time: 9.30 AM

Prepared By: [Signature]

Staff Nurse / Floor Co-ordinator	Nursing Supervisor [Signature] 01/09/13	Billing Assistant	Billing Supervisor
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DISCHARGE SUMMARY

Name	Mrs POOJA MISHRA	UHID	SPB-00020772
Father/Guardian	Mr BIPIN KUMAR	Age/Gender	33 Y 5 M 4 D/Female
Address	Carmelaram, Bangalore, Karnataka, INDIA, 560035		
IP No	IP27-00006759	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: PRIMIGRAVIDA AT 37+3 WEEKS OF GESTATION WITH CEPHALIC PRESENTATION WITH GDM ON DIET WITH IHCP.

Procedure: FULL TERM VAGINAL DELIVERY WITH RMLE UNDER EPIDURAL + LOCAL ANALGESIA DONE ON 27-05-2026

History: POOJA MISHRA at weeks of gestation with cephalic presentation admitted for IOL. 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: 06-09-2026
EDD: 13-06-2026
weeks

Obstetric formula: Primigravida
Gestation at admission: 37+3

Obstetric History:

G1 - Present pregnancy Spontaneous conception, Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : GDM from 5th month pregnancy on diet control, IHCP

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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IP No

IP27-00006759

UHID

SPB-00020772

Admission Date

26-05-2026

from the 7th month pregnancy-Tab Udiliv 300mg 1-1-1
Family History : Both parents- Pre diabetic
Surgical History : Nil
Allergies : Azithromycin

Investigations:

Blood group: 'O' Positive

HB: 11.4

WBC:9760 cell/mm³

PLT: 2.17 lakhs/mm³

Serology: Negative

USG- (23-05-2026)

SLIUG: 37+0 weeks

Presentation: Cephalic

Placenta: Anterior Grade III

AFI: 12.4 cm

EFW : 3005 Grams , BPD- 98th centile

Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished

well oriented cooperative.

GC good No pallor /edema

Pulse - 90 b/min

BP - 116-70 mm of Hg

CVS/ RS - NAD

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

P/V:

Admission CTG was reactive.

COURSE IN HOSPITAL: Admission CTG was reactive. patient admitted with

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26-05-2026

above history. after consent , induction of labor done with 1 dose of cerviprime gel , 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 27-05-2026

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 : 27-05-2026
Time of Delivery : 06:30:23 AM
Type of Delivery : Normal Vaginal Delivery with RMLE
Analgesia : Epidural analgesia
Sex : Male
Weight : 2.760 kgs

POST NATAL PERIOD: Uneventful, she received a course of analgesic and supportive care. Physician opinion taken IHCP , the same followed.

PATIENT'S CONDITION ON DISCHARGE:

Satisfactory
Breast soft Lactation established
Uterus involuting well

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Admission Date

26-05-2026

Lochia healthy.

MEDICATION DURING HOSPITAL STAY:

CERVIPRIME GEL 0.5MG PV

INJ AUGMENTIN 1.2 G IV

TAB PAN 40 MG 1-0-1

TAB TOLPA D 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 TOLPA D 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 UDILIV 300MG 1-0-1 FOR 1 WEEK

Regular diet

Avoid sexual intercourse for 2 months.

Repeat LFT after 1 week

Follow Up:

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

Review with Dr Krishna after 1 week in the OPD with LFT reports with prior appointment.

In case of emergency Kindly contact 9620688818/9620688814.

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

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Name		UHID	SPB-00020772
IP No	IP27-00006759	Admission Date	26-05-2026

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

Patient Signature _____

Rainbow Children's Medicare Limited



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Laboratory Report

Mrs POOJA MISHRA

8884013306

33 Y 5 M 3 D

SP26007521

Female

26-05-2026 09:45 PM

IP27-00006759

26-05-2026 10:35 PM

SPB-00020772

Dr. SHEFALI TYAGI

2F - PVT / PVT-215

Investigation	Result	Unit	Biological Reference Interval	
LIVER FUNCTION TEST (Specimen : SERUM)				
TEST RESULT STATUS : REPORT ENTERED				
TOTAL BILIRUBIN (Azobilirubin)	0.9	mg/dl		<1.3
CONJUGATED BILIRUBIN (spectrophotometric)	0.1	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (spectrophotometric)	0.8	mg/dl		<1.1
ASPARTATE AMINOTRANSFERASE (AST) (Kinetic with P5P)	41	U/L	H	14 - 36
ALANINE AMINOTRANSFERASE (ALT) (Kinetic with P5P)	53	U/L	H	9 - 52
ALANINE PHOSPHATASE (pNPP/AMP buffer)	236	U/L	H	53 - 141
SERUM ALBUMIN (Biuret method)	7.1	g/dL		6.3 - 8.2
SERUM ALBUMIN (Bromocresol Green)	3.4	g/dL	L	3.5 - 5
SERUM GLOBULIN (Calculated)	3.7	g/dL	H	1.6 - 3.5
ALBUMIN/GLOBULIN RATIO (Calculated)	0.9		L	1.4 - 3.4
SERUM GAMMA GLUTAMYL TRANSFERASE (Szasz method)	8	U/L	L	10 - 38

Interim Report

This is an interim report. The final report will be released after 24 hours

PATIENT TRANSFER FORM

SPB-00020772 IP27-00006759
Mrs POOJA MISHRA
23-12-1992 33 Y S M 3 D (F)
Dr. SHEFALI TYAGI



Dr. Shefali

Date & Time of Admission
26/5/26 @ 7:20 pm

Date & Time of Transfer Order
27/5/26 @

Transfer Ordered by
Dr. Shankunthala

Reason for Transfer
post delivery

From Unit
LDR

To Unit
Ward

Information to Attendant
Yes No

Number of Sheets in Clinical File
35 pages

Number of Imaging Films
nil

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.	IV set	01
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring

MADHICA
017312

Name of Person Ordered Transfer

Dr. Shankunthala

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

+10 9 months pregnancy
 receiving fetal movements well
 no complaints

LMP: 6/9/2025

EDD: 13/6/2026

Corrected EDD: -

GA: 37+3 wog

Obstetric Formula:

Primigravida

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 Fifths Palpable: 5/5

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 _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Present Pregnancy Record:

GI - Spontaneous conception

RISK FACTORS:

1) GDM on diet
 2) FHCP on Rx

Height: 160 cm

Weight: 70.6 kg

Allergies: ~~Aspirin~~ Azithromycin

Smoking: Normal Abnormal

General Examination: Stable

Consciousness: + Pallor: -

Finger: - Edema: -

Temp: afebrile PR: 86 bpm

HR: 130/80 mmHg DTR: +

S₁S₂ (+) RS Rh (+) (+) RS Rh (+) (+)

U/Spleen: Urine Output:

DIAGNOSIS

Primigravida at 37+3 wog & cephalic presentation
 & GDM on diet & FHCP.

SPB-00020772

Mrs POOJA MISHRA

23-12-1992

Dr. SHEFALI TYAGI

IP27-00006759

33 Y 5 M 3 D

(F)



Family history:

Both parents - pre diabetic

Surgical History:

Nil

Medical History:

GDM from 5th month pregnancy → on diet control
IHCOP from 7th month pregnancy → Tab udiliv 300mg

Medication History:

Plan of Care:

- 1) Admission NLT
- 2) Parts prepare
- 3) Consent for IOL
- 4) Enema 100ml PR Stat
- 5) send CBC, PT INR, LFT
- 6) Reserve unit PRBC
- 7) IOL with celexime gel.
0.5mg PIV at 10:30 pm
- 8) monitor vitals
- 9) Pre & post IOL NLT
- 10) watch post contractions
- 11) Inform SAs
- 12) Passes at 4:30 AM

Investigations:

1) Blood group = O+
23/5/26

Hb - 11.4 gm

TC - 9760

Plt - 2.17 Laker

Seology - Non react

USG 23/5/26

- SLE USG = 37+0 w/o G

- cephalic

- Placenta - Anterior

- AFI = 12.4 cm

- EFW = 3005 gm

- BPD = 98th centile

IP27-00006759
33 Y 6 M 4 D (F)
TYAGI

FOR ANAESTHESIA



Patient Name: Pooja Mishra Age: 33y Gender: Male Female

Surgeon Name: Dr Shefali Tyagi

Anesthesiologist: Dr Richitha Vinayak Operative procedure planned: labour epidural / Emergency

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

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

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

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 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, PONV, catheter tip migration, temporary nerve injury, fluctuation BPSHR

I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period 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.

It has been explained all my queries in the language understood by me.

Signature / Patient Attendant: Pooja
POOJA MISHRA
Relationship with Patient: self
Date & Time: 07/11/26 02:15AM

Witness:
Signature: BS
Name: BIPIN SINGH
Date & Time: 07/11/26 02:16AM

Signature (who is taking the consent): [Signature]
Name: Dr Richitha
Date & Time: 07/11/26 02:16AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. POOJA Age: 33y Sex: F UHID.No: _____
 Date: 23/5/26 Time: 12:50 pm Proposed Operation: Labor Epidural/LSC
 Diagnosis: Primigravida at 37 woc. with omn diet = IICP
 B.P./CRT: 118/84 H.R: 75 bpm Weight: 71.6 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:	
Hgb: 11.4	Protein: 26.5
PCV: 31.6%	Alb: 3.36
WBC: 9760	Total Bill: 0.63 → 0.9
Plate: 2.17 lakh.	Dir. Bill: 0.1
PT: 13.4	LDH: _____
PTT: 32.8	Ca++: 2.44 → 2.36
INR: 0.9	Mg++: _____
	Amylase: _____
	SGOT/SGPT: 6.3/6.9 → 4.1/5.3

Allergies: Azithromycin

Medical History: CVS: No h/o recent URTI
 RESP: No other significant comorbidities
 CNS: No other significant comorbidities
 Renal: _____
 Hepatic/GE: _____
 Physical Activity: > 4 METS

Last Anaesthetic History: None

Physical Exam: P I C C L E
 Airway: MP 234 Mouth Opening: Adequate Mento-hyoid Distance: > 3 FB Neck: WNL Teeth: ++/++
 Lungs: B/L NUBS (+)
 Heart: S1 S2 (+)
 CNS: LMF (+)

Pregnant: Yes No NA Venous Access Site: Good Spine Exam for regional: Midline lvs palpable.
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Pre-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
UDILIV	300mg 1-1-1
Fet Ca.	

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:
 6. To Do: CBC, Coagulation profile
 7. Save Sample
 8. Reserve adequate blood in case of obstetric emergencies

Signature: _____ Name: Dr. Rishma

Patient Sticker
 SPB-00020772 IP27-00006759
 Mrs POOJA MISHRA 33 Y 6 M 3 D (F)
 Dr. SHEFALI TYAGI

OBSTETRIC ANAESTHESIA RECORD

Date: 27/5/26 Time: 2:45pm Procedure done by Dr. Ruchitha.v
 CSE / Spinal (Epidural) Position: sitting Space: L3-L4 Technique (LOR)
 Depth: 4.5cm Catheter at Skin: 9.5cm Attempts: 2
 Parasthesia: Yes/No if yes details: _____
 Solution Composition: Ropivacaine 0.2% + fentanyl 2ug/ml

Any other issues:
 a) _____
 b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comm
			Left	Right	BP	Pulse		
<u>2:45pm</u>		<u>Ropivacaine 0.2% 10ml</u>	<u>-</u>	<u>-</u>	<u>130/80</u>	<u>88</u>	<u>140</u>	
<u>2:50am</u>	<u>Ropivacaine 0.2% 6ml/h</u>		<u>-</u>	<u>-</u>	<u>126/72</u>	<u>86</u>	<u>132</u>	
<u>4:00am</u>	<u>"</u>		<u>T10</u>	<u>T10</u>	<u>120/70</u>	<u>84</u>	<u>136</u>	

Delivery Details: Time: 6:30:23am APGAR: 9/10 (SVD) Instrumental / LSCS (if LSCS)
 Catheter Removed by and Tip Inspected: VSAP, epidural catheter Tip in
 Patient Satisfaction: comfortable

Discharge / Shifting ordered by
 Doctor Signature: [Signature]
 Doctor Name: Dr. Medana
 Date and Time: 9:30pm

020772
 JOJA MISHRA
 1992 33 Y 5 M 3 D (F)
 NEPALI TYAGI

IP27-00006759

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/05/26 at 20 pm

Line 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: A2 @ thrombin

Chief Complaints: Admitted for Soc Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Shuley Time Notified: 9 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Q on dut D H C P	Healthy surgical	-

Obstetric History	Gynecology Surgical History	Gynecological History
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: G. meth Amishone Date of Menarche: 13/8 Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: 6/9/25	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 type="checkbox"/> No <input checked="" 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... P... L... A...
 Previous LSCS: N/A

Current Medication: None Yes, If Yes, Fill the reconciliation form
 Tub Odilim 300mg QD

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

Vital Signs / Measurements: Temp: 38.6 HR: 82 RR: 20
 BP: 112/77 Weight: 71.2 kg Height: 1.60 BMI:

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

SPB-00020772 IP27-00006759
Mrs POOJA MISHRA 33 Y 5 M 3 D (F)
23-12-1982
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 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:

Social History: Lives With Family

Orientation has been given regarding the following aspects:

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

Above information given to Subit

Name of Person Orientation was given to: Depth

Orientation not given Reason:

Nurse Signature:

Nurse Name: Depth

Date & Time: 26/01/20



..... **LESS NOTES AND DOCTOR'S ORDER**

Date Time	Progress Notes	Doctor's Order
5/26 12:20am	CS/B Dr. Shireen / C/E Dr. Shefali Patient C/O pain abdomen	
	O/E vitals - stable P/A = uterus = term size, cephalic, FHR 150bpm 3 contractions / 20 sec / 10 min NST - Reactive	
	<u>Advice</u> 1) Inf Tramadol 100mg in 100ml NS IV Stat 2) Inf EMSEF 4mg IV Stat 3) Monitor vitals & FHR 4) Watch for labor progression 5) Inform doc	Dr. Shireen
27/5/26 2:30am	CS/B Dr. Shireen / C/E Dr. Shefali Patient C/O pain abdomen, wants Epidural O/E vitals - stable P/A = uterus = term, size, cephalic, FHR 145bpm 4 contraction / 20 sec / 10' P/V = CX = 2cm dilated, 10cm long CX Membranes - ruptured, vertex - 2, pelvis - gynecoid	Dr. Shireen
	<u>Advice</u> 1) Epidural give 2) Watch for labor progression 3) monitor FHR & vitals 4) Inform doc, NST	Dr. Shireen



PROGRESS NOTES AND DOCTOR'S ORDER

No Time	Progress Notes	Doctor's Order				
27/5/26 1:00	<p>Procedure: PIVD + RMLE ↓ (pelvic + LA) Consultant: Dr. Shifali Tyagi 1 DR Nurse: Deepitha</p>					
	<p>Under all aseptic precautions patient put in lithotomy position. Pub painted & draped. At crossing of head ↓ LA, RMLE given & delivered single live <u>MALE</u> baby of Birth weight <u>2.760kg</u> on <u>27/5/26</u> at <u>6:30:23</u> AM. Baby cried immediately after birth cord clamped w/ & separated & baby handed to pediatrician. AMTSL followed Placenta & membranes delivered into uterus contracted ↓ LA, RMLE sutured. Hemostasis achieved. Gentle p/v cleaned. mcp, gauze, needle, instrument counts taken. PR done per rectal motus & sphincter intact patient withstood procedure well</p>					
	<p><u>Post delivery vitals</u> PR - 84 bpm BP - 110/70 mmHg SpO₂ - 99% P/A = uterus contracted well HE NAB</p>	<table border="1"> <tr> <td>MALE</td> <td>2.760kg</td> </tr> <tr> <td>27/5/26</td> <td>6:30:23 AM</td> </tr> </table>	MALE	2.760kg	27/5/26	6:30:23 AM
MALE	2.760kg					
27/5/26	6:30:23 AM					

IP27-00006799
SPB-00020772
Mrs POOJA MISHRA
23 Y 5 M 10
23-12-1992
DL SHEFALI TVADI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/12/26 7:00am	cls/b on shalun/be	
	<p>cc. pair vitals stable PA - soft ut we Bleeding ptw with is normal level CNS - S/S ⊕ Rt - RLP VRS hard</p>	<p>lateh vitals Deep breathing stimulation Exclusive breast feeding Remove Polyto</p>
	not yet passed urine	
27/12/26	cls/B Dr. Chaitra (PT)	
	<p>PND, FTVD. Pt. comfortable, no complaints.</p>	
	<p>PTRx: → DBE's → ATM's → Heel slides → Bed mobility → Ergonomics advised</p>	
	Pt. comfortable post PTRx	

REGULAR PRESCRIPTIONS


DRUG	C/P2 B/PH	Route	Frequency	Start Date	Date	Time													
Signature of the Doctor <i>[Signature]</i>																			
Special Instructions <i>CP - 5mls 300.24</i>																			

DRUG	T WD/IV	Route	Frequency	Start Date	Date	Time													
Signature of the Doctor <i>[Signature]</i>																			
Special Instructions <i>10PM Paracetamol 600mg</i>																			

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

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

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

VARIABLE DOSE		Date	Nurse signature		Nurse signature		Nurse signature	
		Time						
DRUG SRB-00020772 Mrs POOJA MISHRA 22-12-1982 Dr. SHEFALI TYAGI  IP27-00006759 33 Y 6 M 3 D (F)	Dose							
	Dr. Sign							
	Dose							
	Dr. Sign							
Additional Instruction								

VARIABLE DOSE		Date	Nurse signature		Nurse signature		Nurse signature	
		Time						
DRUG Route Start Date Name & Signature of the Doctor Additional Instruction	Dose							
	Dr. Sign							
	Dose							
	Dr. Sign							

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
5/26	10:30 PM	CERVIPRIME GEL	0.5 mg	PIV	SR	SR 02990
5/26	2 AM	EONE MA	100ml	PIR	SR	SR 02990
5/26	12:20 AM	INT TRAMADOL	100mg in 100ml NS	IV	SR	SR 02990
5/26	2:20 AM	INT EMESET	4mg	IV	SR	SR 02990
5/26	6:45 AM	JUSTIN SUPPORIT	100mg	PIR	SR	SR 02990
5/26	6:45 AM	Tab meto	600mg	PIR	SR	SR 02990
5/26	8 AM	AUGMENTINE	1.2gm	IV	SR	SR 02990

SPB-00020771
 Mrs POOJA M BHRA
 23-12-1992 33 Y 6 M 3 D (F)
 Dr. SHEPAU YAGI



MEDICATION RECONCILIATION FORM

Drug Allergies: 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)

Admitted 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	TAB IRON FOLIC ACID	1 tab	PO	OD	25/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 tab	PO	OD	25/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB ULIDIV	300 mg	PO	BH	26/5/26	<input checked="" 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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Dr. Shepau Yagi*

Date & Time : 26/5/26 9pm

Nurse Name & Signature : *AN 020952*

Date & Time : 26/5/26 7:50pm