

OT *[Signature]*
[Signature]
 26/05/2026



ACTIVITY RECORD FOR BILLING

Cash: Credit:

Name: Mrs. Huda Age: 35 Gender: Female
 UHID No: SPB-00023699 IP No: 222 Consultant: Dr. Cheryl Tyot Dept: OB & Gynaecology
 Date of Admission: 26/05/2026 Time: 09:15 am Date of Discharge: _____ Time: _____
 Room / Bed No: PRR 212 Ward: 2F Room Bed No.: PRR 212 Ward: 2F

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	11.30	Ind. 2	OT	<i>[Signature]</i>
	12.30 pm	OT	RR	<i>[Signature]</i>
26/5/26	2 pm	RR	Ward	<i>[Signature]</i>
Updated on				

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																

4 Lincy - LC OT

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 am Prepared By: *[Signature]*

Staff Nurse / Floor Co-ordinator	Nursing Supervisor <i>[Signature]</i> 01413	Billing Assistant	Billing Supervisor
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DISCHARGE SUMMARY

Name	Mrs HARINI	UHID	SPB-00003699
Father/Guardian	Mr VIKRAM	Age/Gender	35 Y 6 M 5 D/Female
Address	551 DSR WOODWINDS SARJAPUR ROAD, Carmelaram, Bangalore, Karnataka, INDIA, 560035		
IP No	IP27-00006753	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: G2P1L1 39+2 WEEKS GESTATION WITH PREVIOUS LSCS WITH PROM WITH K/C/O ASTHMA IN EARLY LABOR

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

History: Mrs HARINI at 39+2 weeks of gestation with cephalic presentation. C/o leaking P/v since 5am. Appreciating fetal movements well. No complaints of 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:05-08-2025
EDD:01-06-2026
weeks

Obstetric formula: G2P1L1
Gestation at admission: 39+2

Obstetric History:

P1- LSCS(FGR) /5 year/ baby boy/ A&H
G2 - Present pregnancy Spontaneous conception. Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : K/C/O asthma- SOS inhaler

Family History : Father- HTN/ DM

Surgical History : Previous LSCS

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

You can take "ONLINE APPOINTMENT" from our website at ANY TIME : Log on to "www.rainbowhospitals.in"

IP No

IP27-00006753

UHID

SPB-00003699

Admission Date

26-05-2026

Allergies : Nil

Investigations:

Blood group: 'A' Positive

HB: 11.9 g/dl

WBC:10.76 cells /mm³PLT: 2.08 lakhs/mm³

Serology: Negative

USG- (19-05-2026)

SLIUG: 38+1 weeks

Presentation: Cephalic

Placenta: Anterior right lateral

AFI: 13.3cm

EFW:2.9kg

Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished

well oriented cooperative.

GC good No pallor /edema

Pulse -90b/min

BP - 116/70mm of Hg

CVS/ RS - NAD

P/A - Uterus term size ,relaxed, Liquor adequate ,cephalic presentation, FHR good, no scar tender

P/V- Cervix long, OS closed, clear leak+

Admission CTG was reactive.

Course in the Hospital: Patient admitted with above history. required investigations done. NST reactive. in view of previous lscs with PROM, patient was taken for emergency LSCS after consent.

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UHID

SPB-00003699

Admission Date

26-05-2026

DETAILS OF THE PROCEDURE WITH DATE

EMERGENCY LSCS under spinal anesthesia done on 26-05-2026

Indication : PROM & previous LSCS

Surgeon: Dr SHEFALI TYAGI

Asst Surgeon: Dr. Shivraj

Anaesthetist: Dr. Hari prasad

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.

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:**Rainbow Children's Medicare Limited**

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Admission Date

26-05-2026

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.CLEXANE 40 MG SC 3 DOSES

DETAILS OF THE NEWBORN :

Date : 26-05-2026

Time of Delivery : 11:58:35 AM

Type of Delivery : Emergency LSCS

Indication : PROM previous LSCS

Analgesia : Spinal anesthesia

Sex : Male

Weight : 2.90kgs

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 (8 AM, 2PM, 8PM)

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

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F/HW/DS/INPR/18

IP No

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UHID

SPB-00003699

Admission Date

26-05-2026

Normal Diet.

Drink plenty of fluids.

Avoid sexual intercourse for next 2 months.

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.
2. 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

Rainbow Children's Medicare Limited



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IP No IP27-00006753

UHID	SPB-00003699
Admission Date	26-05-2026

DOCTOR SIGNATURE

Dr. SHEFALI TYAGI

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

Patients Signature _____

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For Appointments call: 1800 2122



LETTER FOR OBSTETRICS

Presenting Complaints

clo 9 month of amenorrhea with yr since ram

Obstetric Formula:

G2P14

Obstetric History:

G1 -> Lcs (209R) rep acc

-> male baby - Clin & healthy

Present Pregnancy Record:

G2 -> Present pregnancy Spontaneous

& doses of IT inj takes

RISK FACTORS:

prevs
 H/o asthma
 exaggerate in winter

Height: 158.7 cm

Weight: 73.5 kg

Allergies: None

Breast: Normal Abnormal

General Examination:

Consciousness: +

Pallor: (-)

Heart: (-)

Edema: (-)

Temp: 37.6

PR: 90 bpm

P: 116/70 mmHg

DTR: +

VS: S1, S2 (+)

RS - 18 cp

Liver/Spleen:

Urine Output: Adeq

LMP: 2/1/15

EDD: 1/6/16

Corrected EDD:

GA: 39w+2d

Menstrual History: Regular Yes No

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: 3/5

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

DIAGNOSIS

G2P14 / 39w+2d / prevs / prevs = Asthma



<p>Family History: Father is a diabetic & lela HTR/DM</p>	<p>Surgical History: Previous 1 surgery</p>
<p>Medical History: H/O Asthma</p>	<p>Medication History: on SOB Inhaler.</p>
<p>Plan of Care: Admit keep NPO ports prepare Take consent for UIC CBC, PT-INR - Reserve one unit of PRU NST Rent in left lateral position - Dose - pre-op medication 2mg Sugamivir 1.0g - w/steet 2mg pantoprazone w/steet 2mg Enoxaparin w/steet</p>	<p>Investigations: Beq - 5.2mc Serology - neg Hb - 11.9g/dl 25/11/16 Wbc - 10.7k/dl PT - 2.14sec INR - 1.05sec PTT - 14.5sec APTT - 31.4sec 19/11/16 SUOP - 38ml H₂O Cephalexin Placenta - 1.0g Leysan - 4.5g SDP - 4.5 AFI - 13.7cm EPW - 2.9g</p>

Doctor Name: Mr. Shaikhal
 Signature: [Signature]
 Date & Time: 10am 25/6/16

Consultant Name: Dr. [Signature]
 Signature: [Signature]
 Date & Time: 10am

PROGRESS NOTES AND DOCTOR'S ORDER

Date	Progress Notes	Doctor's Order
6/1/10	<p>07:10 AM admission, 6/1/10. Stable P/O - emergency use Patient comfortable</p>	
Baby not full life breastfeeding	<p>OR .PP BP under 100 P/O - uterus contracted well dressing intact dry HE - minimal</p>	<p>Spa acetaminophen</p>
Advice	<ol style="list-style-type: none"> 1) Follow post op orders 2) Monitor vitals, I/O chart 3) Breastfeeding 4) Watch for excess P/O bleed, hypotension, tachycardia 5) Inform SOS 6) Shift to ward 	
		<p>Dr. Shuang</p>

Harini

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/O Dr. Arthya	
PM	- Pt. comfortable - vitals stable - FEV_1 1.0 - P/A : uterine cp - Dr. med: Drug - Ue: urine bleed - Baby: Urinary obs	- No constipation - sup Diphtheria - 15ml to - Clf
		<p style="text-align: right;">Dr. Bellu</p>
27/5/26	C/S/B Dr. Chaitra (PT)	
	POD, , Emg. LSCS Pt. comfortable, no complaints. PTRx: → DBEx's → ATM's → Heel slides → Bed mobility → Ergonomics advised → BF positioning advised Pt. comfortable post PTRx.	



LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 26/5/26 @ 9.41 Am

Baseline Information:

Admission From: ER OPD Admission Desk Others: specify

Primary Language: Telugu English Hindi Others

Do you require an interpreter? Yes No

Source of Information: Patient Family Others

Personal belonging if any: Jewelry Nose Ring Bangles Anklets Finger Ring Bracelets

Handed over to

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: No PV tearing?

Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Shekhar

Time Notified: 9 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Yes	Nothing significant

Blood Group: A+ve LMP: 21/2/25 EDD: 11/6/26 Gestational age during admission: 39+2

Contractions: - Vaginal Discharge: Yes

Obstetric History: G 2 P 1 L 1 A 0 Previous LSCS 1

Height: 158.7 Weight: 73.5 BMI: ... RR: 18/min BP: 121/70 mmHg SpO2: 98%

High Risk Factors: (Please select by ticking (✓) the box as applicable)

<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Rh Incompatibility	<input type="checkbox"/> Fertility Treatment
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Previous LSCS	<input type="checkbox"/> Preterm Labour
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Gestational Hypertension	<input type="checkbox"/> Others: (Specify)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bad Obstetric History	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Obesity (BMI)	
	<input type="checkbox"/> Twins / Multiple Pregnancy	

SPB-00003699
Mrs HARINI
21-11-1990
Dr. SHEFALI TYAGI
IP27-00006753
35 Y 6 M 5 D (F)

- Abilities Detected
- Heart Disease
 - Liver disease
 - Hypertension
 - Other
 - Diabetes
 - Stroke
 - Seizures
 - Kidney dis

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

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

- Mobility problem
- Developmental Delay
- Walking Problem
- Musculoskeletal Congenital Abnormality
- No Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Overweight
- Under Weight
- Poor Appetite > 3 Days
- Diabetes Mellitus
- Needs Therapeutic Diet.
- No Abnormality Detected

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 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: Lalal

Orientation not given Reason:

Nurse Signature: *Catherine*

Nurse Name: *Catherine*

Date & Time: *20/5/16 @ 10.10 AM*

D
&
9

SPB-00003699 IP27-00006753

Mrs HARINI
21-11-1990 36 Y 6 M 5 D (F)
Dr. SHEFALI TYAGI

Name

I.P. No.:

Sheet No.

Wards



REGULAR PRESCRIPTIONS

Date																				
Time																				

DRUG <u>INT PARACETAMOL</u>				Date	26/5/26	27/5/26														
Dose	Route	Frequency	Start Date	Time																
1g	IV	BM	26/5/26																	
Name & Signature of the Doctor				SPM Band 607623																
Additional Instructions				9pm Paracetamol																

DRUG <u>INT PAN</u>				Date	26/5/26	27/5/26														
Dose	Route	Frequency	Start Date	Time																
40mg	IV	PO1	26/5/26																	
Name & Signature of the Doctor				SPM Band 607623																
Additional Instructions				9pm Paracetamol																

DRUG <u>IONAC suppository</u>				Date	26/5/26	27/5/26														
Dose	Route	Frequency	Start Date	Time																
100mg	PR	T+1	26/5/26																	
Name & Signature of the Doctor				SPM Band 607623																
Additional Instructions				9pm Paracetamol																

DRUG <u>INT CLEXANE</u>				Date	27/5/26															
Dose	Route	Frequency	Start Date	Time																
400mg	SLC	OD	26/5/26	11am																
Name & Signature of the Doctor				SPM Band 607623																
Additional Instructions				OD at 11AM x3 days																

DRUG <u>SYP DUDHAKAC</u>				Date	26/5/26															
Dose	Route	Frequency	Start Date	Time																
20ml	PO	QOL	27/5/26	9pm																
Name & Signature of the Doctor				SPM Band 607623																
Additional Instructions																				

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

Date																			
Time																			

DRUG TAB PAN				Date															
				Time															
Dose	Route	Frequency	Start Date																
70mg	PO	501	28/5/26																
Name & Signature of the Doctor																			
<i>[Signature]</i>																			
Additional Instructions																			

DRUG TAB TOLPA-D				Date															
				Time															
Dose	Route	Frequency	Start Date																
Tab	PO	1-1	28/5/26																
Name & Signature of the Doctor																			
<i>[Signature]</i>																			
Additional Instructions																			

DRUG TAB ULTRACET				Date															
				Time															
Dose	Route	Frequency	Start Date																
Tab	PO	501	28/5/26																
Name & Signature of the Doctor																			
<i>[Signature]</i>																			
Additional Instructions																			

DRUG DIPHALAC				Date															
				Time															
Dose	Route	Frequency	Start Date																
20ml	PO	501	28/5/26																
Name & Signature of the Doctor																			
<i>[Signature]</i>																			
Additional Instructions																			

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

MEDICATION RECONCILIATION FORM

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 ICU)

Admitted to: _____ Shifted to: _____

Sl. No.	MEDICATION NAME (GENERIC NAME-CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, IV, SC, IM)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	THE DOX	1 tab	PO	QD	16/15/21	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	THE ALICOR	1 tab	PO	QD	16/15/21	<input type="checkbox"/> C <input checked="" 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

* C - Continue, DC - Discontinue

Medication history reviewed / verified by
 Doctor's Signature: [Signature]
 Date/Time: 16/15/2021 10:00
 Pharmacist's Signature: [Signature]
 Date/Time: 16/15/2021 10:00

SPB-00003699

IP27-00008753

Mrs HARINI

21-11-1990

35 Y 6 M 5 D

(F)

Dr. SHEFALI TYAGI



NURSES NOTES

(USE BALL POINT PEN ONLY)

NO KNOWN DRUG ALLERGIES

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
26/12/16	11 am	<p>patient received from LDR to OR. pt is stable. Vitals checked. All consent ⊕. Sign in done. Anaesthesia given by Dr. Hari Team ↓ SA. Time out done painting and draping done. LSC done and an alive male baby delivered @ 11.58 am. Baby cried at birth. cord clamping done. Baby handover to paediatrician. placenta expelled completely. All mop, gauze, instrument needles counts correct. Sign out done uterine closed and suturing done followed by aseptic dressing. vaginal toileting done. Tab. ppH, Bonac sup given. patient shifted to recovery.</p>
	12:30 pm	<p>Recovery notes: patient received from OR to RR pt is stable. Vitals checked and recorded. IV fluids on flow 100ml/hr. minimal bleeding ⊕</p>
	2pm	<p>patient seen by Dr. Shiraj.</p>
	2:30 pm	<p>advised to shift the patient to ward.</p>
	3pm	<p>patient shifted to ward hand over given to ward staff.</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)
		Recovery Note on
26/5/23	3pm	→ Hand over taken from OT staff - <u>Bind</u> → pt is conscious and oriented - <u>Bind</u> → vital signs checked and recorded - <u>Bind</u>
	4pm	→ Medication given as per doctor's order → No other fresh complaints
26/5/23	8pm	→ Hand over given to Night duty staff - <u>Bind</u>
		Night Duty Note
26/5/23	8pm	Handover taken from OT staff. while taking handover pt was stable - <u>Pavisha</u>
	10pm	Medication given as per doctor's order - <u>Pavisha</u>
	11pm	No other fresh complaints - <u>Pavisha</u>
	3am	pt is conscious & oriented - <u>Pavisha</u>
	8am	Handover given to NPI staff - <u>Pavisha</u>
		Night morning duty @ on
27/5/23	8:00am	→ Hand over taken from night duty staff - <u>Bind</u> → patient conscious and oriented - <u>Bind</u> → vital signs checked and recorded - <u>Bind</u>
	10am	→ Medication given as per doctor's order
	12pm	→ pt stable on bed
27/5/23	2pm	→ Hand over given to Evening duty staff - <u>Bind</u>

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)
		<u>Evening duty notes</u>
28/05/26	2pm	Handover taken from NIO staff patient is conscious and oriented. — Singh
	3pm	IV cannula present — Singh
	4pm	Pt bleeding minimal — Singh
	6pm	vitals checked and recorded — Singh
	7pm	oral medication given as per order — Singh
	8pm	handover given to NIO staff — Singh
		<u>Night duty notes</u>
28/5/26	8pm	Handover taken from evening duty staff — Singh
	10pm	Vitals checked and recorded in chart — Singh
	11pm	Pt is stable and oriented — Singh
	12pm	Medication given as per doctors order — Singh
	1pm	Pt is conscious and well — Singh
	6pm	Vitals checked and recorded in chart — Singh
	8pm	Handover given to morning duty staff — Singh
25/6/26	2:10pm	patient chills taken from peripheries drugg still patient side heart Rende done oral analgesic given oral soft diet was taken Ambulched No other fish as SIR Dr Shefali Adme for doctor patient sent to discharge file sent to billing Sir

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>Ampl. C 39 & 2 days Asthina</u>							
Surgery / Procedure:		<u>Ces</u>							
Any Infection:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known							
If Yes Specify:								
Post OP Day:								
BACKGROUND	Date	<u>26/5</u>	<u>26/5</u>	<u>26/5</u>	<u>27/5</u>	<u>27/5</u>	<u>27/5</u>		
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>		
	Medical Condition (Any special condition to be noted):		<u>Stable</u>	<u>stable</u>	<u>stable</u>	<u>stable</u>	<u>stable</u>		
Diet:		<u>NPO</u>	<u>NPO</u>	<u>Solid</u>	<u>S.D</u>	<u>S.D</u>	<u>S.D</u>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.6</u>	<u>36.9</u>	<u>36.7</u>	<u>36.5</u>	<u>36.6</u>	<u>36.7</u>	
		Res:	<u>18</u>	<u>20</u>	<u>18</u>	<u>20</u>	<u>20</u>	<u>20</u>	
	SpO ₂ :	<u>99%</u>	<u>97%</u>	<u>99%</u>	<u>98%</u>	<u>98%</u>	<u>99%</u>		
	Pulse:	<u>84</u>	<u>78</u>	<u>82</u>	<u>78</u>	<u>88</u>	<u>78</u>		
	BP:	<u>118/81</u>	<u>112/79</u>	<u>116/76</u>	<u>112/77</u>	<u>116/83</u>	<u>112/71</u>		
	LOC:	<u>Cons</u>	<u>Cons</u>	<u>Cons</u>	<u>Cons</u>	<u>Cons</u>	<u>Cons</u>		
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>NPO</u>	<u>NPO</u>	<u>-</u>	<u>S.D</u>	<u>S.D</u>	<u>UO</u>		
	Critical Lab Test / Values:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):					<u>Dependent</u>		<u>Dependent</u>		
Post Operative Procedure Special Orders:									
Handed Over By Name :		<u>Walter</u>	<u>Rojc</u>	<u>Paizlo</u>	<u>Binde</u>	<u>Binde</u>	<u>Bunde</u>		
Signature / ID :		<u>Walter</u>	<u>Rojc</u>	<u>Paizlo</u>	<u>Binde</u>	<u>Binde</u>	<u>Bunde</u>		
Date:		<u>26/5</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>		
Time:		<u>12pm</u>	<u>3pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :		<u>Rojc</u>	<u>Binde</u>	<u>Binde</u>	<u>Binde</u>	<u>slatya</u>	<u>slatya</u>		
Signature / ID :		<u>Rojc</u>	<u>Binde</u>	<u>Binde</u>	<u>Binde</u>	<u>slatya</u>	<u>slatya</u>		
Date:		<u>26/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>		
Time:		<u>12pm</u>	<u>3pm</u>	<u>8am</u>	<u>2pm</u>	<u>9pm</u>	<u>8am</u>		

CONSENT FORM FOR ANAESTHESIA

SPB-00003699
 Mrs HARINI
 21-11-1990
 Dr. SHEFALI TYAGI
 35 Y 6 M 5 D (F)
 IP27-00006753



Patient Name: Harini Age: 34 yrs Gender: Male Female
 Surgeon Name: Dr. Shefali
 Anaesthesiologist: Dr. S.K. Mohanty & Team Operative procedure planned: Emergency 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 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. PDPH, transient nerve injury, fluctuation in BP/HR

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 anaesthesiologist 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: Harini V
 Name: Harini
 Relationship with Patient: Self
 Date & Time: 26/5/26 9:30am

Witness:
 Signature: M. Vikram
 Name: M. Vikram (husband)
 Date & Time: 26/5/26 9:30am

Doctor (who is taking the consent):
 Signature: [Signature]
 Name: Dr. Meghana
 Date & Time: 26/5/26 9:30am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

MT- Tamil
 NU
 For 28/5/26

SPB-00003699 IP27-00006753
 Mrs HARINI
 21-11-1990 35 Y 6 M 5 D (F)
 Dr. SHEFALI TYAGI

It takes
 rt
 ILS
 ery

Name: Harini Age: 34 yrs Sex: female UHID.No: _____
 Date: 25/5/26 Time: 5:30 pm Proposed Operation: Elective LSCS
 History: G.P.L. E 39th WOG E Previous LSCS

BP/CRT: 124/78 H.R: 76/min Weight: 73.5 kg ASA Physical Status: 1 2 3 4 5

25/5/26
 11.90 ldl
 33.3-1/1
 10760 cells
 2.0 & 1.0
 14.0
 31.4
 1.0

Laboratory Data:
 Glucose: FBS - 73.3 Protein: 26/3/26
 Urea: _____ Alb: _____
 Creat: _____ Total Bill: 0.2
 Na: _____ Dir. Bill: _____
 K: _____ LDH: _____
 Ca++: _____ Alk phos: 121.2
 Mg++: _____ Amylase: _____
 Cl-: _____ SGOT/SGPT: 19.5/12.3

HIV: _____ X-Ray: _____
 HBS Ag: negative ECG: 29/1/26 WNL
 HCV: _____ 2D Echo: 31/1/26 - LVEF-60%
 Blood group: A positive Stress/Angio: No RWMA
 T3: _____ Other: (N) CD
 T4: _____ (N) valves
 TSH: 3.2 (N) PA pressure

Allergies: (-)

Medical History: CVS:
 RESP: K/O Bronchial asthma - 5 yrs Diabetes: Last epi - 5 days ago - (no Rx)
 CNS: no cough ↑ in night on/off Used MDI - 1 yr ago
 Renal: (exposed to cold)
 Hepatic/GE: No Hb HTN/DM/Thyroid abnormalities Physical Activity: Epilepsy
 Others: no palpitation - 20 weeks of pregnancy → Echo & ECG done
 Past Anaesthetic History: sp LSCS - 2021 June → USA WNL
 Physical Exam: ↳ PDPH (+)

Airway: MP 1 (2) 3 4 Mouth Opening: > 3FB Mentohyoid Distance: WNL Neck: WNL Teeth: intact
 Lungs: B/L AE (+)
 Heart: SS (+)
 CNS: HMF (N)
 Pregnant: Yes No NA Venous Access Site: good Spine Exam for regional: midline narrow

Anaesthetic Plan: MAC REGIONAL RA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Fe & Ca supplements</u>	

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, coagulation profile
 - Save sample
 - Duolin + Budesonid neb 20 mins prior to Sx
 - Cross matching & reserve PRBC in emergency

Signature: [Signature] Name: Dr Meghana

SPB-00003699 IP27-00006753
 Mrs HARINI 35 Y 6 M 5 D (F)
 Dr. SHEFALI TYAGI



ANAESTHESIA CHART



Pt. No. Fasting Status: Adequate
 Change in Patient Condition: Yes No
 Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 90bpm B.P/CRT: 120/60 SpO₂: 100% R.R: 18cpm Last Feed: 9 PM
 Pre-OP Diagnosis: OP for LSCG + LWDG + Bronchial Operation: Elective LSCG Date: 26/1/19
 Surgeon: Dr. Shefali Tyagi Anaesthesiologist: Dr. Harpreet Singh Technician: Bala

TIME	11:30	12	12:30																	
N ₂ O / AIR / O ₂ , LPM																				
HALO / SO / SEVO																				
Drugs:	<u>1g atubrevon 100mg</u>																			
FiO ₂ / SaO ₂	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>															
ETCO ₂	<u>4 - 5 mmHg</u>																			
ECG	<u>sinus</u>																			
Temperature																				
Urine Output																				
Fluids Blood	<u>10 RL → 10 RL → 10 RL</u>																			
B.P																				
V Systolic																				
A Diastolic																				
X Mean																				
• Heart Rate																				
Tourniquet on Time																				
Tourniquet off Time																				
Throat Pack in																				
Throat Pack Out																				

LAB Values
 ABG: NaCl / 11:58 am / 2 Aug
 GRBS: _____
 Others: _____

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: _____ <input type="checkbox"/> Art Site: _____ <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 checked="" 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"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>11:45 am</u> OP Start: <u>11:50 am</u> OP End: <u>12:30 pm</u> Leave OR: <u>12:35 pm</u> Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional <u>spinal</u> Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input type="checkbox"/> IV: <u>18g, D hand</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input checked="" 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: Extremity Specify: _____ <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Others: <u>Sulfonyl</u> Position: _____ Site: <u>L2-L3 (Dry tap)</u> Needle Size: <u>27G Whitacre</u> Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>Supine</u> Bolus: <u>Supine</u> Infusion: _____ Block Level: <u>T6</u> Comments: _____ Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU Relaxant Reversed <input type="checkbox"/> Yes Name of the Doctor: <u>Dr. Ravi</u> Signature of the Doctor: _____
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CESAREAN DELIVERY NOTES



Mr. Harini

Date: 26/5/2026 IP No:

G2P11 at 38⁺2 weeks gestation & previous USS PROM & previous USS

Dr. Shefali Tyagi

Assistants: 1. Shivraj

Dr. Hari Prasad

Anesthesia: 2. Spinal

Dr. Akhild

Nurse: Mallayya

Circulatory Nurse: Raja

Time: 11:40 am to 12:00 pm

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:

Adhesions - peritoneal fold attached between uv fold & anterior surface of uterus

BLUS - well formed

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

Liquor - year adequate
Baby presentation and position cephalic

Extraction by Hand/Vectis /Forceps/Ventouse

1 loop of cord around neck. noted

Cord clamping: immediate/delayed

Placental delivery: controlled cord traction/manual removal of placenta

Exteriorisation of Uterus: Yes/No

Uterine Closure: Single layer/Double layers

Continuous/Interlocking

Polyglactin/Chromic Catgut

Uterus, both fallopian tubes and ovaries - Normal modified Pomeroy/Parkland

BA tubectomy done - yes/no; method - Polyglactin/Chromic Catgut

Tears/PPH - NO

Paracolic gutters cleaned: Yes/No

Complete hemostasis achieved: Yes/No

Mops and instruments count verified: Yes/No

Abdomen closure: 1. Peritonium : Yes/No

2. Rectus Muscle : Yes/No

3. Rectus sheath : Polyglactin/Polypropylene Continuous/Baseball

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: 400 ml
 22. Blood transfusion: Yes/No
 23. She withstood the procedure well : Yes/No


MOTHER	BABY DETAILS	PLACENTA
1.P/R: <u>68</u> /min 2.BP: <u>110/70</u> mm/Hg 3.SPO2: <u>98%</u> 4.P/A: <u>uterus = contracted</u> 5.PV: <u>minimal</u>	1.Weight: <u>2.9</u> Kg 2.Sex: <u>Blue male</u> 3.Time: <u>11:58:35 am</u> 4.Date: <u>26/5/2026</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) / 1DNS at 125ml/hr
 - IV Antibiotics : -
 - Inj Pan 40mg IV Hot
 - 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 as per Anesthetist advice
 - Exclusive breast feeding
 - Remove the Foley's catheter at 6 AM on 27/5/2026 if urine output >30ml/hr
 - Early ambulation
 - Inform SOS.
- 1) INJ PARACETAMOL by IV RTI
 2) Inj Tramadol 100mg in 100ml NS IV S
 3) JONAE suppository 100mg PR RTI
 4) Inj Cefazolin 400mg q/c OD at 1 AM x 3

PATIENT TRANSFER FORM

SPB-00003699 IP27-00006753
 Mrs HARINI
 21-11-1990 36 Y 6 M 5 D (F)
 Dr. SHEFALI TYAGI




Patient Name & UHID No. Mrs Harini SPB-00003699	Date & Time of Admission 26/5/26 @ 9.41 AM	Date & Time of Transfer Order 26/5/26 @ 11.30 AM
Treating Consultant Name Dr. Shehali	Transfer Ordered by Dr. Shivaraj	Reason for Transfer for USG
From Unit Ind-2	To Unit 01	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 40	Number of Imaging Films ←	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	OPD file	1
2.	IV RL & IV set	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No


Name & Signature of Person who is Transferring Latha RBK	Name of Person Ordered Transfer Dr. Shivaraj
---	---

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