







**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature

**BLOOD BANK**

Date	Units	Remarks

**ANY OTHER INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date : 30/6/26 Time : 9:40am

Prepared By : *Sanchay*  
RSGC

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
<i>Sanchay</i> 02604			

### DISCHARGE SUMMARY

Name	Mrs AYUSHI GUPTA	UHID	SPB-00020404
Father/Guardian	Mr SHASHWAT GUPTA	Age/Gender	31 Y 5 M 17 D/Female
Address	Bellandur, Bellandur, Bangalore, Karnataka, INDIA, 560103		
IP No	IP27-00006775	Admission Date	28-05-2026
Ref Doctor	SELF	Discharge Date	30-05-2026

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

**Diagnosis:** POST PARTUM DAY 8 FTVD + RMLE WITH UTI

**History: Presenting complaints :** Came with high grade fever with chills since 1-2 days .

LMP: Lactational amenorrhea

**Obstetric History : P1L1**  
Boy / 2.72 kgs /NVD / Alive and healthy

Medical History : Hypothyroidism on Tab Thyronorm 100mcg  
Migraine 3.5 years back Asthma SOS on Inhaler  
Family History : Father T2DM , HTN  
Surgical History : Nil  
Allergies : Nil

**Investigations:**  
Blood Group : 'B' Positive  
CRP- 157  
HB- 13.7 gm

### 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

IP No	IP27-00006775	UHID	SPB-00020404
		Admission Date	28-05-2026

TC- 13500 cells  
PLT - 2.55 lakhs  
Urine - plenty of pus cells and few bacteria

#### PHYSICAL EXAMINATION:

moderately built and nourished  
well oriented cooperative.  
GC good No pallor /edema  
Pulse - 80 b/min  
BP - 106/70 mm of Hg  
CVS/ RS - NAD  
P/A - Soft non tenderness

**Management:** Patient came with the above history .She was started on conservative line of management with IV fluids and IV antibiotics. Patient recovered well with this management. No further fever spikes and hence being discarded in stable condition.

#### Advice:

- 1) TAB CEFTUM 500 MG 1-0-1 X 5 DAYS
- 2) TAB PAN 40 MG 1-0-0 X 5 DAYS BEFORE FOOD
- 3) TAB DOLO 650 MG 1-1-1 X 3 TO 5 DAYS
- 3) RESTART IRON AND CALCIUM SUPPLEMENTS AFTER 5 DAYS
- 4) CONTINUE TAB THYRONORM AS ADVISED.

#### Follow up:

Review with Dr SHEFALI TYAGI after 1 week with prior appointment in OBG OPD

**In case of emergency Kindly contact 9620688818/9620688814.**

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

**Rainbow Children's Medicare Limited**



ADMISSION SHEET

Registration Details :

Admission No : IP27-00006775

Admit Date : 28-May-2026

Admit Time : 11:34 PM UHID : SPB-00020404



Patient Details :

Patient Name : Mrs AYUSHI GUPTA

Guardian : Mr SHASHWAT GUPTA

Gender : Female

Occupation :

Address (H) : Bellandur Bellandur Bangalore Karnataka  
INDIA 560103

Age : 31 Y 5 M 16 D

DOB : 12-12-1994

Religion :

Marital Status :

Phone No : 9899837198/

E-mail : 9899837198@gmail.com

Admission Details :

Room Type : PRIVATE ROOM

Bed No : PVT-217

Ward Name : 2F - PVT

Room No : PVT-217

Admission Type : First Visit

Contact Details :

Name : Mr SHASHWAT GUPTA

Relationship : Husband

Contact Address : Bellandur Bellandur Bangalore Karnataka  
INDIA 560103

Phone No :

Signature

Doctor Details :

Doctor Name : Dr. SHEFALI TYAGI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



# ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 28/5/2020

Allergies: None

Time of Admission : 11:30 pm

Not know any drug allergies

### PRESENTING COMPLAINTS :

No high grade fever with chills since 1-2 days  
No nausea, vomiting, loose stools, constipation  
No giddiness, generalised weakness  
No H/o burning micturition, pain while urination  
No foul smelling vaginal discharge  
No breast tenderness, abnormal nipple discharge

### MENSTRUAL HISTORY

Year of Marriage : 4 yrs / now  
Previous Periods : regular, Now healthy lochia  
LMP : Post partum healthy lochia  
Contraception : Nil

### OBSTETRIC HISTORY

Parity : P1L2  
Mode of Delivery : Full term vaginal delivery  
Last Child Birth : 8 days back

### PAST MEDICAL HISTORY

- ① Migraine 3.5 yrs back currently not on medication
- ② Hypothyroidism since 4 yrs on Tab Thyronorm 100 mg
- ③ Asthma ses inhaler / red from 2018

### PAST SURGICAL HISTORY

Nil Surgery



Father - 12 DSD, HTN

**MEDICATION HISTORY:**

1) Tab Thyronorm 100mcg

**INITIAL ASSESSMENT :**

<p>Date <u>28/5/26</u>          Ht. <u>155cm</u> Wt. <u>50 Kg</u>  <del>HR</del> <u>PP - 78 bpm</u>          B.P. <u>106/70 mmHg</u>          Pallor <u>—</u> / <u>Dehydration</u> ⊕          CVR <u>S, G2 ⊕</u>          Respiratory System <u>B/L NVR</u> ⊕          Thyroid <u>WNL</u></p>	<p><b>Breasts</b>          B/L Breast - <u>Soft</u>  <u>Nontender.</u>  <u>No lumps, congestion</u>          Nipple - <u>healthy</u>  <b>Abdominal Examination</b>  <u>Soft Nontender.</u></p>	<p><b>Local/Speculum Examination</b>  <u>Epi ectomy - healthy</u>  <u>healthy lochia</u>  <b>Bimanual Pelvic Examination</b>  <u>—</u></p>
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**PROVISIONAL DIAGNOSIS :** Post partum day 8 FTVD + RMLE with ~~UTI~~ UTI

**INVESTIGATIONS ORDERED**

Blood group = B positive  
28/5/2026  
CRP - 15.7  
Hb - 13.7 gm/l  
TC - 13500 cells } Dengue - NR  
PH - 2.55 lakh  
urine - plenty of pus cells  
& few bacteria present  
urine - culture & sensitivity sent

**PLAN OF MANAGEMENT**

- 1) Strictly monitor PR, BP, SpO2
- 2) Temperature - add hely med
- 3) ENT PARACETAMOL 1g IV
- 4) IV MONOCEF 1g IV
- 5) ENT PAN 40mg IV
- 6) orally take plenty of fl
- 7) Nutritious diet
- 8) Infom Sol
- 9) gargle with leukewarm

Name of the Doctor: Dr. Shinde

Date & Time: 28/5/26 11:30pm

Signature of Doctor [Signature]



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/08/26 11:34 pm

**Baseline Information:**  
 Admission From:  ER  OPD  Admission Desk  Others, specify .....  
 Primary Language:  Telugu  English  Hindi  Others, specify .....  
 Do you require an interpreter?  Yes  No If Yes specify .....  
 Source of Information:  Patient  Family  Others, specify .....

**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: .....  
 If yes, identify .....

**Chief Complaints:** Admitted for observation  
 Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Shivraj  
 Time Notified: 11:35 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nothing significant</u>	<u>nothing significant</u>	<u>Admitted for NVD</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Normal</u> Onset of Menarche: <u>13/6</u> Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>5</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G 1 P 1 L 1 A 0

**Previous LSCS:** N/A

**Current Medication:**  None  Yes, If Yes, Fill the reconciliation form Tub Thyronorm 10mg

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

**Vital Signs / Measurements:** Temp: 98.6 HR: 86 RR: 20  
 BP: 110/88 Weight: ..... Height: ..... BMI: .....

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

Mrs AYUSHI GUPTA  
12-12-1994 31 Y 5 M 17 D (F)  
Dr. SHEFALI TYAGI



### PHYSICAL ASSESSMENT

General Appearance:  Healthy  Ill looking  Anxious  Agitated  Others: .....

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

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

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:  No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status:  Single  Married  Divorced  Widow
2. Special Habits: Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach:  Yes  No
- Waste Disposal Explained:  Yes  No
- Infusion Pump:  Yes  No
- Hand Hygiene Explained:  Yes  No
- Above information given to Deepthi Adv (patient)
- Name of Person Orientation was given to: Dr. Sheela
- Orientation not given Reason: .....

Nurse Signature: [Signature]

Nurse Name: Deepthi

Date & Time: 28/05/26 12 AM

Patient Stick

SPB-00020404  
Mrs AYUSHI GUPTA  
12-12-1994 31 Y 5 M 17 D (F)  
Dr. SHEFALI TYAGI



Time

15/04

3:40 PM

12

AM

28/05/26

CS

Pa

Vit

TC

U

U

Patient Sticker

SPB-00020404 IP27-00006775  
Mrs AYUSHI GUPTA 31 Y 5 M 17 D (F)  
12-12-1994  
Dr. SHEFALI TYAGI



### ISS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8:40 AM	<p><del>Dr. Bhatnagar</del> <del>S/B Dr. Arshad</del></p>	<p>cl</p>
	<p>- Pt. Compl. better. Clinically asymptomatic.</p> <p>Vitals: Stable</p> <p>As - y</p> <p>Case <del>of</del></p> <p>Plc. Puncture: Safe</p> <p>Plc. in room in waiting</p>	<p><del>Adv:</del></p> <p>cl</p> <p>- TPP Chanting</p> <p>plenty of hydration</p> <p>- high fibre diet.</p> <p>- physiotherapy</p> <p>Dr. Arshad</p>
5/76 20 AM	<p>Advice on discharge</p>	<p>- Epi. Amikacin 500mg in evening.</p>
		<p>- Discharge in evening</p> <p>- T. CEFTUM 500mg BDX 5 days</p> <p>- T. PANTOP 40mg <del>PO</del> 1-0-0 x 5 days</p>
15/26	<p>C/S/B Dr. Arshad</p> <p>Pain better</p> <p>Vitals stable</p> <p>TC 13500 Pus neg</p> <p>URG PC plenty</p> <p>Ur. C&amp;S await cl.</p>	<p><del>Adv</del></p> <p>On Monoclo + Amikcin</p>
		<p><del>Adv</del></p> <p>T. Cefixim 500 hsl x 5 days</p> <p>Syp. Zedex comb Hex 5 days</p> <p>Plc. Culture</p>



# REGULAR PRESCRIPTIONS

				Date	Time
DRUG IN MONOCEF				29/05/26	
Dose	Route	Frequency	Start Date		
1g	IV	1-01	28/5/26	10am	Stop
Name & Signature of the Doctor					
Additional Instructions					
in 100ml NS					

				Date	Time
DRUG IN PARACETAMOL				29/05/26	30/05/26
Dose	Route	Frequency	Start Date		
1g	IV	TTT	28/5/26	8:00 am	8am Parishram
Name & Signature of the Doctor					
Additional Instructions					
8:00 am				Michael	
				607623	

				Date	Time
DRUG IN PAN				29/05/26	30/5/26
Dose	Route	Frequency	Start Date		
400mg	IV	1-00	28/5/26	12:30 pm	Parishram
Name & Signature of the Doctor					
Additional Instructions					
				Michael	
				607623	

				Date	Time
DRUG IN THYRONORM				29/5/26	30/05/26
Dose	Route	Frequency	Start Date		
100mg	PO	1-00	28/5/26	8am	Michael
Name & Signature of the Doctor					
Additional Instructions					
				Michael	
				607640	

				Date	Time
DRUG IN AMIKACIN				29/5/26	30/5/26
Dose	Route	Frequency	Start Date		
500mg	IV	1-01	29/5/26	11:30 AM	Michael
Name & Signature of the Doctor					
Additional Instructions					
in 100ml NS. x 3 days					
				10pm	Parishram
					607623

SPB-00020404 IP2  
 Mrs AYUSHI GUPTA  
 31 Y 5 M  
 Dr. SHEFALI TYAGI

Route Freq

Signature of the Doctor

Additional Instructions

Route Freq

Signature of the Doctor

Additional Instructions

Route Freq

Signature of the Doctor

Additional Instructions

Route Freq

Signature of the Doctor

Additional Instructions

Route Freq

Signature of the Doctor

Additional Instructions

SPB-00020404 IP27-00006775

Name: Mrs AYUSHI GUPTA  
12-12-1994 31 Y 5 M 17 D (F)  
Dr. SHEFAU TYAGI

I.P. No.:

Sheet No.

Wards

Weight (kg)



### REGULAR PRESCRIPTIONS

Date																				
Time																				

DRUG ~~TORSEMID~~

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Name & Signature of the Doctor \_\_\_\_\_

Additional Instructions \_\_\_\_\_

DRUG ENT MONOCEF

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Name & Signature of the Doctor *[Signature]*

Additional Instructions 11pm Paracetamol 67623

DRUG

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Name & Signature of the Doctor \_\_\_\_\_

Additional Instructions \_\_\_\_\_

DRUG

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Name & Signature of the Doctor \_\_\_\_\_

Additional Instructions \_\_\_\_\_

DRUG

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ Start Date \_\_\_\_\_

Name & Signature of the Doctor \_\_\_\_\_

Additional Instructions \_\_\_\_\_



## 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)

Shifting From: .....

Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	THS THYPO NORM	100 mg	PO	100	28/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : Dr. Shreej

Date & Time : 28/5/26 11:30 AM

Nurse Name & Signature : Darpha AN

Date & Time : 28/05/26

(2AN)

SPB-00020404  
 Mrs AYUSHI GUPTA  
 12-12-1994 31 Y 5 M 17 D (F)  
 Dr. SHEFALI TYAGI

IP27-00006775



# Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

29/5/20

Date																									
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30	[Red]																							
	21 - 30	[Yellow]																							
	11 - 20	[Red]																							
	0 - 10	[Red]																							
Saturations	94 - 100 %	[Red]																							
	< 94 %	[Red]																							
Administered O <sub>2</sub> (L/min.)		[Red]																							
Temp °C	40	[Red]																							
	39	[Red]																							
	38	[Red]																							
	37	[Red]																							
	36	[Red]																							
	35	[Yellow]																							
	< 35	[Red]																							
Heart Rate	170	[Red]																							
	160	[Red]																							
	150	[Red]																							
	140	[Red]																							
	130	[Red]																							
	120	[Red]																							
	110	[Yellow]																							
	100	[Red]																							
	90	[Red]																							
	80	[Red]																							
	70	[Red]																							
	60	[Red]																							
	40	[Red]																							
Systolic Blood Pressure	190	[Red]																							
	180	[Red]																							
	170	[Red]																							
	160	[Red]																							
	150	[Yellow]																							
	140	[Red]																							
	130	[Red]																							
	120	[Red]																							
	110	[Red]																							
	100	[Yellow]																							
	90	[Red]																							
	80	[Red]																							
	50	[Red]																							
Diastolic Blood Pressure	130	[Red]																							
	120	[Red]																							
	110	[Red]																							
	100	[Red]																							
	90	[Yellow]																							
	80	[Red]																							
	70	[Red]																							
	60	[Red]																							
	50	[Red]																							
	40	[Red]																							
NEURO RESPONSE [✓]	Alert	[Red]																							
	Voice	[Yellow]																							
	Pain	[Red]																							
	Unresponsive	[Red]																							
URINE ml / hour	> 30	[Red]																							
	< 30	[Red]																							
Proteinuria	Protein ++	[Red]																							
	Protein > ++	[Red]																							
Urochia	Normal	[Red]																							
	Heavy / Foul	[Red]																							
Vaginal Discharge	Clear / Pink	[Red]																							
	Green	[Red]																							
TOTAL YELLOW SCORES		[Red]														12		9							
TOTAL ORANGE SCORES		[Red]																							
Nurse Initial																[Signature]		[Signature]							

