Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Cash: ☐ Credit: ☑

Name: Mrs. Pooja Jangir Age: 29 Gender: Female

UHID No.: 24832 IP No. 6748 Consultant: Dr. Roopa Dept.: OBG

Date of Admission: 25/5/26 Time: 7:49PM Date of Discharge: ..... Time: .....

Room / Bed No: 217 Ward: PVT Room Bed No.: ..... Ward: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	8:30 ~~PM~~	~~OT~~ LDR	OT	Manisha / 01427
26/5/26	9:30 AM	OT	RR	Roja / 01427
	11:30 AM	RR	WARD	

Upated on							

DOCTORS VISITS

	Consultants	Date 25/5/26 AM	PM	Date 26/5/26 AM	PM	Date 27/5/26 AM	PM	Date AM	PM	Date AM	PM	Date AM	PM	Date AM	PM	Date AM	PM	Date AM	PM
1	Dr Roopa		RR		RR		RR												
2																			
3																			
4	Liny - AC		9	9															
5																			
6																			

SURGERY / PROCEDURE CHART

Surgery / Procedure Details: EM. LSCS ↓ Epi		Surgery / Procedure Details:	
Date: 26/5/26 Duration:		Date:	Duration:
Start Time: 8 AM End Time: 9 AM		Start Time:	End Time:
a. Surgeon:	Dr. Roopa	a. Surgeon:	
b. Assistant:	Dr. Sakuntala	b. Assistant:	
c. Anaestheist	Dr. Meghana	c. Anaestheist	
Instruments	–	Instruments	
OT Equipment	–	OT Equipment	
Any Other Information		Any Other Information	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature
25/5/26	8 pm	8 30		NST	
26/5/26	9 30	10 30		NST	
26/5/26	1 AM	1.30 AM		NST	
25/5/26	11 pm	8 AM (26/5/26)		Infusion pump	
26/5	3.30 AM	4 AM		NST	
26/5	6 AM	6.30 AM		NST	
26/5/26	9 AM	11 30 AM		Cardiac Monitor	
	9 30 AM	11 30 AM		Infusion pump	

INVESTIGATIONS / PROCEDURES

Date	Time	Investigations	Sign	Date	Time	Procedures	Sign
25/5/20	11pm	CBC PT APTT CROUS/ CRP/ LFT	[illegible]	25/5/20	9:30 pm	IV pleuremide & Ranee-	[illegible]
				26/5/20	8 am	Catheterization - Cardiac NAD	

PHOTOTHERAPY / OTHER SERVICES

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

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

BLOOD BANK

Date										
Units										
Remarks										

ANY OTHER INFORMATION

Date : 26/5/26 Time : 10 AM Prepared By :

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor

Rainbow® Children's Hospital

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DISCHARGE SUMMARY

Name	Mrs POOJA JANGIR	**UHID**	SPB-00024832
Father/Guardian	Mr NAVEEN KUMAR	**Age/Gender**	29 Y 2 M 16 D/Female
Address	Carmelaram, Bangalore, Karnataka, INDIA, 560035		
IP No	IP27-00006748	**Admission Date**	25-05-2026
Ref Doctor	Others	**Discharge Date**	28-05-2026

Consultant: Dr. ROOPA SIBI SEKHAR,

Diagnosis: G3P2L1A1 WITH 36+2 WEEKS OF GESTATION WITH PREVIOUS NVD FOR INDUCTION OF LABOUR.

Procedure: EMERGENCY LSCS under epidural top up done on 26-05-2026

History: Mrs POOJA JANGIR at 36+2 weeks of gestation with cephalic presentation admitted for IOL. Appreciating fetal movements well. No complaints of bleeding p/v and leaking P/v .She did all ANCs with Dr. ROOPA SIBI SEKHAR. She took Iron and calcium throughout pregnancy .She took two doses of Tetanus toxoid during her pregnancy. She gained adequate weight .

LMP: 13-09-2025
EDD: 20-06-2026
weeks

Obstetric formula: G3P2L1A1
Gestation at admission: 36+2

Obstetric History:
P1- FTND/ 4years/ Male/ A&H
A1-MTP
G3 - Present pregnancy Spontaneous conception. Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : Nil
Family History : Nil
Surgical History : Nil

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Name	Mrs.ROQIA JANGIR	**UHID**	SPB-00024832
IP No	IP27-00006748	**Admission Date**	25-05-2026

Allergies : Nil

Investigations:
Blood group: 'B' Positive
HB:10.8 g/dl
WBC: 8420 cell/mm3
PLT: 1.940 lakhs/mm3
Serology: Negative
USG- (24/5/26)
SLIUG: 34 weeks
Presentation: cephalic
Placenta: posterior high
AFI: 14cm
EFW: 2433 gm
Doppler: Normal

PHYSICAL EXAMINATION:
moderately built and nourished
well oriented cooperative.
GC good No pallor /edema
Pulse -80 b/min
BP – 110/70 mm of Hg
CVS/ RS – NAD
P/A – Uterus term size ,relaxed, Liquor adequate ,cephalic presentation FHR good
P/V- Cervix 50% effaced, Os closed 3cm dilated, Vertex at -2 station, Pelvis Adequate
Admission CTG was reactive.

Course in the Hospital: Patient admitted with above history. required investigations done. NST reactive. After consent, IOL done with tab misoprostol 50mcg pv. in view of non progress of labor, patient was taken for emergency LSCS after consent.

BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Name	Mrs POOJA JANGIR	**UHID**	SPB-00024832
IP No	IP27-00006748	**Admission Date**	25-05-2026

DETAILS OF THE PROCEDURE WITH DATE

EMERGENCY LSCS done Under epidural anesthesia done on 26-05-2026
Indication : Non progression of labour
Surgeon: Dr ROOPA SIBI SEKHAR
Asst Surgeon: Dr. Shakuntala
Anaesthetist: Dr. Hari prasad
Type of Anaesthesia: Epidural Anesthesia

Under all aseptic precaution, patient put in supine position
Parts painted and draped, under epidural
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.

BirthRight BY RAINBOW HOSPITALS

Name	MS. POOJA JANGIR	UHID	SPB-00024832
IP No	IP27-00006748	Admission Date	25-05-2026

MEDICATIONS DURING HOSPITALIZATION:
IV FLUIDS
INJ SUPACEF 1.5GM IV BD.
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 : 08:31:33 AM
Type of Delivery : Emergency LSCS
Indication : Failed progression of labour
Analgesia : Epidural Anesthesia
Sex : Female
Weight : 2.240kgs

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 CEFTUM 500MG 1-0-1 FOR 5 DAYS AFTER FOOD
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 LIMCEE 1TAB 1-0-0 FOR 2 WEEKS
CAP BECOSULES 0-1-0 FOR 2 WEEKS

BirthRight

IP No	IP27 00006748	UHID	SPB-00024832
		Admission Date	25-05-2026

SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS
Normal Diet
Avoid sexual intercourse for next 2 months.

Follow Up:
Review with Dr. ROOPA SIBI SEKHAR 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 thee 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

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Name	Mrs POOJA JANGIR	**UHID**	SPB-00024832
IP No	IP27-00006748	**Admission Date**	25-05-2026

.....

DOCTOR'S SIGNATURE
Dr. ROOPA SIBI SEKHAR
MBBS, DGO

Patient/Attender Signature_____

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Sarjapur

3/2, 2nd floor, Sarjapur - Marathahalli Rd, opp. to 3m car care, Bellandur, Bengaluru, Karnataka 560102 Hsr Layout ,Bangalore ,Karnataka, INDIA ,560102.

WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP27-00006748 **Admit Date** : 25-May-2026 **Admit Time** : 07:49 PM **UHID** : SPB-00024832

Patient Details :

Patient Name	: Mrs POOJA JANGIR	**Age**	: 29 Y 2 M 15 D
Guardian	: Mr NAVEEN KUMAR	**DOB**	: 10-03-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Carmelaram Bangalore Karnataka INDIA 560035	**Phone No**	: 8930023458
		E-mail	: a@s

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-217 **Ward Name** : 2F - PVT

Room No : PVT-217 **Admission Type** : First Visit

Contact Details :

Name : Mr NAVEEN KUMAR **Relationship** : W/O

Contact Address : Carmelaram Bangalore Karnataka INDIA 560035 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. ROOPA SIBI SEKHAR **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Others **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : Cash **Payor Name** : TATA AIG General Insurance Co. Ltd.

Printed By : 016541

ed Date / Time : 25/05/2026 19:51

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
18-03-1997 29 Y 2 M 15 D (F)
Dr. ROOPA SIBI SEKHAR

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:T FOR OBSTETRICS

Presenting Complaints G3P1L1A1 c 36wk 2d of gestation for LOL.

LMP: 13/09/2025 EDD:

Corrected EDD: 20/06/26. GA: 36wk 2d.

Obstetric Formula: Appreciating fetal movements well.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:

DBM: M. 2020:

Obstetric Examination

Fundal Height: 32wk Sized

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

Present Pregnancy Record:

1st: FTND/4yrs/Male/NH.
2nd: MTP.
3rd: present pregnancy

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: Ballotable

RISK FACTORS:

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

- Spontaneous conception.
- NO risk factors.

Received 2 dose of Inj Betnesol

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced (<30% 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: ..... cm

Weight: ..... kg

Allergies: N.D.

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: ⊖

Icterus: ⊖ Edema: BL ⊖

Temp: 37°C PR: 80/min

BP: NOT taken DTR: ⊖

CVS: S1S2 ⊕ RS BLNV B&E

Liver/Spleen: Urine Output:

DIAGNOSIS

G3P1L1A1 c 36wk 2d of gestational age c previous NVD.
c PV bleeding 2nd 3rd.

SPB-09024832 IP27-09006746
Mrs POOJA JANGIR
18-03-1987 29 Y 2 M 15 D (F)
Dr. ROOPA SRI SEKHAR

N/S .	Surgical History: N/S .
Medical History: N/S	Medication History: ~~[illegible]~~ .
Plan of Care: - Admit - NST - Informed & written consent for induction of labor - T. Cytotec 50µg PV if NST reactive . - Monitor with PPIS, - inj MgSO4	Investigations: Hb: 10.8 TC: 6420. PT: /INR Plt: 194,000. Blood group: B positive Serology: Negative. RBS: 120 . HbA1C: 5.9%. USG: Cephalic AFI: 12.8cm ~~[illegible]~~ placenta posterior Grade 2 Doppler: (N).

Doctor Name: Dr. Rachey
Signature:
Date & Time: 25/05/26

Consultant Name: Dr. Roopa
Signature:
Date & Time: 25/5/2026

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Mrs POOJA JANGIR
Dr. ROOPA BIBI BEKHAR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PW: Stripping done - Cx 2-2.5cm dilated <50% effaced. membrane (+) Vx at -2 station	Adv: - Liquid diet. - Syntocinon 5IU 10°/min 37.5ml/Hr. - Reassess @ 12:30 Am. B
25/05/26. 08:00 PM	S/B Dr. Akshay PW: Cx 2-3cm dilated <50% effaced. Membrane (+) Vx at -3 station	C/O Dr Roopa mam - [illegible] - WF progress of labour - Start Titrate Syntocinon
26/05/26 2:30 AM	PW: Cx 3cm dilated <50% effaced Membrane (+) Vx at -3-0-2	Adv: - IVF 1 ORS @ iv on flow - Repeat NST - Monitor contraction PR/FHR - Inform SOS

SPB-0002632 IP27-00006748
Mrs POOJA JANGIR
19-03-1987 29 Y 2 M 17 D (F)
Dr. ROOPA BIBI SEKHAR

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/16 5Am	~~C/S/B Dr. ABHay~~ P/V: Cx 3cm dilated <50% effaced Membrane (+) Vx at -3-00.	ARM done Clear liquor ~~ABHay~~ Continue signs @ 30 mt Hrly - W/F progress of labour ~~Inj. DEPTIN 1 amp.~~ - Reassess at 4.15 Am Dr. Abhay
26/5/16 4:30 Am	S/B Dr. ABHay P/V: Cx 3cm dilated 50% effaced Membranes (+) Vx at -3 station -	C/I/T Dr. Roopa N - Keep NPO. - IV Fluids on - ~~Progress~~ Dr. Abhay

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PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order
S/B Dr. Roopa mam. Dr. Akshay. Plan: Cx 4cm dilated 80% effaced Membranes ⊖ Vx at -2station.	Adv: - Inj Epidosin 3doses 4th mine apart. - W/F progress of labor. - Continue Oxytocin at 90ml/hr. (24 drops per min) Dr. Akshay.
Plan Dr Roopa mam. pt. c/o bearing down/ suffocating sensation. PLN: Cx 4cm dilated 80% effaced Vx at -2station.	Adv. - Continue Oxytocin - W/F progress of labor. Dr Akshay.

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/12/16 11 AM	Cs/o Dr Shivaraj / CH & Dr Roopa POD 0 Emerging Usls patient comfortable c/o pain abdomen	
Baby mother side Breast feeding	O/E PR- 81/pm SPO2 - 99% BP - 108/74 mmHg Afebrile CVS/RS - NAD P/A = Uterus = contracted umb dressing - intact dry PE - minimal bleed. Urine output - clear 600ml.	
	Advice 1) Follow post op order 2) monitor vitals 3) watch for excess PV bleed, Hypotn 4) Breast feeding 5) Inform SOS 6) Shift to ward	

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PROGRESS NOTES AND DOCTOR'S ORDER

Time	Progress Notes	Doctor's Order
	Seen by Dr Roopa Pt Stable PA - Ut well CLR BS ++ PV - (N) Lochia	- SOF Diet - Tablets from tomorrow - Rest CST 26/5/26
26	USG Dr Shivaraj / CT IT Dr. Roopa POD 0 Emergency LSCS Patient comfortable orally tolerating	
	O/E Vitals = Stable P/A = Uterus = contracted well dressing - intact dry LIE - VAE. Lesion - Clean, adequate	
	Advice 1) Remove foley's catheter at 6AM tomorrow 2) monitor vitals I/O Chart 3) watch for excess PPH bleed, Hypotension, Fall, cardiac 4) Inform SOS 5) Tab Cefixime 200mg BD Tab Pantodac 40mg OD Tab Tolpa D 2mg OD Tab Lincee OD	Tab Becosules BD PO. Iron tomorrow

(P.T.O)

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR 29 Y 2 M 17 D (F)
18-03-1997
Dr. ROOPA SRI SEKHAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9 Am	S/o Dr. Akshara - Pt. Comfortable - Vitals Stable P/A CVS/RS/(N) P/A: Uterus CLP Dressing: Dry Ule: Minbleed.	Tab - CST - Inj
27/5/26	C/S/B Dr. Chaithra (PT) POD, Emg LSCS. Pt. comfortable, no complaints. PTRx: → DBEs → ATMs → Heel slides → Bed mobility → Ergonomics advised → BF positioning advised. Pt. comfortable post PTRx.	Dr.

IP27-00006748
POOJA JANGIR
22 Y 8M 17 D (F)
ROOPA BAI SAINAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11.30 AM	S/By Dr Roopa Pt stable, Passed motion c/o Cough. O/E - CS - clear. PA - Ut well c&R BS (+)	Advice - Abdominal Belt. - Syp Cheston Shut Thrice daily x 2 days - Pt can be discharged tomorrow. - Tegaderm dressing tomorrow.
27/5/26 6pm	c/o/s Dr shaheen Cb	Inf/c/o for neteh Deep breathy. Ambulate. CST
Rec-rai neteh - stable Temp Afeb PA - Soft, UA-ac Dry dressing Bow - WNL passed urine & moh. patient in conf orTable CVS - S1 S2 (+) RS - NVBS Heard		

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...rly warning Observation Score Chart - Obstetrics

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

		Date	9/5/24																						
		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																									
	21 - 30														22		22				20				20	
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37														36.9		36.9				36.9				36.9	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120														100		98									
	110																				80				80	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140														110		110				130				120	
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90														62		72				78				70	
	80																									
	70																									
	60																									
	50																									
	40																									
URO ONSE ✓]	Alert														✓				✓		✓				✓	
	Voice																									
	Pain																									
	Unresponsive																									
JNE hour	> 30														✓				—							
	< 30																									
inuria	Protein + +																									
	Protein > + +																									
hia	Normal																									
	Heavy / Foul																									
or	Clear / Pink																									
	Green																									
AL YELLOW SCORES																										
AL ORANGE SCORES																										
Nurse Initial																										

Rainbow Children's Hospital

BirthRight

rning Observation Score Chart - Obstetrics

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

	Date	25/5/26			25/5/26												26/5/26						
	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
BP	≥ 90																								
	85 - 89																								
	80 - 84																								
	< 80																								
SpO2	≥ 95 %	98			98				98				98				98								
	< 95 %																								
Oxygen	0 L/min	-			-				RA				RA				RA								
Temp	40																								
	39																								
	38																								
	37	36.8			36.9				36.6°C				36.6°C				37.1								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	78			76				78				76				74								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	112			110				112				115				112								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	74			72				78				74				72								
	60																								
	50																								
	40																								
NEURO RESPONSE (✓)	Alert	A			A				A				A				A								
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓			✓				✓				✓				/								
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N			N				✓				✓				/								
	Heavy / Foul																								
Liquor	Clear / Pink	✓			✓				✓				✓				/								
	Green																								
TOTAL YELLOW SCORES		-			-				0				0				0								
TOTAL ORANGE SCORES		-			-				0				0				0								
Nurse Initial		[illegible]			[illegible]				[illegible]				[illegible]				[illegible]								

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1997 29 Y 2 M 18 D (F)
Dr. ROOPA SIBI SEKHAR

4832

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Early Warning Observation Score Chart - Obstetrics

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

27/5/26

		Date															27/5/26							
		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																									
	21 - 30																									
	11 - 20					20												22							20	
	0 - 10																									
Saturations	94 - 100 %					98												98							99	
	< 94 %																									
Administered O_2 (L/min.)						RA												RA							RA	
Temp°C	40																									
	39																									
	38																									
	37																									
	36					36.2°C												36.6°C							36.4	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70					70												74							66	
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120					112												111							119	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70					70												70								
	60																									
	50																									
	40																									
AVPRO (CONSCIOUS)	Alert					A												A							A	
	Voice																									
	Pain																									
	Unresponsive																									
URINE (per hour)	> 30					C												J							V	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Ketonuria	Normal					C												/							J	
	Heavy / Foul																									
Liquor	Clear / Pink					C												/								
	Green																									
TOTAL YELLOW SCORES						0												0							0	
TOTAL ORANGE SCORES						0												0							0	
Nurse Initial						SJ												SJ							SJ	

RCH /FRM /

F/HW/DC/INPR/05

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☐ Ward ☐ Shared ☐ Single Room ☐ PICU ☐ NICU

Name: ..... Age : .....

Gender : SPB-00024832 IP27-00006748

Consultant : ..... Mrs POOJA JANGIR 29 Y 2 M 15 D (F)
10-03-1997
Dr. ROOPA SIBI SEKHAR

Date of Admission :.....

DRUG ALLERGIES

DRUG CHART

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient Details are entered above.

DOCTOR
- Please use only internationally approved abbreviations.
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontiue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
  DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY. If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

SOS / PRN (As Required Medication)

DRUG INT EMESET — Date / Time

Dose	Route	Frequency	Start Date
4mg	IV	SOS	26/5/26

Name & Signature of the Doctor

Additional Instructions

DRUG INJ TRAMADOL — Date / Time

Dose	Route	Frequency	Start Date
100mg	IV	SOS	26/5/26

Name & Signature of the Doctor

Additional Instructions
in 100ml NS

DRUG T-Ultracet — Date / Time

Dose	Route	Frequency	Start Date
-	PO	SOS	27/5

Name & Signature of the Doctor

Additional Instructions

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1997 29 Y 2 M 17 D (F)
Dr. ROOPA SIBI SEKHAR

I.P. No.: Sheet No. Wards

REGULAR PRESCRIPTIONS

	Date / Time			
DRUG INJ PARACETAMOL	Date	26/5/26		
Dose: 1g | Route: IV | Frequency: TDS | Start Date: 26/5/26 11am	Time	Rx		
Name & Signature of the Doctor				
Additional Instructions	9pm	Pavithra 607623		

	Date / Time			
DRUG INJ PAN	Date	26/5/26	27/5/26	
Dose: 1 Amp | Route: IV | Frequency: TDS | Start Date: 26/5/26	Time		9am Pavithra 607623	
Name & Signature of the Doctor				
Additional Instructions	1PM BP 96/64			

	Date / Time			
DRUG INJ METRONIDAZOLE	Date	26/5/26		
Dose: 100ml | Route: IV | Frequency: TDS | Start Date: 26/5/26	Time	30 gtts/min		
Name & Signature of the Doctor				
Additional Instructions	10pm	Pavithra 607623		

	Date / Time			
DRUG INJ SUPACEF	Date	26/5/26		
Dose: 1.5g | Route: IV | Frequency: TDS | Start Date: 26/5/26	Time			
Name & Signature of the Doctor				
Additional Instructions	10pm	Pavithra 607623		

	Date / Time			
DRUG INJ PANTOPRAZOLE	Date	26/5/26	27/5/26	
Dose: 1 vial | Route: IV | Frequency: OD | Start Date: 26/5/26	Time			
Name & Signature of the Doctor				
Additional Instructions	2PM	40mg IV OD		

Name	I.P. No.:	Sheet No.	Wards	Weight (kg)
SPB-00024832 IP27-00006748 Mrs POOJA JANGIR 10-03-1997 29 Y 2 M 15 D (F) Dr. ROOPA SIBI SEKHAR				

GULAR PRESCRIPTIONS

Time															

DRUG	Date														
T. CEFTUM	Time	27/5/26		28/5/26											
Dose Route Frequency Start Date				1-0-1											
500mg PO 1-0-1 27/5				Signature											
Name & Signature of the Doctor															
Additional Instructions															
	10PM	Pavisha 6676823													

DRUG	Date														
T. PANTODAC	Time														
Dose Route Frequency Start Date															
40mg PO 1-0-1 27/5															
Name & Signature of the Doctor															
Additional Instructions															

DRUG	Date														
T. TOLPAD	Time	27/5/26		28/5/26											
Dose Route Frequency Start Date				1-0-1											
— PO 1-0-1 27/5				Signature											
Name & Signature of the Doctor															
Additional Instructions															
	8AM	Pavisha 6676823													

DRUG	Date														
T. UMEE	Time	28/5/26													
Dose Route Frequency Start Date															
— PO 1-0-0 27/5	6AM	Pavisha													
Name & Signature of the Doctor															
Additional Instructions															

DRUG	Date														
Cap CHESTON	Time														
Dose Route Frequency Start Date															
5ml PO 1-0-1 27/5															
Name & Signature of the Doctor															
Dr Shalini															
Additional Instructions															

VARIABLE DOSE

IP27-00006748

SRP-00024832

Mrs POOJA JANGIR

19-03-1987 29 Y 2 M 15 D (F)

Dr. ROOPA SIR SEKHAR

Date ▶							
Time		Nurse signature		Nurse signature		Nurse signature		Nurse signature
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
Additional Instruction	Dose		Dose		Dose		Dose	
	Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
	Dose		Dose		Dose		Dose	
	Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	
	Dose		Dose		Dose		Dose	
	Dr. Sign		Dr. Sign		Dr. Sign		Dr. Sign	

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
26/5/24	10.30 pm	Inj. Sypreset	1.5 gm iv	ATD		
26/5/24	10.30 pm	Inj. pan	40mg iv	Stat		
26/5/24	10.30 pm	Inj. Emset	4mg iv	Stat		
25/5/24	9.30 pm	Proctoclysis Enema	1	PR		
26/5/24	8.30 pm	MIOO	50 mcg	PIV		
26/5/24	3.30 pm	Inj. DROTIN	1amp.	in slow		
26/5/24	8 Am	Inj. Epidocin 1amp iv stat & Delivery				
25/5/24	6 pm	Inj. BUSCOPAN	1amp	INTRA MUSCULAR		
5/5/24	8 AM	INJ PAN	40mg	IV	SR	Manisha
5/5/24	8 AM	INJ EMESET	4mg	IV	SR	Manisha
5/5/24	8 AM	INJ SUPACEF	1.5g	IV	SR	Manisha

SPB-00024832 IP27-00006748

Mrs POOJA JANGIR

Name : 10-03-1997 29 Y 2 M 16 D (F)

Dr. ROOPA SIBI SEKHAR

	I.P. No	Weight(kg)	Shee

I. V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (If infusion, mention ml/hr=Mcg/kg/min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign
25/5	1PM	+ SIV Syntocinon IVF IORL	IV	37.5 ml/hr				
26/5	1AM	DNS. 500ml	IV	100ml				
26/5	7AM	RL 500ml	IV	100 ml/hr				
26/5/26	8:20 am	Intra-op IORL+IORL+IORL →	IV	@ 100ml/hr			26/5/26	
26/5/26	9:25 am	Post-op IORL	IV	@ 100ml/hr				

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
5/26	8:31 am	Inj CARBETOCIN	100 mcg	IV		Role MOH
5/26	8:40 am	Inj TRANEXAMIC ACID	1 g	IV		Role MOH
		~~INJ CEFUROXIME~~	~~1.5 g~~	~~IV~~	~~SR~~	
Given		~~INJ PANTOPRAZOLE~~	~~40mg~~	~~IV~~	~~SR~~	
		~~INJ EMESET~~	~~4mg~~		~~SR~~	

IP:27-00008748

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... No ..... ☐ 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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
						☐ C ☐ DC
						☐ C ☐ DC

* C- Continue, DC - Discontinue

CATION HISTORY RECORDED / VERIFIED BY

r Name & Signature : ..... Dr. Rahul .....

Time : ..... 25.5.26 .....

Name & Signature: ..... Deepthi .....

Time : ..... 26/5/26 .....

: RCH /FRM / GENERAL / 090

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 8/9/25 7:11 PM

Nursing Information:

Admitted From: ( ) ER ( ) OPD ( ) Admission from ( ) Others, specify

Primary Language: ( ) Telugu ( ) English ( ) Hindi ( ) Others, specify

Requires 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 ToL

Doctor Notified on Admission: ( ) Yes ( ) No

Name of the Doctor: Dr. Bhavya

Time Notified: 7:10 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	—

Gynecology Assessment: ( ) Not Applicable

Menstrual History: Amenorrhoea

Onset of Menarche: 13yr

Menstrual Cycle: ( ) Regular ( ) Irregular

Last Menstrual Period: 13/9/24

Gynecology Surgical History:

Caesarean Section: ( ) No ( ) Yes

Cervical Cerclage: ( ) No ( ) Yes

Ectopic Pregnancy: ( ) No ( ) Yes

Myomectomy: ( ) No ( ) Yes

Others: _____

Gynecological History:

Contraceptives: ( ) No ( ) Yes

Vaginal Discharge: ( ) No ( ) Yes

Post-Coital Bleeding: ( ) No ( ) Yes

Infertility: ( ) No ( ) Yes

If Yes Type: ( ) Primary ( ) Secondary

Obstetric History: G 3 P 1 L 1 A 1

Previous LSCS: NIL

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

Family History: ( ) NAD Abnormalities Detected

Heart Disease ( ) Hypertension ( ) Diabetes ( ) Stroke ( ) Seizures ( ) Kidney disease

Liver disease ( ) Other

Vital Signs / Measurements: Temp 98.8 HR 82 RR 20

BP 111/78 Weight Height BMI

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

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1997 29 Y 2 M 16 D (F)
Dr. ROOPA SIBI SEKHAR

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		patient received from LDR to OT.
	8.20 am	pt is stable. All consent ✓. Sign in done. Anaesthesia given by Dr. Hari Team ↓ Spi. Time out done. painting and draping done Lscs done and an alive female Baby delivered @ 8.31.33 am. Baby cried at birth. Cord clamping done. Baby handover to paediatrician. placenta expulsed completely. All mop, gauze, instruments needle counts correct. Sign out done. patient stabilised. uterine layers closed and suturing done followed by aseptic dressing. Vaginal toileting done TAB. PPH, Tonac Supp given PR. patient shifted to recovery c file.
	9.20 am	Recovery notes: patient received from OT to RR. pt is stable Vitals checked and recorded.
		IV fluids on flow 100 ml/hr.
	10.20 am	Minimal bleeding ✓ ———
		I/O chart Maintained. Urine Output is clear ———
	11 am	Dr. Shivaraj has seen and advised to shift since pt comfortable
	11.20 am	Handover given to ward duty staff

NURSES NOTES

(USE ONE SIDE OF PAPER PER DAY)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		I assume duty @ c/o,
		c/o taken over from morning shift
		GCS 15/15 conscious, well oriented
		Vitals signs checked and recorded
		medications given as per doctors order,
		No other significant complaints
		c/o taken over to night duty
		staff.
		Night Duty notes
	2pm	Handover taken from evening Duty staff
		while taking handover patient was calm
	9pm	Bed side rounds done
		Patient is having canula present & intact
	11pm	IVI is on flow
	1am	No any other fresh complaints
		vitals checked & recorded
	2am	All medications given as per drug chart
	4am	Patient is comfortable & stable
	5am	Pads given
		No any other fresh complaints
	6am	vitals checked & recorded.
		No any other fresh complaints
	7:00am	Handover given to morning Duty staff

NURSES NOTES

Nursing Notes

Night Duty Work

PATIENT TRANSFER FORM

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SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
18-03-1997 29 Y 2 M 15 D (F)
Dr ROOPA SIBI SEKHAR

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Roopa	25/5/26 @ 7:49 Am	26/5/26 @ 8:30 Am
Transfer Ordered by	**Reason for Transfer**	
Dr. Shivraj	Em. LSCS	
From Unit	**To Unit**	**Information to Attendant**
LDR	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
32	-	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	IP file	1
2.	OP file	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Manisha 01:27 PM	

Patient & Clinical Records Received by :

Date & Time of Patient Received :

Rainbow Children's Hospital | BirthRight

INDUCTION OF LABOR CONSENT

Pooja Jangir Age: 29y Gender: Male ☐ Female ☑

SRO-00024652 Date: 25/05/2026

[illegible] for an induction of labor on 25/05/2026 (date) at 36 (weeks of gestation).

[illegible] your induction is [illegible]

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

[illegible] of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or [illegible]. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

[illegible] induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is [illegible] so that your newborn does not have complications due to possible prematurity.

[illegible] alternative to induction of labor is to wait for labor to start spontaneously.

[illegible] read the information provided and also discussed the process with my doctor.

[illegible] understand the risks and benefits of this procedure and wish to proceed.

[illegible]

[illegible] Pooja Jangir

[illegible] Pooja Jangir

[illegible] & Time 25/05/2026

[illegible]

[illegible] Dr. [illegible]

[illegible] & Time 25/05/2026 8.30pm

Patient Attendant

Signature

Name: Naveen Kumar

Relationship with Patient: Husband

Date & Time: 25/05/2026

Witness

Signature

Name

Date & Time: 25/5/26 8.30pm

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : Pooja Jangir UHID No : SP-000 24832

Gender: ☐ Male ☑ Female Date : 25/05/2026 Time :

I hereby authorized the performance of the following procedure:

1. The Procedure has been explained to me in general terms and I understand that:
2. The indication requiring the procedure of vaginal birth is pregnancy.
3. The purpose of this procedure of vaginal birth pregnancy.
4. The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Roopa Sibi Shekhar

Consentee :
Signature : Pooja Jangir
Name : Pooja Jangir
Date & Time : 25/05/2026

Witness :
Signature :
Name : Daughter
Date & Time : 25/5/26 8pm

Patient Attendant :
Signature :
Name : Naveen Kumar
Relationship with Patient: Husband
Date & Time : 25/05/2026

Doctor (who is taking the consent) :
Signature :
Name : Dr. Akshay
Date & Time : 25/05/2026 8:30pm

CONSENT FORM FOR ANAESTHESIA

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SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1997 29 Y 2 M 15 D (F)
Dr. ROOPA SIBI SEKHAR

Patient Name : ..... Age : 29 yrs Gender : Male ☐ Female ☑

UHID NO: ..... Surgeon Name: Dr. Roopa

Anaesthesiologist : Dr. S. K. Mohanty & team Operative procedure planned : Epidural analgesia/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 anesthetics arid 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 Cronic 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 anesthesia.

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 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 : Pooja Jangir
Name : Pooja Jangir
Relationship with Patient : Self
Date & Time : 26/5/26 7:15 am

Witness :
Signature : .....
Name : Naveen Kumar
Date & Time : 26/5/26 7:15 am

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Meghana
Date & Time : 26/5/26 7:16 am

Docu. No : RCH / FRM / CLINICAL / 021

RHW/IP/CON/CS/264

Pooja Jangir.

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CONSENT FOR CAESAREAN SECTION

(Please read the information below carefully. Do ask questions/ queries/ doubts before you sign the document. Please ensure that your relative signs as a witness.)

Indication for surgery: Non progress of labor.

Part I: Information about the surgery

1. Name of the procedure: Caesarean Section. The most common type of the cesarean section is Lower Segment Caesarean Section (LSCS)

2. Meaning: Baby delivers through the birth canal or vagina during natural child birth. When baby (and placenta) are delivered by making an incision on the abdomen, it is called as Cesarean section. In this, the doctor makes a cut on the abdomen and the uterus to deliver the baby. The cut on the uterus may be made on the upper part or the lower part. In almost all cases, the cut is made on the lower part of the uterus. This is called as lower segment cesarean section (LSCS). If agreed beforehand, additional surgeries such as female sterilization (also called tubal ligation), removal of ovarian cyst & removal of fibroids etc. may be done.

3. Purpose/ indications: (Not all but only common indications are listed below.)
Cesarean is indicated when vaginal birth is not possible or risky to the mother / baby or both. Here are few common examples:

- Immediate delivery is needed: The baby in the womb (fetus) is in distress and needs immediate delivery. If the fetus cannot cope with the stress of labour, the fetal heart sound pattern may become abnormal. Thus, immediate delivery is needed.
- Inadequate space or improper position: If the space in the birth canal is inadequate for the baby to descend or baby is in transverse or breech (buttocks/ legs down position), or there is obstruction due to tumors, or attempts of vaginal delivery have failed.
- Uterus prone to rupture: Previous surgeries on the uterus making it prone for rupture (giving way) in response to uterine contractions of labour (e.g., Previous LSCS, previous Myomectomy or Hysterotomy). Previous surgeries on the genital tract making vaginal delivery difficult or not possible (vaginal repairs).
- Risk of life-threatening bleeding in vaginal delivery: When the placenta is low and if the labour begins, it can lead to life threatening bleeding. Thus, cesarean is preferred.
- Medical conditions in the mother making it risky to wait for and go through labour pains and vaginal delivery. (e.g., pregnancy induced hypertension, gestational diabetes, heart disease etc.)
- Cesarean on demand: In this the woman demands cesarean as her preferred mode of delivery.
- If vaginal delivery is likely to be more complex. For example, large baby, elderly mother, previous pregnancy losses etc.

4. Description of the procedure: When surgery is planned in advance, it is called "Elective Cesarean section." When vaginal delivery is tried but the situation becomes risky to the baby or mother or both, or if the vaginal delivery is not possible, cesarean is planned in emergency. This is called as "Emergency Cesarean section".
Caesarean section may be done under regional anaesthesia (where in the lower half of the body is anaesthetised) or under general anaesthesia where the patient is put to sleep by giving injection. The abdomen is opened layer by layer by making an incision on the abdomen. This incision may be horizontal or vertical. Baby is delivered after making a cut on the uterus. Sometimes instrument like vacuum extractor or forceps may be required to deliver the baby. This is followed by delivery of the placenta and membranes. Uterus and abdominal wall are sutured in systematic manner or layer wise manner. Additional surgery (e.g., tubal ligation), (removal of fibroids removal of ovarian cyst) if already planned is performed before the abdomen is stitched up.

5. Benefits of the procedure:
a. Benefit to the baby (foetus): When foetus is in distress, it needs to be delivered at earliest. C section is a quick way to achieve delivery. If vaginal birth is likely to be traumatic or risky to the baby, C section reduces that risk.

...UNDERTAKING

I, Poojа Jangir aged 29 years, residing at Kadubisanahalli, Bangalore.

...my free and valid consent for Emergency LSCS
...type of operation and /or medication /investigation / therapy/ procedure etc.)

...myself/my (relation)

...Mr/Mrs. Naveen Kumar aged 34 years,

...residing at Kadubisanahalli, Bangalore

...am aware that the surgery will be carried out by Dr. Dr. Roopa and team.

...am aware that the anaesthesia will be administered by Dr Dr. Mohanthy. and team.

...state that:

...have been explained about the nature of the disease that I am suffering from.

...have been given the information about the surgery by doctor.

...also given a leaflet that had detailed information regarding:

a. nature and procedure of the surgery/ procedure

b. its purpose, benefits and effect;

c. alternatives if any available;

d. an outline of the substantial risks

e. adverse consequences of refusing treatment

...have gone through the details mentioned and have clarified my doubts with the doctor.

III. In order to save the life it may even be necessary to do additional surgeries or procedures which are beyond the scope of the consent given by me. I authorize the doctor to take such decisions if the need be.

IV. I have been counseled about the nature of anaesthesia, benefits, purpose, effects and alternatives and substantial risks.

V. I understand that tissue, secretions, discharges, organs removed during surgery may be sent for appropriate examination for further evaluation or dispose of as deemed fit by the doctor.

VI. I give consent for blood /blood products transfusion. I have been explained about the benefits, purpose, effects, alternatives and substantial risks associated with it.

VII. I consent to observing, photographing or televising of the surgery for medical, scientific, or educational purpose, provided my identity is not revealed by picture or by descriptive text accompanying them.

VIII. I accept that medical science is not perfect and has certain limitations. No guarantee has been given about result or outcome.

IX. I agree to co-operate fully with my doctor and to follow instructions and recommendations about my care and overall treatment.

X. I confirm that I have given accurate and relevant details about myself including past medical history, previous ailments, surgeries and allergies to the doctor

XI. Apart from the above mentioned general information, I have been specifically informed about individual risks related to:

.....

.....

(to be written physically by the doctor. This refers to specific problems pertaining to that patient).

XII. I was encouraged to ask questions related to disease and the procedure/operation. All the questions/queries were answered to my satisfaction.

By signing below I indicate that I have understood the above information in the language that I understand. I am giving my free consent willingly with sound mind, without any undue influence, coercion, fraud, misrepresentation or mistake of facts.

Signature: [signature]

Dr.'s Name: Dr. Akshay.

Reg No: 1400446

Date: 26/05/26

Time: 8:05 Am.

Sign: [signature]

Name of witness: Manisha 01A2FT

(From hospital side)

Date: 26/5/26

Time: 8:05 Am

Sign: Manisha 01A2FT

Signature: Pooja Jangir

(or Thumb impression)

Patient's Name: Pooja Jangir

Age: 29 years. years

Date: 26/05/2026

Time: 8:05 Am.

Sign: Naveen

Name of witness: Naveen Kumar

(From patient side)

Age: 34 years. years

Relationship with patient: Husband

Date: 26/05/2026

Time: 8:05 Pm.

Mr. Hindi

Kopa

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Pooja Age: 30 yrs Sex: female UHID No:

Date: 25/5/26 Time: 11:00 pm Proposed Operation: Epidural analgesia / Emergency LSCS

Diagnosis: $G_3P_2L_1A_1$ @ 36 WOG

BP / CRT: 110/70 mmHg PR: 70/min Weight: 68.5 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb:	10.8 / 11.9 (26/5/26)	Glucose:		Protein:		HIV:	X-Ray:
PCV:	33.2	Urea:		Alb:		HBS Ag:	ECG:
WBC:	8400 / 9800	Creat:		Total Bilt:		HCV:	2D Echo:
Platelet:	134000 / 242000	Na:		Dir. Bilt:		Blood group: B positive	Stress/Angio:
PT:		K:		LDH:		T3	Other:
APTT:		Ca++:		Alk phos:		T4	
INR:		Mg++:		Amylase:		TSH	
		Cl-:		SGOT/SGPT:			

Allergies: (-)

Medical History: CVS:

RESP: No H/o HTN/DM/asthma/Epilepsy Diabetes:

CNS: No H/o cough/cold fever

Renal:

Hepatic / GE: Physical Activity: good

Others:

Past Anaesthetic History: N:I

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3FB Mentohyoid Distance: WNL Neck: WNL Teeth: WNL

Lungs: B/L AE (+)

Heart: S1S2 (+)

CNS: HMF (N)

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

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT (SOS) ☐ LMA

Post-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Fe & Ca supplements	

Pre-Operative Instructions: NPO - 7:30 pm (S)

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:
   - Save sample
   - cross matching & reserve PRBC for obstetric emergencies

Signature: Name: Dr Meghana

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1997 29 Y 2 M 16 D (F)
Dr. ROOPA SIBI SEKHAR

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ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: adequate

Physical Status: ☑ Patient Identified ☑ Consent Present ☐ Chart Reviewed

H.R: 109/min B.P / CRT: 110/60 mmHg SpO_2: 100% R.R: Last Feed:

Pre-OP Diagnosis: G4P3L3A0T 36 WOG Operation: Emergency LSCS Date: 26/5/24

Surgeon: Dr. Roopa Anaesthesiologist: Dr. S.K. Mohanty & team Technician: Jaya

TIME 8:20 8:30 8:35 9:00 9:15 9:20

N_2O /AIR /O_2, LPM 0

HALO /SO /SEVO 2

Drugs:
Inj Ceftriaxone 1gm
Inj Tranexamic acid 1g

FIO_2 / SaO_2 100 100 100 100 100

ETCO$_2$

ECG SR SR SR SR SR

Temperature

Urine Output

Fluids IORL + IORL + IORL

Blood

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG Baby – 8:31 am, female, CIAB

GPBS

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (R) UL
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FIO$_2$ Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other Blanket

Times:
Anaes Start: 8:20 am
OP Start: 8:35 am
OP End: 9:15 am
Leave OR: 9:25 am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (L) UL 18G
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☑ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☑ Epidural
Others:
Position: Epidural at L3-L4 interspace
Site:
Needle Size:
Parasthesia ☐ Yes ☐ No
Catheter at skin 15
Drug Name & Conc:
Bolus: Ligno
Infusion:
Block Level: T6 adequate
Comments:

Transportation to
☐ PACU ☐ ICU
Relaxant Reversed ☐

Name of the Doctor:

SPB-00024832 IP27-00006748
Mrs POOJA JANGIR
10-03-1987 29 Y 2 M 16 D (F)
Dr. ROOPA SIBI SEKHAR

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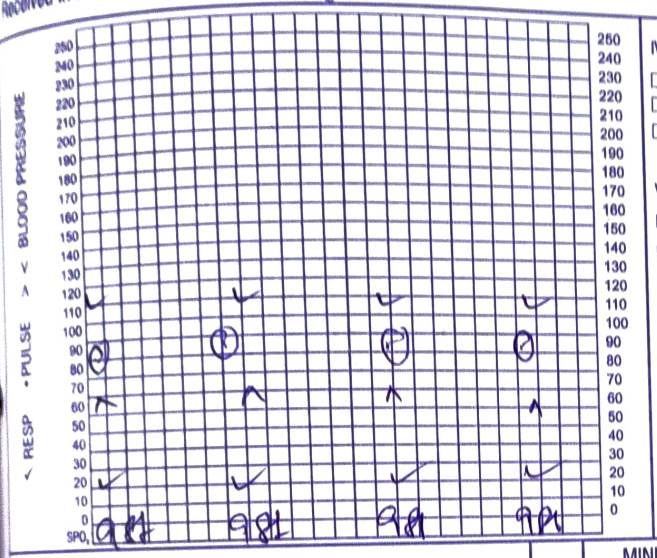
E UNIT RECORD

Received in PACU by : RDT Time Received : 9.20 am Time Discharged : .....



IV Cannula Site (R) UL 18G
☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ ~~No~~ Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ ~~No~~
Urinary Catheter: ☐ ~~Yes~~ ☐ No
Chest Tube: ☐ Yes ☐ ~~No~~
Nil Oral ☐ ~~Yes~~ ☐ No
IV Fluids: IVF - 10RL @ 100 ml/kg
Oral Feeds: Till ~~full~~ further orders

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2			A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2			Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2			
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2			
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2			
	TOTAL	9	9AM	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			NA	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☑ NPS

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

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : RDT
PACU Nurse Signature: .....
Date & Time: 26/5/26

Transferred to Unit by (PACU): .....
Date & Time: 26/5/26

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Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 25/5/26 Time: 7:40am Procedure done by Dr Meghana

CSE /Spinal /Epidural Position : Sitting Space : L3-L4 Technique (LOR/LOS) LOR

Depth: 4cm Catheter at Skin: 9cm Attempts : 2

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Ropivacaine + 2ug/ml fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
7:40 am		0.2% Ropivacaine 8ml	-	-	107/70	91	144	
7:45am	0.1% Ropivacaine + 2ug/ml fentanyl @6ml/hr		-	-	109/70	92	142	

Delivery Details : Time : 8:31am APGAR: female C1AB SVD / Instrumental / LSCS (if LSCS De

Catheter Removed by and Tip Inspected : Dr Ruchitha.V Tip intact

Patient Satisfaction : good

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: DrRuchitha

Date and Time : 27/5/26 7:25am

SURGICAL SAFETY CHECKLIST

Asst. Surgeon : Dr. ...
Anaesthetist : Dr Meghana
Scrub Nurse : Mallaya

10-03-1997 29 Y 2 M 16 D (F)
Dr. ROOPA SIBI SEKHAR

Age : ... Gender ...
Surgery Name : EMUS
8am Out-time : 9am

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Before Induction of Anaesthesia

SIGN IN Time: 8 am

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☑Yes ☐No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA

Anaesthesia Safety Check Completed ☑Yes ☐No

Pulse Oximeter on Patient & Functioning ☑Yes ☐No

Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg in Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑Yes ☐No ☐NA
- Blood Units Reserved ☑Yes ☐No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑Yes ☐No ☐NA

Signature : Meghana
Name : Dr Meghana

Before Skin Incision

TIME OUT Time: 8 am

Confirm all team members have introduced themselves by Name and Role ☐Yes ☐No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐Yes ☑No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☐No ☑NA

Signature : M
Name : Mallaya

Before Patient Leaves Operating Room

SIGN OUT Time: 9 am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☑NA
- Whether there are any Equipment Problems to be addressed ☐Yes ☑No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature : R (Roopa)
Name : Dr Roopa

CESAREAN DELIVERY NOTES

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me: pooja Date: ~~ref~~ IP No:

gnosis: G2P1L1A1 / 36wk+2d / Failed progression of labor

lication: Failed progression of labor / FTOL

rgeon: Dr Roopa Assistants: 1. Dr shakuntala 2.

nesthesiologist: Dr. Hariprasad Anesthesia: Epidural top up

ediatrician: Dr Akhil

crub Nurse : mallayya Circulatory Nurse: latha

Time: 8:15am to 9:15am

Catheterization of the bladder: Yes/No

Incision: Pfannensteil/Joel Cohen's Incision

Scar excision: Yes/NO

Abdomen opened in layers : Conventional/Misgav Ladach

Baby cried immediately after birth and shown to paediatrician

Intra OP Findings:

1. Adhesions – NO
2. LUS well formed
3. Uterine incision: Lower Segment/Transverse/Vertical/Inverted T
   Upper segment & clear
4. Liquor – adequate
5. Baby presentation and position – vertex
6. Extraction by Hand/ Vectis /Forceps/Ventouse
7. Cord clamping : immediate/delayed
8. Placental delivery : controlled cord traction/manual removal of placenta
9. Exteriorisation of Uterus : Yes/No
10. Uterine Closure : Single layer/Double layers
    Continuous/Interlocking
    Polyglactin/Chromic Catgut – 0
11. Uterus, both fallopian tubes and ovaries – modified Pomeroy/Parkland
12. B/l tubectomy done –yes/no ;method – Polyglactin/Chromic Catgut
13. Tears/PPH Yes/No
14. Paracolic gutters cleaned: ~~Yes/No~~
15. Complete hemostasis achieved: ~~Yes/No~~
16. Mops and instruments count verified: ~~Yes/No~~
17. Abdomen closure:
    1. ~~Peritonium~~ : ~~Yes~~/No
    2. ~~Rectus Muscle~~ : Yes/No
    3. ~~Rectus sheath~~ : Polyglactin/Polyprophelene
       Continuous/Baseball

4. Subcutaneous fat obliterated : Yes/No
5. Skin : Subcuticular/Mattress
Polydiaxanone/Polyglactin/Mersilk

18. Vaginal toileting: Yes/No
19. Per Rectal: Diclofenac/Paracetomol/Misoprostol
20. Urine in the uro sac bag and tube: clear/blood stain, 500 ml
21. Blood loss: Avg ml
22. Blood transfusion: Yes/No
23. She withstood the procedure well : Yes/No

MOTHER	BABY DETAILS	PLACENTA
1.P/R: 99bp /min 2.BP: 110/70 mm/Hg 3.SPO2: 98% 4.P/A: soft uterus contracted 5.P/V: - with normal bleeding p/v	1.Weight: 2.240 Kg 2.Sex: Female 3.Time: 8:31:33am 4.Date: 26/5/26 5.APGAR: 6.Mother's side/NICU: 7.Injuries: Yes / No	1.Weight of placenta: 500 2.Complete & healthy : Yes/N 3.Cord Normal: Yes/NO

POST OPERATIVE PROCEDURES:

1. NPO till 6hr .Sips of water (sos) followed by clear fluids & soft diet.
2. IV fluids : RORL @ 100 DPS at 75ml/hr
3. IV Antibiotics : Inj Cefuroxime 1.5g IV one dose at night
4. Inj Pan 40mg IV – BD Inj metronidazole 500mg IV BD for
5. Inj Emeset 4mg IV sos Inj paracetamol 1g IV TID
Tonac Suppository H
6. TPR/BP chart half hourly for 2 hrs and then 2 hourly, Input/Output chart
7. Watch for bleeding PV & abdominal distension Inj pantop 40mg IV
8. Analgesic Protocol a per Anesthetist advice
9. Exclusive breast feeding
10. Remove the Foley's catheter at 6Am on 27/5/26 if urine output >30ml/hr
11. Early ambulation
12. Inform SOS.

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Roja Jangir
24yr 2M
PR7-0000674 18

MATERNAL NUTRITIONAL ASSESSMENT FORM

Pregnant ☑ Lactating ☐ Others

t: ..... cm Weight: ≈ 72 kg BMI: ..... kg/m²

yle: ☐ Sedentary ☑ Moderate ☐ Heavy

al: ..... Overweight: ✓

. Classification of Obesity

BMI	Classification	BMI	Classification
☐ 18.5 - 24.9	Normal Weight	☑ 30.0 - 34.9	Class I Obesity
☐ 25.0 - 29.9	Over Weight	☐ 35.0 - 39.9	Class II Obesity

cal History: Nil

Hypertension	☐ Diabetes Type I / Type 2 / GDM on diet / OHA / Insulin	☐ Cardiac Problem	☐ Diarrhea
Vomiting	☐ Gastro Reflux	☐ Constipation	☐ Anemia
Difficulty in Swallowing	☐ Geriatric Patient	☐ Others	☐ Hemoglobin

osis

ur Dietary Recall

Meal	Menu	Quantity
Early Morning	Water - 1glass.	
Breakfast	Poha - 1cup + 10 slices cucumber.	
Mid Morning	Tea - 1glass + 2 biscuits.	
Lunch	Rice - 1cup + Dal - 1cup + Bendi pahya - 1cup.	
Snacks (Evening)	Coffee - 1glass.	
Dinner	Roti - 4no & Paneergravy - 1cup.	
Bed Time		

Diet Recall Total Calories: ≈ 2130

Diet Recall Total Protein: ≈ 40g

Oral Calcium Tablets: Yes

Preference: ☑ Vegetarian ☐ Non-Vegetarian

Allergies: ☐ Yes ☑ No

Modified Diet: Lactation soft diet

Recommendations:

2000 kcal Protein: 85g Others: Fluids