F/HW/AR/BIL/01

OT Clearance given
Harish

ACTIVITY RECORD FOR BILLING

Cash: ✓ Credit: ☐

Name: Mrs. Gadikota Harika Age: 34 Gender: Female

UHID No.: 20630 IP No. 6788 Consultant: Dr. Ananya Dept.: OBG

Date of Admission: 26/5/26 Time: 7:05PM Date of Discharge: .... Time: ....

Room / Bed No: 202 Ward: Deluxe Room Bed No.: .... Ward: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/26	6 Am	Incub-2	OT	DN02095
27/5/26	7 Am	OT	Ward post op	[signature]
27/05/26	10 A	Post op	OT	95

Upated on							

DOCTORS VISITS

	Consultants	Date 27/5/26		Date 28/5/26		Date		Date		Date		Date		Date		Date		Date	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																			
2																			
3																			
4	Lucy M	Of		Of															
5																			
6																			

SURGERY / PROCEDURE CHART

Surgery / Procedure Details: £ LSS + BTL ISA		Surgery / Procedure Details:	
Date: 27/5/21	Duration: 60min	Date:	Duration:
Start Time: 6Am	End Time: 7Am	Start Time:	End Time:
a. Surgeon:	Dr Ananya	a. Surgeon:	
b. Assistant:	Dr Sivaram	b. Assistant:	
c. Anaestheist	Dr Rashmi	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
26/5	9 Am	930m		NST	[illegible]
27/5	530 AM	6 AM		NST	[illegible]
27/5	7Am	9A	2hour	Cardiac monitor	
27/5/21	7A	9A	2 hour	Infusion	[illegible]

INVESTIGATIONS / PROCEDURES

Date	Time	Investigations	Sign	Date	Time	Procedures	Sign
26/5	11pm	CBC PT APTT RNR, cross match HIV HBsAg, HCV VDRL Blood Group	[illegible]	26/5	10pm	IV cannula	[illegible]
				27/5	5am	catheterization	[illegible]
27/5	10am	Fallopian tubes sent for HPE	[illegible]				

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
28/5/26	Physiotherapy	[illegible]			

BLOOD BANK

Date										
Units										
Remarks										

ANY OTHER INFORMATION

Date : 29/5/25 Time : 9 Am

Prepared By : [signature]

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
	[signature] 016913		

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

egistration Details :

dmission No : IP27-00006758 **Admit Date** : 26-May-2026 **Admit Time** : 07:05 PM **UHID** : SPB-00020630

atient Details :

atient Name	: Mrs GADIKOTA HARIKA	Age	: 34 Y 11 M 16 D
uardian	:	DOB	: 10-06-1991
iender	: Female	Religion	:
ccupation	:	Martial Status	:
ddress (H)	: Carmelaram Bangalore Karnataka INDIA 560035	Phone No	: 9550683069/
		E-mail	: harikareddy.reddy5@GMIL.COM

dmission Details :

ed Type : DELUXE ROOM **Bed No** : DLX-202 **Ward Name** : 2F - DELUX ROOM

oom No : DLX-202 **Admission Type** : First Visit

ontact Details :

ame : **Relationship** :

ontact Address : **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. ANANYA POLAM REDDY

Referral Doctor : YES BANK LIMITED_SELF

Co-Consultant :

Specialisation : OBSTETRICS AND GYNECOLOGY

Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 5000.00

Payor Name : SELFPAY

Harish.VB

Printed Date / Time : 26/05/2026 19:06 Printed By : 016541

PATIENT TRANSFER FORM

SPB-00020630 IP2?
Mrs GADIKOTA HARIKA
19-08-1991 24 Y 11
Dr. ANANYA POLAM REDD

	Date & Time of Admission	Date & Time of Transfer Order
	27/8/2022	27/8/2022
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Ananya	Dr. Sakuntala	Post op
From Unit	**To Unit**	**Information to Attendant**
LR	Ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
41	NIL	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Patient file	01
2.	opd file	01
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bansari 27/8	

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

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

FOR OBSTETRICS

Presenting Complaints
H/o 9 months pregnancy
perceiving fetal movements well
No complaint

Obstetric Formula: G2P1L1

Obstetric History:
married life = 3 yrs / NCM

I - Boy, LSCS, 3.75kg, A&H 2 yrs
NPOL

Present Pregnancy Record:
II - present pregnancy
Spontaneous conception

RISK FACTORS:
1) Previous LSCS
2) Hypothyroidism

Height: 158 cm
Weight: 76.7 kg
Allergies: None
Breast: ☑ Normal ☐ Abnormal
General Examination: Stable
Consciousness: + Pallor: –
Icterus: – Edema: –
Temp: afebrile PR: 80 bpm
BP: 110/68 mmHg DTR: +
CVS: S1 S2 ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

LMP: 26/8/2025 EDD: 2/6/2026
Corrected EDD: 7/6/2026 GA: 38+2 wks
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term size
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: 5/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
No Scar tender

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
G2P1L1 at 38+2 weeks c̄ cephalic presentation c̄ previous LSCS c̄ Hypothyroidism.

(P10)

Patient Sticker

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

Famil

Surgical History:

previous LSCS

Medical History:

1) moderate Anemia during pregnancy on Tab Iron +01
2) Hypothyroidism x 1.5 yrs ⟶ Tab thyronorm 150 mg +00

Medication History:

Plan of Care:

1) Admission NCT
2) NPO
3) Consent for LSCS
4) Part prepare
5) pre-op medication
6) IV fluid - RL at 75ml/hr
7) Reserve 1 unit PRBC
8) Send CBC, PT INR
9) monitor vitals
10) Inform SOS
11) Shift to OT by 6Am.

Investigations:

Blood group = AB+ve

17/C/26

Hb - 11.9 gm%

TC - 9800

Plt - 2.77 lakh

Serology - Non Reactive

USG 23/5/2026

- SLIUG = 37+6 wks
- Cephalic
- Placenta Anterior
- AFI = 10.2cm
- EFW = 3392 gm
- BPP - 8/8.

Doctor Name: Dr. Shivaraj

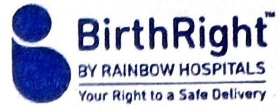
Signature: 26/5/26

Date & Time: 26/5/26

Consultant Name: Dr. Ananya

Signature:

Date & Time:



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/05/26 at 7:05pm

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 LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Shivani

Time Notified: 9pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism	Prev, LSCS	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 9 months Amenorrhoea

Onset of Menarche: 12y

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 28/8/25

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 2 P 1 L 1 A 0

Previous LSCS: 2 yrs

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form : Tab thyronorm 100

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98 HR: 82 RR: 20 BP: 100/70 Weight: 76.2 Height: 158 BMI:

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

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

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 ☑ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

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 ☐

Social History: Lives With .... Family ....

Orientation has been given regarding the following aspects:

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

Above information given to .... Pant ....

Name of Person Orientation was given to: .... Deepthi ....

Orientation not given Reason: ....

Nurse Signature: .... [signature] ....

Nurse Name: .... Deepthi ....

Date & Time: .... 26/5/20 7.20 pm ....

Rainbow® | BirthRight™

PB-00020630 IP27-0006758
Mrs GADIKOTA HARIKA
0-06-1991 34 Y 11 M 17 D (F)
Dr. ANANYA POLAM REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9am		C/S/B Dr Shakuntala
	GC - fair	Watch for vitals
	vitals - stable	Ambulation on bed
	P/A - soft, Dressing Dry	Input & output charting
	Temp - Afeb	Deep breathing
		Breast feeding
	BP - within normal level	Inform SOS
	CVS - S1 S2 (+)	Shift to ward
	NVBS heard	
	U/O - Adequate	
		[signature]
	patient is comfortable	
6pm		C/S/B Dr Shakuntala
	GC - Avg	
	Temp - Afeb	Watch for vitals
	vitals - stable	Ambulation
	BP - within normal level	Breast feeding
	CVS - S1 S2 (+)	Drink lots of water
	NVBS heard	
	U/O - adequate	
	pt comfortable	[signature]
	no complaints	

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-05-1991 34 Y 11 M 18 D (F)
Dr. ANANYA POLAM REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 9:00AM	C/S/B Dr. Ananya P Pt reviewed C/o mild pain at operated site O/E; Vitals stable P/A: uterus (R) well Dressing dry L/E: Minimal bleeding	Adv - Change to oral medications - C/I

..0020630 IP27-00006758
..ADIKOTA HARIKA
..1991 34 Y 11 M 16 D (F)
..NANYA POLAM REDDY

..RESS NOTES AND DOCTOR'S ORDER

..e / ..ime	Progress Notes	Doctor's Order
..5/26	C/S/B Dr. Charithra (PT)	
	POD1, LSCS.	
	Pt. comfortable, no complaints	
	PTRx: → DBEx's	
	→ ATM's	
	→ Heel slides	
	→ Bed mobility	
	→ Ergonomics advised.	
	Pt. comfortable post PTRx	(signature)
2[?]/5/26 10am	C/S/B Dr. Shivaraj / C/E/K Dr. Aaanya	
	patient comfortable	
	POD1 Elective LSCS + B/L tubectomy	
Baby mother side	urine - passed, stools - passed	
Breastfeeding	O/E vitals stable	
	P/A = Uterus = contracted well	
	dressing - intact dry	
	HE - NAD.	
	Advice	
	1) Follow DS at meds	
	2) monitor vitals	
	3) Breastfeeding	
	4) Normal diet	
	5) Inform SOS	(signature)

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/S/B Dr. Sreyanya / C/I/T Dr. Ananya	
8PM	POD1 LSCS + tubectomy	
	patient comfortable	
Baby	orally tolerating, urine & stools - passed	
mother side	O/E vitals - Stable	
Breast feeding	P/A = uterus - contracted well	
	dressing - intact dry	
	HE - NAD	
	Advice	
	1) Continue oral meds	
	2) Ambulate	
	3) Normal diet	
	4) Drink plenty of fluid	
	5) Enzoram Sol	
		[signature]
29/5/26 8:30am	S/B Dr. Abhay	C/I/T Dr. Ananya
	POD2 of LSCS	
	Pt. comfortable. Baby: Motherside	Advice:
	Vitals: Stable.	CST.
	RS]	Continue
	CVS] (N)	T. Thyronorm 150mg OD
	P(A): uterus contracted.	Repeat S.TSH
	Suture Site: Healthy.	after 45days
	Dressing: changed to regaderm.	
	L/c: min bleed.	[signature]

PROGRE... Progress ... [adjacent blank page]

No. : RCH /FRM / CLINICAL / 088

F/HW/DC/INPR/05

nbow ildren's spital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

☐ Ward ☐ Shared ☐ Single Room ☐ PICU ☐ NICU

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

Gender: SPB-00020630 P27-00006758 Mrs GADIKOTA HAR 16-06-1991 24 M 16 D (F)

Consultan Dr. ANANYA POLAM

Date of A

DRUG ALLERGIES

DRUG CHART

OR THE SAFETY OF THE PATIENT

ENERAL / OCTOR
- Ensure that all patient Details are entered above.
- 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.

URSES
- 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: INJ EMESET

Dose	Route	Frequency	Start Date
4mg	IV	SOS	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date / Time:

DRUG: INJ TRAMADOL

Dose	Route	Frequency	Start Date
100mg	IV	SOS	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions: in 100ml NS

Date / Time:

DRUG:

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor:

Additional Instructions:

Date / Time:

Name : SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

I.P. No.: | Sheet No. | Wards

REGULAR PRESCRIPTIONS

Date	Time

DRUG INJ PARACETAMOL

Dose	Route	Frequency	Start Date
1g	IV	I-I	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date	27/5/26	28/5/26
Time	11AM [signature] 067	9AM Ravisha 607623
	7PM Sindhu [illegible]	

DRUG INJ PAN

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date	27/05/26	28/5/26
Time		7Am Ravisha 607623
	8PM Sindhu 026664	

DRUG INJ NAC SUPPOSITORY

Dose	Route	Frequency	Start Date
100mg	P/R	I-I	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date	27/05/26	28/5/26
Time		7AM Ravisha 607623
	3PM Sindhu 026664	[signature] 067
	11pm Ravisha 607623	

DRUG INJ SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions: 1 more dose tonight

Date	27/05/26
Time	
	5PM Sindhu 026664

DRUG INJ LEXANE

Dose	Route	Frequency	Start Date
40mg	S/C	OD	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions: OD at 8PM x 3 days

Date	27/05/26	28/5/26
Time		
	8PM Sindhu 026664	8PM [signature] 02[illegible]

B-00020630 IP27-000
GADIKOTA HARIKA
06-1991 34 Y 11 M 17 D
ANANYA POLAM REDDY

DRUG TAB THYRO[illegible]
Route: P/O | Frequency: 1-0-0 | Dose: mcg
Name & Signature of the Doctor: [signature]
Additional Instructions

DRUG TAB CEFTU[illegible]
Route: P/O | Frequency: 1-0-1 | Dose: 500mg
Name & Signature of the Doctor: [signature]
Additional Instructions: x 5 da[illegible]

DRUG TAB TOLPA[illegible]
Route: P/O | Frequency: I-I | Dose: 1 tab
Name & Signature of the Doctor: [signature]
Additional Instructions

DRUG TAB PAN
Route: P/O | Frequency: 1-0-1 | Dose: 40mg
Name & Signature of the Doctor: [signature]
Additional Instructions

DRUG SYP. DUPHA[illegible]
Route: P/O | Frequency: 0-0-1 | Dose: 15ml
Name & Signature of the Doctor: [signature]
Additional Instructions

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 17 D (F)
Dr. ANANYA POLAM REDDY

I.P. No.:	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG TAB THYRONORM

Dose	Route	Frequency	Start Date
50mcg	P/O	1-0-0	27/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date / Time: 28/5/26 — ~~[illegible]~~

DRUG TAB CEFTUM

Dose	Route	Frequency	Start Date
500mg	P/O	1-0-1	28/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions: x 5days.

Date / Time: 28/5/26 — 9pm [signature] 010931

DRUG TAB TOLPA D

Dose	Route	Frequency	Start Date
1tab	P/O	1-1-1	28/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date / Time: 28/5/26 — 9pm [signature] 020931

DRUG TAB PAN

Dose	Route	Frequency	Start Date
40mg	P/O	1-0-1	28/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date / Time: 28/5/26 — 7PM [signature] 016774; 29/5/26 — 7AM [signature] 020970

DRUG SYP. DUPHALAC

Dose	Route	Frequency	Start Date
20ml	P/O	0-0-1	28/5/26

Name & Signature of the Doctor: [signature]

Additional Instructions:

Date / Time: 28/5/26 — 10PM [signature] 020911

Name :	I.P. No.:	Sheet No.	Wards

REGULAR PRESCRIPTIONS

	Date / Time

DRUG TAB ULTRACET				Date / Time
Dose	Route	Frequency	Start Date	
1tab	P/O	SOS	28/5/26	
Name & Signature of the Doctor: SD				
Additional Instructions				

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

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

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

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

SPB-00020630 IP2
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M
Dr. ANANYA POLAM REDDY

RIABLE DOSE

RUG
ute | Start Date
me & Signature of the Doctor
ditional Instruction

DATE	TIME	ME
27/5/26	5:30 AM	INJ
27/5/26	5:30 AM	INJ
27/5/26	5:30 AM	INJ
27/5/26	6:14am	INJ
27/5/26	7Am	JONAC supp
27/5/26	7Am	TAB MIC

VARIABLE DOSE

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D
Dr. ANANYA POLAM REDDY

DRUG

Route	Start Date

Name & Signature of the Doctor

Additional Instruction

Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature

VARIABLE DOSE

Date ▶
Time ▼

DRUG

Route	Start Date

Name & Signature of the Doctor

Additional Instruction

Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature	Dose / Dr. Sign	Nurse signature

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
27/5/26	5:30 AM	INJ ALUPACEF	1.5 g	IV	[signature]	[signature] 0206
27/5/26	5:30 AM	INJ PAN	40mg	IV	[signature]	[signature] 0207
27/5/26	5:30 AM	INJ EMESET	4mg	IV	[signature]	[signature] 0201
27/5/26	6:14am	INJ CARBETOCIN	100mcg	IV	[signature]	[signature] [illegible]
27/5/26	7Am	JONAC suppository	100mg	P/R	[signature]	[signature] [illegible]
27/5/26	7Am	TAB MISOPROSTOL	600mg	P/R	[signature]	[signature] [illegible]

Name : SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

I.P. No

Weight(kg)

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
26/5/26	[illegible]	RL 500ml	(75 ml/hr) IV	86 ml/h	[signature]	[signature]		
27/5/26	6am To 7:05 am	RL 1500ml	IV	Bolus	[signature]	[signature]	27/5/26 7:10	[signature]
27/5/26	7:10 am	IV RL	IV	100ml /hr	[signature]	[signature]		

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D
Dr. ANANYA POLAM REDDY

Drug Allergies: ....

Medication Reconciliation wi...
in the trea...
(Example: at the ti...

Shifting From: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LET...
1	TAB IRON
2	TAB CALCIUM
3	TAB UDILIV
4	
5	
6	
7	
8	
9	
10	

...EDICATION HISTORY RECORDED / VER...

...octor Name & Signature : [signature]

...te & Time : 26/5/26

...urse Name & Signature: [signature]

...te & Time : 26/...

...u. No. : RCH /FRM / GENE...

SPB-00020630
Mrs GADIKOTA HARIKA
10-06-1991
Dr. ANANYA POLAM REDDY

ATION 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	TAB IRON	1tab	P/O	OD	25/5/26	☐C ☑DC
2	TAB CALCIUM	1tab	P/O	OD	25/5/26	☐C ☑DC
3	TAB UDILIV	300mg	P/O	1-1	26/5/26	☑C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. SHIVRAJ

Date & Time : 26/5/26 10pm

Nurse Name & Signature: Deepthi 020462

Date & Time : 26/5/26

Docu. No. : RCH /FRM / GENERAL / 090

SPB-00020630 IP27-0000675
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 16 D
Dr. ANANYA POLAM REDDY

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...ing Observation Score Chart - Obstetrics

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

26/6	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																								
	21 - 30														20								20		
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %														98								98		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37														36								36		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100														82								84		
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130														120								120		
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90														70								70		
	80																								
	70																								
	60																								
	50																								
	40																								
...URO ...PONSE [✓]	Alert														✓								✓		
	Voice																								
	Pain																								
	Unresponsive																								
...RINE .../ hour	> 30														✓								✓		
	< 30																								
...einuria	Protein + +																								
	Protein > + +																								
...chia	Normal																								
	Heavy / Foul																								
...uor	Clear / Pink																								
	Green																								
...TAL YELLOW SCORES																									
...TAL ORANGE SCORES																									
Nurse Initial															[signature]								[signature]		

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 17 D (F)
Dr. ANANYA POLAM REDDY

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arning Observation Score Chart - Obstetrics

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

	Date	27/5/24															28/5								
	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	20	20				20				20					18							20	
	0 - 10																								
...urations	94 - 100 %							98%				99%					99%							98	
	< 94 %																								
...ministered O_2 (L/min.)								RA				RA					RA							RA	
Temp°c	40																								
	39																								
	38																								
	37	[illegible]	[illegible]	[illegible]																					
	36							36°C				36.1°C					36.8°C							36.8	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	81	81													82							82	
	70							74				84													
	60																								
	50																								
	40																								
Systolic Blood P...	190																								
	180																								
	170																								
	160																								
	150																								
	140																							120	
	130											114													
	120							112									124								
	110																								
	100	101	102	102																					
	90																								
	80																								
	70																								
	60																								
	50																								
	130																								
	120																								
	110																								
	100																								
	90																							73	
	80							70																	
	70	60	61	62								63					74								
	60																								
	50																								
	40																								
...O ...NSE	Alert	✓	✓	✓				A				A					A							A	
	Voice																								
	Pain																								
	Unresponsive																								
...E ...our	> 30							✓				✓					✓							✓	
	< 30																								
...ria	Protein + +																								
	Protein > + +																								
	Normal	✓	✓	✓				✓				✓					✓							✓	
	Heavy / Foul																								
	Clear / Pink							✓				–					✓							✓	
	Green																								
YELLOW SCORES								0																✓	
ORANGE SCORES																	0								
Nurse Initial		[illegible]	[illegible]	[illegible]				[illegible]				[illegible]					[illegible]							[illegible]	

SURGICAL SAFETY CHECKLIST

Asst. Surgeon : Dr. Shivaram
Anaesthetist : Dr. Ruchetha
Scrub Nurse : Shabna

Patient Name : Gadikota Harika Age : 34Y Gender : F
UHID No. 82-0000675
Surgery Name : C.L. Lust
Date : 27/5/26 In-time : 5:55pm Out-time : 7pm

Mrs GADIKOTA HARIKA IP27-00006758
10-06-1991 34 Y 11 M 17 D (F)
Dr. ANANYA POLAM REDDY

Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 6pm

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 : [signature]

Name : Dr. Ruchetha

Before Skin Incision ➤ ➤

TIME OUT Time: 6:05pm

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 : Shabna

Name : Shabna / 01620

Before Patient Leaves Operating Room

SIGN OUT Time: 6:55pm

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

MFG DT 127
26 05 2026
25 06 2026

Signature : SR

Name : Dr. Ananya

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SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA 34 Y 11 M 17 D (F)
10-06-1991
Dr. ANANYA POLAM PADDY

CESAREAN DELIVERY NOTES

Name: G. Harika Date: 27/5/26 IP No:

Diagnosis: G2P1L1 at 38+2 wog ̄c previous LSCS

Indication: previous LSCS

Surgeon: Dr Ananya Assistants: 1. Dr. Shivraj 2.

Anesthesiologist: Dr Ruchitha Anesthesia: spinal

Pediatrician: Dr Shashidhar

Scrub Nurse: Shabana Circulatory Nurse: Mahy

Time: 6:10 AM to 6:58 AM

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:

1. Adhesions - Nil
2. LUS - thinned out
3. Uterine incision: Lower Segment/Transverse/Vertical/Inverted T
   Upper segment
4. Liquor - clear adequate
5. Baby presentation and position cephalic
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
11. Uterus, both fallopian tubes and ovaries - Normal
12. B/l tubectomy done - yes/no ;method - modified Pomeroy/Parkland
    Polyglactin/Chromic Catgut

    B/L tubes specimen sent for HPE.
13. Tears/PPH - 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 : ...
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, 100 ml
21. Blood loss: 300 ml
22. Blood transfusion: Yes/(No)
23. She withstood the procedure well : (Yes)/No

MOTHER	BABY DETAILS	PLACENTA
1.P/R: 81 beats /min 2.BP: 110/70 mm/Hg 3.SPO2: 99% 4.P/A: uterus= contracted 5.P/V: minimal	1.Weight: 3.420 Kg 2.Sex: MALE 3.Time: 6:14:33 Am 4.Date: 27/5/26 5.APGAR: 8/10 9/10 6.Mother's side/NICU: 7.Injuries: Yes/(No)	1.Weight of placenta: 2.Complete & healthy: 3.Cord Normal: (Yes)/No

POST OPERATIVE PROCEDURES:

1. NPO till 6 hours .Sips of water (sos) followed by clear fluids & soft diet.
2. IV fluids : 2RL / 2NS / 1DNS at 125ml/hr
3. IV Antibiotics : Inj Cefuroxime 1.5g IV TDS
4. Inj Pan 40mg IV TDS
5. Inj Emeset 4mg IV sos
6. TPR/BP chart half hourly for 2 hrs and then 2 hourly, Input/Output chart
7. Watch for bleeding PV & abdominal distension
8. Analgesic Protocol a per Anesthetist advice
9. Exclusive breast feeding
10. Remove the Foley's catheter at 6AM 28/5/26 if urine output >30ml/hr
11. Early ambulation
12. Inform SOS.

1) Inj PCT 1g IV TDS
2) Inj Tramadol 100mg in 100ml NS
3) Jonac suppository 100mg P/R TH
4) Inj Clexane 40mg S/C OD at 8pm
5) Tab thyronorm 150mg

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 27/5/26 Date of Removal: ....

Parameters	N	M	E	N
Date	27/5/26	27/5/26	27/5/26	27/5/26
Need for the Catheter	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No
Hand Hygiene	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☐Yes ☐No

Dr. ANANYA POLAM REDDY

Dr Ananya

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

MT. Telugu (N)

Name: Gadikota Harika. Age: 34y Sex: Female UHID.No :

Date: 26/5/26. Time: 4pm Proposed Operation: Elective LSCS.

Diagnosis: G2P1L1 c 38+4 POG c previous c hypothyroidism

B.P / CRT: 116/78 H.R: 108bpm Weight: 76kg Ht: 158cm ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

17/5/26.

Hgb: 11.9 g/dl	Glucose:	Protein:	HIV:	X-Ray:
PCV: 35.7%.	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9880	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2.72 lakh	Na:	Dir. Bill:	Blood group: AB+ve (verbal)	Stress/Anglo:
PT:	K:	LDH:	7/1 T3 ~~12.07~~ 1.93	Other:
PTT:	Ca++:	Alk phos:	T4 12.07	
INR:	Mg++:	Amylase:	TSH 4.321	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS : No cardiac illness

RESP : No cough cold fever.

CNS : / Renal : / Hepatic / GE : } No significant history

Others :

Diabetes : H/o hypothyroidism x 1y, T. Thyronorm 150mcg, Not K/c/o DM, HTN, TB, Asthma, Epilepsy

Physical Activity: METS > 4.

Past Anaesthetic History: H/o Prev LSCS - 2yr - SA - uneventful

Physical Exam: PICCLE -ve

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

Lungs : B/L NVBS ⊕

Heart: S1S2 ⊕

CNS: NAD.

Pregnant: ☑Yes ☐ No ☐ NA | Venous Access Site : ⊕ Spine Exam for regional : Midline IVS palpable

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

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

CURRENT MEDICATIONS	DOSAGE
Iron, Ca	
Thyronorm 150mg	1-0-0

Pre-Operative Instructions: NPO: 6hr solid, 2h water.

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

6. save sample, coagulation profile
7. IV fluid 100ml/hr.
8. crossmatch & reserve PRBC.

Signature: [signature] Name: Dr Ruchitha.

Docu. No. : RCH /FRM / CLINICAL / 044

SPB-00020630
IP27-00006758
Mrs GADIKOTA HARIKA
10-06-1991 34 Y 11 M 17 D (F)
Dr. ANANYA POLAM REDDY

ANAESTHESIA CHART

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Birthright

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No
Fasting Status: Adequate

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

H.R: 90bpm B.P / CRT: 110/72mmHg SpO_2: 100% R.R: 16cpm

Pre-OP Diagnosis: G2P1L1 c 38+2 POG ~~pro~~ c/o LSCS Operation: Elective LSCS

Surgeon: Dr Ananya Anaesthesiologist: Dr Ruchitha.V

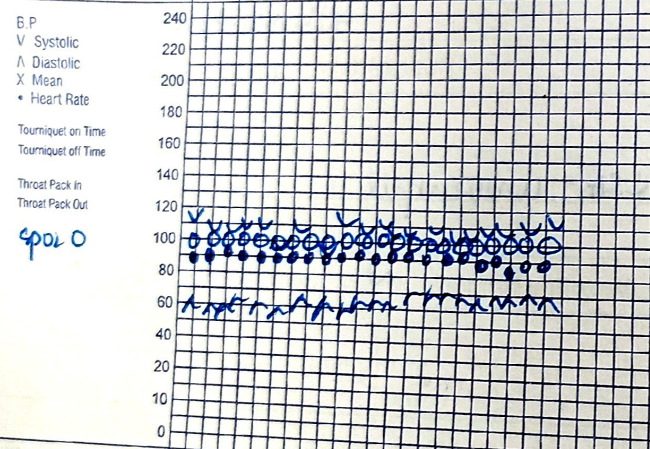
Last Feed:
Date:
Technician:

TIME: 6 | 6:15 | 6:30 | 6:45 | 7

N_2O / AIR / O_2 LPM: →
HALO / ISO / SEVO
Drugs:
Inj Carbetocin 100mcg IV
Inj Hydrocortisone 100mg IV

FIO_2 / SaO_2: 100 100 100 100 100 100 100 100 100
$ETCO_2$
ECG: ← Sinus Rhythm →
Temperature
Urine Output

Fluids / Blood: 1° RL → 1° RL → 1° RL



LAB Values
ABG
GRBS: male | 6:14am | 3.42kg | B+AB
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: L arm
☐ 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: 6am
OP Start: 6:05am
OP End: 6:50a
Leave OR: 7Am

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional spinal

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 18G Ⓡ hand
☐ 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
☐ Video Laryngoscopy ☐ Direct Vision
☐ Fiberoptic ☐ Stylette / Bougie
Blade# .... Attempts: ....
Difficulty Why? ....

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural
Others: Sitting
Position: L3-L4
Site:
Needle Size: 27G Whitacre
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: Bupivacaine
Bolus: 60 mcg
Infusion: 0.5%
Block Level: T6
Comments: Nil
Transportation to
☑ PACU ☐ ICU
Relaxant Reversed ☐ Yes
Name of the Doctor: DrR

34 Y 11 M 17 D (F)

POLAM REDDY

Rainbow® Children's Hospital

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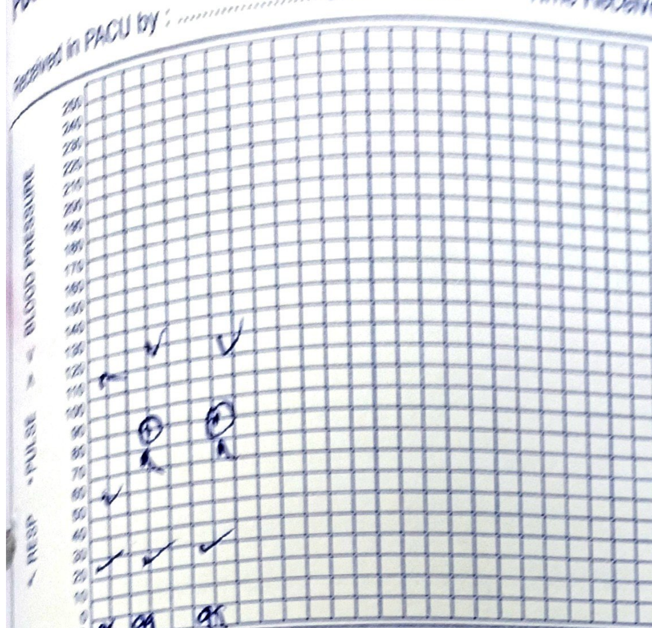
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Banu

Time Received: 7 Am

Time Discharged:



IV Canula Site: 18G (L) hand

- [x] O2 Mask
- [ ] Tracheostomy
- [ ] Oral Airway
- [ ] Nasal Prongs
- [ ] T-Piece
- [ ] 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: RL @ 100ml/hr

Oral Feeds: NPO further order

Monitor vital
1/2 hrly

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	2	2			A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2			
BP ± 20 of Pre Anaesthetic level BP ± 20-50 of Pre Anaesthetic level BP ± 50 of Pre Anaesthetic level	= 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	10	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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: Dr Meghana

Anaesthesiologist Signature: [signature]

Date & Time: 27/5/26 at 10 Am

PACU Nurse Name: Neeraja

PACU Nurse Signature: [signature]

Date & Time: 27/5/26 at 10 Am

Transferred to Unit by (PACU):

Date & Time:

SPB-00020630 IP27-00006758
Mrs GADIKOTA HARIKA
10-08-1991 34 Y 11 M 16 D (F)
Dr. ANANYA POLAM REDDY

Depa

EPI... RECORD

Date: .... Time: .... Procedure done by ....

CSE /Spinal /Epidural Position : .... Space :...................................... Technique (LOR/LOS) ....

Depth: .... Catheter at Skin: .... Attempts : ....

Parasthesia : Yes/No if yes details : ....

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : .... APGAR: .... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

ate and Time : ....

IP27-00006758
KADIKOTA HARIKA (F)
34 Y 11 M 16 D
KAVYA POLAM REDDY

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: G2P1L1 at 38+2 weeks gestation ē previous LSCS

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.
b. Benefit to the mother: Surgery relieves the mother from expected complications of vaginal birth.

6. Alternatives:

The only alternative to Caesarean section is vaginal delivery

7. Consequences of refusal of the procedure:

If the surgery is not done in time, the woman has no other alternative but to go through vaginal birth with its expected complications.

8. Outline of substantial risks:

With the advances in medical science, surgeries have become safer than in the past. However, any surgery has its own set of risk complications. Cesarean sections done in emergency and more so done is later part of labour have more likelihood of having complicatio

a. Anesthesia: It has become much safer in today's world. It is common to have drowsiness, vomiting, weakness, throat pain for a day o after anesthesia. Headache after spinal and other regional anesthesia is not uncommon. Rarely temporary weakness, numbness in part of the body may be caused after regional anesthesia.

b. Excessive bleeding/ blood accumulation: Usually, the uterus contracts after the baby is delivered. Sometimes the uterus does not con and this may lead to excessive bleeding. This problem may occur after vaginal delivery as well. This is called as Postpartum Hemorrhage (PPH may occur without any warning and may at times become life threatening, severe enough to use blood and blood products. Remo uterus is rarely required and is done only as a life saving measure. bleeding can occur from blood vessels within the uterus or arou uterus. Such bleeding is controlled by using medicines, injections, by compression sutures on the uterus, by ligating bleeding vess blocking the blood vessels In cases the blood gets accumulated inside the body cavity, additional procedure or surgery to remo accumulated blood and stop the bleeding as a life saving measure may be required.

c. Infection: Infection: If the Pathological microorganisms are not resisted by the body's resistance mechanism, the infection can Infection commonly causes fever, pus formation in the area of the surgery. Additional doses of antibiotics and sometimes ad procedures may be required to remove the infection from the body. If the wound does not heal well, it may need repeated dressings or again. Severe infection or sepsis is uncommon.

d. Injury to surrounding structures: While the doctor is making space to deliver the baby from the womb, the surrounding structures urinary bladder, ureter, bowel, blood vessels may get injured. The injury may or may not get detected immediately. Whenever detected need to be repaired by necessary additional surgery.

e. Every Individual has a different way to cope up. Sometimes the scar becomes thick and some- times it stays as a thin line. Some incision does not heal well and requires extra care, dressings, medicines and repair. Some- times hernia formation may occur later. I cases, surgery leads to adhesions of bowel, bladder with the uterus. Occasionally, when the woman gets pregnant next time, the pl gets abnormally stuck to the lower part of the uterus.

f. Very rare conditions: Allergic reaction to any drug including anaesthesia medicines, blood transfusion, need for assistance for resp (oxygen/ ventilation), shock, stroke or heart attack due to strain on the heart, fluid collection in the lungs, formation of blood clots leading to embolus further leading to damage to vital organs, loss of function of any limb or organ or paresis are extremely rare unknown complications of any surgery. Sudden shock may be caused due to peculiar condition called amniotic fluid embolism. In th the fluid around the baby gets mixed with the blood and causes massive reaction. This is a rare, but fatal complication.

g. Neonatal morbidity

I. Commonly, caesarean is done for foetal indications or when the baby in the womb is in trouble. Neonatal morbidity noted after cae section is not due to the surgery per se. It is the aftermath of the basic problem or insult. For example, imagine that the fetus (baby) is n to cope up with the stress of labour and is in distress. The C section is done to relieve the problem. Yet the baby may need resuscitatio birth. Thus, the resuscitation is needed due to the distress and not because of caesarean.

ii. Minor injuries while delivering the baby are not uncommon. They don't pose any major threat to the baby per se.

iii. Baby may have fast breathing after caesarean birth. This settles down on its own and may need observation and some treatment.

iv. Cerebral palsy in the neonate: It is an unfortunate complication following any delivery. The research has proved that cerebral pals commonly occurs due to some event during pregnancy.

v. Other birth injuries to the bony parts and nerves of the baby are rare but not unknown.

THIS INFORMATION LEAFLET WAS RECEIVEDON........26/5/26 10:10pm

Signature of the patient: ....G. Hegu....................................(date/time)

....

Instruction To Patient: Please Bring This Paper When You Come To The Hospital For Getting The Surgery/ Procedure Done)

...UNDERTAKING

...Mrs. Harika .... aged 34 years, residing at

Bangalore ....

...free and valid consent for ELECTIVE LSCS ....
...operation and /or medication /investigation / therapy/ procedure etc.)

....

.... (relation)

.... aged .... years,

....

...aware that the surgery will be carried out by Dr. Ananya Polam .... and team.

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

...that:
...been explained about the nature of the disease that I am suffering from.
...been given the information about the surgery by doctor.
...also given a leaflet that had detailed information regarding:
...ure and procedure of the surgery/ procedure
...purpose, benefits and effect;
...ernatives if any available;
...outline of the substantial risks
...verse consequences of refusing treatment
...e gone through the details mentioned and have clarified my doubts with the doctor.
...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
...authorize the doctor to take such decisions if the need be.
...have been counseled about the nature of anaesthesia, benefits, purpose, effects and alternatives and substantial risks.
...understand that tissue, secretions, discharges, organs removed during surgery may be sent for appropriate examination for further evaluation
...ispose of as deemed fit by the doctor.
...give consent for blood /blood products transfusion. I have been explained about the benefits, purpose, effects, alternatives and substantial
...s associated with it.
...I consent to observing, photographing or televising of the surgery for medical, scientific, or educational purpose, provided my identity is not
...ealed by picture or by descriptive text accompanying them.
...I accept that medical science is not perfect and has certain limitations. No guarantee has been given about result or outcome.
...agree to co-operate fully with my doctor and to follow instructions and recommendations about my care and overall treatment.
...confirm that I have given accurate and relevant details about myself including past medical history, previous ailments, surgeries and allergies to
...e doctor.
...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).
...I was encouraged to ask questions related to disease and the procedure/operation. All the questions/queries were answered to my
...satisfaction.

...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.

Laboratory Report

Mrs GADIKOTA HARIKA
34 Y 11 M 17 D
Female
IP27-00006758
SPB-00020630
Dr. ANANYA POLAM REDDY

9550683069
SP26007527
26-05-2026 11:34 PM
26-05-2026 11:35 PM
2F - DELUX ROOM / DLX-202

...gation	Result	Unit	Biological Reference Interval
...OD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT ENTERED
...OD GROUP	AB		
...D) TYPE	POSITIVE		

Interim Report

...t will be released after 24 hours