

SURGERY / PROCEDURE CHART

Surgery / Procedure Details: **Eng. LSCS ✓ Epidural.**

Date: **01/6/26** Duration: **1hr.**
 Start Time: **8:00pm** End Time: **9:00pm.**

a. Surgeon: **Dr. Shefali**

b. Assistant: **Dr. Shankunthala**

c. Anaesthetist: **Dr. Ruchitha.**

Instruments

OT Equipment

Any Other Information

Surgery / Procedure

Date:

Start Time:

a. Surgeon:

b. Assistant:

c. Anaesthetist

Instruments

OT Equipment

Any Other Information

PROCEDURES

Investigations

CBC, PT, APTT,
CRP, Electrolytes,
Cross matching,
HVS, Urine c/s

MEDICAL EQUIPMENT (WARD & ICU)

| Date | Connecting Time | Disconnecting Time | Total Consumption | Remarks | Signature |
|---------|-----------------|--------------------|-------------------|-----------------|-----------|
| 1/6/26 | 10:30AM | 11:30AM | | NST ✓ | Maiha |
| 1/6/26 | 12pm | 1pm | | NST ✓ | |
| 1/6/26 | 1pm | 8pm | | Cardiac Monitor | Mallik |
| | 1pm | 8pm | | Syringe Pump | |
| 1/6/26 | 2:30 | 3pm | | NST ✓ | |
| 01/6/26 | 9:05pm | 11:00pm | 2hr | Cardiac monitor | Mallik |
| 01/6/26 | 9:05pm | 11:00pm | 2hr | Infusion pump. | 01824 |
| 1/6/26 | 7pm | 8pm | | NST ✓ | checked |

RADIOLOGY / SCANS

| Date | Service | Signature | Date | Service | Signature |
|------|---------|-----------|------|---------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SUPPORT SERVICES

| Date | Physiotherapy | Signature | Date | Others Services | Signature |
|--------|---------------|-------------|------|-----------------|-----------|
| 2/6/26 | Physiotherapy | [Signature] | | | |
| 3/6/26 | Physiotherapy | [Signature] | | | |
| | | | | | |
| | | | | | |

BLOOD BANK

| Date | Units | Remarks |
|------|-------|---------|
| | | |
| | | |
| | | |

ANY OTHER INFORMATION

Cervical stitch removed.

Date: 3/8/26 Time: 9.30 AM

Prepared By: [Signature]

| | | | |
|-------------------------------------|---------------------------------------|-------------------|--------------------|
| Staff Nurse / Floor Co-ordinator | Nursing Supervisor [Signature] | Billing Assistant | Billing Supervisor |
|-------------------------------------|---------------------------------------|-------------------|--------------------|

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 560102
 VAT TIN : TIN NO. 29AABCR4014M1Z9

CIN NO : L85110TG1998PLC029914

DL NO : Form (20, 21), 20 F - KA - B61 - 254724, 254725, 254728

Cash Returns

Patient Name : Mrs DHARINI B

Age : 34 Y 3 M 23 D

User : BINDUSHREE L

Gender : Female

Return No : OPR27-009069

Return Date : 03-06-2026

Report Date : 03/06/2026

| SI.No | Item Name | Quantity | Amount | Batch ID | Expiry Date | Total Price |
|--------------------|-----------------------------------------|----------|--------|------------|-------------|-------------|
| 1 | DEXARIL 4MG INJ | 2 | (0.0) | DEX25013SR | 30-09-2027 | (0.00) |
| 2 | DSYRINGE 10ML (NIPRO) | 4 | (0.0) | 26B28K766 | 30-01-2031 | (0.00) |
| 3 | DSYRINGE 5ML.(NIPRO) | 4 | (0.0) | 26B20K59 | 30-01-2031 | (0.00) |
| 4 | FEBRAMOL (PARACETAMOL) FFS IV-100ML - A | 2 | (0.0) | 211050546 | 30-11-2027 | (0.00) |
| 5 | ONDOKIND INJ 4 MG 2 ML | 3 | (0.0) | BA260255 | 30-01-2028 | (0.00) |
| 6 | PRASOPHEG INJ 40MG | 1 | (0.0) | 750960044 | 30-01-2028 | (0.00) |
| 7 | PRASOPHEG INJ 40MG | 1 | (0.0) | 750960044 | 30-01-2028 | (0.00) |
| 8 | RL 500ML STERIPORT AMANTA | 1 | (0.0) | 52060210 | 28-02-2029 | (0.00) |
| 9 | SUMINAT TAB 25MG1S | 5 | (0.0) | GKG1740BB | 30-08-2028 | (0.00) |
| Round Off : | | | | | | (0.00) |
| Total : | | | | | | (0.00) |

Comments :

Bill Number :

Signature

DISCHARGE SUMMARY

| | | | |
|-----------------|--------------------------------------------------------------------------------------------------------|----------------|----------------------|
| Name | Mrs DHARINI B | UHID | MAB-00189506 |
| Father/Guardian | Mr PREMKUMAR | Age/Gender | 34 Y 3 M 22 D/Female |
| Address | #409 A, 6TH E CROSS, 6TH MAIN ROAD, KAGGADASPURA, C.V.raman nagar, Bangalore, Karnataka, INDIA, 560093 | | |
| IP No | IP27-00006796 | Admission Date | 01-06-2026 |
| Ref Doctor | SELF | Discharge Date | 03-06-2026 |

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

Diagnosis: G2A1 33+5 WEEKS PPROM WITH CERVICAL ENCIRLAGE INSITU WITH GDM ON INSULIN WITH HYPOTHYROIDISM WITH ANA POSITIVE WITH IVF CONCEPTION IN EARLY LABOUR.

Procedure: EMERGENCY LSCS under Epidural anesthesia done on 01-06-2026

History: Mrs DHARINI B at 33+5 weeks of gestation with cephalic presentation admitted with complaints of Leaking P/v since 1 hour . Appreciating fetal movements well. No complaints of bleeding p/v .She did all ANC's with Dr. SHEFALI TYAGI .Diagnosed as GDM and was started on insulin, ANA positive , hypothyroidism, on treatment. She took Iron and calcium throughout pregnancy .She took two doses of Tetanus toxoid during her pregnancy. She gained adequate weight .

LMP: 08-10-2025
EDD: 15-07-2026
weeks

Obstetric formula: G2A1
Gestation at admission: 33+5

Married life: 6years. (non consanguineous)

Obstetric History:

A1- MTP at 24 weeks/ previous LSCS/ PIH and HELLP syndrome followed by two failed IUIs

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Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122
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Hennur : No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

For Appointments call: 1800 2122

| | | | |
|-------|---------------|----------------|--------------|
| Name | Mrs DHARINI B | UHID | MAB-00189506 |
| IP No | IP27-00006796 | Admission Date | 01-06-2026 |

G2 - Present pregnancy IVF conception. Booked and Immunised,
Regular ANC's done. All investigations done as advised.
Cervical encirclage done on 24-01-2026 in view of short cervix.

Medical History : PIH & HELLP in the pervious pregnancy ,
Hypothyroidism On Tab Thyronorm 125mcg OD and GDM on Insulin
Family History : Nil
Surgical History : D&C
Allergies : Nil

Investigations:

Blood group: 'B' Positive
HB: 12g/dl
WBC: 16.3cell/mm³
PLT: 1.75 lakhs/mm³
Serology: Negative
USG- (19-05-2026)
SLIUG: 32+0 weeks
Presentation: Cephalic
Placenta: Anterior right lateral
AFI: 11.3cm
EFW: 1821+/-266 grams
Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished
well oriented cooperative.
GC good No pallor /edema
Pulse - 70b/min
BP - 120/80mm of Hg
CVS/ RS - NAD
P/A - Uterus 34 weeks size ,mild contractions+, Liquor adequate ,cephalic
presentation FHR good

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| | |
|----------------|---------------|
| UHID | MAB-00189506 |
| Admission Date | 01-06-2026 |
| IP No | IP27-00006796 |
| Name | Mrs DHARINI B |

P/V- Cervix partially effaced, Os dilated 3, Membranes absent, Liquor clear
cervical stitch in situ. cervical stitch removed.
Admission CTG was reactive.

Course in the Hospital: Patient admitted with above history. required
investigations done. NST reactive. **Cervical stitch removed.** consent taken
and induction done with Inj Oxytocin 5 units . Patient took epidural. In view of
non progress of labour patient was taken for Emergency LSCS after consent.

DETAILS OF THE PROCEDURE WITH DATE

EMERGENCY LSCS under Epidural anesthesia done on 01-06-2026

Indication : Non progress of labor

Surgeon: Dr SHEFALI TYAGI

Asst Surgeon: Dr. Shakuntala

Anaesthetist: Dr. Ruchitha

Type of Anaesthesia: Epidural anesthesia

Under all aseptic precaution, patient put in supine position

Parts painted and draped, under

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. cord blood collected for
stem cell banking.

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.

Uterus: 3x4cm subserous fibroid noted, both tubes and ovaries appears

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P No

IP27-00006796

UHID

MAB-00189506

Admission Date

01-06-2026

normal,

Needles/Mops/instruments count were correct.

Abdomen closed in layers. Rectus sheath closed with vicryl 1-0

Skin sutured sub cuticular fashion with monocryl 3-0.

Vaginal toileting done, bleeding within normal limits

Uterus well contracted by the end of the procedure, clear urine drained.

Patient withstood the procedure well.

Tab misoprostol 600 mcg and Jonac suppository 100 mg per rectal kept.

MEDICATIONS DURING HOSPITALIZATION:

IV FLUIDS

INJ SUPACEF 1.5GM IV BD.

INJ BETNOSOL 12mg IM STAT

INJ PANTOP 40MG IV BD.

INJ EMESET 4MG IV BD

JONAC SUPPOSITORY 100MG PR TID.

INJ.CLEXANE 40 MG SC 3 DOSES

DETAILS OF THE NEWBORN :

Date : 01-06-2026

Time of Delivery : 08:16:02 PM

Type of Delivery : Emergency LSCS

Indication : Non progress of labor

Analgesia : Epidural anesthesia

Sex : Male

Weight : 2.160kgs

POST OPERATIVE PERIOD : She received a course of antibiotics and analgesics. Serial GRBS monitoring done, physician opinion taken insulin stopped. The advise followed. Patient developed PDPH, anesthetist advise taken started on medications.

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IP No

IP27-00006796

UHID

MAB-00189506

Admission Date

01-06-2026

PATIENT'S CONDITION ON DISCHARGE:

Satisfactory

Breast soft Lactation established

Uterus involuting well

Surgical wound healthy

Lochia healthy.

DISCHARGE MEDICATIONS AND ADVICE:

TAB. PAN 40 MG 1-0-1 FOR 7 DAYS (BEFORE FOOD)

TAB. TOLPA D 1-1-1 FOR 7 DAYS (8 AM, 2PM, 8PM)

TAB ULTRACET 1-1-1 FOR 7 DAYS (11AM-5PM-11PM) (IN CASE OF SEVERE PAIN)

SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS

TAB THYRONORM 100mcg 1-0-0 IN EMPTY STOMACH

TAB SUMATRIPTAN 25 MG 1-0-1 FOR 5 DAYS IN TOTAL

TAB DART 1-0-1 FOR 3 DAYS

Water intake of 3.5 liters

Diabetic Diet.

Avoid sexual intercourse for next 2 months.


To do FBS, PPBS, Hba1C after 1 week.**Follow Up:**

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

Review with Dr KRISHNASHREE , physician after 1 week with FBS, PPBS, Hba1C reports.

Instructions for the care of surgical site/wound:

1. Follow the discharge advice and take the prescribed medicines properly.
2. Maintain good personal hygiene by taking a bath daily with soap and warm water. Pat the surgical site dry with a clean absorbent towel.
3. Keep the surgical site clean and dry, especially after using the washroom.
4. Wash your hands thoroughly with soap and water and dry with a clean

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w
n's
al
Name

IP No



BirthRight

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

Mrs DHARINI B

IP27-00006796

UHID

MAB-00189506

Admission Date

01-06-2026

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 Keerthi

Discharge Summary explained to patient, Nurse Name & Signature

.....

DOCTOR SIGNATURE

Dr. SHEFALI TYAGI

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

Patients Signature _____

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Layout ,Bangalore ,Karnataka, INDIA ,560102.

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ADMISSION SHEET



Registration Details :

Registration No : IP27-00006796 Admit Date : 01-Jun-2026 Admit Time : 11:18 AM UHID : MAB-00189506

Patient Details :

Patient Name : Mrs DHARINI B Age : 34 Y 3 M 21 D
Guardian : Mr PREMKUMAR DOB : 11-02-1992
Gender : Female Religion :
Occupation : Marital Status :
Address (H) : #409 A, 6TH E CROSS, 6TH MAIN ROAD, Phone No : 8123783254
KAGGADASPURA C.V.raman nagar Bangalore E-mail : DHARINIB09@GMAIL.COM
Karnataka INDIA 560093

Admission Details :

Room Type : PRIVATE ROOM Bed No : PVT-217 Ward Name : 2F - PVT
Room No : PVT-217 Admission Type : First Visit

Contact Details :

Name : Mr PREMKUMAR Relationship : W/O
Contact Address : #409 A, 6TH E CROSS, 6TH MAIN ROAD, Phone No : / 8792513021
KAGGADASPURA C.V.raman nagar Bangalore
Karnataka INDIA 560093

[Signature]
Signature

Doctor Details :

Doctor Name : Dr. SHEFALI TYAGI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 5000.25
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Harish.VB

GENERAL CONSENT FOR TREATMENT

Name: Mrs DHARINI B
IP27-00006796
Age : 34 Y 3 M 21 D
Sex: Female
Attant: Dr. SHEFALI TYAGI
Ward/Bed No: 2F - PVT/PVT-217

I, the undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, surgical procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient. It shall be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned hereby consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

By giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of any evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital of any responsibility and liability for such personal items and valuables.

I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
We do not allow use of medication brought from outside by the patient.
I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature: *M. Lakshmi*

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *Prem Kumar M*
Relationship: *Husband*
Date:

Time:

Patient Address:
#409 A, 6TH E CROSS, 6TH MAIN
ROAD, KAGGADASPURA C.V.raman
nagar Bangalore Karnataka INDIA
560093

Witness Name:

Witness Signature:

Harish B

PATIENT TRANSFER FORM



MAB-00189508 IP27-00000708
 Mrs DHARMI B
 11-02-1992 34 Y 3 M 21 D
 Dr. SHEFALI TYAGI



Treating Consultant Name

Dr. Shefali

Date & Time of Admission

1/6/26 @ 11.18 Am

Date & Time of Transfer Order

1/6/26 @ 8 PM

Transfer Ordered by

Dr. Shefali

Reason for Transfer

Em LSCS

From Unit

LDR

To Unit

OT

Information to Attendant

Yes No

Number of Sheets in Clinical File

35 pages

Number of Imaging Films

Nil

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what ?

Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|--------|-----------|----------|
| 1. | IV set | 1 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring

Shefali Tyagi
017312

Name of Person Ordered Transfer

Dr. Shefali

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

Patient Sticker



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo 8 months y.
 amenorrhoea with leaking
 pw since 2 hr

LMP: 8/10/05

EDD: 15/2/06

Corrected EDD:

GA: 33wk + 5d

Obstetric Formula:

G2 D1

Menstrual History: Regular: Yes No

Obstetric History:

D1 -> at term (MTP)
 due to PPH & HLEP
 Normal life - Syn (NCHM)
 202 - failed

Obstetric Examination

Fundal Height: 36cm

Present Pregnancy Record:

G2 -> 3 IVF
 No cervical stitches

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

BP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5

FHS: Normal Tachy Brady Absent

RISK FACTORS:

kleb GDM on insulin
 kleb Hypothyroidism
 ANA +ve
 No HLEP & PPH
 in the previous
 pregnancy

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced 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

- Cervical stitch inserted + removed @ 11:30 AM

Height: 150 cm

Weight: 72 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness:

Pallor:

Icterus:

Edema:

Temp: 37.6

PR: 78 bpm

BP: 120/80

DTR:

CVS: S1 S2 (+)

RS

Liver/Spleen: _____

Urine Output: _____

DIAGNOSIS

G2 D1 33wk + 5d / PPRM / kleb cervical cerclage /
 kleb GDM & Hypothyroidism



| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Family History: -</p> | <p>Surgical History: DPC procedure in previous preg</p> |
| <p>Medical History: No PTB & HEEP in the previous pregnancy</p> | <p>Medication History: Also taking R. Insulin Also taking T. Thyronorm & Lactin since the pregnancy</p> |
| <p>Plan of Care: Admission GRBS monitoring every 4th hourly Inj Betasol 2 doses NST part prep counsel for Epidural Send CBC, CRP and urine culture, PT-DOR Only sterile pad Ant in u position DMEC Monitor for progression of labor pre-eneuro paediatric, neon counselling Inj Separey - slow start</p> | <p>Investigations: Be - Btu Hb - 12g WBC - 11k Plt - 1.7 lakh Sr. TSH - 3.3</p> <p>19/5/22 SLIOP cephalic placenta - Anterior leg - oblique APD - 11.3cm SDP - 5.3cm EWG - 1.8kg</p> |

for Name: Dr. Shabuntale
 Signature: *[Signature]*
 Time: 11am, 1/6/22

Consultant Name: Dr. Shefali
 Signature: *[Signature]*
 Date & Time: 11am, 1/6/22



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/6/26 @ 10:33 AM

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: PPROM Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Sakuntala Time Notified: 10:47 AM

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>do GDM on Insulin</u> | <u>D&C</u> | <u>yes</u> |
| Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: <u>Regular</u> Onset of Menarche: <u>13 yrs</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>8/10/25</u> | Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____ | Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |

Obstetric History: G 2 P 0 L 0 A 1

Previous LSCS: No

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 97.9 HR: 87 b/m RR: 20 b/m
 BP: 117/72 Weight: 72 kg Height: 150 BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy Ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 9/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0/10 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach: Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump: Yes No
- Hand Hygiene Explained: Yes No
- Above information given to Patient Others

Name of Person Orientation was given to: Mrs. Dharini

Orientation not given Reason:

Nurse Signature: 017277
Nurse Name: Manisha
Date & Time: 1/6/26 @ 11:30 AM

PROGRESS NOTES AND DOCTOR'S ORDER

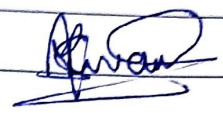

| Date & Time | Progress Notes | Doctor's Order |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 01/06/20 11:45 AM | C/C/B TEAM MEET - ANTENATAL COUNSELLING | |
| | <p>Patients were counselled about the following</p> <ul style="list-style-type: none"> 1) About preterm care and management, which might require surfactant administration 2) NICU admission for week to 10 days 3) Initially NPO f/b PDUW/EBM and later on may require preterm formula. 4) Plan for KMC/KFC after 24hrs. 5) Risk factors & prognosis have been explained. | |
| | | <p><i>[Signature]</i> for Dr Seemla</p> |
| 01/06/20 1:30 PM | clsk on shefali | |
| ec tail | vitals stable labetalol for vitals & progress of labor | |
| PA - ut 3cm PHS @R | NST monitoring GRBS monitoring | |
| NST - reactive | 4/4 epidural 3 doses from 2pm USG in apart | |
| FW - as seen 50% eff K/O, Vn - 3st | spontaneous progress of labor | |
| LpV @ Lig clear Pachymen | | <p><i>[Signature]</i></p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|-------------------------|----------------|
| 16/06 | | |
| 4 PM | cls/b Dr shefali | |
| doctor | cls/b Dr keethi | |
| vitals stable | klatel for vitals and | |
| PA - ut 3cm | progression of labor | |
| PHS ⊕ | Rij oxytocin 500 in | sound |
| ut mild atery | Bowel he | |
| pplr - os 4cm | NST | |
| 50% yf | Rest in left lateral po | |
| MO, va - 2st | DFMC | |
| Lpw ⊕ | | |
| leg - clear | | |
| NST - Reactive | | |
| 6 PM | cls/b Dr shefali | |
| sec pain | klatel for vitals | |
| vitals stable | Rij oxytocin 500 in | sound |
| PA - ut 3cm | at Bowel he | |
| PHS ⊕ | NST | |
| ut atery | DFMC | |
| pv - os 6cm | | |
| 50% yf | | |
| MO, va - 2st | | |
| Lpw ⊕ | | |
| leg - clear | | |
| NST - Reactive | | |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2/6/20 10pm Acc. pain temp - 37.5 Rsp - 100/70 P - 72bpm PA - 8/8 ut well contracted | | clsb on chaurala intake for vitals Deep breathing Ambulate PRS monitoring Inform sos Exclusive breast feeding shift to ward |
| Bp - 110/70 ul - 2/2 CVS - S1S2 ⊕ RS - NVBS heard Baby - N/C/O | |  |
| 2/6/20 8:30am | CLSB Dr. Shudraj / CLT Dr. Shefali POD, LSC | |
| Baby N/C/O | Patient assessed, comfortable catheter removed, urine voided Passed 1 | |
| | O/E vitals - Stable PA - uterus - contracted well dressing - intact dry Bowel sounds ⊕ W/E - AAB | <u>Advice</u> 1) continue same treatment 2) soft diet 3) Ambulate 4) Encourage voiding 5) monitor vitals 6) Inform sos |
| <u>Advice</u> | |  |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 2/6/26 9:45am | <p>C/S/B Dr. Chaitheera (PT)</p> <p>POD, LSCS.</p> <p>Pt. comfortable, no complaints.</p> <p><u>PTR_x</u>: → DBEx's</p> <ul style="list-style-type: none"> → ATMs → Heel slides → Static back → Bed mobility → Ergonomics advised → BF position advised. | <p>(H)</p> |
| | <p>Pt. comfortable post PTR_x.</p> | |
| 02/06/26 | <p>Lincy - LL</p> | |
| 12:31 PM | <p>Lactare capsules from tonight 1-1-1, should be stopped immediately when the breasts gets painful, heavy or starts leaking.</p> <p>Baby in NICO, Rusty pipe syndrome for mum, so that EBM can't be given for baby until further orders from paed.</p> | <p><i>[Signature]</i> 02/06/2026 12:31 pm</p> |
| | <p><i>[Signature]</i> 02/06/26</p> | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2/6/26 @ 6:00 pm | <p>Care Reviewed on 2/6/26 at 6:00 pm Dr. Rashmi, Anurag - s/p. POD, C/I/T Dr. Kpreesad - c/o head ache since today morning - Occipital & frontal headache, neck pain (+) - not a/w nausea/vomiting/neurological deficits - aggravating on standing & sitting - relieving on taking rest o/e</p> | |
| AKBS - 1720gk at 3:00 pm | <p><u>VITALS</u> BP - 115/70 mmHg PR - 70 bpm SpO₂ - 100% at RA Temp - 36.7°C o/e RS - B/C AE Equal CRS - S, S (+) CNS - HM (+), NFND</p> | <p><u>Adv</u> - Complete bed rest - Adequate hydration (3) - T. Sumatriptan 25 mg - T. Dact. 1-0-1 x 3 - T. PCT 500 mg SOS - Infocem SOS - T. Diclofenac 75mg (1-0-1) Dr. Rashmi</p> |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 2/6/26 1:30pm | C/S/B Dr. Shefali/CH + Dr. Shefali 70P, 15C & Epidural patient No headache & neck pain since evening | |
| Baby Vital | O/E PE - 70bpm AP - 115/72 mmHg DIA = uterus contracted well | SPO2 - 98% Afebrile |
| Post meal GRBS - 174mg/dl | pressing intact dug HE - NATS | |
| Advice | <ol style="list-style-type: none"> 1) Follow anaesthetist orders 2) Bed rest, Drink plenty of fluid 3) Continue treatment as per drug chart 4) monitor vitals 5) GRBS monitoring - Post dinner, FBS, PPB - Post breakfast, lunch, dinner 6) continue Tab Thyronorm 125mg 1-0-0 7) Ins Human actrapid dose according to sliding scale | |
| | | SR |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 03/06/26 | <p>Case Reviewed by Dr Reshma -H</p> <p>→ c/o PD PH. [Anesthesia team]</p> <p>→ - POD₂ - Emergency LOS. + Epidural anesthesia</p> <p>- Headache ⊕, neck pain reduced.</p> <p>- not associated with any symptoms.</p> | |
| O/E | <p><u>VITALS</u></p> <p>BP - 120/70</p> <p>HR - 77 bpm</p> <p>Temp - 36.7°C.</p> <p>SpO₂ - 99%</p> <p>CRBS at 6:00 am - 104 mg/dl.</p> | <p>Adv</p> <p>- CST</p> <p>- Antifem SOS.</p> <p><i>Reshma</i></p> <p><u>Dr Reshma</u></p> |

03/06/26 8:30 am Lucy - mum Res started on Lactan capsules from last night. improvement is seen.

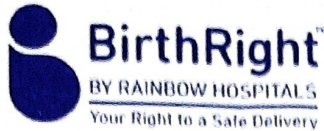
Reshma
03/06/26

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------|---------------------------------------------------------------------------------------|----------------|
| 6/26 8 AM | C/S/B Dr. Rajendra / O/T Dr. Shefali PODs ECES (L) epidural Headache (+) -N- | |
| | PE - # 8 bpm BP - 114/84 mmHg | |
| | P/A - ut - contracted well Dressing intact & dry | |
| | HE - - NAB | |
| | <u>Advice</u> | |
| | 1.) follow anesthetist orders | |
| | 2.) Bed rest, maintain adequate hydration | |
| | 3.) Continue treatment as per drug chart | |
| | 4.) monitor vitals | |
| | 5.) GRBS - pre breakfast, pre lunch & pre dinner | |
| | 6.) Continue Tab Thyronorm 125 mg mcg to | |
| | 7.) Inform SDS | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|----------------------------------------------|----------------|
| 3/6/20 | C/S/B Dr. Chaitra (PT) | |
| | POD ₂ , LSCS | |
| | Pt. comfortable, no complaints | |
| | PTR _x → All previous ex's revised | |
| | → Abdominal isometrics | |
| | → Kegel's ex. | |
| | → static adductors. | |
| | → Binder advised | |
| | Pt. comfortable post PTR _x | D |
| 03/06/20 | 10:30 AM | |
| | C/S/B Dr. Krishan Man | |
| | GRBs: | |
| | Readings under control | |
| | Adv: - Stop OPA & Insertion | |
| | - Follow up with OPA | |
| | after week with | |
| | FBS, RBA, C, PPS. | |



Ward Shared Single Room PICU NICU

Name: MAB-00189508 IP27-00006796 ... Age :

Gender : Mrs DHARINI B 11-02-1992 34 Y 3 M 21 D (F)

Consultant : Dr. SHEFALI TYAGI

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.
 - Discontinue 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 1mg PARACETAMOL | | | | Date | 1/6 | | | | | | | | | | | | | | |
| | | | | Time | 8:30 PM | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | |
| 1g | N | stat | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | | | |
| Dr. Ruchita | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | |



I.P. No.:

Shed No.

Wards

REGULAR PRESCRIPTIONS

| | | | | Date | | | | | | | | | | | | | |
|--------------------------------|-------|-----------|------------|-------------------------------|----------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | | | | | | | | | | | | | |
| DRUG <i>Inj SUPACEF</i> | | | | | Date | 02/06/26 | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | Time | 6 AM Paracetamol 607623 | | | | | | | | | | | | |
| 1.0g | IV | 101 | 01/06/26 | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | |
| <i>Dr. Shefali Tyagi</i> | | | | | | | | | | | | | | | | | |
| Additional Instructions | | | | 8:30 pm Paracetamol 607623 | | | | | | | | | | | | | |

| | | | | Date | | | | | | | | | | | | | |
|--------------------------------|-------|-----------|------------|-----------------------------|----------------------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | | | | | | | | | | | | | |
| DRUG <i>Inj PARACETAMOL</i> | | | | | Date | 02/06/26 | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | Time | 21/6/26 12 PM Paracetamol 607623 | | | | | | | | | | | | |
| 1g | IV | MT | 01/06/26 | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | |
| <i>Dr. Shefali Tyagi</i> | | | | | | | | | | | | | | | | | |
| Additional Instructions | | | | 11 AM Paracetamol 607623 | | | | | | | | | | | | | |

| | | | | Date | | | | | | | | | | | | | |
|--------------------------------|-------|-----------|------------|------|----------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | | | | | | | | | | | | | |
| DRUG <i>Inj PANTOP</i> | | | | | Date | 02/06/26 | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | Time | 7 AM Paracetamol 607623 | | | | | | | | | | | | |
| 200mg | IV | 101 | 01/06/26 | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | |
| <i>Dr. Shefali Tyagi</i> | | | | | | | | | | | | | | | | | |
| Additional Instructions | | | | | | | | | | | | | | | | | |

| | | | | Date | | | | | | | | | | | | | |
|--------------------------------|-------|-----------|------------|------|------|----------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | | | | | | | | | | | | | |
| DRUG <i>Inj ENSET</i> | | | | | Date | 02/06/26 | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | Time | | | | | | | | | | | | | |
| 200mg | IV | 101 | 01/06/26 | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | |
| <i>Dr. Shefali Tyagi</i> | | | | | | | | | | | | | | | | | |
| Additional Instructions | | | | | | | | | | | | | | | | | |

| | | | | Date | | | | | | | | | | | | | |
|--------------------------------|-------|-----------|------------|-------------------------------|----------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Time | | | | | | | | | | | | | |
| DRUG <i>Inj DORAC SUPP</i> | | | | | Date | 02/06/26 | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | Time | 6 AM Paracetamol 607623 | | | | | | | | | | | | |
| 100mg | PLR | MT | 01/06/26 | | | | | | | | | | | | | | |
| Name & Signature of the Doctor | | | | | | | | | | | | | | | | | |
| <i>Dr. Shefali Tyagi</i> | | | | | | | | | | | | | | | | | |
| Additional Instructions | | | | 8:50 pm Paracetamol 607623 | | | | | | | | | | | | | |

| | | | |
|--------|-----------|-------|-------------|
| IP No. | Sheet No. | Wards | Weight (kg) |
|--------|-----------|-------|-------------|

REGULAR PRESCRIPTIONS

| DRUG | Dose | Route | Frequency | Start Date | Date/Time |
|--------------------------------|-------|-------|-----------|------------|----------------------|
| TAB clexone | 100mg | Oral | PO | 01/06/26 | 02/06/26 |
| Name & Signature of the Doctor | | | | | Dr. Ebad 01/06/26 |
| Additional Instructions | | | | | |

| DRUG | Dose | Route | Frequency | Start Date | Date/Time |
|--------------------------------|-------|-------|-----------|------------|------------------------------|
| TAB 701P01-D | 100mg | PO | 1-1-1 | 2/6/26 | 02/06/26 |
| Name & Signature of the Doctor | | | | | Dr. Michael 02/06/26 |
| Additional Instructions | | | | | 11pm Paracetamol 02/06/26 |

| DRUG | Dose | Route | Frequency | Start Date | Date/Time |
|--------------------------------|------|-------|-----------|------------|-----------------------------|
| TAB PAN | 40mg | PO | 1-1-1 | 2/6/26 | 02/06/26 - 03/06/26 |
| Name & Signature of the Doctor | | | | | Dr. Michael 02/06/26 |
| Additional Instructions | | | | | 7PM Paracetamol 02/06/26 |

| DRUG | Dose | Route | Frequency | Start Date | Date/Time |
|--------------------------------|-------|-------|-----------|------------|-----------------------------|
| TAB ULTRACET | 175mg | PO | 1-1-1 | 2/6/26 | 02/06/26 |
| Name & Signature of the Doctor | | | | | Dr. Michael 02/06/26 |
| Additional Instructions | | | | | 5PM Paracetamol 02/06/26 |

| DRUG | Dose | Route | Frequency | Start Date | Date/Time |
|--------------------------------|--------|-------|-----------|------------|-----------------------------|
| TAB THYRONORM | 100mcg | PO | 1-1-1 | 2/6/26 | 01/06/26 - 03/06/26 |
| Name & Signature of the Doctor | | | | | Dr. Michael 01/06/26 |
| Additional Instructions | | | | | 6AM Paracetamol 01/06/26 |

REGULAR PRESCRIPTIONS

| DRUG T. SUMATRIPTAN | | | | Date | Time |
|--------------------------------|-------|-----------|------------|----------|----------------------|
| Dose | Route | Frequency | Start Date | 00/06/20 | 3/4/20 |
| 25 mg | Oral | 1-1 | | | |
| Name & Signature of the Doctor | | | | | |
| Additional Instructions | | | | 9pm | Painkiller 607623 |

| DRUG T. DART | | | | Date | Time |
|--------------------------------|-------|-----------|------------|---------|----------------------|
| Dose | Route | Frequency | Start Date | 0/06/20 | |
| | Oral | 1-1 | | | |
| Name & Signature of the Doctor | | | | | |
| Additional Instructions | | | | 9pm | Painkiller 607623 |

| DRUG T. PCT | | | | Date | Time |
|--------------------------------|-------|-----------|------------|----------|----------------------|
| Dose | Route | Frequency | Start Date | 02/06/20 | |
| 500mg | Oral | 1-1 | | | |
| Name & Signature of the Doctor | | | | | |
| Additional Instructions | | | | 10pm | Painkiller 607623 |

| DRUG T. DILLOFENAC | | | | Date | Time |
|--------------------------------|-------|-----------|------------|------|------|
| Dose | Route | Frequency | Start Date | | |
| 75mg | Oral | 1-1 | | | |
| Name & Signature of the Doctor | | | | | |
| Additional Instructions | | | | | |

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

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

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

STAT / ONCE ONLY DRUGS

| DATE | TIME | MEDICATION | DOSAGE & OTHER INSTRUCTIONS | ROUTE | DOCTOR SIGNATURE | NURSES SIGNATURE |
|--------|--------|--------------------|-----------------------------|-------|------------------|--------------------|
| 1/6/26 | 12pm | Inj. Supracel | 1.5g | IV | | Manisha 017209 |
| 1/6/26 | 12pm | Inj Betasol | 10mg | IM | | Manisha 017209 |
| 1/6/26 | 12pm | PC enema | | PR | | Manisha 017209 |
| 1/6/26 | 3pm | Inj Epidosis | 1 amp | IV | | Pushpam |
| 1/6/26 | 3:45pm | Inj Epidosis | 2 Amp | IV | | Manisha |
| 1/6/26 | 4:30pm | Epidonin | 1 Amp | IV | | Manisha |
| 1/6/26 | 7pm | Inj Epidosis | 1 amp | IV | | Manisha |
| 1/6/26 | 8pm | Inj PAN | 40mg | IV | | Manisha |
| 1/6/26 | 8pm | Inj CMESCF | 4 mg | IV | | Manisha |
| 1/6/26 | 8pm | Inj SUPACEF | 1.5 gm | IV | | Manisha |
| 1/6/26 | 8:16pm | 1g CARBETOCIN | 100mcg | IV | | Malayya 017438 |
| 1/6/26 | 8:20pm | 1g TRANEXEMIC ACID | 1g | IV | | Malayya 018438 |
| 1/6/26 | 8:50pm | T-Miso | 600mg | PR | | 018438 |



Late Warning Observation Score Chart - Obstetrics

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

| | | Date | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | 100 | | | | 98 | | | | 97 | | 90 | 90 | 90 | 90 | | | | | | | 99 | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Warning Observation Score Chart - Obstetrics

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

| | | Date | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
|--------------------------------------|--------------|------|---|---|-----------------|----|----|---|---|---|---|---|-----------------|---|---|---|----|----|----|---|---|---|---|---|---|---|--|
| 8/06/16 | | Time | | | PM | | | | | | | | 8/06/16 | | | | | | | | | | | | | | |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | | | | 90 | | | | | | | | 90 | | | | | | | | | | | | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | 99 | | | | | | | | 99 | | | | | | | | | | | | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 36 | | | | 36.7 | | | | | | | | 36.7 | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | 78 | | | | | | | | 77 | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | | | | A | | | | | | | | A | | | | | | | | | | | | | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE ml / hour | > 30 | | | | ✓ | | | | | | | | ✓ | | | | | | | | | | | | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | ✓ | | | | | | | | ✓ | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | N | | | | | | | | N | | | | | | | | | | | | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | N | | | | | | | | N | | | | | | | | | | | | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | <i>Pavithra</i> | | | | | | | | <i>Pavithra</i> | | | | | | | | | | | | | | |

MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From:

Shifted to:

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|------|---------------------------------------------------|-------------------|---------------------------|-----------|--------------------------|--------------------------------------------------------|
| 1 | T. Thyronom | Noneg | po | 1-0-0 | Jan 1/6/26 | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | Inj. @ Insulin | 8, 8, 14/20 | s/c | . | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | T. Escopirin | Noneg | po | 0-0-1 | 21/5/25 | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | T. Ator | 20mg | po | 1-0-0 | 21/5/25 | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | T. IPA | 1mg | po | 1-0-1 | 21/5/25 | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | T. calcium | 1g | po | 0-2-0 | 21/5/25 | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shalini

Date & Time: 11 AM, 1/6/26

Nurse Name & Signature: Manisha

Date & Time: 1/6/26 11 AM