

FWAR/BIL/01

MAB-00212075  
 Mrs KSHIPRA M  
 03-09-1991 34 Y  
 Dr. SHEFALI TYAGI (F)  
 IP27-00006761  
 ght  
 SPITALS  
 Delivery

### ACTIVITY RECORD FOR BILLING

Cash:  Credit:

Name: Mrs. Kshipra . M Age: 34Y Gender: Female.

UHID No.: 212075 IP No.: 6761 Consultant: Dr. Shefali Dept.: OBG

Date of Admission: 26/05/26 Time: 21:03 Date of Discharge: ..... Time: .....

Room / Bed No.: 207 Ward: ..... Room Bed No.: ..... Ward: .....

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	6pm	LIR	OT	Maurice
26/5/26	7:20pm	OT	RIR	Shabana/1620
26/5/26	10pm	RIR	207	Shabana/1620

Updated on							
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### DOCTORS VISITS

Consultants	Date		Date		Date		Date		Date		Date		Date		Date	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																
2																
3																
4																
5																
6																

Lucy LL

OT A





**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature
27/5/26	Physiotherapy	Pj.			
28/5/26	Physiotherapy	Pj.			

**BLOOD BANK**

Date									
Units									
Remarks									

**ANY OTHER INFORMATION**

Date : 29/5/26 Time : 9.30 AM Prepared By : Pufe

Staff Nurse / Floor Co-ordinator	Nursing Supervisor  Pufe	Billing Assistant	Billing Supervisor
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I-00212075 IP27-00006761

KSHIPRAM 34 Y (F)

9-1991 SHEFALI TYAGI



# P ADMISSION SHEET FOR OBSTETRICS

### Presenting Complaints

No smother pregnancy  
No pain abdomen since today 2pm  
No per leak since 1 week

LMP: 8/10/25

EDD: 15/7/26

Corrected EDD: 15/7/26

GA: 32+6 wog

### Obstetric Formula:

Primigravida

Menstrual History: Regular  Yes  No

### Obstetric History:

married life = 2.4 yrs

### Obstetric Examination

Fundal Height: 34 weeks

G1

Ut. Activity:  Relaxed  Mild  Mod  Severe

### Present Pregnancy Record:

primigravida - spontaneous  
conception. No leak since 1 week  
managed conservatively

Liquor:  Adequate  Oligo  Poly  
 Cephalic  Breech  Others Both fetal & cephalic

### RISK FACTORS:

1) MCD A twin  
2) Hypothyroidism x 2016

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

### Per Speculum Examination

Draining:  Present  Absent  Bleeding  
Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated 2cm

Height: 163 cm

Weight: 79.2 kg

Allergies: None

Breast:  Normal  Abnormal

General Examination: Stable

Consciousness: + Pallor: -

Icterus: - Edema: -

Temp: afebrile PR: 97 bpm

BP: 118/76 mmHg DTR: +

CVS: S1 S2 (+) RS B/L NVBS (+)

Liver/Spleen: Urine Output:

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

### DIAGNOSIS

Primigravida at 32+6 wog & MCD A twin &  
APROM in labour & hypothyroidism.



<p>Family History: Father - T2 DM</p>	<p>Surgical History: Nil</p>								
<p>Medical History: 1) Hypothyroidism since 2016</p>	<p>Medication History: → ON Tab thyronorm 125mcg</p>								
<p>Plan of Care: 1) Admission NST 2) NPO 3) consent for USG 4) Sact prepau 5) pre-op medication 6) IV fluid - RL at 75ml/hr 7) Ery mg soln 4g in 12ml NS IV slow over 20min 8) monitor vitals 9) catheterisation 10) Shift to OT &amp; file 11) NICU team informed 12) Reserve unit <del>PRC</del></p>	<p>Investigations: Blood groups of the <u>26/5/2024</u> Hb - 11.7 gm TC - 10,100 cells PH - 2.14 Serology - Non Reactive USG <u>26/5/26</u> MCDA twin 33 weeks <table border="1"><thead><tr><th>Twin 1</th><th>Twin 2</th></tr></thead><tbody><tr><td>Cephalic</td><td>Cephalic</td></tr><tr><td>SPP &lt; 0.5 cm</td><td>SPP = 4.1 cm</td></tr><tr><td>BPP - 4/8</td><td>BPP - 8/8</td></tr></tbody></table></p>	Twin 1	Twin 2	Cephalic	Cephalic	SPP < 0.5 cm	SPP = 4.1 cm	BPP - 4/8	BPP - 8/8
Twin 1	Twin 2								
Cephalic	Cephalic								
SPP < 0.5 cm	SPP = 4.1 cm								
BPP - 4/8	BPP - 8/8								

Doctor Name: Dr. Shivraj  
Signature:   
Date & Time: 26/5/26 5pm

Consultant Name: Dr. Shefali  
Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

MAB-00212075

M: KSHIPRA M

03-09-1991

34 Y

Dr. SHEFALI TYAGI

(F)



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26

**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: no pain abdomen Doctor Notified on Admission:  Yes  No

Name of the Doctor: Dr. Shivaraj

Time Notified: 11:40 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hyperthyroidism since 2016</u>	<u>no significant</u>	<u>no significant</u>
<p><b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: .....</p> <p>Onset of Menarche: .....</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>8/10/26</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: .....</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>

Obstetric History: G 1 P — L — A —

Previous LSCS: .....

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: 98.1 HR: 97 RR: 20

BP: 118/70 Weight: 49.2 Height: 163 BMI: .....

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

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Mrs KSHIPRA M

(F)

03-09-1991 34 Y

Dr. SHEFALI TYAGI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	C/S/B Dr. Shrivastava, C/IT Dr. Shefali	
8:30 PM	P/O/D/E - EM - LSC patient comfortable	
Both hands	NICU	
	S/E PR - 66bpm	SpO2 - 99%
	BP - 126/76 mmHg	Afebrile
	Cus PRS - MAD	
	PIA - uterus - contracted well	
	dressing - intact dry	
	L/E - NAR	urine output - clear 200ml
	<u>Advice</u>	
	1) Follow post of order	
	2) Monitor vitals & chart	
	3) Watch for excess pv bleed, hypotension, tachycardia	
	4) Perform S/S.	
	5) Shift to ward	
		<p style="text-align: right;">Sp Dr. Shrivastava</p>



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34 Y

(F)

Dr. SHEFALI TYAGI



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	<p><u>pre-op order</u></p> <p>2) Consent for Emergency Use</p>	
6pm	3) parts prepare	
	4) pre-medication	
	5) catheterisation	
	6) NICU team informed	
	7) Keep her NPO	
	8) monitor vitals	
	9) Shift to OT by 6pm after confirming	
	10) Epi mgson leg in 12ml IV slow over 20min	
		<p><i>[Signature]</i></p> <p>Dr. Shefali Tyagi</p>



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	AS/B Dr Shrivastav / IIT Dr. Shefali	
	POD, Emergency LSC patient comfortable	
	O/E PR = Jittery BP - Jittery	SpO2 - 99% Atebolic
	US / RS - NAD	
	PIA = uterus = contacted with dressing - intact dry	
	HE - NAB urine output = clear	
	<u>Advice</u>	
	1) Follow post op orders	
	2) monitor vitals FIO chat	
	3) watch for excess PR bleed, Hypotension, fever	
	4) Perform LOS	



4. SAKURA

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/5/26	C/S to Dr. Akshay	
9 AM	<p>- pt. comfortable</p> <p>- Vitals: Stable</p> <p>RE: C/S</p> <p>PIA uterus cl.</p> <p>Dressing: Dry.</p>	<p>Ch pain</p> <p>Adv:</p> <p>C/S</p> <p>Eq. tramadol 100mg iv stat.</p> <p>- Ambulation.</p> <p>- Motivate to pass urine</p>
	<p>Uc: min bleed</p> <p>- Not passed urine yet (not ambulated)</p>	<p>AF</p>
28/5/26	C/S to Dr. Shideej / C/S to Dr. Shefali	
8:30 AM	<p>PO2 100</p> <p>Patient comfortable</p>	<p>(urine) passed</p> <p>Stool</p>
Babies on ice	<p>HE Vitals - stable</p> <p>PIA = uterus contracted well</p> <p>Wound clean dry, Tegaderm dressing - done</p> <p>HE - NAB</p>	
Advice	<p>1) Normal diet &amp; drink plenty of fluid</p> <p>2) continue anal med</p> <p>3) Dressing changed.</p>	<p>4) Inform SA</p> <p>SS</p>




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	c/s/B Dr. Chaithra (PT)	
	POD <sub>2</sub> , Eng. LSCS. Pt. comfortable, no complaints.	
	<u>PTRx</u> : → All previous ex's revised → Abdominal isometrics → Static back → static adductors → Kegels ex. → BF positioning advised → Ergonomics advised. → Abdominal binder instructions given	
	Pt. comfortable post PTRx.	
28/5/26 5pm	c/s/B Dr. Shivraj / CIET Dr. Shifali	
	PODR EM-LSCS	
	Patient comfortable, orally tolerating urine & stools = passed	
	Vitals - stable	
	P/A = uterus = contracted Tegaderm dressing - intact dry	
	MENAAR	
	<u>Advice</u>	
	1) Normal diet	
	2) Ambulating	
	3) Please plenty	
	4) Continue oral meds	
	5) Inform Sor	

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 03-09-1991 34 Y  
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/22	<u>OB Dr. Beardi</u>	
8 AM	pt comfortable	- <del>Adm</del>
	R 7	- CBT
	ens 20	- Discharge today
	R/L wound cl	
	subves site: healthy	
	Lfe: <del>min bleed</del>	
		 <u>Dr. Akhru</u>



# Warning Observation Score Chart - Obstetrics

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

20/10/20

Date	Time						
	8	9	10	11	12	1	2
> 30							
21 - 30							
11 - 20							
0 - 10							
94 - 100 %							
< 94 %							

Administered O<sub>2</sub> (L/min.)

40							
39							
38							
37							
36							
35							
< 35							

36l 92/60 98/100

170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							

90 85/80 88/110

190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							

100 116/110 119/1

130							
120							
110							
100							
90							
80							
70							
60							
50							
40							

80 20/20 20

Alert							
Voice							
Pain							
Unresponsive							

A A A A A

> 30							
< 30							

Protein ++							
Protein > +							

Normal							
Heavy / Foul							

Clear / Pink							
Green							

OTAL YELLOW SCORES							
OTAL ORANGE SCORES							
Nurse Initial							

Handwritten signatures and initials at the bottom of the chart.



# 1g Observation Score Chart - Obstetrics

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

		24/5/26																									
		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				20																						
	11 - 20																										
Saturations	94 - 100 %				98																						
	< 94 %				94																						
	Administered O <sub>2</sub> (L/min.)				2L																						
Temp	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
	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																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
100																											
90																											
80																											
70																											
60																											
50																											
40																											
EURO PONSE (✓)	Alert																										
	Voice																										
	Pain																										
RINE /hour	> 30																										
	< 30																										
eInuria	Protein ++																										
	Protein > ++																										
chia	Normal																										
	Heavy / Foul																										
tuor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											





# REGULAR PRESCRIPTIONS

DRUG INSTRUCTIONS				Date	Time
Dose	Route	Frequency	Start Date	07/05/26	
1g	IV	TTT	26/5/26		
Name & Signature of the Doctor					
Additional Instructions					

DRUG INSTRUCTIONS				Date	Time
Dose	Route	Frequency	Start Date	07/05/26	
4mg IV	IV	TTT	26/5/26		
Name & Signature of the Doctor					
Additional Instructions					

DRUG INSTRUCTIONS				Date	Time
Dose	Route	Frequency	Start Date	07/05/26	
4mg IV	IV	QD	24/5/26		
Name & Signature of the Doctor					
Additional Instructions					

DRUG INSTRUCTIONS				Date	Time
Dose	Route	Frequency	Start Date	06/05/26	
100mg PR	PR	TTT	26/5/26		
Name & Signature of the Doctor					
Additional Instructions					

DRUG INSTRUCTIONS				Date	Time
Dose	Route	Frequency	Start Date	07/05/26	
PO	PO	TTT	27/5		
Name & Signature of the Doctor					
Additional Instructions					

DRUG	T. PANTOP
Dose	4mg PO
Route	PO
Frequency	TTT
Start Date	27/5

DRUG	Sup Dupha
Dose	15mg PO
Route	PO
Frequency	TTT
Start Date	27/5

DRUG	T. STYPTOMEN
Dose	25mg PO
Route	PO
Frequency	TTT
Start Date	27/5

DRUG	
Dose	
Route	
Frequency	
Start Date	

DRUG	
Dose	
Route	
Frequency	
Start Date	



Name: \_\_\_\_\_  
 I.P. No.: \_\_\_\_\_  
 Sheet No. \_\_\_\_\_  
 Wards \_\_\_\_\_  
 Weight (kg) \_\_\_\_\_

### SULAR PRESCRIPTIONS

DRUG	Dose	Route	Frequency	Start Date	Date	
					Time	
T. PANSTOP	400mg	PO	bidi	27/6	12/6/26	
					18/6/26	
					29/5/26	
					10/6/26	
Name & Signature of the Doctor						
Additional Instructions						

DRUG	Dose	Route	Frequency	Start Date	Date	
					Time	
SIPP Diphtheria	1500	PO	td	27/6	28/5/26	
					10/6/26	
Name & Signature of the Doctor						
Additional Instructions						

DRUG	Dose	Route	Frequency	Start Date	Date	
					Time	
T. Stegromycin	1250	PO	bidi	27/6	29/5/26	
					10/6/26	
Name & Signature of the Doctor						
Additional Instructions						

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

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

VARIABLE DOSE		Date	Time	Dose	Time signature	Dose signature	Time signature	Dose signature
DRUG	Route	Time	Dose	Time signature	Dose signature	Time signature	Dose signature	Time signature
	Name & Signature of the Doctor		Time	Dose	Time signature	Dose signature	Time signature	Dose signature
	Additional Instruction		Time	Dose	Time signature	Dose signature	Time signature	Dose signature
VARIABLE DOSE		Date	Time	Dose <th>Time signature</th> <th>Dose signature</th> <th>Time signature</th> <th>Dose signature</th>	Time signature	Dose signature	Time signature	Dose signature
DRUG	Route	Time	Dose	Time signature	Dose signature	Time signature	Dose signature	Time signature
	Name & Signature of the Doctor		Time	Dose	Time signature	Dose signature	Time signature	Dose signature
	Additional Instruction		Time	Dose	Time signature	Dose signature	Time signature	Dose signature

**STAT / ONCE ONLY DRUGS**

DATE	TIME	MEDICATION	DOSSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
26/5/24	5:15 pm	INJ SUMPALEF	1.5g	IV	[Signature]	<del>MAHAR</del> OIFSD
26/5/24	5:15 pm	BNJ PAN	40mg	IV	[Signature]	<del>MAHAR</del> OIFSD
26/5/24	5:15 pm	BNJ EMESTER	4mg	IV	[Signature]	<del>MAHAR</del> OIFSD
26/5/24	5:15 pm	BNJ PERINDOM	16mg	IV	[Signature]	<del>MAHAR</del> OIFSD
26/5/24	5 pm	BNJ ONGLOL4	4g in 2ml NS	IV over 20min	[Signature]	<del>MAHAR</del> OIFSD
26/5/26	6:24 pm	INJ CARBETECAN	100mg	IV	[Signature]	Ayrica OIFSD
26/5/26	6:30 pm	INJ TRANEXEMIC ACID	1g	IV	[Signature]	Ayrica OIFSD
26/5/26	6:30 pm	INJ MESTRERACINE	0.2mg	IM	[Signature]	Ayrica OIFSD
26/5/26	6:30 pm	INJ CARBOPROST	128ug	INTRA MYOMETRIUM	[Signature]	Ayrica OIFSD
26/5/28	8:45 pm	TAB OMSOPROSTOL	600.1ug	PR	[Signature]	Ayrica OIFSD
26/5/26	6:15 pm	BNJ [unclear]	100mg	PR	[Signature]	Ayrica OIFSD

Name :

I.P. No

### I. V. FLUIDS CHART

Weight (kg)

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
26/5 5pm	RL 500ml	BV	75 ml/hr	SF		
26/5 6:15 to 7pm	IV RL : 1500ml	IV	Bur	Ayrica	019394	26/5
26/5 7:10 pm	RL	IV	100 ml/hr	Ayrica	019394	26/5



Drug Allergies: .....

**MEDIC**

Medication Reconciliation will be done in the treatment room at the time of shifting.

(Example: at the time of shifting From: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)
1	TRH THYPEROLIN
2	
3	
4	
5	
6	
7	
8	
9	
10	

INDICATION HISTORY RECORDED / VERIFIED

Doctor Name & Signature: *AR RA*

Date & Time: 26/5/26

urse Name & Signature: *Manika*

Date & Time: 26/5/26



# CESAREAN DELIVERY NOTES



Your Right to a Safe Delivery

Name: Mrs. Kshiraa  
Date: 26/5/26 IP No:  
Diagnosis: Placenta previa at 32.6 wgs & MCA twin & PPH in labor  
Indication: PPH in labor

Surgeon: Dr. Shefali  
Assistants: Dr. Shreeya  
Anesthesiologist: Dr. Sachin  
Anesthesia: Spinal  
Pediatrician:

Scrub Nurse: Anaysha  
Circulatory Nurse: Mallika

Time: 6:40 am to 7:20 pm  
Catheterization of the bladder: Yes/No

Incision: Pfannenstiel/Joel Cohen's Incision

Scar excision: Yes/NO  
Abdomen opened in layers: Conventional/Misgav Ladach

### Intra OP Findings:

- Adhesions - Nil
- LUS - well formed
- Uterine incision: Lower Segment/Transverse/Vertical/Inverted T Upper segment
- Liquor - Clear & scanty
- Baby presentation and position: Fund I - Alive, male baby extracted by Cranioclastic
- Extraction by Hand/ Vectis /Forceps/Ventouse: Tumor 2 - Alive, male baby extracted by cephalic
- Cord clamping: immediate/delayed
- Placental delivery: controlled/cord traction/manual removal of placenta
- Exteriorisation of Uterus: Yes/No
- Uterine Closure: Single layer/Double layers

- Uterus, both fallopian tubes and ovaries: Normal
- B/I tubectomy done - yes/no, method - Polyglactin/Chromic Catgut modified Pomeroy/Parkland Polyglactin/Chromic Catgut

- Tears/PPH: Mild PPH managed & uterotonics
- Paracolic gutters cleaned: Yes/No
- Complete hemostasis achieved: Yes/No
- Mops and instruments count verified: Yes/No
- Abdomen closure: Yes/NO

- Peritonium: Yes/No
- Rectus Muscle: Yes/No
- Rectus sheath: Polyglactin/Polypropylene Continuous/Baseball

4. Subcutaneous fat obliterated : Yes/No  
 Subcuticular/Mattress  
 Polydiexanone/Polyglactin/Mersilk
5. Skin :
18. Vaginal toileting: Yes/No  
 19. Per Rectal: Diclofenac/Paracetamol/Misoprostol  
 20. Urine in the uro sac bag and tube: clear/blood stain, 100 ml  
 21. Blood loss: 450 ml  
 22. Blood transfusion: Yes/No  
 23. She withstood the procedure well : Yes/No

MOTHER	BABY DETAILS	PLACENTA
1.P/R: <u>90</u> /min 2.BP: <u>10/70</u> mm/Hg 3.SPO2: <u>98%</u> 4.P/A: <u>uterus = contracted</u> 5.PV: <u>minimal</u>	<u>Tina</u> 1.Weight: <u>1.45</u> Kg 2.Sex: <u>MALE</u> 3.Time: <u>6:22:32</u> PM 4.Date: <u>26/5/26</u> 5.APGAR: <u>7/10</u> / <u>10/10</u> 6.Mother's side/NICU: 7.Injuries: Yes / No	1.Weight of placenta: <u>350</u> 2.Complete & healthy <u>Yes</u> 3.Cord Normal: <u>Yes/NO</u> <u>Twin 2</u> 1) weight = <u>2.0</u> Kg 2) sex = <u>MALE</u> 3) Time = <u>6:24:40</u> PM 4) Date: <u>26/5/26</u> 5) APGAR: <u>8/10</u> s/10 6) Baby = <u>NICU</u> 7) Injury = <u>NO</u>

**POST OPERATIVE PROCEDURES:**

- NPO till 6 hours. Sips of water (sos) followed by clear fluids & soft diet.
- IV fluids: 2RL (2NS) + 1PNS @ 125ml/hr
- IV Antibiotics : -
- Inj Pan 40mg IV tid
- Inj Emeset 4mg IV sos
- TPR/BP chart half hourly for 2 hrs and then 2 hourly, Input/Output chart
- Watch for bleeding PV & abdominal distension
- Analgesic Protocol as per Anesthetist advice
- Exclusive breast feeding
- Remove the Foley's catheter at 6 AM on 27/5/2026 if urine output >30ml/hr
- Early ambulation
- Inform SOS.

- Inj PCT 1g IV tid
- Inj Tramadol 100mg IV 100ml NS
- Tonac suppository 100mg PR tid
- Inj Cleare 400mg SL qd at 8 AM x 1

# CONSENT FORM FOR ANAESTHESIA

MAB-00212075  
Mrs KSHIPRA M  
03-09-1991 34 Y  
Dr. SHEFALI TYAGI

IP27-00006761  
**Right**  
V HOSPITALS  
a Safe Delivery



Age: 34 Gender: Male  Female   
Surgeon Name: Dr. Shefali Tyagi  
Operative procedure planned: Emergency C/S

Dr. Ruchitha

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

Understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the anaesthesia. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves rendering a patient unconscious before an operation. Prolonged pain relief can be achieved by using a specific area of the body for surgery. Prolonged pain relief can be achieved by using local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

The doctors have explained to me the details of the high risk involved due to the following medical problems and I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches, Nausea and Vomits.

I have read and understood the information provided in this form and I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and I have discussed with the anaesthetists any significant risk and complications specific to my individual circumstances, and I have considered them before consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches, Nausea and Vomits.

I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the anaesthesia.

I have been explained all my queries in the language understood by me.

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- Hypertension
- Diabetes mellitus
- Renal failure
- Shock
- Multiple organ failure
- Polytrauma / Road Traffic Accident
- Obstructive Pulmonary Disease
- Others: Hypothyroidism, pregnancy

### DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / therapeutic procedures.

I authorize and give consent for anaesthesia ( Regional /  General Anaesthesia /  Monitored Anaesthesia Care as considered appropriate by the anaesthesia team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and I have read and understood the information provided in this form and I have discussed with the anaesthetists any significant risk and complications specific to my individual circumstances, and I have considered them before consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches, Nausea and Vomits.

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Patient / Patient, Attendant:  
Signature: [Signature]

Name: KSHIPRA

Relationship with Patient: self

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

Doctor (who is taking the consent):  
Signature: [Signature]

Date No.: RCH / FRM / CLINICAL / 021

Witness:  
Signature: [Signature]

Name: U.T. Tripathi (Self Husband)

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

Name: Dr. Ruchitha

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

Age: 34y Sex: Female  
Time: 5pm

Name: Kshipra M  
26/5/26  
Proposed Operation: Emergency US  
Pumpgravida 32wks MDA HON KICD Hypothyroidism  
Weight: 79.21kg  
H.R: 102 bpm  
HT: 163cm  
ASA Physical Status:  1  2  3  4  5

Laboratory Data:

Glucose: ..... Protein: .....  
Urea: ..... Alb: .....  
Creat: ..... Total Bil: .....  
Na: ..... Dir. Bil: .....  
K: ..... LDH: .....  
Ca++: ..... Alk phos: .....  
Mg++: ..... Amylase: .....  
Cl-: ..... SGOT/SGPT: .....

HIV: ..... X-Ray: .....  
HBS Ag: ..... ECG: .....  
HCV: ..... Blood group: O+ve  
T3: ..... (venous)  
T4: .....  
TSH: .....

Allergies: NADA

Medical History: CVS: NO CARDIAC ILLNESS  
Diabetes: KICD hypothyroidism X2016  
Diabetes: T. Thyronorm 125mcg

NO significant history  
H/O vomiting 3-4 episodes

Physical Activity: METS > 4

Past Anesthetic History:

PICCIC

Physical Exam: Airway: MP 1 2 3 4 Mouth Opening: N Mentohyoid Distance: N Neck: N Teeth: N

Lungs: BILUNBS (+)

Heart: S1S2 (+)

ONS: NAD

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

Anesthetic Plan:  MAC  REGIONAL  GAETT  LMA INS PALPABLE

Pre-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
Thyronorm	
T. Thyronorm	
Eloquin	(STOPPED : 2015126)

Pre-Operative Instructions: NPO : Solid 2:30pm

- DVT Prophylaxis : Water/ORS 2 Hours  
Others 6 Hours
- NIL ORAL  Standard  High Risk
- Informed Consent:  Standard  Discussed with Patient
- Post Operative Pain Management:  Discussed with Patient
- Other Instructions:
- same sample
- IN PAIN 40mg, Endonechron 4mg
- IV fluid 100ml/h
- u-wash match & RESUME PRSC.
- to continue NPO

Signature: clit a Nayward  
Name: Dr Ruchika



### Pre Induction Assessment:

Change in Patient Condition:  Yes  No

Fasting Status: 1 inadequate

Physical Status:  Patient Identified

Consent Present

Chart Reviewed

H.R.: 100bpm B.P./CRT: 130/70 SpO<sub>2</sub>: 99% R.R.: 16 bpm

Pre-OP Diagnosis: lumbar 3/2 POCZ MADA hair Operation: Emergency L5/L6

Anesthesiologist: Dr. Ruchitha

Technician: Ruchitha

Surgeon: Dr. Sheetal

TIME: 6:35 → 6:35

HALO (ISO/SEVO) DROPS

1x carbocaine 10mg IV

1x tramadol 100mg IV

1x morphine 0.2mg IM

1x gabapentin 125mg intravenous (severe)

1x oxycodone 50mg IV induction

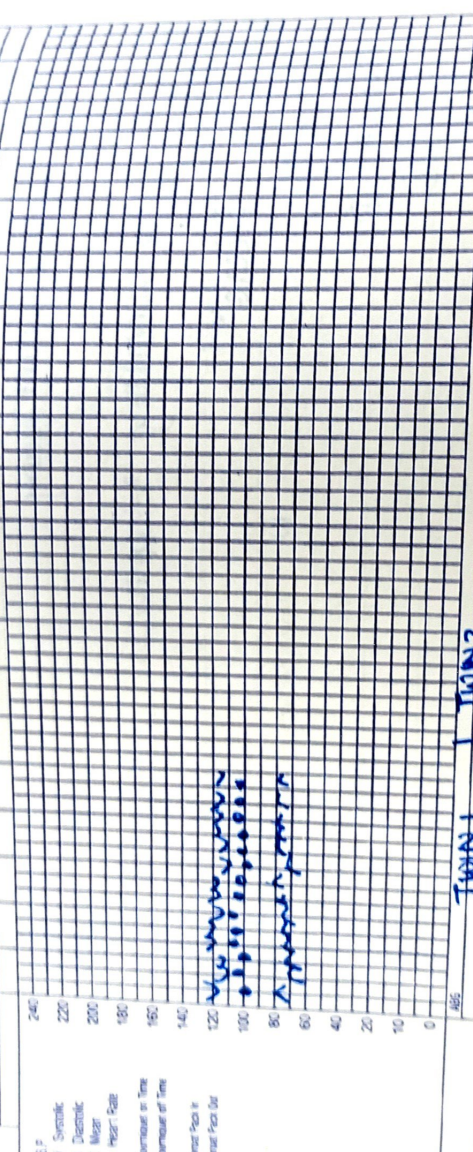
100mg IV 100mg IV

← SIAMU →

Temperature

Urine Output

190 → 190 → 190



TRAJAN 1

male

6:28 pm

6:45 pm BCLATS

LAB Values

Equipment Checked and Functional

- BP
- Cuff Size: BAW
- Art Site:
- EKG Lead
- Temp Site
- FIO<sub>2</sub> Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator

Position: supine

Pressure Points Checked

- Eye Care:
- Oint
- Tape
- Padding
- Awake

Temp:  HME  Fluid Warmer  Ching Film  OH Warmer  Huggers  Cotton Wool  Other: Blanus

Times: Arises Start: 6:15 pm  
 OP Start: 6:20 pm  
 OP End: 7:15 pm  
 Leave OR: 7:20 pm

Anesthesia:  GA  Monitored Anesthesia Care  Regional: spinal

Line (Size & Location):  CVP:  ART:  IV: 20G Chard  
 IN:  IV:

Induction:  IV  Initial  Pre O<sub>2</sub>  Others  Mask  Airway  ET#  Oral  Tracheostomy  Drug:  Awake  Video Laryngoscopy  Fiberoptic  Blade#  Direct Vision  Stylette / Bougie

Diffculty Why? Attempts:  Bilal = BS  Semi-Closed Circle  Closed Circle  Other

Regional: Extremity  Spinal  Epidural  Others: SIHNY

Position: SIHNY

Site: L3-4

Needle Size: 27G

Parasthesia:  Yes  No

Catheter at skin: cm

Drug Name & Conc: Bupivacaine

Bolus: Bupivacaine

Infusion: of 4cc

Block Level: T6

Comments: injury

Transportation to:  PACU  ICU  Yes  No

Relaxant Reversed:  Yes  No

Name of the Doctor: injury

Signature of the Doctor: injury



