

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature
29/5/26	Physiotherapy	<i>[Signature]</i>			
30/5/26	Physiotherapy	<i>[Signature]</i>			

BLOOD BANK

Date										

ANY OTHER INFORMATION

Date: 30/5/26 Time: 9:30 AM

Prepared By: *[Signature]* 2667

Staff Nurse / Floor Co-ordinator <i>[Signature]</i> 2669	Nursing Supervisor	Billing Assistant	Billing Supervisor
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DISCHARGE SUMMARY

Name	Mrs JYOTISHREE PRUSTY	UHID	SPB-00020704
Father/Guardian	SOUMEN	Age/Gender	28 Y 11 M 11 D/Female
Address	Bellandur, Bangalore, Karnataka, INDIA, 560103		
IP No	IP27-00006769	Admission Date	27-05-2026
Ref Doctor	YES BANK LIMITED_SELF	Discharge Date	30-05-2026

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

Diagnosis: PRIMIGRAVIDA AT 36+1 WEEKS OF GESTATION WITH FETAL GROWTH RESTRICTION WITH GDM ON DIET FOR IOL

Procedure: EMERGENCY LSCS under spinal anesthesia done on 28-05-2026

History: Mrs JYOTISHREE PRUSTY at 36+1 weeks of gestation with cephalic presentation admitted for IOL . Appreciating fetal movements well. No complaints of bleeding P/v and leaking P/v .She did all ANC's with Dr. SHEFALI TYAGI .She took Iron and calcium throughout pregnancy. She took two doses of Tetanus toxoid during her pregnancy. She gained adequate weight .

LMP: 16-09-2025
EDD: 23-06-2026
weeks

Obstetric formula: Primigravida
Gestation at admission: 36 + 1

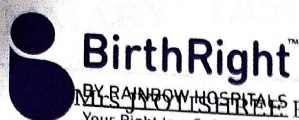
Obstetric History:

G1 - Present pregnancy Spontaneous conception. Booked and Immunised, Regular ANC's done. All investigations done as advised.

Rainbow Children's Medicare Limited



Marathahalli: Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. Ph: 1800 2122
Bannerghatta Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. Ph: 080-66902200
Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122
Sarjapur Road : Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. Ph: 080 6957 9999
Electronic City : SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122
Hennur : No. 80/A/168/16. No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122



BY RAINBOW HOSPITALS
MRS. S. V. L. PRUSTY
Your Right to a Safe Delivery

IP No

IP27-00006769

UHID

SPB-00020704

Admission Date

27-05-2026

Medical History : Nil
Family History : Mother DM
Surgical History : Nil
Allergies : Nil

Investigations:

Blood group: 'B' Positive
HB: 12.2 g/dl
WBC: 9690 cell/mm³
PLT: 2.10 lakhs/mm³
Serology: Negative
USG- (20.5.26)
SLIUG: 31+ 5 weeks as per scan - ? early growth restriction
Presentation: Cephalic
Placenta: Posterior right lateral
AFI: 10.6 cm
EFW: 1812+/- 265 grams , AC- 5th centile , EFW- 3rd centile
Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished
well oriented cooperative.
GC good No pallor /edema
Pulse - 90 b/min
BP - 120/80 mm of Hg
CVS/ RS - NAD
P/A - Uterus term size ,relaxed, Liquor adequate ,cephalic presentation FHR good
P/V- cervix long , os closed , membranes present , vertex -3 station , pelvis adequate .
Admission CTG was reactive.

Course in the Hospital: Patient admitted with above history. required

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Hennur : No. 22/4/100/10, No. 26/4 Hennur Village, Kessha Hobli Bangalore - 560043. T : 1800 2122



 BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery	Mrs. JYOTSNA PRUSTY	UHID	SPB-00020704
	IP No	IP27-00006769	Admission Date

investigations done. NST reactive, patient was induced with 2 doses of cerviprime gel in view of Failed induction, patient was taken for Emergency LSCS after consent.

DETAILS OF THE PROCEDURE WITH DATE

EMERGENCY LSCS done Under spinal anesthesia done on 28-05-2026

Indication : Failed induction

Surgeon : Dr. SHEFALI TYAGI

Asst Surgeon: Dr. Shivraj

Anaesthetist: Dr. Reshma

Type of Anaesthesia: Spinal 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
 1 Loop of cord around the neck
 Delayed clamping done, baby handed to pediatrician.
 Placenta and membrane delivered in toto.
 Uterus contracted, uterine incision closed in two layers with vicryl 1-0.
 Paracolic gutters cleaned with new mop.
 Hemostasis achieved.
 Both tubes and ovaries appears normal,
 Needles/Mops/instruments count were correct.
 Abdomen closed in layers. Rectus sheath closed with vicryl 1-0
 Skin sutured sub cuticular fashion with monocryl 3-0.
 Vaginal toileting done, bleeding within normal limits

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 For Appointments call: 1800 2122

BirthRight™
 BY RAINBOW HOSPITALS
 MIS/IVY/US/SHREE PRUSTY
 Your Right to a Safe Delivery

IP No

IP27-00006769

UHID

SPB-00020704

Admission Date

27-05-2026

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 AUGMENTIN 1.2 G IV 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 : 28-05-2026
 Time of Delivery : 10:11:43 AM
 Type of Delivery : Emergency LSCS
 Indication : Failed induction
 Analgesia : Spinal anesthesia
 Sex : Male
 Weight : 2.0 kgs

POST OPERATIVE PERIOD : Uneventful, she received a course of antibiotics and analgesics.

PATIENT'S CONDITION ON DISCHARGE:

Satisfactory
 Breast soft Lactation established
 Uterus involuting well
 Surgical wound healthy
 Lochia healthy.

DISCHARGE MEDICATIONS AND ADVICE:

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BirthRight™

 BY RAINBOW HOSPITALS
 MRS. TYOTISHEE PRUSTY
 Your Right to a Safe Delivery

IP No

IP27-00006769

UHID

SPB-00020704

Admission Date

27-05-2026

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 SEVER
 PAIN)

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

Diabetic Diet.

Avoid sexual intercourse for next 2 months.

Follow Up:

Review with Dr. SHEFALI TYAGI after 1 week with prior appointment.

Instructions for the care of surgical site/wound:

1. Follow the discharge advice and take the prescribed medicines properly.
2. Maintain good personal hygiene by taking a bath daily with soap and warm water. Pat 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 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 .

Rainbow Children's Medicare Limited



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IP No	IP27-00006769	UHID	SPB-00020704
		Admission Date	27-05-2026

Discharge Summary Prepared by Dr. Keerthi

Discharge Summary explained to patient, Nurse Name & Signature
.....



DOCTOR'S SIGNATURE

Dr. SHEFALI TYAGI

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

Patient/Attender Signature

Rainbow Children's Medicare Limited

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Rainbow Children's Hospital - Sarjapur

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

WEB : <https://rainbowhospitals.in>

ADMISSION SHEET



Registration Details :

Admission No : IP27-00006769

Admit Date : 27-May-2026

Admit Time : 10:14 PM UHID : SPB-00020704

Patient Details :

Patient Name : Mrs JYOTISHREE PRUSTY

Age : 28 Y 11 M 10 D

Guardian :

DOB : 17-06-1997

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Bellandur Bangalore Karnataka INDIA 560103

Phone No : 7978827815/ 7978827815

E-mail : 7978827815@dummy

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT-216

Ward Name : 2F - PVT

Room No : PVT-216

Admission Type : First Visit

Contact Details :

Name :

Relationship :

Contact Address :

Phone No :

Signature
Signature

Doctor Details :

Doctor Name : Dr. SHEFALI TYAGI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : YES BANK LIMITED_SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 5000.00

Payor Name : SELFPAY

1.5L

USCS

babay



FORM FOR OBSTETRICS

Presenting Complaints: Primigravida

LMP: 16/09/2025

EDD:

36 weeks of gestational age

Corrected EDD: 23/08/2026

GA: 36 weeks

Obstetric Formula: br Tol

Menstrual History: Regular: Yes No

Obstetric History: Appended tonsils, labial mucous

Obstetric Examination

well.

Fundal Height: 34 week size

Present Pregnancy Record:

M: Sycan

Spontaneous Conception

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5th

FHS: Normal Tachy Brady Absent

RISK FACTORS:

- GDM on diet control
- Anusally Scar
lung bones: 2nd percentile
- Took T-Coospirin 150mg stopped

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Posterior for Soft

Os: Closed 0.5 closed Dilated _____

Height: 152 cm

Weight: 62 kg

Allergies: No

Breast: Normal Abnormal

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

General Examination:

Presenting Part: Vertex Breech Others

Consciousness: conscious Pallor:

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

Temp:

Edema:

Pelvis: Adequate Doubtful

HR: 120/80bpm

PR: 90bpm

VS: Sp2 B

DTR:

Liver/Spleen:

RS BU NUBSB

Urine Output:

DIAGNOSIS

Primigravida at 36 weeks 1 day of gestational age = Fetal growth restriction = GDM on diet for tol



<p>Family</p> <p>Mother: Diabetic</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>—</p>	<p>Medication History:</p> <p>—</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admit - Risk preparation - NST - informed & written consent for IOL - Cross match & reserve 10PRBC - Monitor & w/f progress of labour - Inform S/O 	<p>Investigations:</p> <ul style="list-style-type: none"> - hb: 12.2 TC: 9690. PLT: 2.10 L. <u>Blood group: B positive</u> <u>Serology: Non Reactive</u> TSAT: 3.9 ALB/C: 5.9%
	<p><u>U/S (Obstetric Scan)</u></p> <ul style="list-style-type: none"> * API: 10.6 cm * Doppler: (N) * @ Malic * Placenta: posterior right lb EP NT: 12 ± 265 gm

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 No.: R

Doctor Name: Dr. Alexany
 Signature: [Signature]
 Date & Time: 27/05/2026 11 PM

Consultant Name: Dr. Shefali
 Signature: [Signature]
 Date & Time: 27/05/2026

IP27-00006769
 3-00020704
 JYOTISHREE PRUSTY
 28 Y 11 M 10 D (F)
 06-1997
 SHEFALI TYAGI

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/05/20 at 10:14 pm

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No If Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Admitted for Doc

Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Alshrey

Time Notified: 10:40 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>No they might</u>	<u>No they might</u>	—

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>9 months</u> Onset of Menarche: <u>13y</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>16/9/20</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input 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 1 P 0 L 0 A 0

Previous LSCS: N/A

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: 98.6 HR: 82 RR: 20
 BP: 110/70 Weight: 62 Height: 152 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 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Alcohol Abuse: Yes No Drug Abuse: Yes

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
- Other: Others

Name of Person Orientation was given to: Deepthi

Orientation not given Reason:

Nurse Signature: [Signature]
Nurse Name: Deepthi
Date & Time: 27/05/20 at 10:35 am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	S/O Dr. Abhinav	
9:40 AM	<p>PLA: uterus 34 wks size irritable longitudinal lie Cephalic Head 4/5th palpable FHS @ Regular 144 bpm</p>	<p>Adv:</p> <ul style="list-style-type: none"> - w/o progress of labor - Continue down for head - Continue CTG. - infusions
	<p>PH: - Cx os closed, tight - posterior - undilated uneffaced.</p>	<p> Dr. Abhinav</p>
	<p>→ take aseptic precautions, induced with 2nd oxytocin gel intracervically.</p>	<p></p>
28/5/26	<p>CS/O Dr. Shefali patient comfortable</p>	
9:30 AM	<p>o/e Vitals - Stable PH = uterus = 36 weeks relaxed FHS (+) 150 bpm freely mobile head</p>	<p>Advice</p> <ol style="list-style-type: none"> 1) Consent for LSC 2) Shift to OT
	<p>PH - Cx - closed</p>	<p></p>

IS NOTES AND DOCTOR'S ORDER

Progress Notes Doctor's Order

Date & Time: 25/5/26 12:45pm
 C/O Dr. Shivraj / C/O Dr. Shefali
 POD Emergency US
 patient comfortable

Baby
 mother's side
 Breastfeeding
 PE: RR - 86 bpm SpO2 - 99%
 BP - 100 / 67 mmHg Afebrile
 CXR - NAB
 PA = uterus = contracted well
 dressing - intact long
 HE - NAB urine - clear, color 300ml

Advice

- 1) Follow post op order
- 2) Monitor vitals, I/O chart
- 3) Watch for excess bleed, hypotension, tachycardia
- 4) Inform sos
- 5) Shift to ward

28/5/26 8am C/O Dr. Shivraj / C/O Dr. Shefali
 POD 0pm, US

Baby
 mother's side
 Breastfeeding
 patient comfortable, orally tolerating
 PE: vitals - stable
 PA = uterus = contracted well
 Bowel sounds (+), dressing intact

- HE - NAB
- Advice
- 1) Soft diet
 - 2) Post op order follow
 - 3) monitor vitals
 - 4) Inform sos



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>29/5/26 <u>8 AM</u></p>	<p>OB Dr. Coerfi, <u>Dr. Shabunata</u> <u>Dr. Achary</u></p> <p>Pt. comfortable Vitals: Stable R₇ C/S (N) <u>P/A = uterine cl</u> <u>Dressings: Dry.</u> Ye: min bleed</p>	<p>Adv. C/S</p> <p><i>[Signature]</i></p>
<p>9/5/26 <u>1:30 am</u></p>	<p>C/S/B Dr. Chaitra (PT)</p> <p>POD, Emg LSCS. Pt. comfortable, no complaints.</p> <p><u>PTR_x</u> :-> DBEx's -> ATM's -> Heel slides -> Bed mobility -> Ergonomics advised -> Walking advised.</p> <p>Pt. comfortable post PTR_x.</p>	<p><i>[Signature]</i></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/05/86	<p>etc. for vital - stable PA - s/t Dressy Spv - wnc CR - S/S ⊕ R - NVRs hard Uu - adequate Patient comfortable</p>	<p>clsb Dr Shapural clsb Dr Shshay Waleh for vital Pnt. 'CS'</p>

29/5/86 8:30pm C/S/B. Dr. Shourij / C/S/B Dr. Bhupali
POD. 158

Baby Patient comfortable - orally tolerates
Milk & stools - passed

Mother's side 012
Breast feeding Vital - stable

AD - not even involutory we
dentistry - intact any
AB - NVR

- Advice
- 1) continue oral feeds
 - 2) normal diet Discontinue of food
 - 3) monitor vitals + R. ear feeding
 - 4) inform SOS

Dr. Shourij



GRESS NOTES AND DOCTOR'S ORDER

GRESS NOTES AND DOCTOR'S ORDER

Progress Notes

Doctors Order

Date & Time	Progress Notes	Doctors Order
20/5/26 9:15am	<p>C/S/B Dr. Chaitra (PT)</p> <p>POD₂, LSCS</p> <p>pt. comfortable, no complaints.</p> <p><u>PTR_x</u>:</p> <ul style="list-style-type: none"> → DBEx's → ATM's → Heel slides → Abdominal isometrics → static back → kegel's ex. → BP positioning advised → Ergonomics advised 	
	<p>pt. comfortable post PTR_x.</p>	

[Signature]

Early 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	
Time		8:00 AM														10:00 AM										
RESP Rate in (resp. box)	> 30																									
	21 - 30																									
	11 - 20	20														20									20	
	0 - 10																									
	94 - 100 %	97%														98%									99%	
oxygenations	< 94 %														RA										RA	
Temp °C	Inhaled O ₂ (L/min.)																									
	40																									
	39																									
	38																									
	37	37.7														36.2									37.6	
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	80														74									77	
	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	72														76									70	
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	A														A									A
		Voice																								
		Pain																								
		Unresponsive																								
	URINE mls / hour	> 30																								
< 30																										
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	N																								
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										



Ward Shared Single Room PICU NICU

Name:

Gender: SPB-00020704 IP27-00006769 .. Age:
 Mrs JYOTISHREE PRUSTY
 17-06-1997 28 Y 11 M 10 D (F)

Consultant: Dr. SHEFALI TYAGI

Date of Admis:



DRUG ALLERGIES

DRUG CHART

FOR THE SAFETY OF THE PATIENT

- GENERAL DOCTOR**
- 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.
 - 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 ENT EMESET				Date	Time
Dose	Route	Frequency	Start Date		
4mg	IV	SOS	28/5/21		
Name & Signature of the Doctor					
Additional Instructions					

DRUG IVS TRAMAPOL				Date	Time
Dose	Route	Frequency	Start Date		
100mg	IV	SOS	28/5/21		
Name & Signature of the Doctor					
Additional Instructions					

DRUG T-CLIPACET				Date	Time
Dose	Route	Frequency	Start Date		
-	PO	SOS	29/5		
Name & Signature of the Doctor					
Additional Instructions					

SPB-00020704 IP27-00006789
 Name Mrs JYOTISHREE PRUSTY
 17-06-1997 28 Y 11 M 11 D (F)
 Dr. SHEFALI TYAGI

I.P. No.:
 Sheet No.

REGULAR PRESCRIPTIONS

				Date			
				Time			
DRUG INT PARACETAMOL				28/5/26	29/5/26		
Dose	Route	Frequency	Start Date				
1g	IV	TT	28/5/26				
Name & Signature of the Doctor				7pm 0631	7am 020933		
Additional Instructions				11pm 020933			

				Date			
				Time			
DRUG INT PAIN				28/5/26	29/5/26		
Dose	Route	Frequency	Start Date				
4mg	IV	PO	28/5/26				
Name & Signature of the Doctor				7pm 0631	7am 020933		
Additional Instructions							

				Date			
				Time			
DRUG INT CLEXANE				28/5/26	29/5/26		
Dose	Route	Frequency	Start Date				
40mg	SL	OD	28/5/26				
Name & Signature of the Doctor				11pm 020933	10pm 020933		
Additional Instructions							

				Date			
				Time			
DRUG Toradol suppo				28/5/26	28/5/26		
Dose	Route	Frequency	Start Date				
100mg	PR	TT	28/5/26				
Name & Signature of the Doctor				7pm 0631	8pm 020933		
Additional Instructions							

				Date			
				Time			
DRUG T-COLPA-D				28/5/26	30/5/26		
Dose	Route	Frequency	Start Date				
	PO	1-11	29/5				
Name & Signature of the Doctor				8pm 020933			
Additional Instructions							

SPB-00020704
 Mrs JYOTISHREE PRUSTY
 17-06-1997 28 Y 11 M 11 D (F)
 Dr. SHEFALI TYAGI

T. PANI
 Route Freq

PO 1g
 Signature of the Doctor

Instructions

8PM 1g
 Route Freq

PO 1g
 Signature of the Doctor

Instructions

Route Freq

Signature of the Doctor

Instructions

G
 Route

Signature of the Doctor

Instructions

G
 Route

Signature of the Doctor

Instructions

SPB-00020704 IP27-00008769
 Mrs JYOTISHREE PRUSTY
 17-06-1997 28 Y 11 M 12 D (F)
 Dr. SHEFALI TYAGI



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

DRUG	Route	Frequency	Start Date	Date/Time
T. PANTOPRAZOLE	PO	100 mg	29/5/26	8:00 AM
Name & Signature of the Doctor				657622
Additional Instructions				7 PM (2nd) 8 (624)

DRUG	Route	Frequency	Start Date	Date/Time
SPY Duphalac	PO	15g	29/5/26	10 PM
Name & Signature of the Doctor				657623
Additional Instructions				

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

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

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

SPB-00020704
 Mrs JYOTSHREE PRUSTY
 17-08-1997 28 Y 11 M 11 D
 DR. SHEFALI TYAGI

	Nurse signature	Nurse signature	Nurse signature	Nurse signature
Dose	Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign	Dr Sign
Dose	Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign	Dr Sign
Dose	Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign	Dr Sign

VARIABLE DOSE

Date				
Time				
	Nurse signature	Nurse signature	Nurse signature	Nurse signature

DRUG

Route
 Start Date
 Name & Signature of the Doctor
 Additional Instruction

Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign
Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign
Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign
Dose	Dose	Dose	Dose
Dr Sign	Dr Sign	Dr Sign	Dr Sign

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
28/5/26	2:05 AM	Paracetamol suppository	PIR		[Signature]	[Signature]
28/5/26	12 AM	Coniviprine gel	0.5mg	cervical	[Signature]	[Signature]
28/5/26	5:45 AM	Coniviprine gel	0.5mg	cervical	[Signature]	Manish 01+207
28/5/26	9:20 AM	INT AUGMENTIN	1.2g	IV	[Signature]	Manish 01+207
28/5/26	9:20 AM	INT PAN	40mg	IV	[Signature]	Manish 01+207
28/5/26	9:25 AM	INT EMESET	4mg	IV	[Signature]	[Signature]
28/5/26	10:12 AM	INT CARBETOAM	100mg	W	[Signature]	[Signature]
28/5/26	11 AM	TAB MISOPROSTOL	600ug	PIR	[Signature]	[Signature]
28/5/26	11 AM	TAB JOMAC	100mg	PIR	[Signature]	[Signature]
28/5/26	11 AM	SUPPOSITORY				



MEDICATION RECONCILIATION FORM

Drug Allergies: No Not known any Drug Allergies

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

Shifting From: Shifted to:

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Arun

Date & Time: 27/05/2016 12 PM

Nurse Name & Signature: Deepthi

Date & Time: 27/05/2016 02:45 PM