

DISCHARGE SUMMARY

Name	Mrs ALINA CHHETRI	UHID	FDH-00040696
Father/Guardian	Mr SUDHEER BABU RACHAPALLY	Age/Gender	37 Y / Female
Address	villa no. 10, ridhi laxman colony, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020463	Admission Date	15-05-2026
Ref Doctor	Self		
Discharge Date	18-05-2026		

Consultant:

Dr. Manasa Badveli

MBBS,MS,MRCOG (UK),FCG(USA),FMAS,FIAOG

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon.

88518

Diagnosis: G2P1L1 WITH PREVIOUS LSCS WITH 40 WEEKS WITH IVF CONCEPTION WITH SGA

EMERGENCY LSCS DONE, IN VIEW OF FAILED INDUCTION, DELIVERED A LIVE FEMALE BABY AT 01:03 PM, WEIGHING : 3.177 KGS ON 16.05.2026.

History:

LMP: 02.08.2025

Obstetric formula: G2P1L1

EDD: 15.05.2026

Gestation at admission: 40 weeks

Obstetric History:

G1 - Male, LSCS (Breech / 2023), Birth weight : 3.310 kg.



Name	Mrs ALINA CHHETRI	UHID	FDH-00040696
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G2 - Present pregnancy, IVF conception.

Medical History: Gestational Hypothyroidism since 26 weeks on Tab. Thyronorm 12.5 mcg. Family History: Nil

Surgical History: LSCS - 2023

Allergies: Nil

Antenatal Details:

Mrs ALINA CHHETRI was booked to Rainbow hospital at 21+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT - Normal, TIFFA - Normal. Gestational hypothyroidism since 26 weeks on Tab. Thyronorm 12.5 mcg. USG done on 26 +3 weeks shows SLIUF EFW 777gm A.C 6% dopplers were normal small for gestational age follow-up scans were done. USG scan done on 05.05.2026 which showed : SLIUF 38+4 weeks, Cephalic, Posterior - high, Placenta, EFW - 2655 gms, 6%, AC-<1 %, AFI - 15.8 cm, Doppler - Normal. She had an uneventful antenatal period. She was admitted at 40 weeks for TOLAC.

Investigations: Enclosed.

Blood Group & Typing : "A" Rh - Positive.

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and OS closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. labour induced with three doses of tab PGE1.

Couple counselled regarding the need for emergency LSCS in view of non-progression of labour, failed induction and Couple consorted for the same.

She was decided for emergency C- section in view of Failed induction, prepared with indwelling Foley's catheter and IV canula under aseptic



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conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Head delivered by single blade forceps.**

* **Calcified placenta 0.5x0.5cm**

* **2 Seedling fibroids on anterior wall 0.5x0.5cm at fundus, 1x1cm fibroid on posterior wall of uterus.**

Delivery Details :

Date : 16.05.2026
Time of Delivery: 01:03 pm
Type of Delivery: Emergency LSCS
Indication : Failed induction
Analgesia : Spinal anesthesia

Baby Details:

Date : 16.05.2026
Time : 01:03 pm
Sex : Female



Name	Mrs ALINA CHHETRI	UHID	FDH-00040696
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Weight : 3.177 kg
 Apgar : 8,9
 Gestational Age: 40 weeks
 NICU Admission: No.

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim O 200mg twice daily till 24.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 24.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantop 40mg twice daily till 24.05.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
- 6. To do Sr. TSH after 6 weeks.**
7. Nebasulf Powder for local application.

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 25.05.2026 with prior appointment.



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Review with Dr. MANASA BADVELI, after one week on 25.05.2026 at postnatal clinic with prior appointment **(Review consultation will be charged)**.

**For Women Who Have Had a Cesarean Section
Care of the wound:**

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for further details - Chapter II page 6 kindly contact 8121039515 at Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**



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Mrs ALINA CHHETRI
17-01-1989 37 Y (F)
Dr. MANASA BADVELI



SURGERY DETAILS

Date : 16/5/2026

Patient Name: Mrs. Alina Date of Birth: 17-01-1989 Age: 37 yrs

Gender: female Ward: OT UHID No.: FDH-00040696

Date of Surgery: 16/5/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency C/CS

Time in : 12:30pm

Time Out : 2:20pm

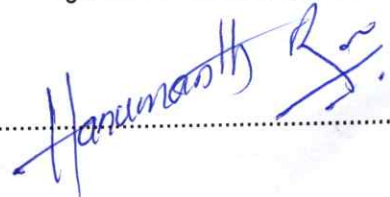
	NAME	AMOUNT
1. Surgeon	Dr. Manasa	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr. Anusha	
4. OT Technician	Bx. Anil	
5. Circulating Nurse	Sr. Sreeja	
6. Assistant Nurse	Bx. Hanumanth	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 576189/6189

Order by: 

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack 25CS		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		03	2342		02	Suction Catheter		01
HME filter : A / P / N			2802		01	Feeding Tube		
Syringes : 10 cc		03	2364		01	Vaccum Suction Set		01
05 cc		03	Gloves 6/2		05	Surgical Gloves 6/2		02
02 cc		03	SGL 264		01	Gauze Pack 1x5		02
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade #22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
Biligel		01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask			DISPO Aprons		03
Morphine			Gauze Pack 1x5		05			
Ketamine			Mop Pack 1x5		02	MISO 200mg		03
Propofol		01	Steristrip one		01			
Rocuronium			Underpad		02	D/inter		02
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron		01	Foleys catheter #14		01			
Pencan 25g/ Spinal Needle 22		01	Urobag		01	Baby Side		
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Cox 2%		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		02			
			Microshield					
			Cotton Balls		10			
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. 576144

Ordered by : Manasa

Doc. No. : RCH / FRM / GENERAL / 125

576145 / NSG

1950

1951

1952

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1964

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020463 Admit Date : 15-May-2026 Admit Time : 09:33 PM UHID : FDH-00040696

Patient Details :

Patient Name : Mrs ALINA CHHETRI Age : 37 Y
Guardian : Mr SUDHEER BABU RACHAPALLY DOB : 17-01-1989
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : villa no. 10, ridhi laxman colony Hyderabad Phone No : 8008004480/ 8008004480
Hyderabad Telangana INDIA 500001 E-mail : 8008004480@g

Admission Details :

Bed Type : MICU Bed No : MICU-01 Ward Name : 4F -MICU
Room No : MICU-01 Admission Type : First Visit

Contact Details :

Name : Mr SUDHEER BABU RACHAPALLY Relationship : Husband
Contact Address : villa no. 10, ridhi laxman colony Hyderabad Phone No : / 8008003387
Hyderabad Telangana INDIA 500001


Signature

Doctor Details :

Doctor Name : Dr. MANASA BADVELI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



FDH-00040696 IP25-00020463
Mrs ALINA CHHETRI 37 Y (F)
17-01-1989
Dr. MANASA BADVELI



ACTIVITY RECORD FOR BILLING

Name: ----- MRS. Alina -----
UHID No : ----- IP No : ----- Consultant : ----- Dept : -----
Date of Admission : 15/5/26 Time : 9:33pm Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/5/26	12pm	MICU	OT	nadhira
16/5/26	2:25pm	OT	MICU	vashanti
16/5/26	7:05pm	MICU	ward	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/5/26	Iv placement	①	✓ 5904	[Signature]
16/5/26	Catheterization	①	6197	[Signature]
16/5/26	PAC (If basic)	①	6197	
c/c done by Sr. Renuka 16/5/26 @ 6pm				

ANY OTHER INFORMATION

* 10 Blood availability in Ayudh.

(16/5/26)

* OP file given to Attender's [Signature]

Date: 15/5/26

Time: 9:33pm

Prepared By: Bhagya

Staff Nurse Bhagya	Shift / Ward MICU	Billing Assistant ✓	Billing Supervisor ✓
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 17/05/26 Time: 10:00AM

Origin: Indian Height: 161cm Weight: 65.2kgs BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²
25-15 kg/m²

Food Allergies: Nil

Diagnosis: Gestational Diabetes Mellitus 24 weeks TNF Conception 28/4

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: *Alina*

Name:

Date & Time:

Dietician's

Signature: *Ashiya*

Name: *Ashiya*

Date & Time: 17/05/26 10:00AM



ELECTRONIC MEDICINE PRESCRIPTION

MRN : FDH-00040696
Age / Sex : 37 Y / Female
Adm/Reg Date/Time : 15/05/2026 21:33
Order Date : 15/05/2026 21:52
Visit ID : IP25-00020463
Patient Address : villa no. 10, ridhi laxman colony, Hyderabad, Hyderabad, Telangana, INDIA, 500001

Name : Mrs ALINA CHHETRI
Doctor : MANASA BADVELI
Payor : SELFPAY
Ordernumber : 25-0000575900
Ward/Bed No : 4F -MICU / MICU-01

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	SURGICAL CLIPPER BLADE (9680)		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
2	HAND CARE GLOVE	HAND CARE GLOVE	10 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
3	TEGADERM WITH PAD 5X7CMS (3582)(8582)	TEGADERM 8582	2 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	10 Nos	/ Once Daily	1 Days		10 Nos	Dispensed
5	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	5 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
6	VEIN-O-LINE 10CM ROMSONS		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
7	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
8	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
9	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
10	BATH WIPES (240CM*300CM) 10S PACK ROMS	BATH WIPES (240CM*300CM)10S PACK ROMSONS	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
11	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
12	NS 100ML ACCULIFE - EH		1 mL	Combination / 1-1-1 UP TO NEXT VISIT	1 Days		1 mL	Dispensed
13	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	2 Days		2 Nos	Dispensed
14	PROCTOCLYSIS ENEMA 100 ML		1 mL	Rectal / Once Daily	1 Days		1 Nos	Dispensed
15	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	2 Bottle	/ Once Daily	1 Days		2 Bottle	Dispensed
16	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		5 Nos	Dispensed
17	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
18	M GOWN			/	1 Days		3 Nos	Dispensed
19	CEFANTRAL 1GM INJ		1 Nos	Combination / Once Daily	1 Days		2 Vial	Dispensed
20	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
21	UNDERPADS 60X90 BUTTERFLY		1 Nos	Combination / 1-1-1 UP TO NEXT VISIT	1 Days		5 Nos	Dispensed
22	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	Buccal / Once Daily	1 Days		1 No	Dispensed

Signature





NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>G2P1L1 C praev LSCS T 40 weeks T</u> <u>IVF Conception T SGA</u>			Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:			
BACKGROUND		Surgery / Procedure: <u>SOL</u>			Post OP Day:			
BACKGROUND	Date	<u>15/5/26</u>	<u>16/5/26</u>	<u>16/5/26</u>	<u>16/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	
	Shift	<u>N</u>	<u>AM</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	
	Medical Condition (Any special condition to be noted):	<u>IDL</u>	<u>IDL</u>	<u>EM-LSCS</u>	<u>EM-LSCS</u>	<u>EM-LSCS</u>	<u>EM-LSCS</u>	
ASSESSMENT	Diet:	<u>SLD</u>	<u>NBM</u>	<u>NBM</u>	<u>SLD</u>	<u>SLD</u>	<u>SLD</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.5C</u>	<u>37C</u>	<u>36.5C</u>	<u>37C</u>	<u>37.1</u>	<u>38.6</u>
		Res:	<u>22</u>	<u>22</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>99</u>
		Pulse:	<u>83</u>	<u>68</u>	<u>69</u>	<u>78</u>	<u>80</u>	<u>76</u>
		BP:	<u>117/62</u>	<u>101/60</u>	<u>101/70</u>	<u>115/80</u>	<u>110/70</u>	<u>120/70</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
Fall Risk Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>SLD dependent</u>	<u>NBM</u>	<u>NBM</u>	<u>SLD</u>	<u>SLD</u>	-	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:								
Handed Over By Name :		<u>Bhagya</u>	<u>Neha</u>	<u>Neha</u>	<u>Neha</u>	<u>Lakshmi</u>	<u>Bhavara</u>	
Signature / ID :		<u>Bhagya</u>	<u>Neha</u>	<u>Neha</u>	<u>Neha</u>	<u>Lakshmi</u>	<u>Bhavara</u>	
Date:		<u>15/5/26</u>	<u>16/5/26</u>	<u>16/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	
Time:		<u>8 AM</u>	<u>@ 2 PM</u>	<u>@ 8 AM</u>	<u>@ 8 AM</u>	<u>12 PM</u>	<u>8 PM</u>	
Taken Over By Name :		<u>Neha</u>	<u>Neha</u>	<u>Neha</u>	<u>Lakshmi</u>	<u>Bhavara</u>	<u>Bhavara</u>	
Signature / ID :		<u>Neha</u>	<u>Neha</u>	<u>Neha</u>	<u>Lakshmi</u>	<u>Bhavara</u>	<u>Bhavara</u>	
Date:		<u>16/5/26</u>	<u>16/5/26</u>	<u>16/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	<u>17/5/26</u>	
Time:		<u>@ 8 AM</u>	<u>@ 8 AM</u>	<u>@ 8 PM</u>	<u>8 AM</u>	<u>8 PM</u>	<u>@ 8 AM</u>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	17/5/26						
	Shift	N						
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.3F					
		Res:	21					
		SpO ₂ :	98%					
		Pulse:	90					
		BP:	96/68					
		LOC:	C					
	Fall Risk Score:	0/0						
Pain Score:	0/10							
Skin Integrity:	good							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	ambulation						
	Others Specify:							
	Special Diet:	ND						
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent							
Post Operative Procedure Special Orders:								
Handed Over By Name :		Darshana						
Signature / ID :		R.						
Date:		18/5/26						
Time:		@8 Am						
Taken Over By Name :		Lakshmi						
Signature / ID :		18/5/26						
Date:		8 Am						
Time:								



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/5/26 @ 9:33pm

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: Doctor Notified on Admission: Yes No
 came for fol Name of the Doctor: DR. Manasa
 Time Notified: 8pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	LSCS - 2023	Nil

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: 2/8/25	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: Fol	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 checked="" 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 checked="" type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A

Previous LSCS: Yes

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: 36.5°C HR: 83 RR: 22
 BP: 117/62 Weight: 65.2 Height: 161 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 0/10 (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
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

2. Special Habits: Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No

Social History: Lives With

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
- Others

Above information given to patient husband

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: Bhagya

Nurse Name: MBJ

Date & Time: 15/5/26 @ 10pm



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

9x IOL

LMP: 2/8/25 EDD:

Corrected EDD: 15/5/26 GA:

Obstetric Formula: G2P1L1

Menstrual History: Regular: Yes No

Obstetric History: G1 - ♂, USG (Breech (2023))
B. wt - 3.31kg

Obstetric Examination

G2: present pregnancy
IVF conception

Fundal Height: 29

Present Pregnancy Record:

booked at 21+3 wks
NT - Normal
TIFFA - Normal

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

148 bpm

Per Speculum Examination not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 161 cm

Weight: 65.2 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: 97.5°F PR: 88 bpm

BP: 110/70 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L1 2 prev USG 24 weeks 2 IVF Conception
2 SGA



<p>Family History: -</p>	<p>Surgical History: LSC - 2023</p>
<p>Medical History: G. Hypothyroidism - 26 wks.</p>	<p>Medication History: T. Thyronom 125mcg</p>
<p>Plan of Care: Admit Consent patient preparation Secure IV Access check blood availability Admission NST NST uth hly w/f PDL, Contractions, FHR trace CBPI AT ATT, IIR</p>	<p>Investigations: BGT - A+VE Serology - non reactive Hb = CBC = P.C = USG obs (21/4/26) SLUF 36⁺ wks Cephalic placenta - posterior high EFW - 2419 gms - 9% A-C - 2% AFI - 15.9 Doppler - normal (str) SLUF 38⁺ Cephalic posterior, high - placenta EFW = 2655g, 6% A-C <1% AFI = 15.8 cm. Doppler - normal</p>

Doctor Name: Dr. K. Ranj...

Signature: Ranj...

Date & Time: 15/5/26 9:00 pm

Consultant Name: Dr. MANASA

Signature: ...

Date & Time: 15/5/26 9:50 pm

①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 10:40pm	c/s to Dr. Manasa Manu ↓	
	<ul style="list-style-type: none"> - T. Misoprostol 25mcg pM - Continuous CTG monitoring. - vitals monitor 2nd holey 	
15/5/26 2:50PM	<p>↓ to L</p> <p>0/2 pt clec c.c. fair Afebrile Bp = 100/70mmHg PR = 88bpm SpO₂ = 100% @ RA P/A = cold = T9 imitable HR @ 100bpm P/V = c = long OS = closed</p>	<p>↓ to L</p> <ol style="list-style-type: none"> 1. 2nd dose T. Misoprostol 25mcg p.o given. 2. cuff post contraction, FHR 3. strict monitoring of vitals 4. continuous NST monitoring. 5. @ vitals inter ses.
		<p>↓ to L</p>

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 Mrs ALINA CHHETRI 37 Y (F)
 17-01-1989
 Dr. MANASA BADVELI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	LITOL TOZAC	Adv
7:00 AM	C.C. fair	1. 3 rd dose T. microsporal 20mg
	Afebrile	1st P.V
	Rsp: 110/7antly	2. NST continues waiting
	PR = 86bpm	3. w/ POZ. bacteraemia
	SpO ₂ = 100% on RA	FHR
	p/a = w/ RTG	4. (M) vitals stable
	Contracting 2c/20x10"	5. uric acid 85
	FHR @ 148bpm	
NST	p/v = 6x long, 0 selected	fair
reaching		
16/5/26	C.I.I. TO Dr. Manasa Manu	
8:10 AM	→ NBM	
	→ 10 RL band/1hr	
	→ Reass at 11:00 AM	
	→ (M) vitals stable	
		fair



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	<u>obs by Dr MANASA</u>	
<u>10:00 Am</u>		
	Ge pt conscious	
	coherent	<u>Ad</u>
	Afebrile	1) NBM
	PR 88bpm	2) IVF 10RL
	BP-122/72 mmHg	3) MONITOR VITAS
	SpO2-97% on RA	4) WY contractions
	RA ut contral 3	5) WY POL
	FUR (+)	6) Exercises
	<u>NST</u> <u>Reactive</u>	7) Inform us
	Pr cx long	8) RIA show <u>swet</u>
	on closed	
	PPVxrt-3	
	show (+)	
	Couple counselled regarding the need for	
	Emergency obs in v/o NPOL ^(started induction) , if findings remain same even	
	after 2 hours; couple consented for the same.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 12pm	GC fair Afebrile PR - 78 bpm BP - 118/70 mmHg P/A - ut FG, contractile FHS ⊕ contracting ⊕ CTG - Reactive P/V - G long closed Stetion - 3	<u>Adv c/i/t Dr Manasa</u> 1) Emergency USes i/v/o AREA failed induction 2) NBM 3) PAE 4) Informed consent 5) Pre op medication 6) shift to OT
		<u>Day</u>
16/5/26 2:35pm	<u>POD - 0</u> GC - fair Afebrile PR - 79 bpm BP - 100/70 mmHg SpO ₂ - 99% @ RA P/A - U RW P/V - NAB U/O - 200ml, clear.	<u>Adv.</u> - NBM x 4hrs - Fluids as per AXON - Drugs as charted - w/H active bpm - (M) stab Infome SOS
		<u>Adv</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/05/26 7pm	POD - 0 of Emg LSCJ	
	PT Stable	Rx
	PR - 72/m	- Start sips of water
	BP - 110/70 mmHg	PB liquid diet
	SpO2 - 98% on RA	- Soft diet after
	PIA Soft	gpm
	at we lwr	- No charkay
	No Gro BPV	- WIF PIN
	Baby i mother	- follow drey chart
	UOP - 50ml clear	- Remove Foley
	BS $\frac{+}{+}$	Catheter Clm 6cm
		- Ambulation
		- Stop IV fluid
		after gpm
		- Also
		- Shift to room
	D Devipani	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/26 7Am	POD- 1 of Lscg pt stable PR - 88/m BP - 110/70 mmHg SpO ₂ - 98% on RA P/A - soft ut w/ w/ w NO G/O BPV Baby smother	Rx - Reg diet - Ambulation - Plenty of liquids - follow drug chart - w/ f BPV - vitals 5 th hly - EBF - Hscg
	Ux Fx	} surgery
17/05/26 12:30pm	POD-1 clonidine abdomen accept Afebrile PR - 90bpm BP - 91/60 SpO ₂ - 100% on RA P/A ut (R) well o/c BVM U F M	AQ 1) (N) diet + oral f/w m 2) follow drug chart 3) MONITOR VITALS 4 th 4) ENCOURAGE AMBULATION 5) 2 nd hly EBF 6) w/ f Actio following R 6) informas <u>sever</u>

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Mrs ALINA CHHETRI
 17-01-1989 37 Y (F)
 Dr. MANASA BADVELI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/10/26	ch by Dr MANASA	
2:45pm	do pain Abdomen PA-00ft	Adv - In TRAMADOL 50mg 4 - In PCN 4gram 4 QID - JUSTIN SUPP PR stats
		<u>swes</u>
17/10/26	<u>POD-001</u>	
9:00pm	No complaints acceptive afebrile PR- 82bpm BP- 101/67mmHg SpO2- 98% RA PA ut @ well ole BWM	Adv 1) (N) diet + ORAL FWMS 2) FOLLOW DRUG chart 3) MONITOR VITALS 4-ly 4) ENCOURAGE 2nd 4 3BF Ambulation slowly Active walking 2 6/92pms
	U ✓ F ✓ M ✓	<u>swes</u>

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Mrs ALINA CHHETRI
17-01-1989 37 Y (F)
Dr. MANASA BADVELI



.....ICATION RECONCILIATION FORM

Drug Allergies: NIL 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: ICU Shifted to: WARD

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	<u>TAB. CIVOGAN</u>	<u>1 tab</u>	<u>P.O</u>	<u>OD</u>	<u>15/5/26</u>	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	<u>TAB SHELLCAL</u>	<u>1 tab</u>	<u>P.O</u>	<u>OD</u>	<u>15/5/26</u>	<input type="checkbox"/> C <input checked="" 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. K. Ranjya Ranjya

Date & Time : 15/5/26 9:00 pm

Nurse Name & Signature: Sr. Bhagya

Date & Time : 15/5/26 @ 9 pm

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

1971

The first part of the report
 deals with the general
 situation of the
 country in 1971. It
 is a very interesting
 study of the
 economic and
 social conditions
 of the country
 at that time.

The second part of the report
 deals with the
 specific aspects of
 the country's
 development. It
 is a very
 detailed study
 of the
 country's
 economic and
 social conditions
 in 1971.

n



DRUG CHART

Date of Admission: 15/5/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** 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
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 65.2kg Ward. MK



DRUG :				Date	Time
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Inj CEFOTAXIME</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>1g</u>	<u>IV</u>	<u>BD</u>	<u>16/5</u>	<u>11AM</u>	<u>12/5</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Inj PANTOPRAZOLE</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>16/5</u>	<u>6AM</u>	<u>12/5</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>TAB. CEFIXIME</u>				Date	Time
Dose	Route	Frequency	Start Date		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>17/5</u>	<u>11AM</u>	<u>12/5</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Sheet No: 01

REGULAR PRESCRIPTIONS

Dept.....Ward MICU

DRUG : <u>TAB PANTOPRAZOLE</u>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
<u>40mg</u>	<u>PO</u>	<u>QD</u>	<u>17/05</u>	<u>6AM</u>	<u>18/05</u>																
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB PARACETAMOL</u>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
<u>1gm</u>	<u>ORAL</u>	<u>TID</u>	<u>16/5</u>	<u>6AM</u>	<u>16/5</u>																
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
[Handwritten notes: 2pm, 10pm, 17/5, STOP, 17/5/26]																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB DICLOFENAC</u>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
<u>50mg</u>	<u>ORAL</u>	<u>TID</u>	<u>16/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
[Handwritten notes: STOP, 16/5/26]																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB COXIFENAC</u>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : Name Signature



Sheet No: 02 REGULAR PRESCRIPTIONS Dept.....Ward.. M.W

DRUG : 4 PARACETAMOL				Date Time																
Dose	Route	Frequency	Start Dt.																	
1gram	IV	qid	17/05	8Am X																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
every 6 hours.				2pm																
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

Mrs ALINA CHHETRI
17-01-1989 37 Y
Dr. MANASA BADVELI

(F)

Weight. 65.2kg Ward. mlw



Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG :							
Route							
Start Date							
Name & Signature of the Doctor							
Additional Instructions:							

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
VARIABLE DOSE							
DRUG :							
Route							
Start Date							
Name & Signature of the Doctor							
Additional Instructions:							

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		T. MISOPROSTOL		P.O.	Pooja	
15/5/26	10:50pm	T-misoprostol	25mcg	P.O	Pooja	Bhagya A
15/5/26	2:50pm	T-misoprostol	25mcg	P.O	Pooja	A A
16/2/26	7:00am	T-misoprostol	25mcg	P.O	Pooja	A A
16/5/26	8:30am	inj. PANTOPRAZOLE	40mg	IV	Pooja	A A
16/5/26	12:00am	DJ CEFOTAXIME	1gm	IV	A	A
16/5/26	12:00pm	Dj. METOCHLOPRAMIDE	10mg	IV	A	A
16/5	1:05pm	INJ CARBETOCIN	100mcg	IV	A	Sapna Sapna Sapna
16/5	2:20pm	SUPP TRAMADOL	100mg	P/R	A	Sapna Sapna
16/5	2:20pm	SUPP DICLOFENAC	100mg	P/R	A	Sapna Sapna

Signature
VERIFIED BY: Name

I.V. FLUIDS CHART

Weight. 65.9 kgs Ward. MU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/5/26	10pm	10 plain RL	IV	100 ml	<i>Adh</i>	<i>Phygy</i>	15/5/26	<i>Adh</i>	<i>Srin</i> <i>Adh</i>
16/5/26	9:30 am	plaine RL	IV	100ml/hr.	<i>Adh</i>	<i>Adh</i>	16/5/26	<i>Adh</i>	<i>Adh</i> <i>Adh</i>
16/5	1.30 pm	RINGER LACTATE	IV	150 ml/hr	<i>Adh</i>	<i>Adh</i>	16/5/26	<i>Adh</i>	<i>Adh</i> <i>Adh</i>
16/5	2.20 pm	RINGER LACTATE	IV	100 ml/hr	<i>Adh</i>	<i>Adh</i>	16/5/26	<i>Adh</i>	<i>Adh</i> <i>Adh</i>

Signature

VERIFIED BY: Name

1999

10/12

10/13

10/14

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10/16

10/17

10/18

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10/21

10/22

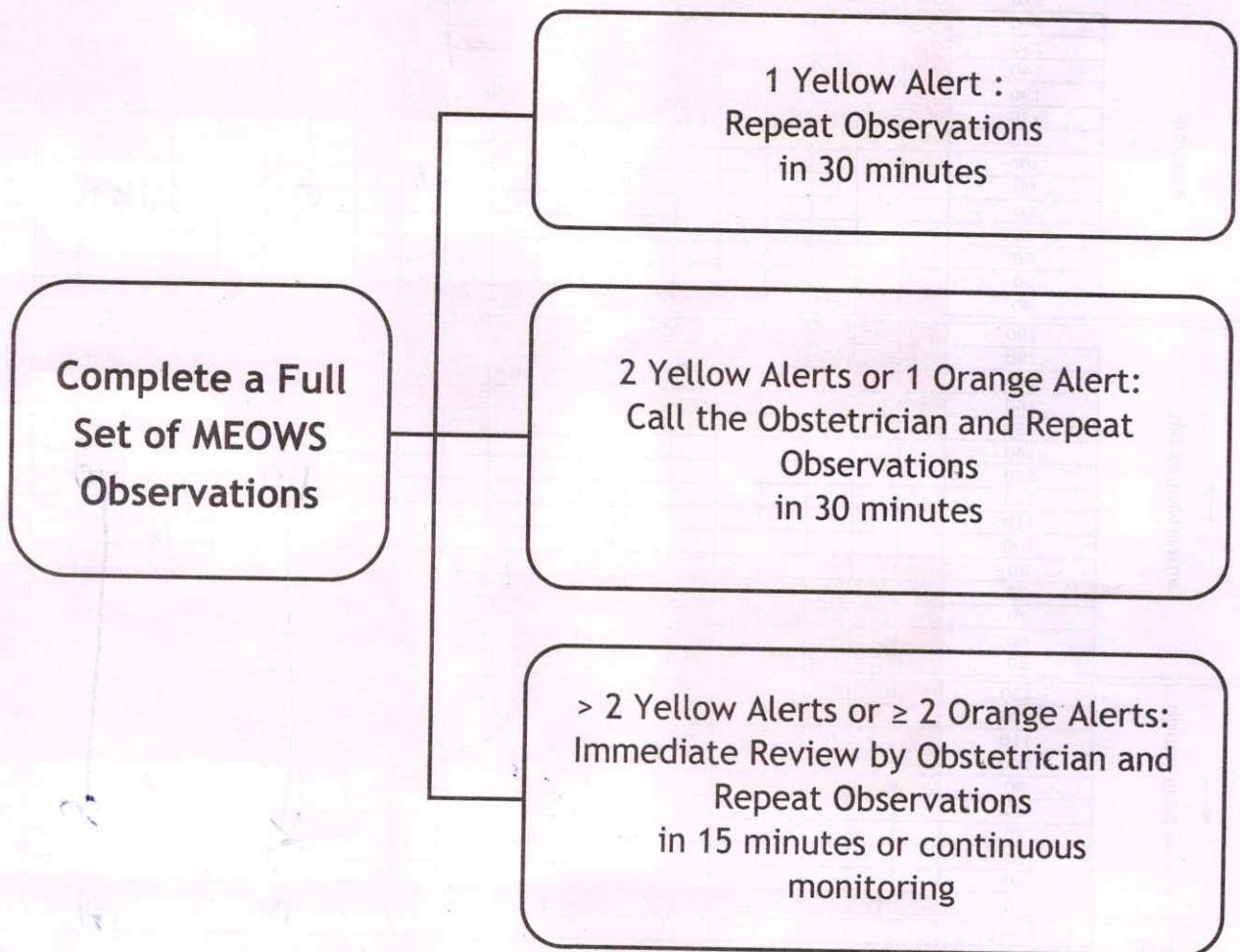
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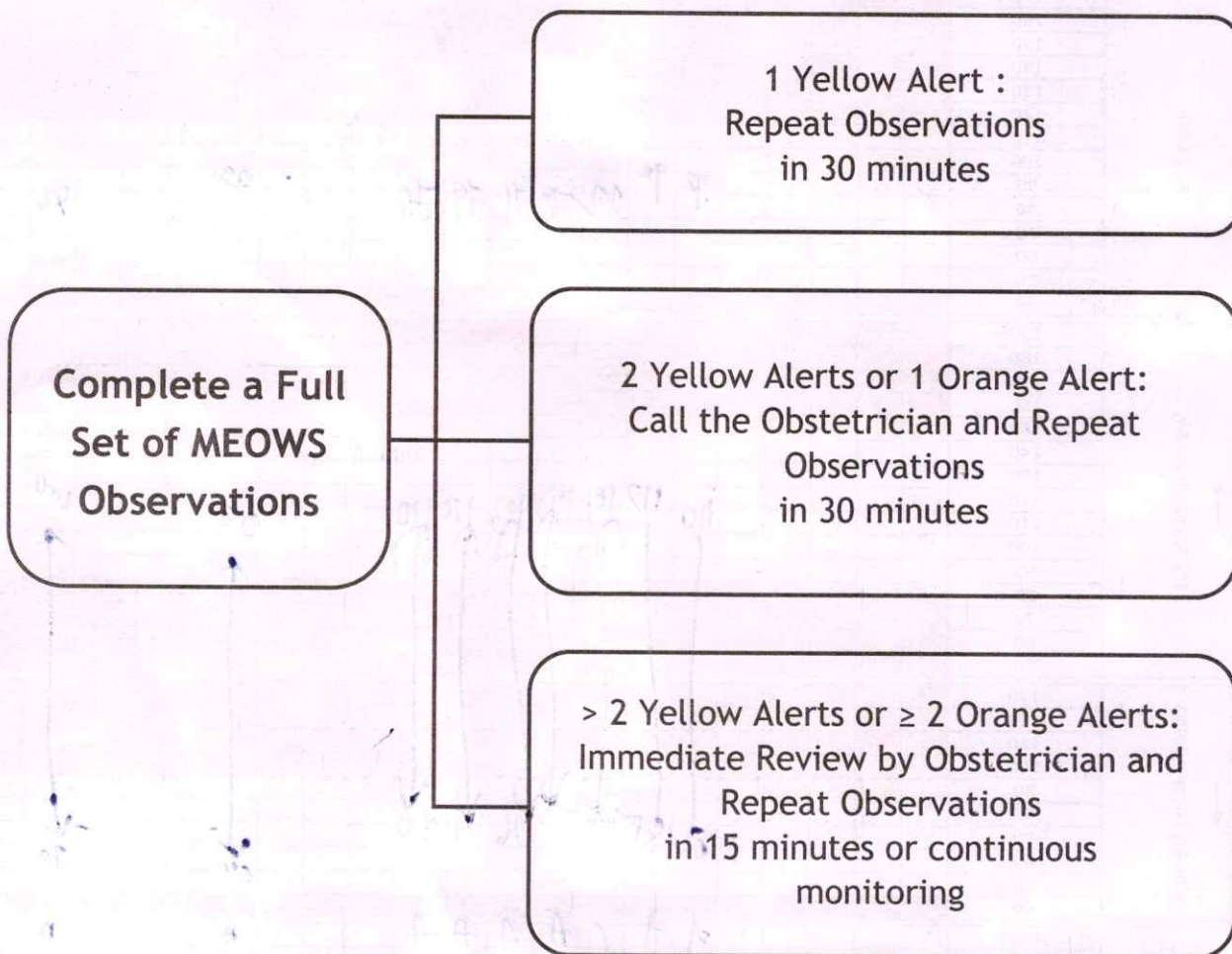


Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



3

17/5/26

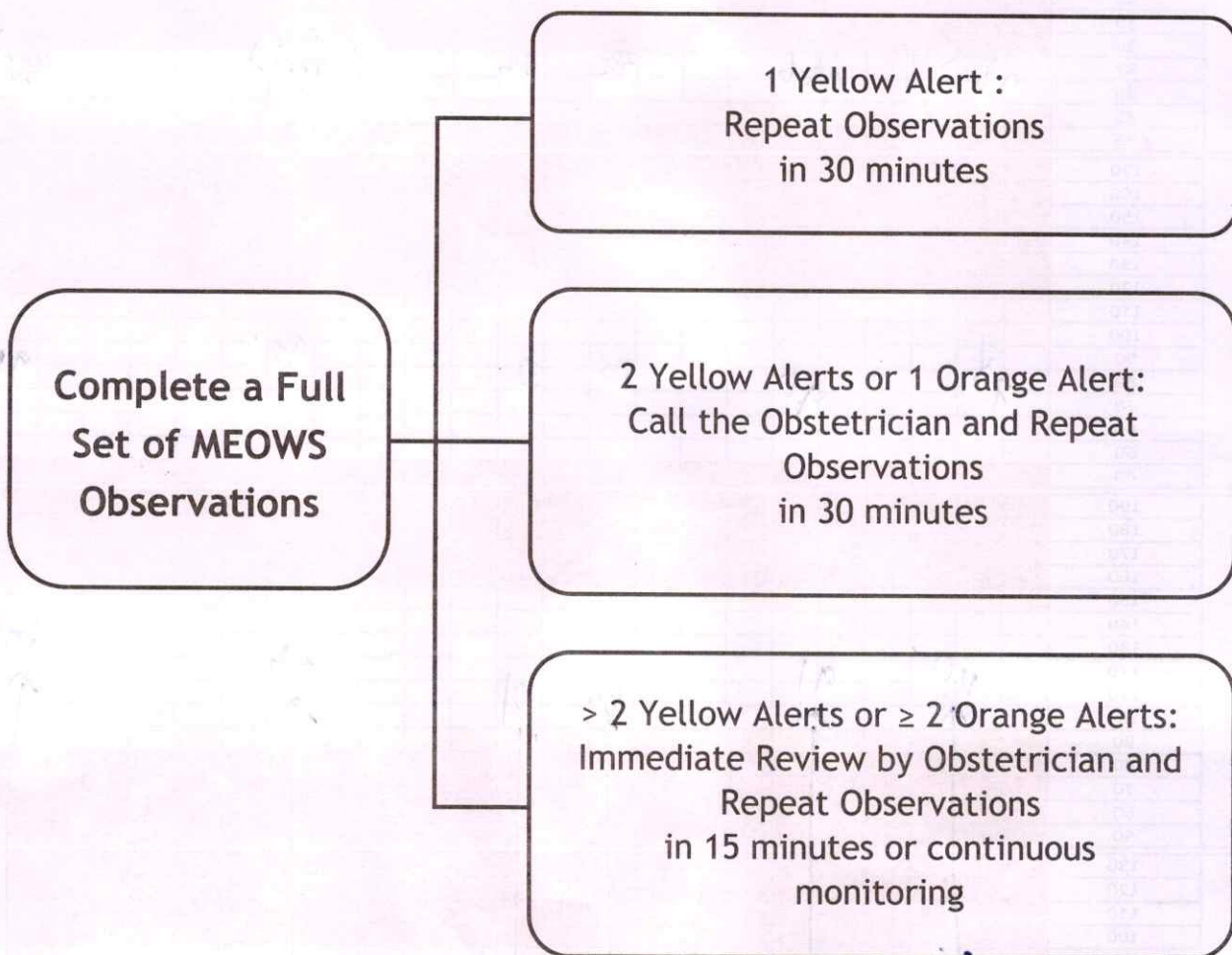
Early Warning Observation Score Chart - Obstetrics

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																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20			20		20		20		20		20		20					21						20		
	0 - 10																										
Saturations	94 - 100 %			98		100%		99		100		100		98%					98%						99%		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37			98.5		98.6		38		38.6		38		98.7					98.7						98.7		
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			78		90		80		82		90		90					90						91		
	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																										
	NEURO RESPONSE [✓]	Alert			A		A		A		A		A		A					A						A	
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30			✓		✓		✓		✓		✓		✓					✓						✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			N		N		N		N		N		N					N						N		
	Heavy / Foul																										
Liquor	Clear / Pink			C		C		C		C		C		C					C						C		
	Green																										
TOTAL YELLOW SCORES				0		0		0		0		0		0					0						0		
TOTAL ORANGE SCORES				0		0		0		0		0		0					0						0		
Nurse Initial				tb		tb		tb		tb		tb		tb					tb						tb		

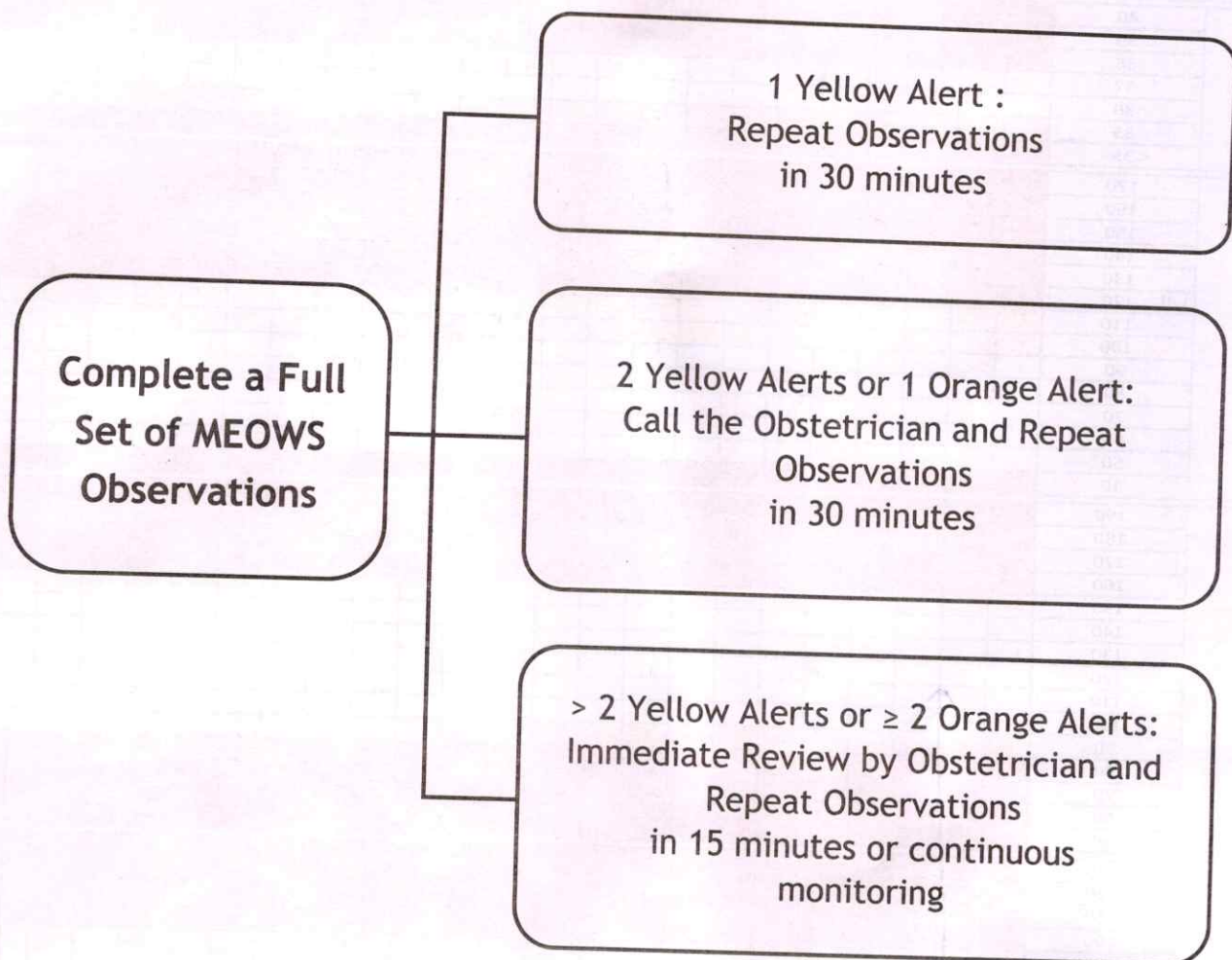
12/2/21

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 01

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm	RL	SLD H ₂ O 100ml	FE						✓	0		
	11:00 pm	RL	H ₂ O 100ml							✓	0		
	12:00 am		H ₂ O 100ml								0		
	01:00 am										0		
Total Intake :			700 ml			Total Output :					U-2		
	02:00 am												
	03:00 am		H ₂ O 100ml							✓	0		
	04:00 am										0		
	05:00 am										0		
	06:00 am		H ₂ O 200ml							✓	0		
	07:00 am										0		
Total Intake :			300 ml			Total Output :					U-2		

Total 24 hrs. Intake 1000 ml

Total 24 hrs. Output U-4



16/8/26

FLUID CHART

Sheet No. : 9

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O	100ml	-							0	}
	09:30 am	RL	100ml							0		
	10:00 am	RL	100ml							0		
	11:00 am	RL	100ml	NO	NO	NO	NO	NO	✓	0		
	12:00 pm	RL	100ml							0		
	01:00 pm	RL	100ml							0		
Total Intake :			500ml			Total Output :					U = empty	
	02:00 pm	RL	100ml	NO	NO	NO	NO	NO	NO	200ml	0	}
	03:00 pm	RL	100ml							0		
	04:00 pm	RL	100ml							0		
	05:00 pm	RL	100ml							0		
	06:00 pm	RL	100ml	NO	NO	NO	NO	NO	300ml	0		
	07:00 pm	RL	100ml							0		
Total Intake :			900ml			Total Output :					U = 500ml	
	08:00 pm		NO	NO	NO	NO	NO	NO	NO	NO	0	}
	09:00 pm	H ₂ O	200ml							0		
	10:00 pm									0		
	11:00 pm	H ₂ O	200ml							0		
	12:00 am									0		
	01:00 am	H ₂ O	100ml	NO	NO	NO	NO	NO	500ml	0		
Total Intake :			500ml			Total Output :					U = 500ml M = 0	
	02:00 am		NO	NO	NO	NO	NO	NO	NO	NO	0	}
	03:00 am	H ₂ O	100ml							0		
	04:00 am									0		
	05:00 am	H ₂ O	100ml							0		
	06:00 am									0		
	07:00 am	H ₂ O	200ml	NO	NO	NO	NO	NO	400ml	0		
Total Intake :			400ml			Total Output :					U = 400ml M = 0	
Total 24 hrs. Intake		2300ml										
Total 24 hrs. Output		U = 1400ml M = 0										



17/5/28

FLUID CHART

Sheet No. : 3

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
							NO	NO	NO		0		
	08:00 am	H ₂ O 100ml	NO	NO			NO	NO	NO		0		
	09:00 am										0		
	10:00 am	H ₂ O 100ml					NO	NO			0		
	11:00 am	H ₂ O					NO	NO		✓	0		
	12:00 pm						NO	NO	NO		0		
	01:00 pm	H ₂ O 200ml	NO	NO	NO		NO	NO			0		
Total Intake :			400 ml			Total Output :						U = 1 M = 0	
	02:00 pm		NO	NO	NO		NO	NO			0		
	03:00 pm	H ₂ O 200ml								✓	0		
	04:00 pm										0		
	05:00 pm	H ₂ O 200ml					✓				0	Shah	
	06:00 pm									✓	0		
	07:00 pm	H ₂ O 200ml	NO	NO	NO		NO	NO			0		
Total Intake :			600ml			Total Output :						U = 2 M = 1	
	08:00 pm		NO	NO	NO		NO	NO	NO		0		
	09:00 pm	H ₂ O 200ml									0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am	H ₂ O 200ml								✓	0	Shah	
	01:00 am		NO	NO	NO		NO	NO	NO		0		
Total Intake :			1000ml			Total Output :						U = 1 M = 0	
	02:00 am		NO	NO	NO		NO	NO	NO		0		
	03:00 am	H ₂ O 200ml									0		
	04:00 am										0		
	05:00 am										0		
	06:00 am	H ₂ O 200ml								✓	0	Shah	
	07:00 am		NO	NO	NO		NO	NO	NO		0		
Total Intake :			1400ml			Total Output :						U = 1 M = 0	

Total 24 hrs. Intake 1800ml

Total 24 hrs. Output U = 5 M = 2

FDH-00040696 IP25-00020463
 Mrs ALINA CHHETRI
 17-01-1989 37 Y (F)
 Dr. MANASA BADVELI

18/5/26



FLUID CHART

Sheet No. :

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
						NO			NO	NO			
	08:00 am	H ₂ O	100ml	NO	NO				NO				
	09:00 am	H ₂ O											
	10:00 am	H ₂ O	100ml										
	11:00 am	H ₂ O											
	12:00 pm			NO	NO				NO	NO			
	01:00 pm					NO			NO	NO			
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Department
PRE-ANA

FDH-00040696 IP25-00020463
Mrs ALINA CHHETRI
17-01-1989 37 Y (F)
Dr. MANASA BADVELI



Name: Age: Sex: UHID.No:

Date: 16/5/26 Time: Proposed Operation: LSCS emergency

Diagnosis: G2.P.H. & prev. LSCS 40 POG

B.P / CRT: 110/70 H.R: Weight: 66kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.6 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: LNR ECG:
WBC: Creat: Total Bill: HCV: Active 2D Echo:
Plate: 1,70,000 Na: Dir. Bill: Blood group: Active Stress/Anglo:
PT: 16.3 K: LDH: T3 Other:
PTT: 29.3 Ca++: Alk phos: T4
INR: 1.04 Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies:

Medical History: CVS :

RESP: k/c/o Gest. Hypothyroid Diabetes :

CNS: 26 wks

Renal : Physical Activity:

Hepatic / GE :
Others :

Past Anaesthetic History: prev. LSCS ↓ SAB.

Physical Exam:

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

Lungs :
Heart: WNL

CNS:

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
Thyronorm	12.5 mcg

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: Ashy Name: Dr. ANSHUARYA

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: 16 hr

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 92/min B.P / CRT: 92/57 SpO₂: 99% R.R: 16/min Last Feed: 8:30am

Pre-OP Diagnosis: G2P1L1 Preemies Operation: Emergency Date: 10/1/15

Surgeon: Dr. Manara Anaesthesiologist: Dr. Roche Technician:

TIME	12:30	1:00	1:30 pm	2:00	2:30 pm																
N ₂ O / AIR / O ₂ LPM																					
HALO / SO / SEVO																					
Drugs:	1) Cefazolin 100mg																				
Antibiotic																					
Suppository																					
Blood Loss																					
NOTES																					
FI _{O₂} / Sa _{O₂}	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
ETCO ₂																					
ECG	3 leads	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se	se
Temperature																					
Urine Output																					
Fluids																					
Blood																					
B.P																					
V Systolic																					
A Diastolic																					
X Mean																					
• Heart Rate																					
Tourniquet on Time																					
Tourniquet off Time																					
Throat Pack In																					
Throat Pack Out																					

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP *ll*

Cuff Site: *ll*

Art Site: *ll*

EKG Lead

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: *supine*

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: *12:30 pm*

OP Start: *12:57 pm*

OP End: *2:15 pm*

Leave OR: *2:20 pm*

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: *LUL*

ART: *LUL*

IV: *LUL*

IV: *LUL*

IV: *LUL*

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# at cm

Oral Nasal Cuff

Tracheostomy Topical

Drug:

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# Attempts:

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others: *sitting*

Position: *sitting*

Site: *L3-4*

Needle Size: *24G* Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: *2ml 1% 57. Bupivacaine*

Bolus:

Infusion: *4* *epidural*

Block Level: *T4*

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No N/A

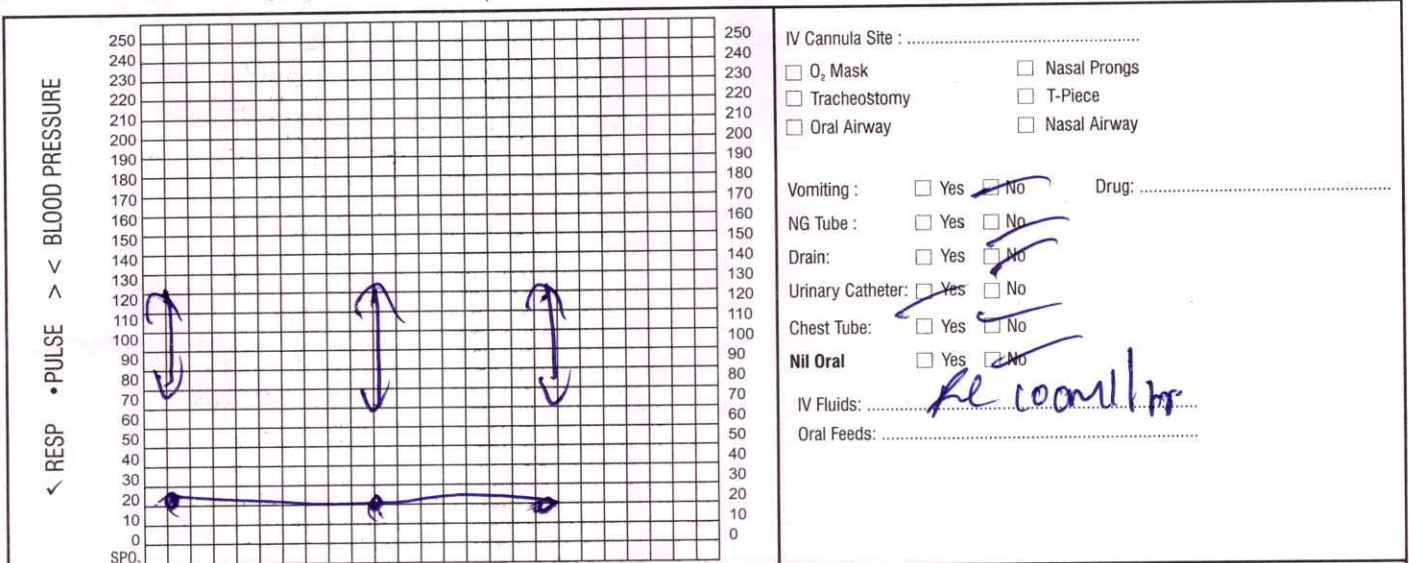
Name of the Doctor: *Kevin Roche*

Signature of the Doctor: *Kevin Roche*

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Renuka Time Received : 2:35 PM Time Discharged :



IV Cannula Site :
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting : Yes No Drug:
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: Re 100ml/hr
 Oral Feeds:

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/5	2:35 PM	0/10	AS per Axon	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Renuka

Anaesthesiologist Signature:

Date & Time: 16/5/26 @ 2:35 PM

PACU Nurse Name : Dr. Renuka

PACU Nurse Signature:

Date & Time: 16/5/26 @ 2:35 PM

Transferred to Unit by (PACU):

Date & Time:

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name : Alina Choti Age : 37yr Gender : Male Female

UHID NO: FDH - 40696 Surgeon Name:

Anaesthesiologist : Dr. ASHWARYA

Operative procedure planned : Emergency Cesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Hypotension, shivering

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Alina Choti the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean Section

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

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

I authorize the anaesthetic 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.

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Alina

Name : Alina

Relationship with Patient :

Date & Time : 16/5/26 @ 12pm

Witness :

Signature : Sudheer Babu

Name : Sudheer Babu

Date & Time : 16/5/26 @ 12pm

Doctor (who is taking the consent) :

Signature : Ashwarya

Name : D. ASHWARYA

Date & Time : 16/5/26 ; 11:47AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs Alina Chhchi Gender: Male Female Age : 37yrs

UHID No : FDH-00040696 Date : 16/05/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION
 upon Mrs Alina
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

risk of bleeding, need for blood and blood products, risk of injury to bowel, bladder and ureter, risk of fetal distress, need for NICU admission

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr Manasa

Consentee :

Signature : Alina

Name : Alina

Date & Time : 16/5/26 @ 12pm

Witness :

Signature : [Signature]

Name : Anister

Date & Time : 16/5/26 @ 12pm

Patient Attendant :

Signature : [Signature]

Name : Sudheer Babu

Relationship with Patient : husband

Date & Time : 16/5/26 @ 12pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Hashim

Date & Time : 16/5/26 @ 12pm

MEMORANDUM FOR THE SECRETARY OF DEFENSE
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

FDH-00040696 IP25-00020463
 Mrs ALINA CHHETRI
 17-01-1989 37 Y (F)
 Dr. MANASA BADVELI



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Manasa</u>	Date of Delivery: <u>16/5/2026</u>
Assistant Surgeon: <u>Dr. Anusha</u>	Time of Delivery: <u>1:03 PM</u>
Anaesthetist's Name: <u>Dr. Usha</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>USA</u>	Weight of Baby: <u>3.17kg</u>
Neonatologist: <u>Dr. Shrawanthi</u>	AGPAR Score: <u>8/10 9/10</u>
Scrub Nurse: <u>Dr. Hanumanth</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: Failed

Elective Emergency Indication: Failed induction

Urgency

Immediate Threat to life of woman or fetus

Maternal or fetal compromise not immediately life threatening

No maternal or fetal compromise but needs early delivery

Delivery timed to suit woman and staff

Decision time: Knief to rectus:

CTG Description: Reassuring

If there was a delay give the reasons:

Surgical Procedure: Emergency lower segment cesarean section

Post Operative Diagnosis: PDD-OLMS

Peri-Operative Complications: Head delivered by single blade forceps
Calcified placenta, 0.5x0.5 cm → 2 seedling fibroids on
anterior wall, 0.5x0.5cm seedling fibroid at fundus, 1x1cm fibroid on posterior
wall of uterus

Amount of Blood Loss: 500ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
 5th Palpable: Fetal Position:
 Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
 Caput: + ++ +++ Meconium: None + ++ +++
 Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannensteil Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps *single loop*
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: Cord around the neck Yes No
 Appearance of placenta: *calcified* Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers Suture
 Peritoneal Closure: Pelvic Abdominal None Suture
 Sheath Closure: *NOT used* Suture
 Fat Closure: Yes No Suture
 Skin Closure: Subcuticular Mattress Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter: Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No


Post-Operative Notes:
 1) NBM x 4 hrs
 2) fluids as per AXON
 3) Drugs as charted
 4) w/ active b/w
 5) (M) vitals Infuse 801

Doctor Name: *Dr Manasa*

Doctor Signature: *[Signature]*

Date & Time: *16/5/26*, *3pm*

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00040696 IP25-00020463 Mrs ALINA CHHETRI 17-01-1989 37 Y (F) Dr. MANASA BADVELI 		Date & Time of Admission 15/5/26 @	Date & Time of Transfer Order 16/5/26 @ 7:15 PM
		Transfer Ordered by Dr. Vichhye	Reason for Transfer observation
From Unit MW	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Lenuber		Name of Person Ordered Transfer Dr. Vichhye	
Patient & Clinical Records Received by : at 7:15 PM 16/05/26 at 7:15 PM			
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

Handwritten notes at the top of the page, possibly including a date or title.

Handwritten notes in the upper middle section of the page.


Handwritten notes in the middle section of the page.

Handwritten notes in the lower middle section of the page.

Vertical handwritten notes on the left side of the lower half of the page.

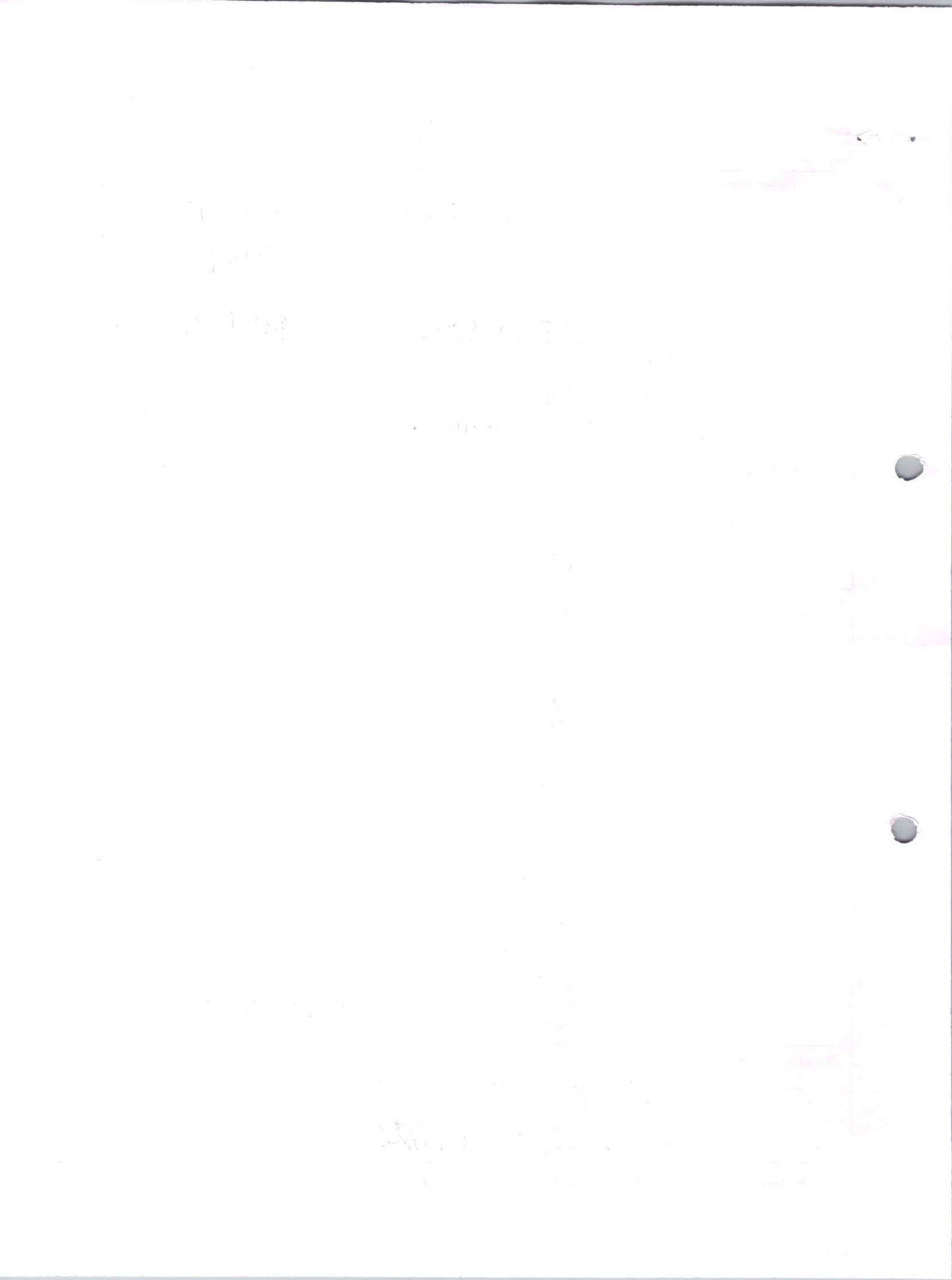
PATIENT TRANSFER FORM

OT

Patient Name & UHID No. FDH-00040696 IP25-00020463 Mrs ALINA CHHETRI 37 Y (F) 17-01-1989 Dr. MANASA BADVELI 		Date & Time of Admission 16/5/2026	Date & Time of Transfer Order 16/5/2026 @ 2:35pm
		Transfer Ordered by Dr. Usha	Reason for Transfer post op care.
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films 1 op file.	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/		
2.	/		
3.	/		
4.	/		
5.	/		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sreeja Sreeja @ 2:35pm		Name of Person Ordered Transfer Dr. Usha	
Patient & Clinical Records Received by : Dr. Renuka			
Date & Time of Patient Received : 2:35pm 16/5/26.			

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



1

PATIENT TRANSFER FORM

FDH-00040696 IP25-00020463

Mrs ALINA CHHETRI
17-01-1989 37 Y (F)
Dr. MANASA BADVELI



Date & Time of Admission 15/5/26 @ 9:33 pm		Date & Time of Transfer Order 16/5/26 @ 12 pm
Treating Consultant Name Dr. Manasa Badveli	Transfer Ordered by Dr. Anuska	Reason for Transfer EM. LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	inj. Penicillin	1
2.	inj. Tasim	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr. Nishita	Name of Person Ordered Transfer Dr. Anuska
---------------------------------------------------------------	-----------------------------------------------

Patient & Clinical Records Received by :

Sreeja

Date & Time of Patient Received : @ 12:00 pm

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

(11)

192-8-10-11

192-8-10-11

192

192-8-10-11

192-8-10-11

192-8-10-11

192-8-10-11

192-8-10-11

192-8-10-11

**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

+ 576110 +

Patient Name: <u>MRS. ALINA CHILTRAI</u>	Age: <u>37</u>	Gender: <u>FEMALE</u>	
UHID No: <u>50110420196</u>	IP No: <u>150020463</u>	Date: <u>11/05/21</u>	
Diagnosis: <u>LSCS</u>	Time: <u>1 PM</u>		
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100/116</u>	-
2.	Morphine Sulphate Inj. 15mg/ML	-	-
3.	Remifentanyl Hydrochloride Inj. 2MG	-	-
4.	Remifentanyl Hydrochloride inj. 1MG	-	-
Doctor Name: <u>KODE USHA</u>		Doctor Registration No: <u>15001/101/01525</u>	
Signature: <u>[Signature]</u>			

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 1525-10020463 Date: 11/05/2021

Aadhaar No. of the Patient (Optional):

1.	Name: <u>MRS. ALINA CHILTRAI</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>1101, 21/301, DILIP ROAD, PANDURANGA</u>		
3.	Brief description of the illness	<u>LSCS</u>		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed	<u>FENTANYL CITRATE</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb impression of the patient / Patient Attender	Remarks, if any
<u>11/05/21</u>	<u>FENTANYL CITRATE</u>	<u>100</u>		

Dispensed by (Name & ID No.): S. Srinivas Signature: [Signature]

Received by (Name & ID No.): [Signature] Signature: [Signature]

Time: 1:11 PM

**NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)**

Patient Name: _____
 Date: _____
 IP No: _____
 Diagnosis: _____

PRESCRIPTION DETAILS (Check only one of the following)

S No.	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj. 50mcg/ml		
2	Morphine Sulfate Inj. 15mg/ml		
3	Remifentanyl Hydrochloride Inj. 2MG		
4	Remifentanyl Hydrochloride Inj. 1MG		

Doctor Name: _____
 Signature: _____
 Date: _____

**NARCOTIC DISPENSING FORM
 APPENDIX 4 - FORM NO. 3E**

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Registration No: _____
 Date: _____
 Name of the Patient (Optional): _____

S No.	Name of the Essential Narcotic Drug	Quantity	Signature (Thumb Impression of the patient) / Patient Alleged	Remarks, if any
1				
2				
3				
4				
5				

1. Whether registered with any other registered medical professional recognized medical institution (If yes, details of the registration)

2. Brief description of the illness

3. Complete postal address (with contact number, if any)

4. Name

5. Details of essential Narcotic drug dispensed

Dispensed by (Name & ID No): _____
 Signature: _____

Received by (Name & ID No): _____
 Signature: _____

Date: _____

Doc No. RCH/FORM/CUNICAL/13

ANTENATAL RECORD



Antenatal No. 7449/10/26

Reg. No : PA-00040696

Consultant : DR. Manasa

PERSONAL DETAILS

Name : Mrs. Alina Chhetri Age: 37 Date of Birth _____ Education : _____

Occupation : _____ Phone No. : _____ Mobile : _____

Husband's Name _____ Age _____ Education : _____ Occupation: _____

Address : _____

Mobile : _____ E-mail Id : _____

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

<p><u>G2P1L2</u></p>	<p>Corrected EDD <u>14/5/26</u></p>
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HISTORY

Year of Marriage :	Menstrual History : Previous Periods	LMP	EDD	Corrected EDD	
Consanguinity :	Contraception :	OBSTETRIC FORMULA			
		Gravida	Para	Live	Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
1	1		<u>LSCS for breech - LLB</u>		<u>21/2250g</u>		

Medical History : west Hypothyroid. Family History : _____
 Surgical History : _____ Allergies : _____

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife A + ve Husband

ICT

VDRL NR HIV NR HbSAg NR

TSH

GCT

ROUTINE INVESTIGATIONS

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
<u>23/10/15</u>							
<u>HR - 11.6</u>							
<u>TS4 - 3.9</u>							
<u>CUET - (N)</u>							
<u>HR - 11.0</u>							

69
210
98

Tetanus Toxoid : 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First Trimester											
<u>8/1/26</u> TIFFA	<u>SUA/21/15/EFW - 411 18% / CX Length - 34.7</u> <u>AC - 21%</u> / <u>D (N)</u>										
Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks		
<u>21/2/20</u> Growth scan	<u>28W</u>	<u>US</u>	<u>C</u>	<u>1.04kg</u>	<u>6%</u>	<u>AC - 2%</u>	<u>120</u>	<u>P:14</u>	<u>D (N)</u>		
<u>10/3/26</u>	<u>30W</u>	<u>US</u>	<u>C</u>	<u>1.28kg</u>	<u>4%</u>	<u>AC - 1%</u>	<u>137</u>	<u>P:14</u>	<u>D (N)</u>		
Others											

Were any Prenatal diagnostics done - Yes No If yes please specify the details below :

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery : _____

Type of labour : Spontaneous

Induction : Indication _____

Method - PGE 1 PGE 2

Mode of delivery : SVD AVD Vacuum Forceps

Indication : _____

Caesarean section : Emergency Elective

Indication : _____

SALIENT FEATURES :

Baby details : Girl Boy Wt : _____ Apgar score: _____

Postpartum Period : _____
