

DISCHARGE SUMMARY

Name	Mrs MANASWI TEJAWATH	UHID	FDH-00014627
Father/Guardian	Mr Anand Sagar Rathod	Age/Gender	29 Y 8 M 10 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020607	Admission Date	25-05-2026
Ref Doctor	Self		
Discharge Date	26.05.2026		

Consultant:

Dr. Sahitya Bammidi

MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Reg. No : 64696

Diagnosis: PRIMIGRAVIDA AT 38 WEEKS GESTATION WITH PROM WITH GRADE-I MSL IN EARLY LABOUR

SPONTANEOUS DELIVERY DONE, DELIVERED A LIVE FEMALE BABY AT 05:47AM, WEIGHT 2.637 KG ON 25.05.2026

History : C/o Leaking PV since 12am on 25.05.2026

LMP: 20.08.2026

Obstetric formula: Primigravida

EDD: 08.06.2026

Gestation at admission: 38 weeks



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Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History : Nil

Family History : Both - HTN

Surgical History: Nil

Allergies : Nil

Antenatal Details:

Mrs MANASWI TEJAWATH was booked to Rainbow hospital at 27+5 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan at 12weeks was normal. TIFFA scan at 19+4weeks was normal. Fetal ECHO was normal. Following growth scans were normal. Scan at 35+2weeks showed, AFI - 6.7cm, oligohydramnios, prominent right renal pelvis (7.1mm), following scan at 37+2weeks was normal, AFI - 10.1cm and renal pelvis 7.1mm. Scan done on 20.05.2026 showed, LSIUG at 37+2weeks, cephalic, placenta anterior and high, AFI - 10.1cm, EFW - 2862 gm, 29% AC - 19% with normal dopplers. She was admitted at 38 weeks with PROM in early labour.

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 mild, cervix was 50% effaced and 3 cm dilated. Membranes were absent revealing grade I Meconium stained liquor. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. There were early decelerations, recovered with necessary measures. She spontaneously progressed to full dilatation at 05:20 am. Passive descent of fetal head was allowed post full dilatation. She was put into position for



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vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

- * **Grade- I MSL at the time of delivery.**
- * **1 Loop of cord around neck.**

Delivery Details:

Date : 25.05.2026
Time of Delivery: 05:47am
Type of Labour : Spontaneous
Type of Delivery: Spontaneous vaginal delivery

Baby Details:

Date : 25.05.2026
Time : 05:47am
Sex : Female
Weight : 2.637kgs
Apgar : 6/10,9/10
Gestational Age: 38 weeks
NICU Admission: No

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted



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to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. 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:

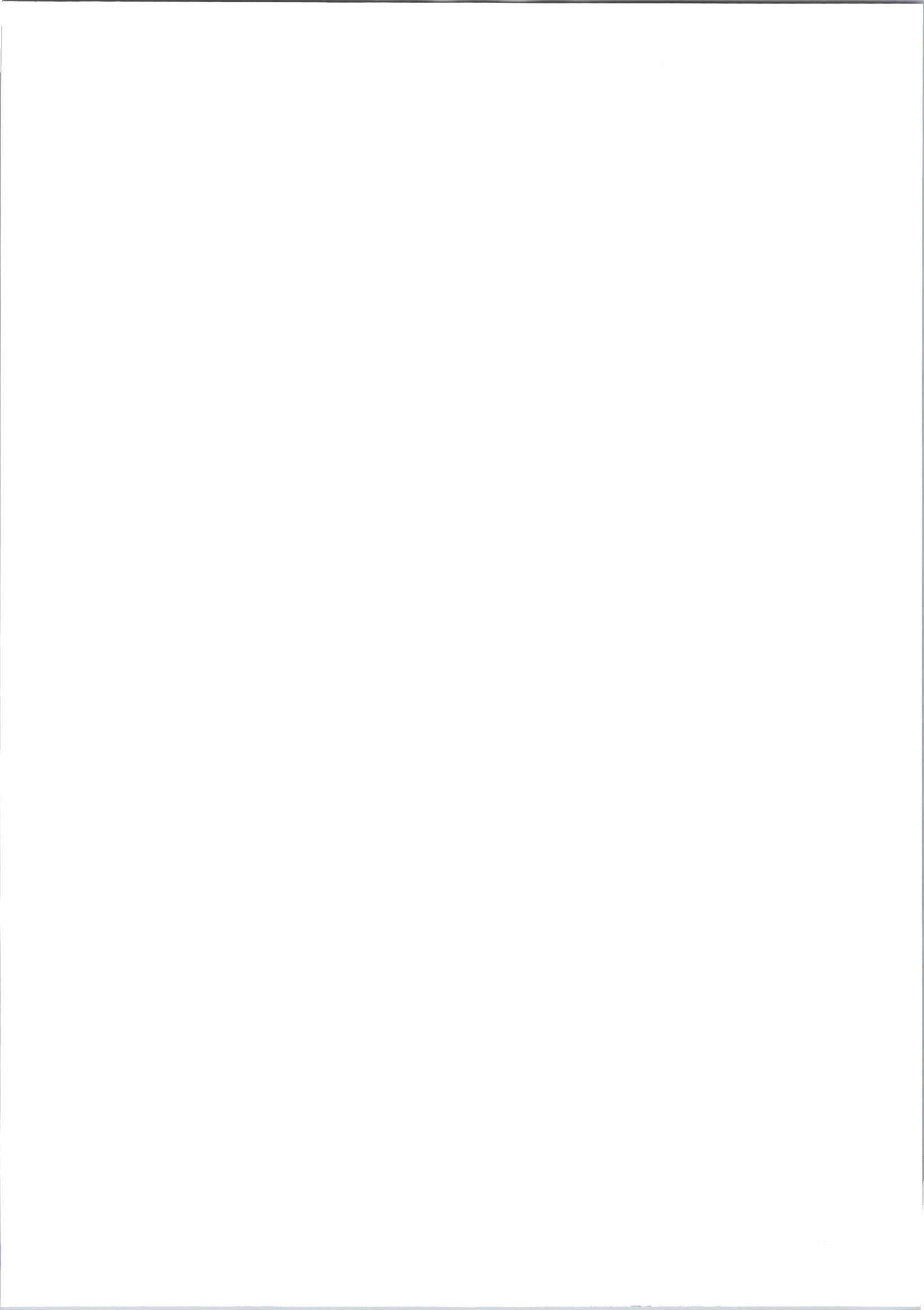
1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 31.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 31.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 31.05.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (10am) for three months after breakfast.
5. Tab. Shelcal XT (Elemental Calcium 500 mg, vitamin D3 2000 IU) once daily (2pm) till breast feeding after food.
6. Betadine ointment for local application.
7. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).

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 Consultation) after one week on 02.06.2026 with prior appointment.

Review with **Dr. SAHITYA BAMMIDI**, after one week on 02.06.2026 at postnatal clinic with prior appointment.



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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Mrs. Anand Jagan
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 Rainbow Nanakramguda or just dial one toll free number - 18002122.

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

Dr. Prosa
Registrar/Resident/C.M.O

Consultant :

Dr. Sahitya Bammidi

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Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020607 Admit Date : 25-May-2026 Admit Time : 01:00 AM UHID : FDH-00014627

Patient Details :

Patient Name : Mrs MANASWI TEJAWATH Age : 29 Y 8 M 10 D
Guardian : Mr Anand Sagar Rathod DOB : 15-09-1996
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Hyderabad Hyderabad Telangana INDIA Phone No : 8106385266/
500001 E-mail : 8106385266@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU-02 Ward Name : 4F -MICU
Room No : MICU-02 Admission Type : First Visit

Contact Details :

Name : Mr Anand Sagar Rathod Relationship : Husband
Contact Address : Hyderabad Hyderabad Telangana INDIA Phone No : / 9000611132
500001

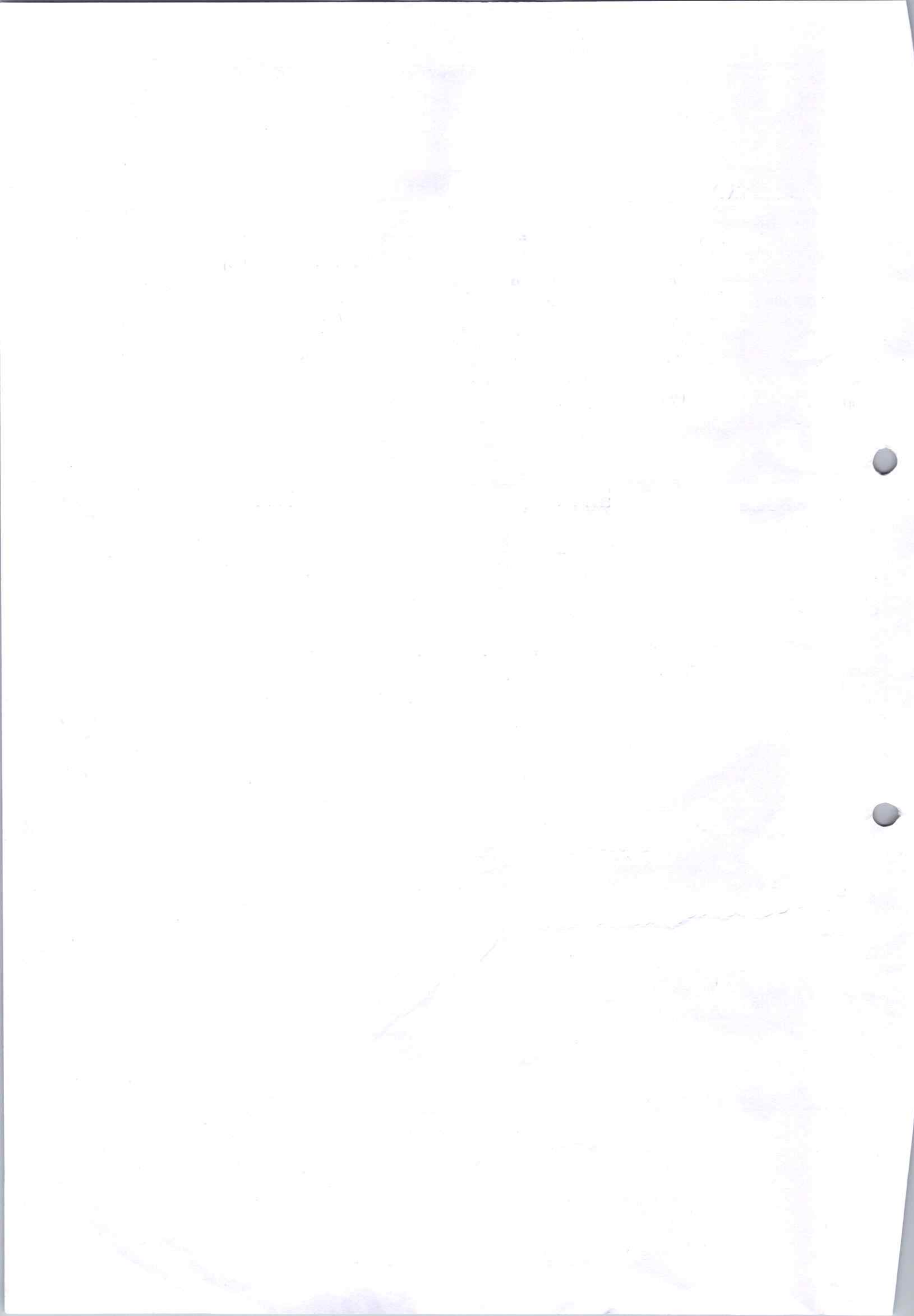
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : -
 Date of Admission : ----- Time : ----- of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

FDH-00014627 IP25-00020607
 Mrs MANASWI TEJAWATH
 15-00-1996 29 Y 8 M 10 D (F)
 Dr. SAHITYA BAMBIDI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	11 AM	nicu	ward	PL
26/5/26	12.20	Ward	Billing	Sune

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. vaibhavi	25/5/26	9942	Dabane
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/4/26	IV placement	①	9735	[Signature]

checked by [Signature]

done by [Signature]
 whini 25/4/26

ANY OTHER INFORMATION

op. file handed over to attendee
 [Signature]

Date: 25/4/26

Time: AM

Prepared By: [Signature]

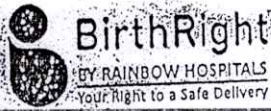
Staff Nurse Sr. Gouzi	Shift / Ward MICU.	Billing Assistant	Billing Supervisor
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327

Physiotherapy Consult

Ref. No.: FZ/HW/CONS.F

CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE

Date: 25/5/26 Hour: 4:30

Hospital:

Type of Referral: Emergency (within one hr.)

Urgent (within 6 hrs.) Non-Urgent (within 24 h.)

Referred for: Opinion Co-Management

Transfer of care

Date: Time: By:

Reason for Consultant: If for concurrent care specify the particular need, especially in the absence of a secondary diagnosis: POST PARTUM EX.

Signature: M

Report of Findings and Recommendations:

Adv / seen for

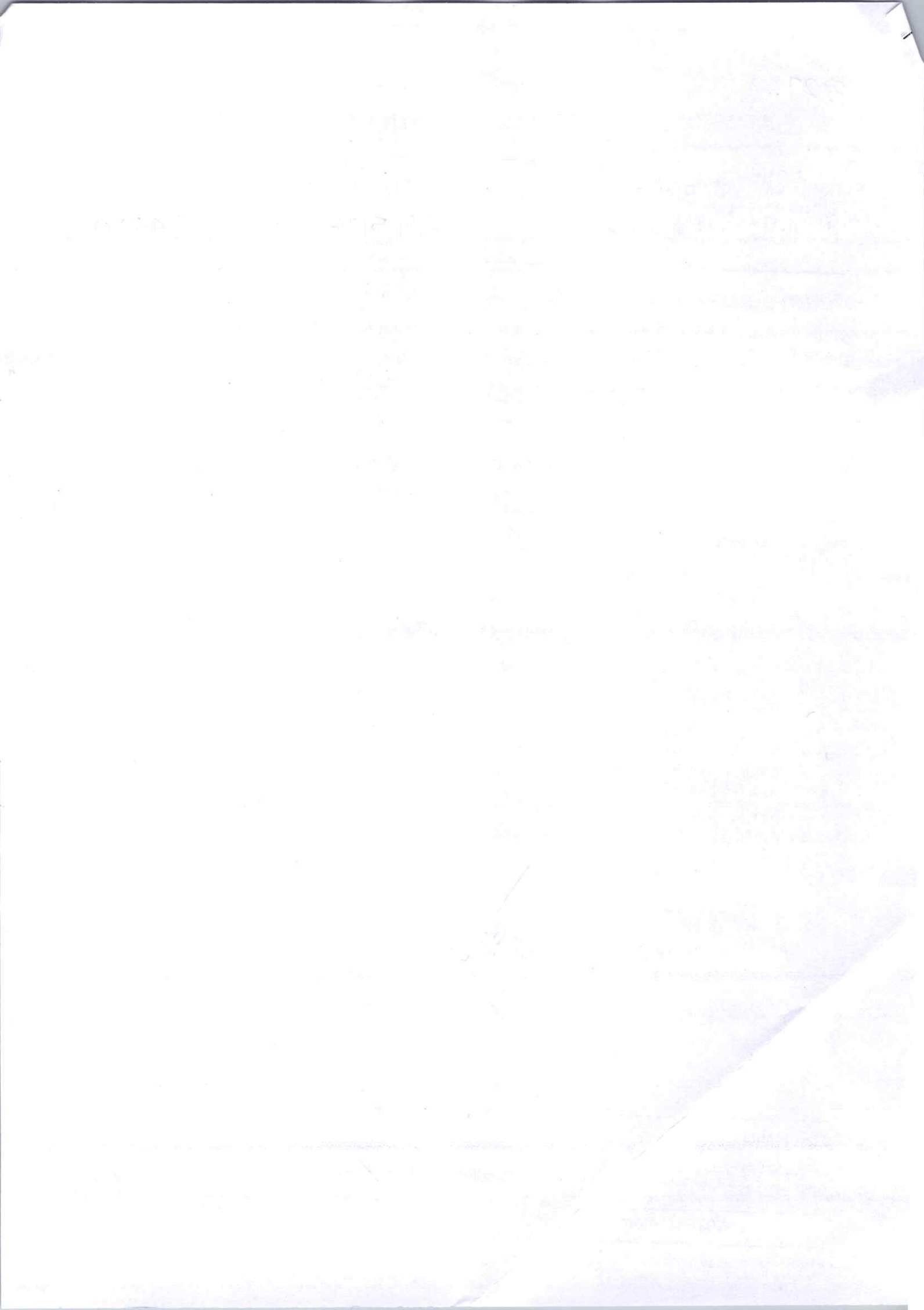
- Neck stretches
- Upper back strengthening
- Shoulder, Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

Wt for

Consultant:

Name: VAIBHAVI HARNE Signature: M Date & Time:

NOTE: If more space is required use another consultation sheet as continuation.



FDH-00014627 IP25-00020607
Mrs MANASWI TEJAWATH
15-09-1996 29 Y 8 M 10 D (F)
Dr. SAHITYA BAMMIDI



327



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 25/5/26 Time: 11:30am

Origin: Debra Height: 160cm Weight: 86.6 kg BMI: >25 kg/m²

Food Allergies: -

Diagnosis: primi 38 weeks - PROM -> quite -> Early labor

Medical History: -

Surgical History: -

Vegetarian Non-Vegetarian Vegan

Diet Advised: Normal Balanced diet with optimal protein
& oral fluids

Patient's / Attendant's
Signature: Manaswi
Name: Manaswi
Date & Time: 25/5/26 11:30am

Dietician's
Signature: [Signature]
Name: Dhani
Date & Time: 25/5/26 11:30am

FDH-00014627
 Mrs MANASWI TEJAWATH
 15-09-1996 29 Y 8 M 10 D (F)
 Dr. SAHITYA BAMMIDI

IP25-00020607



NURSING SHIFT HAND OVER FORM

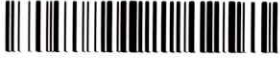
SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	24/4/26 N	25/5/26 N	25/5/26 E	25/5/26 NIGHT		
	Shift						
	Medical Condition (Any special condition to be noted):	PROM	PROM	NVD	NVD		
ASSESSMENT	Diet:	N/D	N/D		N/D		
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RD	RA	RA		
	Tubes/Drains/Catheter:	<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	
	Vital Signs:	Temp:	36.1°C	36.5	98.3°F	98.6°F	
		Res:	22	21	21	21	
		SpO ₂ :	100	99	99%	100%	
		Pulse:	79	82	73	78	
		BP:	107/65	116/72	108/71	110/70	
		LOC:	conscious	(conscious)	C	C	
Fall Risk Score:	0/10	0/10	0/10	0			
Pain Score:	0/10	0/10	0/10	0			
Skin Integrity	Good	Good	good	good			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	
	Physiotherapy:	-	-				
	Others Specify:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	N/D	N/D				
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent	Dependent	dependent	dependent			
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker



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							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<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	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<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	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<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	
	Physiotherapy:							
	Others Specify:	<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	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<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	
	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 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):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/4/26 @ 1 AM.

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Came to PROM. Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Harshini
 Time Notified: @ 1 AM.

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G P L A

Previous LSCS:

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

Vital Signs / Measurements: Temp: 36.1° HR: 79 RR: 22
 BP: 107/65 Weight: 86.6 kg Height: 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 husband

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

Name of Person Orientation was given to: Gouaf

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Gouaf

Date & Time: 25/4/26 @ 1:20 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo leaking = 12 AM on 25/08/26

Obstetric Formula: Primigravida

Obstetric History: spontaneous conception
 Booked @ 27+ weeks
 NT - 27 12 + 20K - normal

Present Pregnancy Record:

T1FA - 19+4 WK - Normal
 Fetal Echo - Normal

RISK FACTORS:

USG @ 35w+2 → AFI: 6.7cm
 prominent Rt renal pelvis (7mm)

LMP: 20/08/26

EDD:

Corrected EDD: 01/09/26

GA: 38w/4

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: TG

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained
 grade-I

Vaginal Examination

Cervix: Long Partially effaced Effaced
 50%

Os: Closed _____ Dilated 3cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: cm

Weight: 86.6 kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness:

Pallor:

Icterus:

Edema:

Temp:

PR: 92bpm

BP: 126/70mmHg

DTR:

CVS: S1S2 @

RS BAC @

Liver/Spleen:

Urine Output:

DIAGNOSIS

primi 38w/4 with PROM & grade-I MSL
 in early labour

Patient Sticker

<p>Family History: Both HTN</p>	<p>Surgical History: Nil</p>
<p>Medical History: Nil</p>	<p>Medication History: Nil</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - NST - Secure IV canula - Informed consent - N/F contractions, POL - Pad for observation - Monitor vitals - NST 2nd hly - Inform SOS - send CRP 	<p>Investigations:</p> <p>BGT - A +ve</p> <p>Uteral markers - non reactive</p> <p>25/5/26 Hb - 12</p> <p>WBC - 11120</p> <p>PLTs - 292.</p> <p>USG - 20/5/26</p> <p>SCUF 37⁺ wly</p> <p>Cephalic</p> <p>EFW - 2862gms 29%</p> <p>A-E - 19%</p> <p>AFI = 10.1cm</p> <p>Doppler - normal</p> <p>placenta - Anterior, high</p> <p>Rt renal pelvis 7.6mm</p>

Doctor Name: Dr Hanshini
 Signature: Hanshini
 Date & Time: 25/5/26 @ 12:45 AM

Consultant Name: Dr Sahitya
 Signature: Hanshini (for Dr Sahitya)
 Date & Time: 25/5/26 @ 12:45 AM





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26		Adv 10 v F RL @ 100ml/hr
4:30 PM	c.c fair	1. NST monitoring
	Afebrile	2. w/f PR, contractions, FHR
	Sp = 110/70 mmHg.	3. MA vitals, intakes SOS.
	PR = 86 bpm	4. w/f pad
	SpO ₂ = 100% @ RA	5. left lateral
	P/A: cat = TG	1. Oxygen @ mask 4 Lit O ₂
	FHR @ 148 bpm	
	P/V = Cx 80% effused	
	CS = unclotted	
	apvx status - 3	
	<u>NST = Early deceleration</u>	<u>Seung</u>
25/5/26		Adv
6 AM	O-PMD	1) Normal diet
	GC fair	2) Plenty of oral fluids
	Afebrile	3) Drugs as charted
	PR - 93 bpm	4) w/f BPR
	BP - 119/72 mmHg	5) Monitor vitals
	SpO ₂ - 99% on RA	6) Inform SOS
	P/A - UT @ well	
	P/V - NAB	<u>Shah</u>
	<u>Early m/s</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:45 AM	PND-0 GC-fair Afebrile BP - 110/70 mmHg PR - 74/min SpO ₂ 94% @ 2L MA - uterus @ umb P/V - episiotomy wound no undue PV bleeding	Adv. - (N) diet - plenty of oral fluids - Drugs as charted - perineal care / EBF 2 nd hly - w/ bleeding PV - monitor vitals - Insom (80%) - Shift to 1000 
25/5/26 2:30 PM	PND-0 GC-fair Afebrile PR - 80 bpm BP - 120/84 mmHg P/A - UAW P/V - NAB	Adv. - (N) diet - Plenty of oral fluids - Drugs as charted - w/ active bpm - Ambulation / EBF - perineal care - (m) intake Enforce 80% 

Recheck vitals

CV
MG

Baby MG



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/16	PND - 0	
7pm	GC - fair	Adv.
	Afebrile	- (a) diet
	PR - 73 bpm	- Plenty of oral fluids
U ✓	BP - 108/71 mmHg	- Drugs as charted
M ✓	P/A - U/W	- w/ active bpm
Baby MB	P/V - NAB	- Ambulation / EBF
		- perineal care
		- (a) vitab Inform 805
26/5/16	PND - 0	
7am	No complay	Be
	O/G, pt in clinic,	
	afebrile	1) Normal diet
W	PR - 96 bpm	2) plenty of oral fluid
Fv	BP - 116/72 mmHg	3) Exclusive BF
Mv	S/PB - 99% on RA	4) perineal care
Baby MB	P/A - U/W	5) Ambulatory
	P/V - NAB.	6) Drugs as charted
		7) vital monitoring
		8) Inform 805

FDH-00014627 IP25-00020607
 Mrs MANASWI TEJAWATH
 15-09-1996 29 Y 8 M 10 D (F)
 Dr. SAHITYA BAMMIDI



DRUG CHART

Date of Admission: 25/5/26 @ 11 AM Drug Allergies: 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:																				


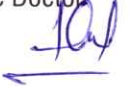
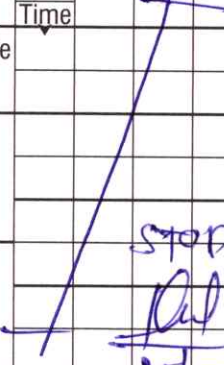
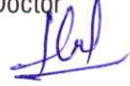
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : P. CEFIXIME				Date Time	25/5	26/5														
Dose	Route	Frequency	Start Date																	
200mg	P/O	BD	25/5	6am	X	Single tablets														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				6pm - PEPIDIN SUBQ																
Daily Doctor's Endorsement by a Sign																				
DRUG : P- PANTOPRAZOLE				Date Time	26/5															
Dose	Route	Frequency	Start Date																	
40mg	P/O	OD	25/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				6am Single tablet																
Daily Doctor's Endorsement by a Sign																				
DRUG : P- P-ANTOPRAZOLE				Date Time																
Dose	Route	Frequency	Start Date																	
40mg																				
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				STOP 25/5																
Daily Doctor's Endorsement by a Sign																				
DRUG : P PARACETOMOL				Date Time	25/5	26/5														
Dose	Route	Frequency	Start Date																	
1g	P/O	TID	25/5	10am	X	Single tablets														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				10am 4pm 8pm Single tablets																
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Dept.....Ward.....

DRUG : BETADINE OINT				Date Time	26/5	26/5															
Dose	Route	Frequency	Start Dt.	6am	X	Surgery	10am	Surgery													
Name & Signature of the Doctor Starting the Drugs:				9pm		1PM	10pm	Surgery													
Additional Instructions:				10pm		Surgery															
Daily Doctor's Endorsement by a Sign																					
DRUG : BETADINE LOTION				Date Time	26/5	26/5															
Dose	Route	Frequency	Start Dt.	6am	X	Surgery	10pm	Surgery													
Name & Signature of the Doctor Starting the Drugs:				9pm		1PM	10pm	Surgery													
Additional Instructions:				10pm		Surgery															
Daily Doctor's Endorsement by a Sign																					
DRUG : SUP-DUPHALAC				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 : SUP-DUPHALAC				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature
VERIFIED BY : Name

HOLD
 Held
 25/5

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Dept.....Ward.....

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																			

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

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

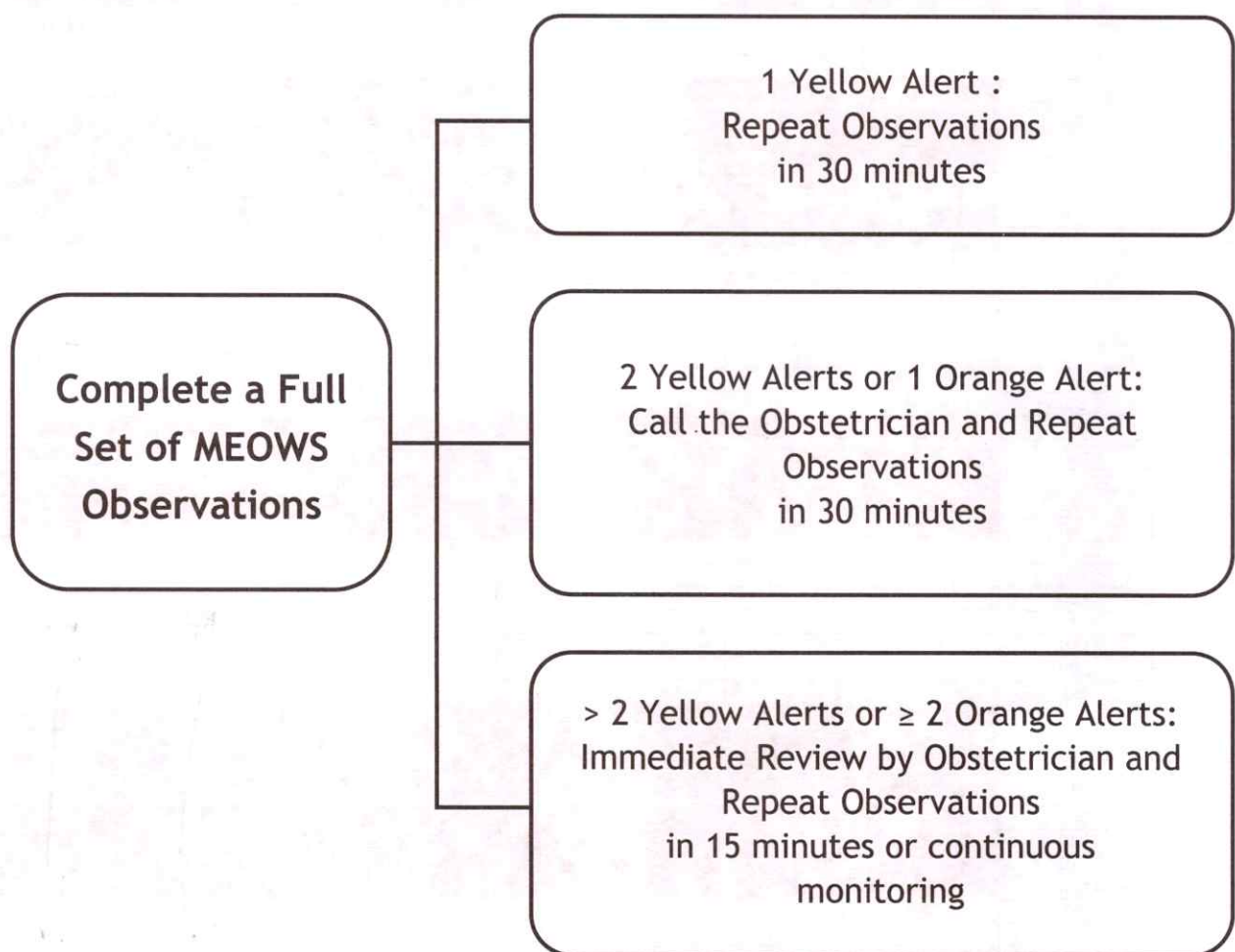
VARIABLE DOSE		Date Time						
			Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.		
DRUG :		Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose		Dose
		Dr.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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	1:10 AM	Inj. CEFOTAXIME	1 gm	IV	Re	Goof
u	5:28 AM	Inj. OXYTOCIN	10U	IM	Re	Goof
b	5:49 AM	Inj. OXYTOCIN	10U	IV	Re	Goof
h	6:1 AM	Inj BUSLEPAN	1 Ampule	1.	Re	Goof

VERIFIED BY: Name Signature

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00014627 IP25-00020607
 Mrs MANASWI TEJAWATH
 15-09-1996 29 Y 8 M 10 D (F)
 Dr. SAHITYA BAMMIDI

25/5/26

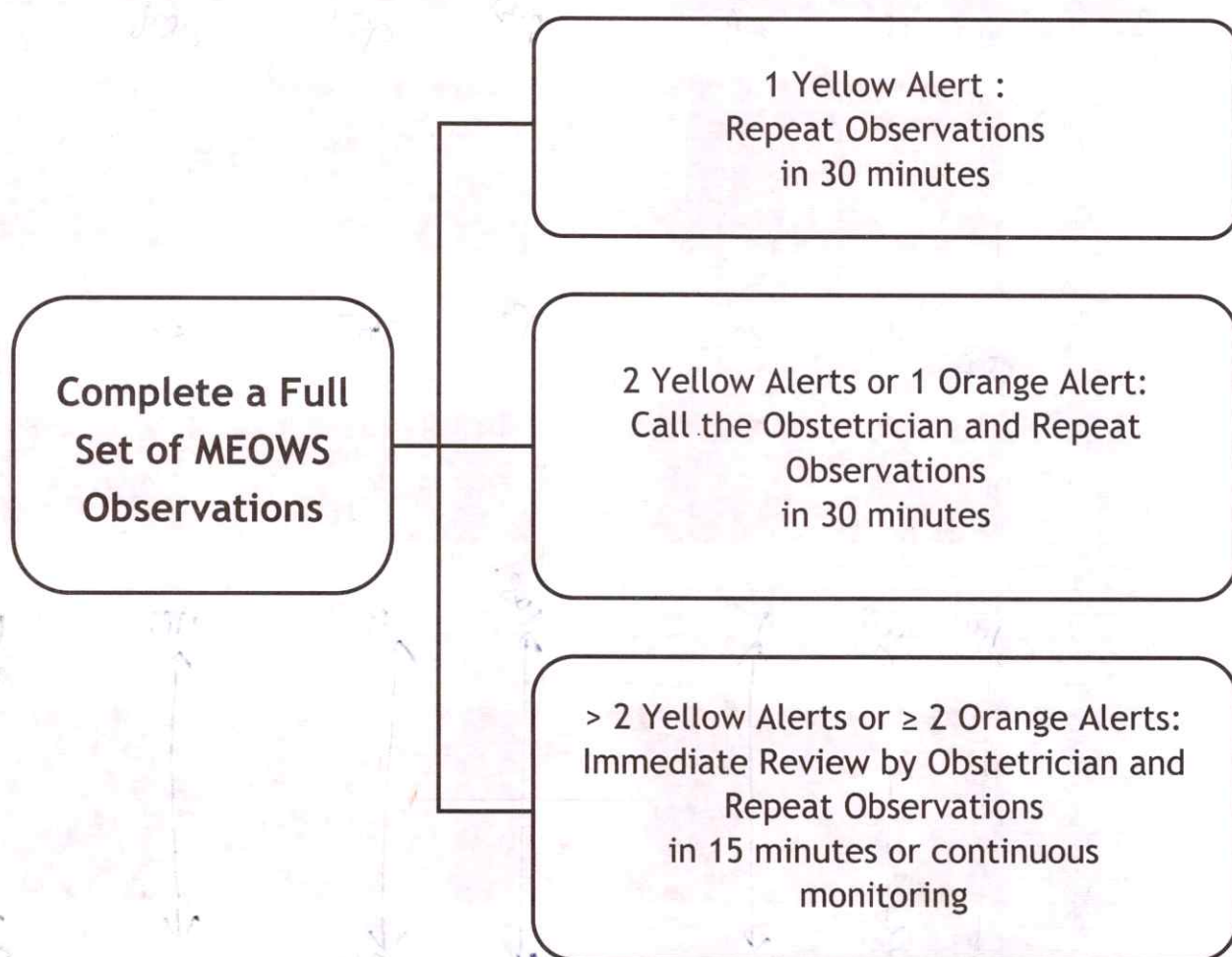


Early Warning Observation Score Chart - Obstetrics

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

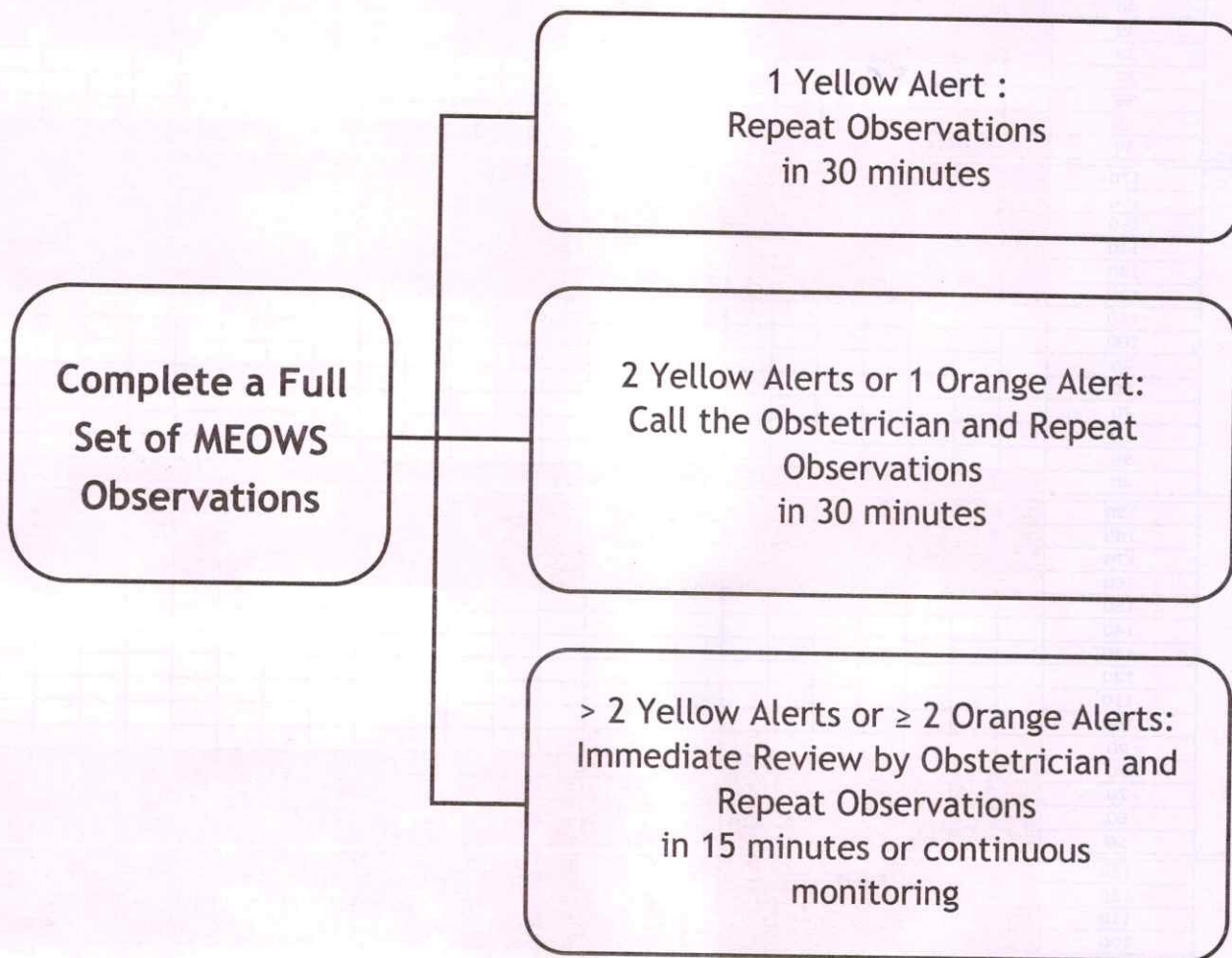
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		22	21		20						21		20						20				20		
	0 - 10																									
Saturations	94 - 100 %		100	99		99						99		99					100				99			
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36		36.1	36.6		36.2						38.3		38.6						38.6				38.6		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		82	81		80						73		83						80						
	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	
	Voice																									
URINE mls / hour	> 30		-	-		✓							✓		✓				✓						✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal		✓	-		N							N		N				N						N	
	Heavy / Foul																									
Liquor	Clear / Pink		-	-		C							C		C				C						C	
	Green																									
TOTAL YELLOW SCORES			0	0		0							0		0				0						0	
TOTAL ORANGE SCORES			0	0		0							0		0				0						0	
Nurse Initial			ST	ST		ST							ST		ST				ST						ST	

Obstetrics and Gynaecology Early Warning Signs



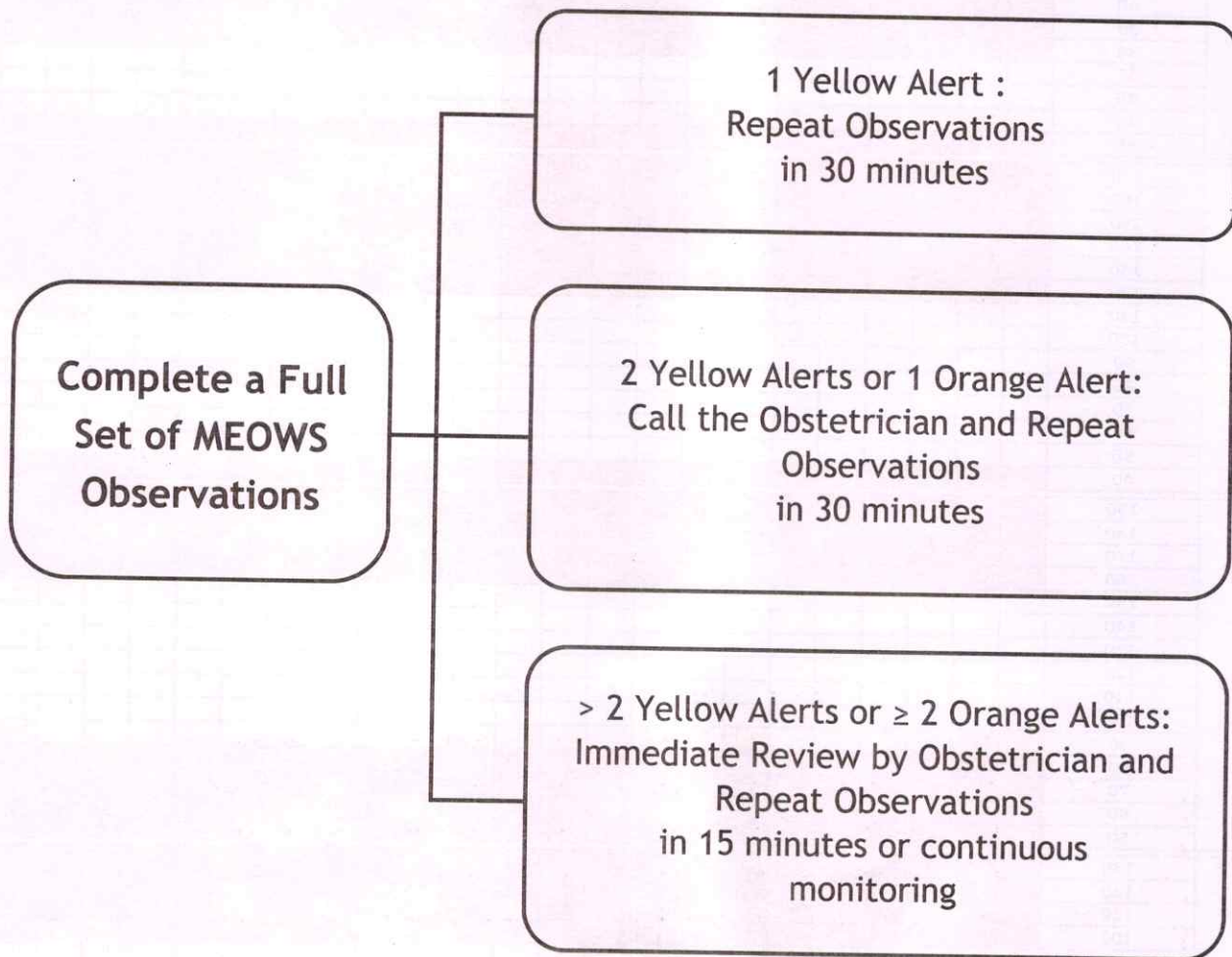
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00014627 IP25-00020607
 Mrs MANASWI TEJAWATH
 15-09-1996 29 Y 8 M 10 D (F)
 Dr. SAHITYA SAMMIDI



FLUID CHART

Sheet No. : 1

- 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													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am	RL		100ml								0	}	
	03:00 am	RL ^{tho}	100ml	100ml							0			
	04:00 am	R L ^{tho}	100ml	100ml							0			
	05:00 am	RL		100ml							0			
	06:00 am	RL		100ml							0			
	07:00 am	SLD	100ml								0			
Total Intake : 400ml						Total Output : 0-0-1-								
Total 24 hrs. Intake			400ml			Total 24 hrs. Output			0-0-1-					



FLUID CHART

Sheet No. : 2 25/5/26

- 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			
			Mouth	I.V	N.G	NO	NO	NO	NO		0	}	
	08:00 am	H ₂ O 200ml	200ml	NO	NO					✓	0		
	09:00 am										0		
	10:00 am	H ₂ O 200ml	200ml								0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm	H ₂ O 200ml	200ml	NO	NO	NO	NO	NO	NO		0	-	
Total Intake : 600ml						Total Output : U-1, M-0							
	02:00 pm			NO	NO	NO		NO	NO		0	}	
	03:00 pm	H ₂ O 200ml	200ml				✓			✓	0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm	H ₂ O 200ml	200ml								0		
	07:00 pm			NO	NO	NO		NO	NO		0		
Total Intake : 200ml						Total Output : U=1, M=1							
	08:00 pm			NO	NO	NO	NO	NO	NO		0	}	
	09:00 pm	H ₂ O 100ml	100ml							✓	0		
	10:00 pm										0		
	11:00 pm	H ₂ O 200ml	200ml								0		
	12:00 am						NO	NO	NO	✓	0		
	01:00 am	H ₂ O 100ml	100ml	NO	NO	NO	NO	NO	NO		0		
Total Intake : 400ml						Total Output : U-1, M-0							
	02:00 am	H ₂ O 100ml	100ml	NO	NO	NO		NO	NO		0	}	
	03:00 am	H ₂ O 200ml	200ml				✓			✓	0		
	04:00 am	H ₂ O 200ml	200ml								0		
	05:00 am	H ₂ O 100ml	100ml							✓	0		
	06:00 am	H ₂ O 100ml	100ml	NO	NO	NO		NO	NO		0		
	07:00 am	H ₂ O 200ml	200ml	NO	NO	NO		NO	NO		0		
Total Intake : 800ml						Total Output : U-2, M-1							
Total 24 hrs. Intake			1800 ml			Total 24 hrs. Output			U-6 M-2				



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Labour Record

LABOUR

Labour : Spont IOL-PGE1 E2 Others

Indications for IOL-Accel : None Oxytocin

Memb. Rapture Type : SROM PROM ARM
3cm

Presentation : Vertex Breech Others

DELIVERY DETAILS

Anesthesia : None Epidural

Non-epi : Local Spinal General

Del. Type : SVD Asst. Breech Twins

AVD : Outlet Low Forceps Ventouse

Trail of Forceps

Indications :

Application, Locking & Traction :

Duration of Instrumentation :

No. of Pulls :

Catheterised : Yes No

Type : Foleys Plain

Perineum : Intact Episiotomy Tear

Suture Material Used : 2-0 rapidwaxyl

DURATION OF LABOUR

1st Stage : 5 hrs

2nd Stage : 20 min

3rd Stage : 10 min

Duration of Active Pushing : 15 min

No. of VE'S : 4

INTRA PARTUM COMPLICATIONS

Maternal : None Pyrexia HTN Others

Liquor : Adequate Oligo Poly Clear

Blood Meconium (thin grade-1) Cord : 1 loop cord

Shoulder Dystocia : Yes No

STAGE III

Placenta : Normal Abnormal RP Clots

CCT Retained MRP

PPH : Atonic Traumatic None

Lacerations :

Cervical :

Perineal : Episiotomy

Prophylaxis : Syntocinon Prostodin

Blood Loss : 100ml

Blood Transfusion :

Other Details (if any) :

Rectal Examination : Rectal mucosa intact

BABY DETAILS

Gender : FEMALE

Weight : 2.637kg

APGAR : 6/10, 9/10

Date and Time Delivery : 25/5/2026 @ 5:47 AM

LW Doctor : Dr Sahitya, Dr. Harshini, Dr. Ranjya

LW Sister : Sister Manjula

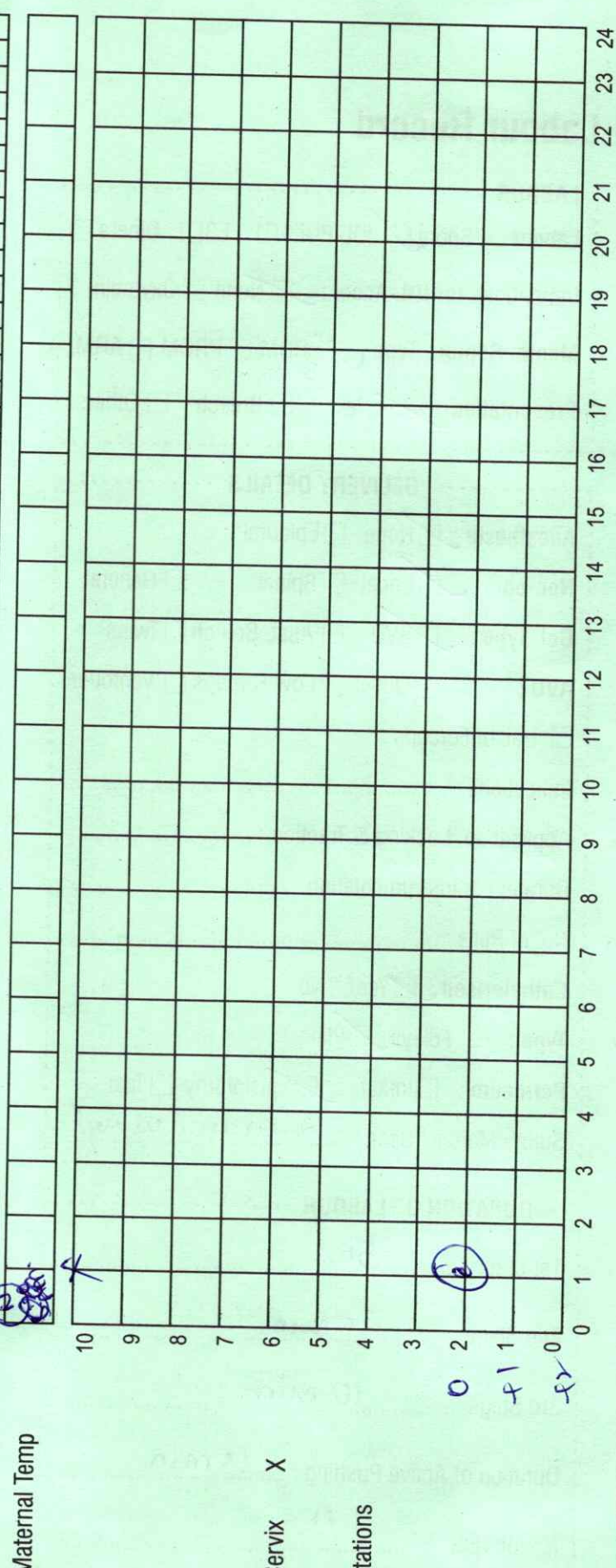
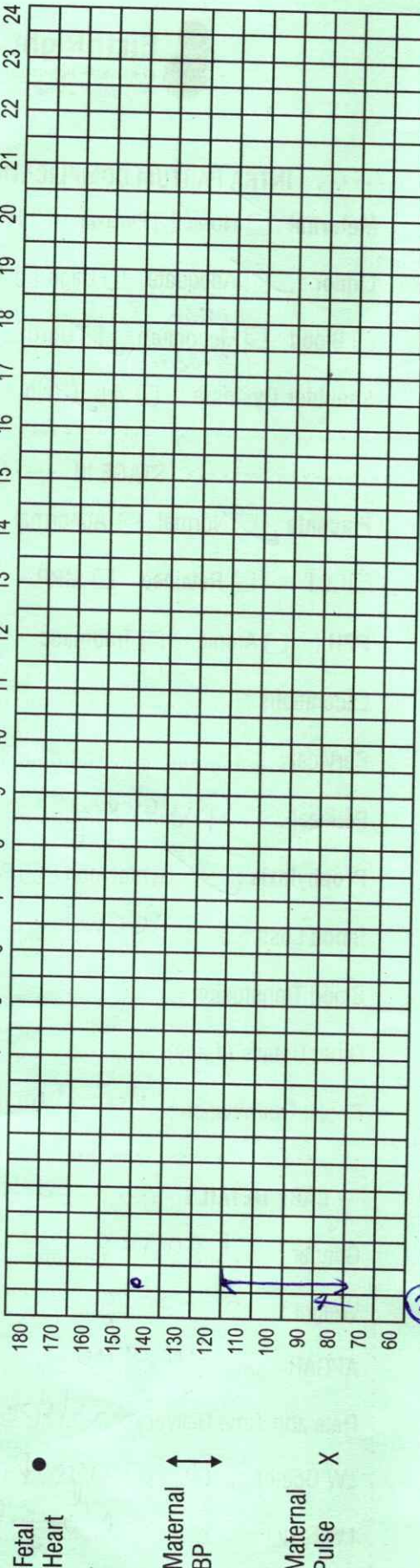
PARTOGRAPH

Name : *Ms. Manesvi*

Obstetric Formula : *Prnigravida* Blood Group Type : *A + ve.*

Memb. Returned : SROM PROM ARM Risk Factors : *Grade-I msl*

3cm



RECORD OF LABOUR

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Vitals - stable
CTG - Early decels.
Plv - cx fully effaced
os fully dilated
pplx station 0

Time : 5:20 AM Signature : *[Signature]*

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :


Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00014627 IP25-00020607 Mrs MANASWI TEJAWATH 15-09-1996 29 Y 8 M 10 D (F) Dr. SAHITYA BAMMIDI  Dr Sahitya		Date & Time of Admission 25/5/26 @ 1 PM	Date & Time of Transfer Order 25/5/26 @ 11 PM
		Transfer Ordered by Dr. Swetha	Reason for Transfer observation.
From Unit NICU.	To Unit ward.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25.	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input 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 type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Swetha		Name of Person Ordered Transfer Dr. Swetha	
Patient & Clinical Records Received by : Subhira 25/05/26 @ 11 AM.			
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

