

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020499      Admit Date : 18-May-2026      Admit Time : 12:52 PM      UHID : LBH-00079176

Patient Details :

Patient Name : Mrs NIDUMUKKALA LAKSHMI SAHITHI      Age : 28 Y 8 M 18 D  
Guardian : Mr CH.M.ARAVIND      DOB : 31-08-1997  
Gender : Female      Religion :  
Occupation :      Martial Status : Married  
Address (H) : PLOT NO-79, VENKATESWARA COLONY,  
GURRAMGUDA Ankireddypalli Hyderabad  
Telangana INDIA 110005      Phone No : 9705709697  
E-mail : nlsahithi11@gmail.com

Admission Details :

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

Contact Details :

Name : Mr CH.M.ARAVIND      Relationship : Husband  
Contact Address : PLOT NO-79, VENKATESWARA  
COLONY, GURRAMGUDA Ankireddypalli  
Hyderabad Telangana INDIA 110005      Phone No : / 9051370382

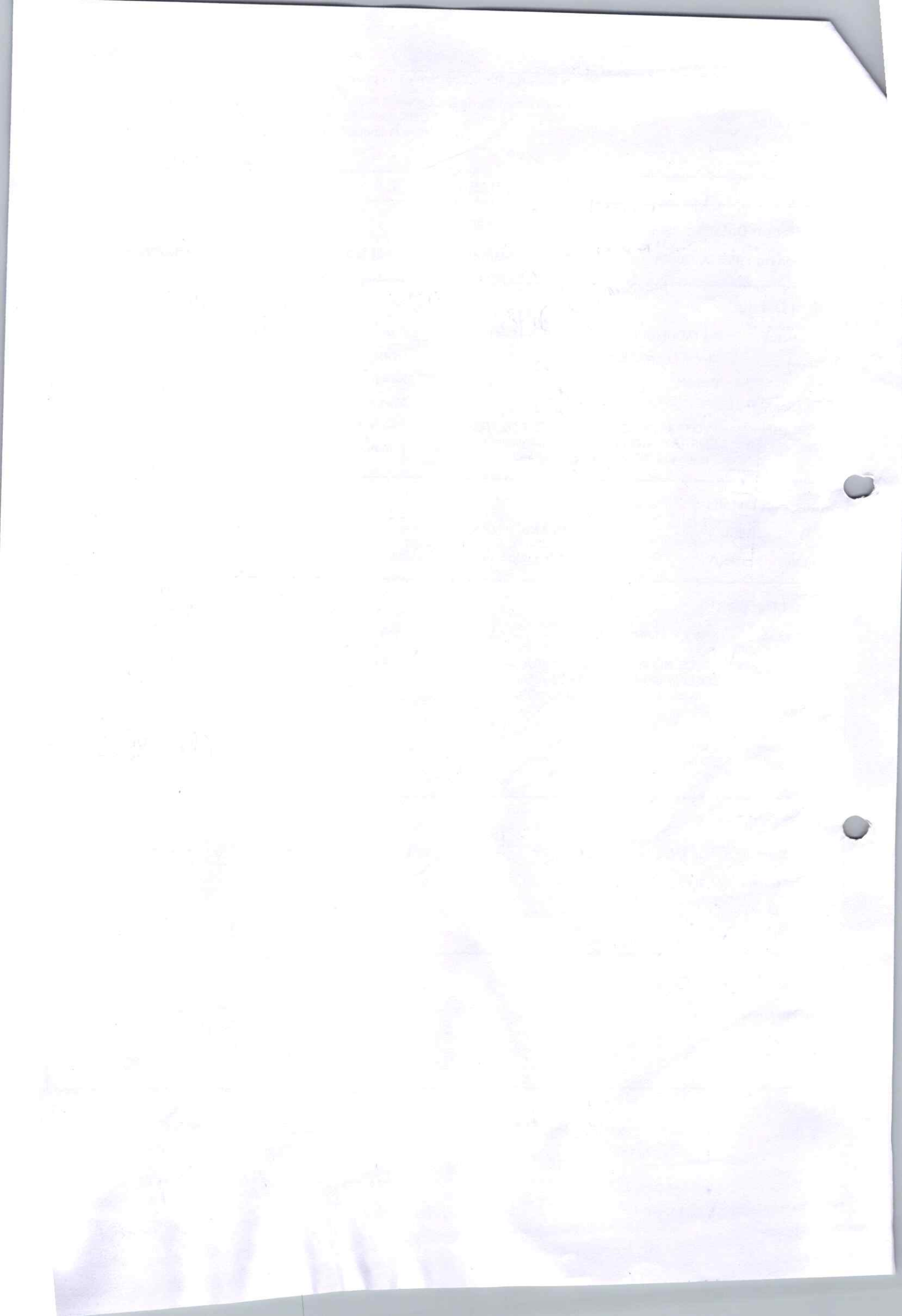
  
Signature

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 : BAJAJ ALLIANZ GENERAL  
INSURANCE CO LTD.



LBH-00079176 IP25-00020499  
Mrs NIDUMUKKALA LAKSHMI  
31-08-1997 28 Y 8 M 18 D (F)  
Dr. MANASA BADVELI



### SURGERY DETAILS

Date : 18/5/26

Patient Name: Mrs. N. Lakshmi Sahasr Date of Birth: Age:

Gender: female Ward : OT UHID No.:

Date of Surgery: 18/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Elective LSCS + BTL

Time in : 2:45 pm

Time Out : 3:45 pm

	NAME	AMOUNT
1. Surgeon	Dr. Manasa	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr. Ramaya	
4. OT Technician	Br. Suresh	
5. Circulating Nurse	Br. Sojivias	
6. Assistant Nurse	Br. Parvathi	

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: 576815/816

Order by: Baby

SURVEY: TAILS

Rate M. M. ...

Word

23 ...

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NAME

Dr. ...

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QUEST NO.

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*Alises Spinal*  
**CONSUMABLES OF OT**

Circulating staff : ..... Technician : *Anne* Date : *18/5/28* Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>LSE</i>		<i>1</i>	Inj Vit.K		<i>1</i>
LMA			Sutures			Cord Clamp		<i>1</i>
ECG leads : <i>A/P/N</i>		<i>3</i>	<i>2347</i>		<i>3</i>	Suction Catheter <i>#8</i>		<i>1</i>
HME filter : <i>A/P/N</i>			<i>2762</i>		<i>1</i>	Feeding Tube		<i>1</i>
Syringes : <i>10 cc</i>		<i>3</i>				Vaccum Suction Set		<i>1</i>
<i>05 cc</i>		<i>3</i>	Gloves <i>6 1/2</i>		<i>2</i>	Surgical Gloves <i>6 1/2</i>		<i>2</i>
<i>02 cc</i>		<i>3</i>	<i>7 1/2</i>		<i>2</i>	Gauze Pack		<i>2</i>
<i>01 cc</i>						Syringe 1ml / 2ml		<i>1</i>
Cautery plate : <i>A/P/N</i>		<i>1</i>	Surgical blade <i>#22</i>		<i>2</i>	Surgical Blade # 20		<i>1</i>
IV set			NG tube			Koochies (S)		<i>1</i>
RL		<i>2</i>	Cautery pencil		<i>1</i>	<i>under pad</i>		<i>1</i>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<i>Romy</i>		<i>1</i>
<i>Pilcrow</i>		<i>1</i>	Ointments			<i>576813 Baby side</i>		
<i>Lot B / same</i>		<i>2</i>	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		<i>4</i>			
Ketamine			Mop Pack		<i>2</i>			
Propofol			Steristrip <i>zone</i>		<i>1</i>			
Rocuronium			Underpad		<i>2</i>			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter <i>#14</i>		<i>1</i>			
Pencan 25g / Spinal Needle 22		<i>1</i>	Urobag		<i>1</i>			
Bupivacaine 0.25%			Chest Drainage Catheter			<i>D/A → 3</i>		
Bupivacaine 0.25% (Heavy)		<i>1</i>	Romodrain bag			<i>New myp → 1</i>		
Antibiotics			Bandage					
<i>Lot 27. INJ</i>		<i>1</i>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : <i>100mg</i>		<i>1</i>	Vaccum Suction set		<i>1</i>			
Justin : 12.5 mg / 25mg / 100mg		<i>1</i>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <i>100</i>		<i>1</i>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<i>20</i>			
			Ramdione Scrub					
			Saral					

Surgeon : *Manasa* Anaesthesiologist : *Devi* Nurse : *Pave* OT Technician : *[Signature]*  
 Order No. : *576759 / 576810 (NSD)* Ordered by : *Baby*  
 Doc. No. : RCH / FRM / GENERAL / 125

2-21-15

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**DISCHARGE SUMMARY**

<b>Name</b>	Mrs NIDUMUKKALA LAKSHMI SAHITHI	<b>UHID</b>	LBH-00079176
<b>Father/Guardian</b>	Mr CH.M.ARAVIND	<b>Age/Gender</b>	28 Y 8 M 18 D/ Female
<b>Address</b>	PLOT NO-79, VENKATESWARA COLONY, GURRAMGUDA, Ankireddypalli, Hyderabad, Telangana, INDIA, 110005		
<b>IP No</b>	IP25-00020499	<b>Admission Date</b>	18-05-2026
<b>Ref Doctor</b>	Self		
<b>Discharge Date</b>	21.05.2026		

**Consultant:**

**Dr. Manasa Badveli**

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

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon.

Reg. No: 88518

**Diagnosis: G2P1L1 AT 37+3 WEEKS GESTATION WITH K/C/O HYPOTHYROID WITH SGA WITH PREVIOUS LSCS FOR ELECTIVE LSCS.**

**ELECTIVE LSCS + BILATERAL TUBECTOMY DONE, IN VIEW OF PREVIOUS LSCS, DELIVERED A LIVE FEMALE BABY AT 03:10PM, WEIGHT 2.647 KGS ON 18.05.2026.**

**History:**

LMP: 23.08.2025

Obstetric formula: G2P1L1

EDD: 05.06.2026

Gestation at admission: 37+3 weeks

**Obstetric History:**



Name	Mrs NIDUMUKKALA LAKSHMI SAHITHI	UHID	LBH-00079176
IP No	IP25-00020499	Admission Date	18-05-2026

G1 - 2023 / LSCS(Severe preeclampsia) / Male / B. weight 2.1kg.  
G2 - Present pregnancy Spontaneous conception.

Medical History: K/c/o Hypothyroidism, on Tab. Thyronorm 200mcg (75mcg - prepregnancy)

Family History : Nil

Surgical History: LSCS in 2023.

Allergies : Nil

### Antenatal Details:

Mrs. NIDUMUKKALA LAKSHMI SAHITHI was booked to Rainbow hospital at 5+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan at 13 weeks was normal, EFTS showed low risk for chromosomal abnormalities. TIFFA scan at 20+4 weeks was normal. She was on Tab. Ecospirin 150mg since conception till 36 weeks. Scan at 28 weeks showed SGA- EFW-10%, AC-6%. She was followed with serial scans. USG done on 14.05.2026 showed SLIUF at 36+6 weeks, Placenta - posterior and high, AFI 15.3cm, EFW 2420 grams(7%)- SGA, AC 1% with normal fetal doppler. She was admitted at 37+3 weeks with previous LSCS for EL.LSCS.

**Investigations:** Enclosed.

Blood group & Typing - "B" Rh positive.

### Management: Course in hospital:

She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

### Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol.



Name	Mrs NIDUMUKKALA LAKSHMI SAHITHI	UHID	LBH-00079176
IP No	IP25-00020499	Admission Date	18-05-2026

The previous scar excised. 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. 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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**\* B/L Tubal ligation done, B/L Tubal fragments sent for HPE.**

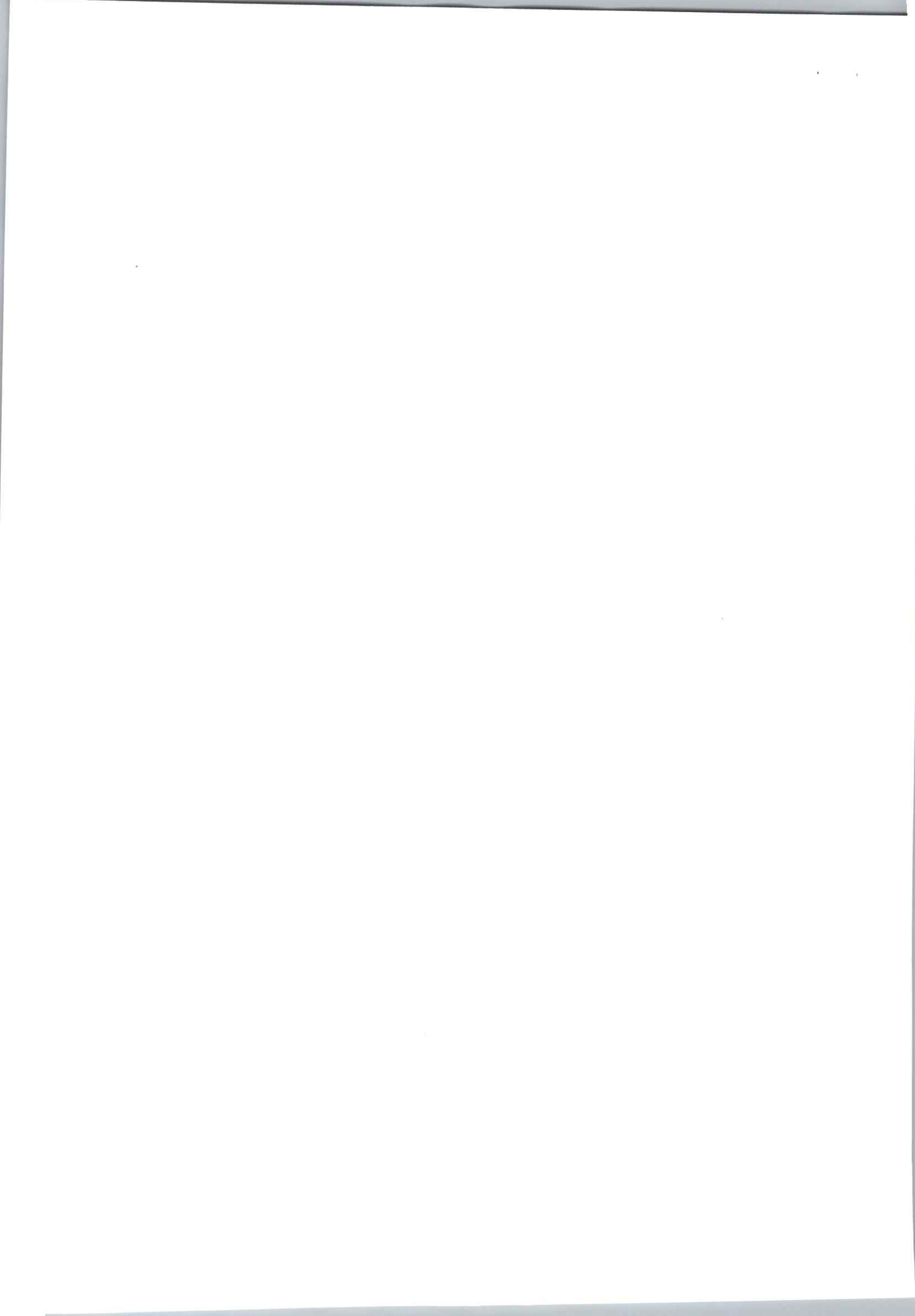
#### Delivery Details:

Date : 18.05.2026  
Time of Delivery: 03:10 PM  
Type of Delivery: Elective LSCS + B/L Tubectomy  
Indication : Previous LSCS  
Analgesia : Spinal

#### Baby Details:

Date : 18.05.2026  
Time : 03:10 PM  
Sex : Female  
Weight : 2.647 kgs  
Apgar : 8/10, 9/10  
Gestational Age: 37+3 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



<b>Name</b>	Mrs NIDUMUKKALA LAKSHMI SAHITHI	<b>UHID</b>	LBH-00079176
<b>IP No</b>	IP25-00020499	<b>Admission Date</b>	18-05-2026

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 (Paracetamol 500mg) 2 tablets thrice daily till 24.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 24.05.2026 (7am-7pm) before food.
4. Tab. Livogen XT (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal XT (Elemental Calcium 500mg, vitamin D3 2000 IU) once daily (2pm) till breast feeding after food.
6. Nebasulf Powder for local application.
7. Tab. Thyronorm 150mcg daily once before breakfast till further orders.
- 8. To do Sr. TSH after 6 weeks.**

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.

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**



<b>Name</b>	Mrs NIDUMUKKALA LAKSHMI SAHITHI	<b>UHID</b>	LBH-00079176
<b>IP No</b>	IP25-00020499	<b>Admission Date</b>	18-05-2026

**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, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

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](http://www.rainbowhospitals.in)

*Dr. Anishk*

**Registrar/Resident/C.M.O**

**Consultant:**

**Dr. Manasa Badveli**

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



Name	Mrs NIDUMUKKALA LAKSHMI SAHITHI	UHID	LBH-00079176
IP No	IP25-00020499	Admission Date	18-05-2026

Senior Consultant-Obstetrician and Gynaecologist  
Laparoscopic and Aesthetic Surgeon.  
Reg. No: 88518



**ACTIVITY RECORD FOR BILLING**

Name : Mrs LA LBH-00079176 IP25-00020499

Mrs NIDUMUKKALA LAKSHMI  
31-08-1997 28 Y 8 M 18 D (F)  
Dr. MANASA BADVELI

UHID No. : \_\_\_\_\_



Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/5/26	2.30PM	MICU	OT	[Signature]
18/5/26	4.10pm	OT	MICU	vaithale
18/5/26	11pm	MICU	325	[Signature]

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	DR. Vaibhavi Harne	20/5/26	7560 ✓	harne
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Colony  
21/05/26  
@ 01:55am*

# MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/5	✓ Caseline Monitor	4:10pm	18/5/26 10pm	6843	}
18/5	✓ Infusion pump	4:10pm	10pm	→	}
<del>K. Sony</del>		C.C. Sushelva	18/02/20	10:20pm	
19/04/2026		cross checked			
		20/5/26			
		9:12 AM			





## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Manasa</u>	Date of Delivery: <u>18/5/20</u>
Assistant Surgeon: <u>Dr. Ramaya</u>	Time of Delivery: <u>3:10 pm</u>
Anaesthetist's Name: <u>Dr. Usha</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>2.647 kgs</u>
Neonatologist: <u>Dr.</u>	AGPAR Score: <u>8/10 9/10</u>
Scrub Nurse: <u>Sr. Purnavali</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2P1L1C preop USG = 37+2 wks = Kleio hypotymoidesin C

Elective ASA for EUG  Emergency Indication: preop USG

**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: ELECTIVE LOWER SEGMENT CAESAREAN SECTION + BILATERAL

Post Operative Diagnosis: PAD USG + B/L Tubal ligation

Peri-Operative Complications: Edematous lower segment &

Amount of Blood Loss: 600ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

B/L tubes for HPE.



# ESTIMATION SLIP

Date : 24/4/2025 UHID / IP No. : LBH-00079176 SI No. 3757  
 Name of Patient : Mrs Nidumukkala Lakshmi Sahithy Age: 28Y Gender: Female  
 Father's / Husband's Name : Mrs. Mallikarjuna Pravinth Sridhanti Corporate / Occupation: Delloite  
 Address : \_\_\_\_\_ Phone : 9705709697 Email : \_\_\_\_\_  
 Procedure / Plan : Delivery, Single, Second EDD/Dos: May  
 MODE OF PAYMENT :  SELF  TPA: Bayaj  GIPSA : \_\_\_\_\_  OTHER \_\_\_\_\_  
 TARIFF INFORMATION : Dr. Manasa

Particulars	Package Amounts (Rs.)	
	Normal Delivery	<u>LSCS</u>
Multi Shared Ward		
Shared Ward		
<u>Twin Shared Ward</u>		
<u>Private Room</u>		
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission) <u>*</u>	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for :	Length of Stay for : <u>3days/72hrs</u>
	Pharmacy up to	Pharmacy up to <u>12000</u>
	Investigations up to	Investigations up to <u>3000 (NST's) (CBP's)</u>
Others		

Neonatologist Charges :  Covered  Not Covered Epidural / Entonox :  Covered  Not Covered  
 Initial Minimum Deposit : Mother = 20K, Baby = 20K NBS/OAE  
 REMARKS : Not in U.

- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc. 1st -> RBS, BC, SBR Health
- In case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm 30-35K
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms. Not in U
- Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable. Not Cover
- Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at Billing Department.
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

**DECLARATION**

I Ch.M. Aravind have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Ch.M. Aravind \_\_\_\_\_  
Signature of the Client

\_\_\_\_\_ Signatory Relationship

[Signature] \_\_\_\_\_  
Signature of the financial Counselor

Non Medical as per actual

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Moff

LBN = 000F11E

R/N/1301E

Mrs. Mithunika Lakshmi S.H. 288  
Mrs. Mallikarjuna Lakshmi S.H. 288

Delivered Single Second  
Baby  
Dr. Manasa

11F.000  
107.000  
Total = 118.000  
Bills charged as per actual  
Total = 118.000

37000 F11E  
12000  
5000 (1221)  
(1221)

Mattai = 20K, Baby = 20K

1. RBS, B002 20K

Neonatal 21 = 10K

80-325

Noting  
100000

Non Medical as per actual

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PATIENT TRANSFER FORM

LBH-00079176  
Mrs NIDUMUKKALA LAKSHMI  
31-08-1997 28 Y 8 M 18 D (F)  
Dr. MANASA BADVELI



Date & Time of Admission 17/5/26 @ 12:52pm	Date & Time of Transfer Order 18/5/26 @ 11pm	
Treating Consultant Name Dr. Manasa	Transfer Ordered by Dr. pooja	Reason for Transfer observation
From Unit Mku	To Unit WARD	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 35	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.	NA	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Sr. Bhagyar	Name of Person Ordered Transfer Dr. pooja
---	--

Patient & Clinical Records Received by : Subhara  
18/5/26 @ 11PM

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




<p>12/12/20 @</p>	<p>False @</p>	
<p>Dr. [unclear]</p>	<p>Dr. [unclear]</p>	<p>Dr. [unclear]</p>
<p>[unclear]</p>	<p>W/B</p>	<p>W/B</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>32</p>

<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>

<p>Dr. [unclear]</p>	<p>Dr. [unclear]</p>	<p>Dr. [unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>
<p>[unclear]</p>	<p>[unclear]</p>	<p>[unclear]</p>

# PATIENT TRANSFER FORM

Patient Name & UHID No LBH-00079176 IP25-00020499 Mrs NIDUMUKKALA LAKSHMI 31-08-1997 28 Y 8 M 18 D (F) Dr. MANASA BADVELI 		Date & Time of Admission 18/5/26 at 12.52 PM	Date & Time of Transfer Order 18/5/26 at 2.30 PM
		Transfer Ordered by Dr. Manasa	Reason for Transfer EL. LSCY + BIC Tubectomy
From Unit MCHW	To Unit OT	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 type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Dry - Taxim	1 gm	
2.	Dry - Pan	40 mg	
3.	Dry - Pevism	10 mg	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Manasa 0181765		Name of Person Ordered Transfer Dr. Manasa	
Patient & Clinical Records Received by : <i>Shirya</i>			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready



# PATIENT TRANSFER FORM



Patient Name & UHID No. <i>Mrs. Laxmi Sahithi</i>	Date & Time of Admission <i>18/5/26 @ 12:52 PM</i>	Date & Time of Transfer Order <i>18/5/26 @ 4:10 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Usha</i>	Reason for Transfer <i>post op care</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	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 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  No

Name & Signature of Person who is Transferring <i>Vaishali</i>	Name of Person Ordered Transfer <i>Dr. Usha</i>
---	--

Patient & Clinical Records Received by : *Manjula*

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

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# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

for ELUS + BTL

LMP: 23/8/25

EDD:

Corrected EDD: 5/6/26

GA: 37+3 wks

**Obstetric Formula:**

G2P1L1 → G1P1 → 07, 2023, LSCS (high speed)

Menstrual History: Regular:  Yes  No

**Obstetric History:**

B.Wt - 21kg

**Obstetric Examination**

G2 present pregnancy

Fundal Height: T9

Spontaneous conception  
 booked at since conception

Ut. Activity:  Relaxed  Mild  Mod  Severe

**Present Pregnancy Record:**

NT - 13w6d - normal  
 EFTS - risk of preterm 1 in 32  
 TFFA - 20<sup>th</sup> wks - normal

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

**RISK FACTORS:**

Scan at 28wks - SGA SLIDE 28wks  
 CA.C = 6<sup>th</sup> centile  
 EFW - 10<sup>th</sup> centile  
 AFI - 16.4cm

FHS:  Normal  Tachy  Brady  Absent

**Per Speculum Examination** Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination** Not done

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: 1.55 cm

Weight: 70 kg

Allergies: \_\_\_\_\_

Breast:  Normal  Abnormal

**General Examination:**

Consciousness: Pallor:

Icterus: Edema:

Temp: 97.6 F PR: 88 bpm

BP: 110/80 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

**DIAGNOSIS**

G2P1L1, present pregnancy at 37+3 wks GA at Kldo hypothyroidism  
 SGA  
 for FL-US

Patient Sticker

<p>Family History:</p> <p>—</p>	<p>Surgical History:</p> <p>usu - 2023</p>
<p>Medical History:</p> <p>kelco hypothyroidism</p>	<p>Medication History:</p> <p>T. Thyronam 20mcg (75mcg - pre pregnancy)</p> <p>T. Ecospin 15mcg since conception</p> <p>at 36 weeks</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admit</li> <li>- Consent</li> <li>- Pains preparation</li> <li>- MNT</li> <li>- secure w consules</li> <li>- Pre op Medication</li> <li>- Inform OT, Anesthetist, Paed atwain</li> <li>- Foley catheterisation in OT</li> <li>- Shift to OT</li> </ul>	<p>Investigations:</p> <p>BGT - Blue</p> <p>Serology - Non reactive</p> <p>1715<sup>h</sup> Hb - 9.9</p> <p>WBC - 12100</p> <p>P-C - 2.86</p> <p><u>US GBS</u> <u>P4/5/26</u></p> <p>SMUE 36<sup>+</sup> weeks</p> <p>Placenta - posterior, high</p> <p>AFI - 15.3cm</p> <p>ERW - 2420, 7<sup>th</sup> centile</p> <p>A-C - 1.7</p> <p>appet - normal</p>

Doctor Name: Dr. ANWEMA

Signature: Annette

Date & Time: 18/05/26 12:30pm

Consultant Name: Dr. MANADA

Signature:

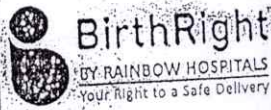
Date & Time: 18/05/26 12:30pm

325 Sahas

Physiotherapy Consult

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

# CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE

Date: 20/5/26 Hour: 11:45

Hospital: .....

Type of Referral:  Emergency (within one hr.)

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

Referred for:  Opinion  Co-Management

Date: ..... Time: ..... By: .....

Transfer of care

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

Signature: VM

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

VM  
2/26

Consultant:

Name: VAIBHAVI HARNE Signature: VM Date & Time: .....

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



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Mrs NIDUMUKKALA LAKSHMI  
31-08-1997 28 Y 8 M 18 D (F)  
Dr. MANASA BADVELI



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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/10/20 Time: 9:12

Origin: Andhra Height: 155 Weight: 70 BMI:  ~26 kg/m<sup>2</sup>  
 ~28 kg/m<sup>2</sup>  
 ~30 kg/m<sup>2</sup>

Food Allergies: —

Diagnosis: Aspirin & prev LSC = 37 weeks for LSC

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: B. Durg

Name: Lakshmi

Date & Time: 19/10/20 9:30

Dietician's

Signature: [Signature]

Name: Sheni

Date & Time: 19/10/20 9:30





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 4:00pm	<p><u>Pop-o</u>            Spc for            Afelisk            Sp: 100/70mmHg            PR: 88bpm            SpO2 = 100% @ RA            P/A = CRW            PLW = NAB            v/o = normal            emptied in OT</p>	<p><u>Adv</u>            1. monitor vitals            2. IV as per AXON            3. Drugs as charted            4. w/f BP            5. strict I/O charting            6. @ RA, vitals under obs</p>
<u>Baby arts</u>		<u>Ram</u>
18/5/26 8:30pm	<p><u>Pop-o</u>            Gefaw            PR - 90bpm            BP - 118/71mm</p>	<p><u>Adv</u>            - allow sips → liquid diet            - plenty of oral fluids            - Drugs monitor as charted</p>
<u>Baby em/r</u>	<p>AR - 14/w SpO2 - 100% on RA            P/A - CRW            PLW - NAB            v/o - 400ml, clear</p>	<p>- vital monitoring            - w/f Bleeding PLV            - IV fluids as per AXON            - inform SSI</p>
<u>car shifted to room</u>	<p>- soft diet @ 12am            - FIR cfm @ 6am</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>19/8</u>		<u>Adv</u>
<u>3pm</u>	<u>POB-1</u>	- soft diet
	Afebrile	- plenty good feeds
	APHR	- dry as chest
<u>bagans</u>	AP - 110/80mmHg	- w/ SN
<u>u wet</u>	PR 80g	- ambulation / eye
<u>F ✓</u>	SpO <sub>2</sub> - 99.1% @ RA	- @ u/s
<u>M ✓</u>	Mx unid	- signs
	N ~ os	
		ndf
<u>19/8/20</u>		
<u>3pm</u>		<u>Adv</u>
	<u>POB-1</u>	1. normal diet
<u>Saliv m/s</u>	C.C. Pass	2. Ambulation
	Afebrile	3. plenty of oral feeds
<u>u ✓</u>	Sp: 100/bowls	4. meq as expected
<u>F ✓</u>	PR = 86g	5. w/ spv
<u>M ✓</u>	SpO <sub>2</sub> = 100% @ RA	6. (M) vitals stable
	PIA = UPR	7. RFT w/ w/
	PIV = NBSpv	
		<u>Praxis</u>

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 Dr. MANASA BADVELI




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>19/5/26 7pm</p> <p><u>Saline m/s</u></p> <p>uv AC ml</p>	<p><u>POD-1</u></p> <p>G.C fair</p> <p>Afebrile</p> <p>Bp = 110/80 mmHg</p> <p>PR = 86 bpm</p> <p>SpO<sub>2</sub> = 100% @ RA</p> <p>PIA = Uterus</p> <p>Plv = NAB</p>	<p><u>Adv</u></p> <ol style="list-style-type: none"> <li>1. Normal diet</li> <li>2. Ambulation</li> <li>3. Plenty of oral fluids</li> <li>4. Mx as charted</li> <li>5. WLF BpV</li> <li>6. (M) vitals inter SOS</li> <li>7. EBF 2<sup>nd</sup> hourly</li> </ol>
<p style="font-size: 2em;"><u>Pur</u></p>		
<p>20/5/26 Jan</p> <p>Baby - m/s.</p> <p>AV</p>	<p><u>POD-2</u></p> <p>G.C fair</p> <p>Afebrile</p> <p>PR = 102 bpm</p> <p>BP = 109/60</p> <p>SpO<sub>2</sub> = 97% @ RA</p> <p>PIA - ut (R) well.</p> <p>Plv - NAB</p>	<p><u>Adv</u></p> <ol style="list-style-type: none"> <li>1) Normal diet</li> <li>2) Plenty of oral fluids</li> <li>3) Drugs as charted</li> <li>4) WLF BpV</li> <li>5) Monitor vitals</li> <li>6) EBF / Ambulation</li> <li>7) Inform SOS</li> </ol>
		<p style="font-size: 2em;"><u>Dal</u></p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	<u>POD-2</u>	<u>Adv</u> Ambulation
2:00pm	G.C fair	1. normal diet
	afebrile	2. plenty of oral fluids
	Sp: 110/70mmHg	3. mgt as cleared
<u>Waleymis</u>	PR = 88bpm	4. w/f spv
	SpO <sub>2</sub> = 100% @ RA	5. (M) vitals
	PIA = 0.8w	6. EBF 2 <sup>nd</sup> bdy
OU MU	PIV = NASPVI	
20/5/26	<u>POD-2</u>	<u>Adv</u>
7:00pm	G.C fair	1. Ambulation
	afebrile	2. normal diet
	Sp: 100/60mmHg	3. plenty of oral fluids
<u>Waleymis</u>	PR = 88bpm	4. mgt as cleared
	SpO <sub>2</sub> = 100% @ RA	5. w/f spv
	PIA = 0.8w	6. (M) vitals interms
OU MU	PIV = NASPVI	7. EBF 2 <sup>nd</sup> bdy
		





LBH-00079176 IP25-00020499  
 Mrs NIDUMUKKALA LAKSHMI  
 31-08-1997 28 Y 8 M 18 D (F)  
 Dr. MANASA BADVELI



**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> <u>py. CEFOTAXIME</u>				Date Time	<u>18/5/15</u>																
Dose	Route	Frequency	Start Dt.																		
<u>1gm</u>	<u>IV</u>	<u>q8h</u>	<u>18/5/26</u>	<u>11AM</u>	<u>8/26</u>																
Name & Signature of the Doctor Starting the Drugs:																					
<u>R</u>																					
Additional Instructions:																					
<u>11pm stop</u>																					
Daily Doctor's Endorsement by a Sign																					
<u>R</u>																					
<b>DRUG :</b> <u>py. PARITOPRAZOLE</u>				Date Time	<u>19/5</u>																
Dose	Route	Frequency	Start Dt.																		
<u>4mg</u>	<u>IV</u>	<u>QD</u>	<u>18/5/26</u>	<u>2:15AM</u>	<u>6AM</u>	<u>stop</u>															
Name & Signature of the Doctor Starting the Drugs:																					
<u>R</u>																					
Additional Instructions:																					
<u>stop</u>																					
Daily Doctor's Endorsement by a Sign																					
<u>R</u>																					
<b>DRUG :</b> <u>PARS THYREXOM</u>				Date Time	<u>19/5/25</u>																
Dose	Route	Frequency	Start Dt.																		
<u>25mg</u>	<u>PO</u>	<u>QD</u>	<u>18/5</u>	<u>8AM</u>	<u>stop</u>																
Name & Signature of the Doctor Starting the Drugs:																					
<u>fe</u>																					
Additional Instructions:																					
<u>stop</u>																					
Daily Doctor's Endorsement by a Sign																					
<u>fe</u>																					
<b>DRUG :</b> <u>PARS - CEFIXIME</u>				Date Time	<u>20/5</u>																
Dose	Route	Frequency	Start Dt.																		
<u>200mg</u>	<u>PO</u>	<u>QD</u>	<u>18/5/26</u>	<u>11AM</u>	<u>stop</u>																
Name & Signature of the Doctor Starting the Drugs:																					
<u>R</u>																					
Additional Instructions:																					
<u>11PM stop</u>																					
Daily Doctor's Endorsement by a Sign																					
<u>R</u>																					

Signature  
Name

VERIFIED

LBH-00079176 IP25-00020499  
 Mrs NIDUMUKKALA LAKSHMI  
 31-08-1997 28 Y 8 M 18 D (F)  
 Dr. MANASA BADVELI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> TAB. PARVO PRAZOLE				Date Time	20/5	21/5															
Dose	Route	Frequency	Start Dt.																		
10mg	PO	Q	19/5/26	6 AM	Sign	Sign															
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b> TAB. Tyronary				Date Time	21/05																
Dose	Route	Frequency	Start Dt.																		
10mg	PO	OD	20/5/26	8 AM	Sign	Sign															
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

VERIFIED BY : Name ..... Signature .....  
 ADMITTED  
 RECEIVED



## DRUG CHART

Date of Admission: 18/05/26 Drug Allergies: NK  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. .... Ward. ....

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>Tab PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
1gm	ORAL	QID	18/5	18/5 19/5 20/5 21/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Tab DICLOFENAC</u>				Date Time
Dose	Route	Frequency	Start Date	
50mg	ORAL	BD	18/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Tab TRAMADOL</u>				Date Time
Dose	Route	Frequency	Start Date	
100mg	ORAL	TID	18/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

*Handwritten signature*



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	
<b>DRUG :</b>		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
18/5	2 PM	IV CEFOTAXIME	1 gram	IV	[Signature]	[Signatures]
18/5	2 PM	IV PANTOPRAZOLE	40mg	IV	[Signature]	[Signatures]
18/5	2 PM	IV METALUOKOMBE	10mg	IV	[Signature]	[Signatures]
18/5	3:10 PM	INJ LABETEDOLIN	100 mg	IV	[Signature]	[Signatures]
18/5	3:45 PM	SUPP TRAMADOL	100mg	PIR	[Signature]	[Signatures]
18/5	3:45 PM	SUPP. DICLOFENAC	100mg	PIR	[Signature]	[Signatures]
19/5	2:15 AM	INJ ONDANSETRON	4mg	IV	[Signature]	[Signatures]

VERIFIED BY : Name ..... Signature .....

I.V. FLUIDS CHART

Weight. .... Ward. MICU

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
18/5	2:30p	RL	IV	100ml/hr	[Signature]	[Signature]	18/5	[Signature]	[Signature]
18/5	8:15 1m	RINGER LACTATE	IV	150 ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
18/5	7pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	19/5	[Signature]	[Signature]
19/5	12R	RL	IV	150ml/hr	[Signature]	[Signature]	19/5	[Signature]	[Signature]

Signature

VERIFIED BY : Name