

DISCHARGE SUMMARY

Name	Mrs SHILPA MADHUSOODANAN	UHID	FDH-00038157
Father/Guardian	Mr vinesh	Age/Gender	32 Y 6 M 0 D/ Female
Address	A-107, Manjeera Diamond Towers, Gopanpally, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020526	Admission Date	19-05-2026
Ref Doctor	Self		
Discharge Date	22.05.2026		

Consultants :

Dr. Pujitha Devi Suraneni

MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No : 55973

Diagnosis: G2P1L1 AT 37+2 WEEKS GESTATION WITH PREVIOUS LSCS WITH CHRONIC HTN FOR TOLAC

EMERGENCY LSCS DONE, IN VIEW OF NON PROGRESS OF LABOUR + CPD, DELIVRED A LIVE MALE BABY AT 12:14 PM, WEIGHT 3.038 KGS ON 20.05.2026.

History:

LMP: 29.08.2025

Obstetric formula: G2P1L1

EDD: 07.06.2026

Gestation at admission: 37+2 weeks

Obstetric History:

G1 - 2021 / LSCS (Ind: PIH + NPOL)/ Male / B. Weight 3.3kgs, A&H

G2 - Present pregnancy, Spontaneous conception.

Medical History: Chronic HTN since 9+3 weeks, presently on Tab. Niacardia Retard 20mg BD.



Name	Mrs SHILPA MADHUSOODANAN	UHID	H-00038157
IP No	IP25-00020526	Admission Date	19-05-2026

Surgical History: Open ovarian cystectomy in 2012. LSCS - 2021
Surgery done for cleft lip & palate at 6 months of age.

Allergies : Nil

Family History : Mother & Father- HTN

Antenatal Details:

Mrs. SHILPA MADHUSOODANAN was booked to Rainbow hospital at 9+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. She was on Tab Ecospirin 75mg once daily till 36weeks. NT scan and FTS at 12+ 3weeks was normal, with screen positive for pre-eclampsia - 1:47, 1:145 for FGR. TIFFA at 20+5 weeks was normal with Bilateral fetal SVC. Fetal 2D Echo was done and normal with consistent findings of fetal SVC. USG done on 16.05.2026 showed SLIUG at 36+6 weeks, cephalic, placenta-posterior and high, AFI 17.3cm, AC 46%, EFW 2962 grams (46%) with normal dopplers. She was admitted at 37+2 weeks for trial of labour after cesarean section.

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 1cm long and admitting tip of finger. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent was taken for TOLAC, with risk of bleeding, infections, scan dehiscence, rupture, fetal distress, need for blood transfusions, need for emergency LSCS were explained. They consented fore same. Intracervical foleys induction was done. Foleys was spontaneously expelled at 2 cm dilation. Artificial rupture of membranes was done at 2cm dilation revealing clear liquor. As per hospital protocol she was started on IV. Augmentin 1.2gm in view of ruptured membranes. Further augmentation of labour was done



Name	Mrs SHILPA MADHUSOODANAN	UHID	PH-00038157
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with syntocin drip. On repeat examination her VE findings were same with head high up. Patient and attenders were informed about the VE findings, option for emergency LSCS was given in view of CPD with Non progress of labour. They consented for LSCS.

She was decided for emergency C- section in view of Non- progression labour + CPD, prepared 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. 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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

* **Highly vascular LUS**

* **Floating Head**

* **Single loop of cord around the neck**

* **Uterine atonicity noted intermittently, managed medically with inj. Tranexamic Acid 1gm IV, Inj. Syntocin 20 Units IV, Inj. Carbetocin 100mg IV and Tab Misoprostol 600mcg PR**

* **Hemostasis secured**

Delivery Details :

Date : 20.05.2026



Name	Mrs SHILPA MADHUSOODANAN	UHID	IP25-00030157
IP No	IP25-00020526	Admission Date	19-05-2026

Time of Delivery: 12:14 PM
 Type of Delivery: Emergency LSCS
 Indication : Non- progression of labour + CPD
 Analgesia : Spinal

Baby Details:

Date : 20.05.2026
 Time : 12:14 PM
 Sex : Male
 Weight : 3.038 kgs
 Apgar : 8/10, 9/10
 Gestational Age: 37+2 weeks
 NICU Admission: No

Post-Operative Notes: She was closely monitored. Her vital signs remained stable. Her **BP was monitored and managed accordingly/ was normal.** 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. Augmentin 625mg twice daily till 26.05.2026 (9am-9pm) after food.
2. Tab. Acton - OR thrice daily till 26.05.2026 (9am-2pm-9pm) after food.
3. Tab. Pan 40mg once daily till 26.05.2026 (8am) before breakfast.
4. Tab. Lyser-D twice daily till 26.05.2026 (10am-10pm) after food.
5. Tab. Solfe extra once daily (8pm) for two months after dinner.
6. Tab. Gemcal XT once daily (2pm) till breast feeding after lunch.
7. Megaheal gel for local application.



Name	Mrs SHILPA MADHUSOODANAN	UHID	IPH-00038157
IP No	IP25-00020526	Admission Date	19-05-2026

8. Nip care ointment for local application
9. Home BP Monitoring (9am-9pm)
10. Review sos if BP >140//90mmhg, headache, blurred vision, vomiting, epigastric discomfort, breathlessness

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 27.05.2026 with prior appointment.

Review with **Dr. PUJITHA DEVI SURANENI** on 27.05.2026 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

ms. nimesh

Patient/ Attender



Name	Mrs SHILPA MADHUSOODANAN	UHID	EDH-00038157
IP No	IP25-00020526	Admission Date	19-05-2026

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

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

S. Pujitha Devi

Consultants :

Dr. Pujitha Devi Suraneni

MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No : 55973





SURGERY DETAILS

Date : 20/8/26

Patient Name: Mrs. Shilpa Date of Birth: Age: 32y

Gender: female Ward: OT UHID No.: FDH-00038157

Date of Surgery: 20/8/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Sm. Uter

Time in : 12 pm

Time Out : 1 pm

	NAME	AMOUNT
1. Surgeon	Dr. Pujitha	
2. Anaesthetist	Dr. Aishwarya	
3. Assistant Surgeon	Dr. Swetha	
4. OT Technician	Br. Rambabu	
5. Circulating Nurse	Br. Subhadreep	
6. Assistant Nurse	Sr. Rajini	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 7699/70

Order by: Amar

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SURVEY

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- 2. ...
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CMC 208

CONSUMABLES OF OT

Circulating staff : Technician : *Baby* Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>LLC</i>	01		Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		05	<i>2347</i>	03		Suction Catheter		01
HME filter : A / P / N			<i>2762</i>	02		Feeding Tube		01
Syringes : 10 cc		01				Vaccum Suction Set		01
05 cc		06	Gloves <i>6 1/2 7</i>	4+2		Surgical Gloves		02
02 cc		01				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade <i>22</i>	01		Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil	01		<i>under pad</i>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<i>Bloxamine</i>		02	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack	04		<i>577713</i> <i>Baby side</i>		
Ketamine			Mop Pack	02				
Propofol			Steristrip <i>sterizon</i>	01				
Rocuronium			Underpad	02				
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	01		<i>DIV Aprons</i>		03
Ondansetron			Foleys catheter					
Pencan 25g Spinal Needle 22		02	Urobag			<i>misoprost</i>		04
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag			<i>1 new mom pad</i>		01
Antibiotics			Bandage					
<i>LEVITO</i>		05	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set	01				
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution	02				
<i>MEY</i>		01	Microshield					
			Cotton Balls					
<i>ALIBOL</i>		01	Latex Gloves	20				
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. *577695 (MSG) 577712 (TECH)* Ordered by : *Baby*

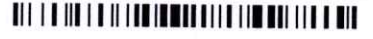
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ADMISSION SHEET

Registration Details :



Admission No : IP25-00020526 Admit Date : 19-May-2026 Admit Time : 08:24 PM UHID : FDH-00038157

Patient Details :

Patient Name : Mrs SHILPA MADHUSOODANAN Age : 32 Y 5 M 29 D
Guardian : Mr vinesh DOB : 20-11-1993
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : A-107, Manjeera Diamond Towers,
Gopanpally Hyderabad Hyderabad Telangana
INDIA 500001 Phone No : 8606600299/ 8606600299
E-mail : vinesh0011@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU-04 Ward Name : 4F -MICU
Room No : MICU-04 Admission Type : First Visit

Contact Details :

Name : Mr vinesh Relationship : W/O
Contact Address : Phone No :

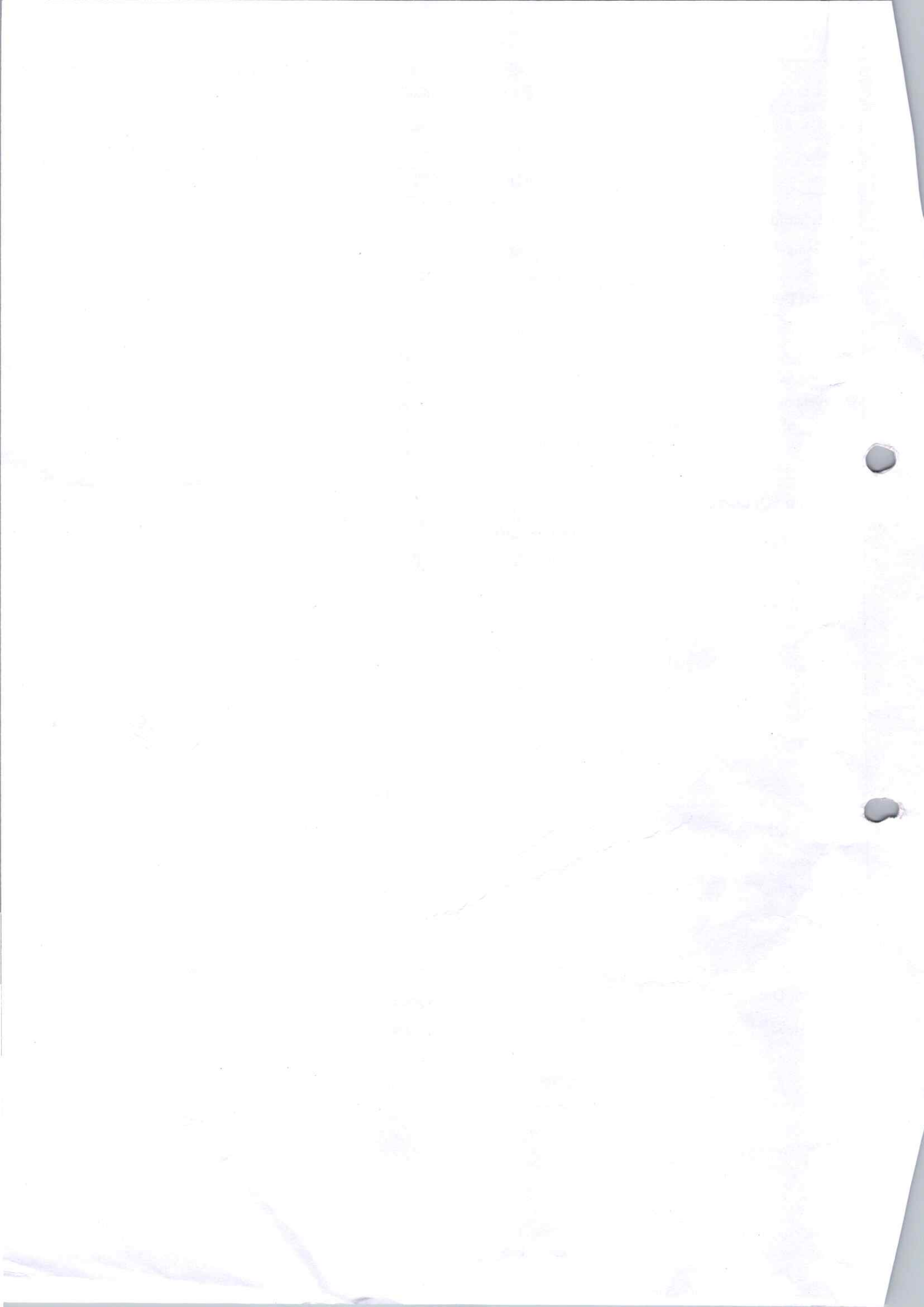

Signature

Doctor Details :


Doctor Name : Dr. PUJITHA DEVI SURANENI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD



ACTIVITY RECORD FOR BILLING

FDH-00038157 IP25-00020526
 Name: Mrs SHILPA MADHUSOODANAN
 20-11-1993 32 Y 5 M 29 D (F)
 Dr. PUJITHA DEVI SURANENI
 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
20/5/26	11:44 AM	MICU	OT	<i>[Signature]</i>
20/5/26	1:30 PM	OT	MICU	<i>[Signature]</i>
20/5/20	10 PM	MICU	ward	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Hune	21/5/26	8292	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5/26	IV placement	1	7420 ✓	Pl
20/5/26	Catheterization	1	7803 ✓	Gang
20/5/26	PAC (Pp)	1	7804 ✓	Gang
C.C. Sushobhan 20/5/26 @ 9:40 PM				
C.C. Vb 22/5/26 11 AM				

ANY OTHER INFORMATION

Blood group A+ve.
 Blood availability in Ayush.
 ARM done at 0:30 AM.
 Enema given at 7 AM.
 op file: handover to attendant. Vinub

Date: 19/5/26

Time: @ 8 PM

Prepared By: Penula

Staff Nurse Penula	Shift / Ward MICU	Billing Assistant	Billing Supervisor
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326 - Shipra

Physiotherapy Consult

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

CONSULTATION FORM



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name: VAIBHAVI HARNE

Date: 21/05/26

Hour: 2:45

Hospital:

Type of Referral: Emergency (within one hr.)

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

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 EX.

Signature: _____

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

VA
RAR

Consultant:

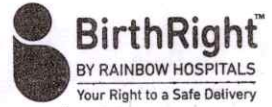
Name: VAIBHAVI HARNE Signature: MM Date & Time:

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

FDH-00038157 IP25-00020526
Mrs SHILPA MADHUSOODANAN
20-11-1993 32 Y 5 M 30 D (F)
Dr. PUJITHA DEVI SURANENI



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/0/26 Time: 9:30

Origin: Rudhira Height: 159 Weight: 80
BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies:

Diagnosis: Cr2 P1 L1 c 37.2 cur c chn for TOAC

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: [Signature]

Name: Shilpa

Date & Time: 21/0/26 9:30

Dietician's

Signature: [Signature]

Name: Shreya

Date & Time: 21/0/26 9:30

FDH-00038157 IP25-00020526
 Mrs SHILPA MADHUSOODANAN
 20-11-1993 32 Y 5 M 29 D (F)
 Dr. PUJITHA DEVI SURANENI



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G2P1L1C 3742dGA E previous LSCS</u> <u>2 chrooni HTN for TOLAC</u>			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date	19/5/26 N	20/5/26 M	20/5/26 E	20/5/26 N	21/5/26 M	
	Shift						
	Medical Condition (Any special condition to be noted):		VBACK	WBM			
Diet:		ND	ND	WBM	S/D	S/D	
ASSESSMENT	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	
	Ventilation (RA, NP, NIV, VENTI):	RA		RA		RA	
	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	
	Vital Signs:	Temp:	36.5	36.2°C	38°	36.5	36°C
		Res:	21	22	20mt	21	22
		SpO ₂ :	99	99	99%	99	100
		Pulse:	78	98	78	79	78
		BP:	120/88	127/86	110/70	123/88	120/72
		LOC:	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10		
Skin Integrity	Good	Good	Good	Good	Good		
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	
	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	
	Special Diet:	ND	ND	WBM	S/D	S/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	
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		
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		
ADL (Dependent / Non Dependent):	Dependent	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:							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2P1L1 @ 37wks + 2d GA @ prev LSCS</i> <i>Chronic HTN for TOLAC</i>		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	<i>21/5/26</i>	<i>21/5/26</i>				
	Shift	<i>E-</i>	<i>N</i>				
	Medical Condition (Any special condition to be noted):						
	Diet:	<i>SD.</i>	<i>N/D</i>				
ASSESSMENT	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>-</i>				
	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 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:	<i>98.65</i>	<i>98.6</i>			
		Res:	<i>20</i>	<i>20</i>			
		SpO ₂ :	<i>98%</i>	<i>99</i>			
		Pulse:	<i>96</i>	<i>78</i>			
		BP:	<i>110/20</i>	<i>120/70</i>			
		LOC:	<i>conscious</i>	<i>conscious</i>			
	Fall Risk Score:	<i>35/90</i>	<i>0/10</i>				
Pain Score:	<i>2/10</i>	<i>0/10</i>					
Skin Integrity	<i>Surgical scar.</i>	<i>Good</i>					
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 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:	<i>-</i>	<i>-</i>				
	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 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:	<i>SD</i>	<i>N/D</i>				
	Critical Lab Test / Values:		<i>-</i>				
	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 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 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	<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 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	
ADL (Dependent / Non Dependent):	<i>Non-dependent</i>	<i>Depend</i>					
Post Operative Procedure Special Orders:		<i>-</i>					
Handed Over By Name :		<i>Ushini</i>	<i>Bharani</i>				
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>				
Date:		<i>21/5/26</i>	<i>21/5/26</i>				
Time:		<i>8pm.</i>	<i>8am</i>				
Taken Over By Name :		<i>Bharani</i>					
Signature / ID :		<i>[Signature]</i>					
Date:		<i>21/5/26</i>					
Time:		<i>8am</i>					

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	
	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:								

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:							



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came for TOLAC (10L)

Obstetric Formula: G₂P₁L₁

I - male/PIH/NPOL/PLSCS

Obstetric History:

But: 3.3kg

II - spontaneous conception.
 Booked @ 9w+3d GA.

Present Pregnancy Record:

NT-(M) Efts - low risk

T1FFA(20+5) → Bilateral SVC

2D Echo → (N)

RISK FACTORS:

PreVLSCS
 Chronic HTN

Height: 159 cm

Weight: 80 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 78 bpm

BP: 128/88 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: 29/8/2025

EDD:

Corrected EDD: 7/06/2026

GA: 37w+2d GA

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

Vaginal Examination

Cervix: Long ^{1cm} Partially effaced Effaced

Os: Closed _____ Dilated admitting tip of finger

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G₂P₁L₁ @ 37w+2d GA @ preVLSCS @ Chronic HTN
 for TOLAC.



<p>Family History: Father - HTN Mother - HTN</p>	<p>Surgical History: Open ovarian cystectomy - 2012 LSES - 2021 Sr for cleft lip & palate @ 6 months of age.</p>
<p>Medical History: H/O cleft lip & palate Klef / Chronic HTN :: 9w + 3d GA</p>	<p>Medication History: F- Nicardipine R 20mg BD T- Escarpin 75mg OD (full 36wts)</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - NST - Secure IV canula - Patient preparation - Monitor vitals - BP monitoring qthly - Informed consents - Transcervical joleys to see at 10pm - W/F contractions, POI - Inform SOS 	<p>Investigations:</p> <p>BGT - A+W</p> <p>Viral markers - NR</p> <p>Hb - 12.8</p> <p>WBC - 8000</p> <p>PLT - 211</p> <p>PT/INR - 15.1/1.0</p> <p><u>USG (16/5/26)</u></p> <p>USUF, cephalic 36w + 3d GA</p> <p>Placenta - posterior, high</p> <p>AFI - 17.3cm</p> <p>AC - 46%</p> <p>Eft - 2962g (46%)</p> <p>Doppler (N)</p>

Doctor Name: Dr Hanshine
 Signature: *[Signature]*
 Date & Time: 19/5/26 @ 9pm

Consultant Name: Dr Pujitha
 Signature: *[Signature]*
 Date & Time: 19/5/26 @ 9pm

FDH-00038157 IP25-00020526
 Mrs SHILPA MADHUSOODANAN
 20-11-1993 32 Y 5 M 29 D (F)
 Dr. PUJITHA DEVI SURANENI



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 19/5/26 @ 8:20 PM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: come for TOLAC (IOL) Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Harshini
 Time Notified: 8 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>#10 Oct 2011 P Klochochrome HTN</u>	<u>open ovary cystotomy</u>	

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>29/8/25</u></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 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 type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
--	---	--

Obstetric History: G 2 P 1 L 1 A 1

Previous LSCS: 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: 36.5 HR: 89 RR: 21
 BP: 123/89 Weight: 80 Height: 159 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 Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump : Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given to patient

Name of Person Orientation was given to: Husband

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Penulca

Date & Time: 10/5/21 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026 10pm	GC fair Afebrile. PR-84bpm BP-123/87 mmHg SPO ₂ -98% on RA P/A- ut = TG, relaxed cephalic, FHFG P/r - ex 1cm long Os admitting TOF PPVx station: -3	<u>Adv</u> 1) ↓SAP, transcervical Foley's Kept and inflated @ 5cc H ₂ O. 2) traction 2) w/f contractions, POL 3) NST 3rd hly 4) Monitor vitals 5) BP 4th hly 6) Inform SOS
20/5/26 2am	GC fair Afebrile PR-76 bpm BP- 102 130/95 mmHg. P/A- ut = TG, 3e/15-20"/10" cephalic, FHS ⊕ CTG- Reactive P/r ↓SAP 5cc of NS Inflated in transcervical Foley's.	<u>Adv</u> 1) NST monitoring 2) w/f contractions, POL 3) NST 3rd hly 4) Monitor vitals 5) ARM to be done at 6:30am 6) BP 4th hly 7) Inform SOS

Handwritten signature

Handwritten signature

FDH-00038157 IP25-00020526

Mrs SHILPA MADHUSOODANAN
20-11-1993 32 Y 5 M 30 D (F)
Dr. PUJITHA DEVI SURANENI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	cb by Dr. Suelthe	
9:30 Am		Ad
	G/C pt due	1) NBM
	Afebrile	2) NST
	PR - 88 bpm	3) MONITOR VITALS
	BP - 124/92 mmHg	4) W/C contractions
	SpO2 - 97% EPA	5) W/C progress of labor
	RA ut contractions 3/30''/10 min	6) RIA e labor.
	FUR (+)	7) Symptoms
	PR - CX 1.5 cm long as 2 cm dilated	<u>Suelthe</u>
	PPVx nt-3	
	clear (+) logur	
	- couple counselled regarding the vaginal examination findings, need for emergency ces if cep of NPOC	
	- PAC.	
	cls to Dr. Pujitha	
20/5 11:20	PV - CX 1.5 cm long as 2 cm dilated	
	PPVx - nt-3, hyamp	
	Patient and attenders counselled regarding the PV findings and need of emergency ces if no progression of labor couple have given consent for the same.	
		<u>ndya</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/26 1:30pm	<u>POD-0</u> Cefpt-4 Afebrile PR - 88 bpm BP - 132/72 mmHg SpO2 - 98% RA PA ut @ well O/E - BWNL Uo - 200ml (clear)	as by Dr. Avelina <u>Adv</u> 1) NBMX 6 hrs 2) IV as per AXON 3) FOLLOW DRUG CHART. 4) MONITOR VITALS 5) STRICT I/O CHARTING 6) W/ Active bleeding pt 7) BP charting charting - 8) Inform if BP > 140/90 9) Inform SS
20/5/26 7:38pm	<u>POD</u> Cefair Lfeb PR - 86 bpm BP - 136/82 mmHg SpO2 - 98.1 p/A - ut well Soft BS (+) p/u - NAB Uo - 200ml : 2 hrs (clear)	B oral sips - liquid diet Soft diet @ 11:30pm EBF BP monitoring 2nd hly (M) Vital / BP / I/O Drugs as charted Foley's removal 11:30am Inform if BP > 140/90 W/ imminent S/S Shift to room Inform SS

1
 &
Dr. Pooja



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/20	<u>I</u> POD	
7Am		
	GC fair	R
	Lifeb	Umbulation
Baby m/s	PR-76 bpm	Soft diet
	Bp- 118/86 mmHg	Oral fluids
	SpO2- 98.1	EBF
	p/a- ut well	(M) vitals / bp / Hr
	soft	Drugs as charted
		Bp monitoring 2nd hly
	p/v- NAB	Inform if > 140/90
	U- yet to void	w/f imminent S/S
	F x	Encourage to void urine
	m x	Inform SOS
		↓
21/5/20	POD-1	<u>Adv & oroom.</u>
4pm		
	GC fair	1) Normal diet
	Afebrile	2) Plenty of oral fluids
	PR- 81 bpm	3) Drugs as charted
Baby m/s	BP- 110/80 mmHg	4) w/f BPV
	SpO2- 97% on RA	5) Monitor vitals
	p/a- ut @ well	6) 2nd hly BP monitoring
UV FX mix	p/v- NAB	7) Inform if BP > 140/90 mmHg
		8) Inform SOS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>21/5/26</u> 8pm.	POD-1 GC fair. Afebrile PR-80bpm BP-122/78mmHg. PIA-UT @ well. Plv- NAB	<u>Adv</u> 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/F Bpr 5) Monitor vitals 6) BP monitoring 2nd hly 7) Inform if BP > 140/90 8) Inform SES 9) Syp Duphalac 10ml <u>stat</u> Hls @ bedtime if stools not passed.
<u>22/5/26</u>	<u>POD-1</u> a.c fair Afebrile sp=120/80mmHg PR=88bpm SpO2=100% @ RA PIA=CREW Plv=NAB	<u>Adv</u> 1. Normal diet 2. Ambulation 3. plenty of oral fluids 4. Drugs as charted 5. vit s/v 6. (M) vitals 7. Sp monitoring 2nd hly 8. Inform if sp > 140/90mmHg 9. CRF 2nd hly

FDH-00038157 IP25-00020526
 Mrs SHILPA MADHUSOODANAN
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RESULT SHEET

Date	18/5/26				
Time					
Hb	12.8				
PCV	38.9				
RBC	5.2				
WBC	8000				
N/L					
Platelets	210000				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT	17				
SGOT	21				
T.Bill/Conj	0.3				
T.Protein	6.3				
S.Albumin	3.1				
S.Globulin	3.2				
A/G Ratio	1.0				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	15.1/1.00				
APTT	30.5				
CSF Protein / Sugar					
Cells					
N/L					



MEDICATION RECONCILIATION FORM

Drug Allergies: No Not known any Drug Allergies

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

Shifting From: ICU Shifted to: ICU

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	T- NICARDIA RETARD	20mg	PO	BD	19/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr Hanshew

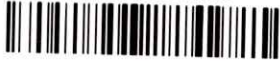
Date & Time: 19/5/26 @ 9pm

Nurse Name & Signature: Sonab H

Date & Time: 19/5/26 @ 9pm

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





DRUG CHART

Date of Admission: 19/5/26 @ 8:24 PM 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. 80 Kgs Ward. 10710



VERIFIED

VERIFIED

DRUG : Tab. PARACETAMOL				Date Time	20/5/26	21/5/26																
Dose	Route	Frequency	Start Date	12pm	X	X																
1g	PO	QID	20/5/26																			
Name & Signature of the Doctor Starting the Drugs:				6am	X																	
Additional Instructions:				12pm	X																	
Daily Doctor's Endorsement by a Sign				6pm	X																	
DRUG : Tab. TRAMADOL				Date Time																		
Dose	Route	Frequency	Start Date																			
100mg	PO	TID	20/5/26																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Tab. DICOFFENAC				Date Time	20/5	21/5	22/5															
Dose	Route	Frequency	Start Date	7AM	X	X																
50mg	PO	TID	20/5/26																			
Name & Signature of the Doctor Starting the Drugs:				3pm	X																	
Additional Instructions:				11pm	X																	
Daily Doctor's Endorsement by a Sign																						
DRUG : TAB AUGMENTIN				Date Time	20/5	21/5																
Dose	Route	Frequency	Start Date	10AM	X	X																
1.2gram	IV	BD	20/5/26																			
Name & Signature of the Doctor Starting the Drugs:				10:00 pm	X																	
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

Patient Sticker

Sheet No: 2

REGULAR PRESCRIPTIONS

Dept.....Ward..MICU

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

VERIFIED

FDH-00038157 IP25-00020526
 Mrs SHILPA MADHUSOODANAN
 20-11-1993 32 Y 5 M 29 D (F)
 Dr. PUJITHA DEVI SURANENI

Weight: 80 Ward: MICU



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5/26	10:30pm	Inj AUGMENTIN	1.2g	IV	[Signature]	Renuka Subashini
20/5/26	6:40 AM	T. NICARDIA RETARD	20mg	PO	[Signature]	Renuka Renuka
20/5/26	10:30 AM	Ij AUGMENTIN	1.2g	IV	[Signature]	Gouf Gouf
20/5/26	12:15pm	Ij OXYTOCIN	6U+15U	IV	[Signature]	[Signature] [Signature]
20/5/26	12:17pm	Ij TRANEXAMIC ACID	1g	IV	[Signature]	[Signature] [Signature]
20/5/26	12:25pm	Ij CARBETOCIN	100mcg	IV	[Signature]	[Signature] [Signature]
20/5/26	1:25pm	Sup. TRAMADOL	100mg	PR	[Signature]	[Signature] [Signature]
20/5/26	1:25pm	Sup. DICLOFENAC	100mg	PR	[Signature]	[Signature] [Signature]
20/5/26	4pm	Ij PARACETAMOL	1gm	IV	[Signature]	[Signature] Meri

VERIFIED BY: Name Signature

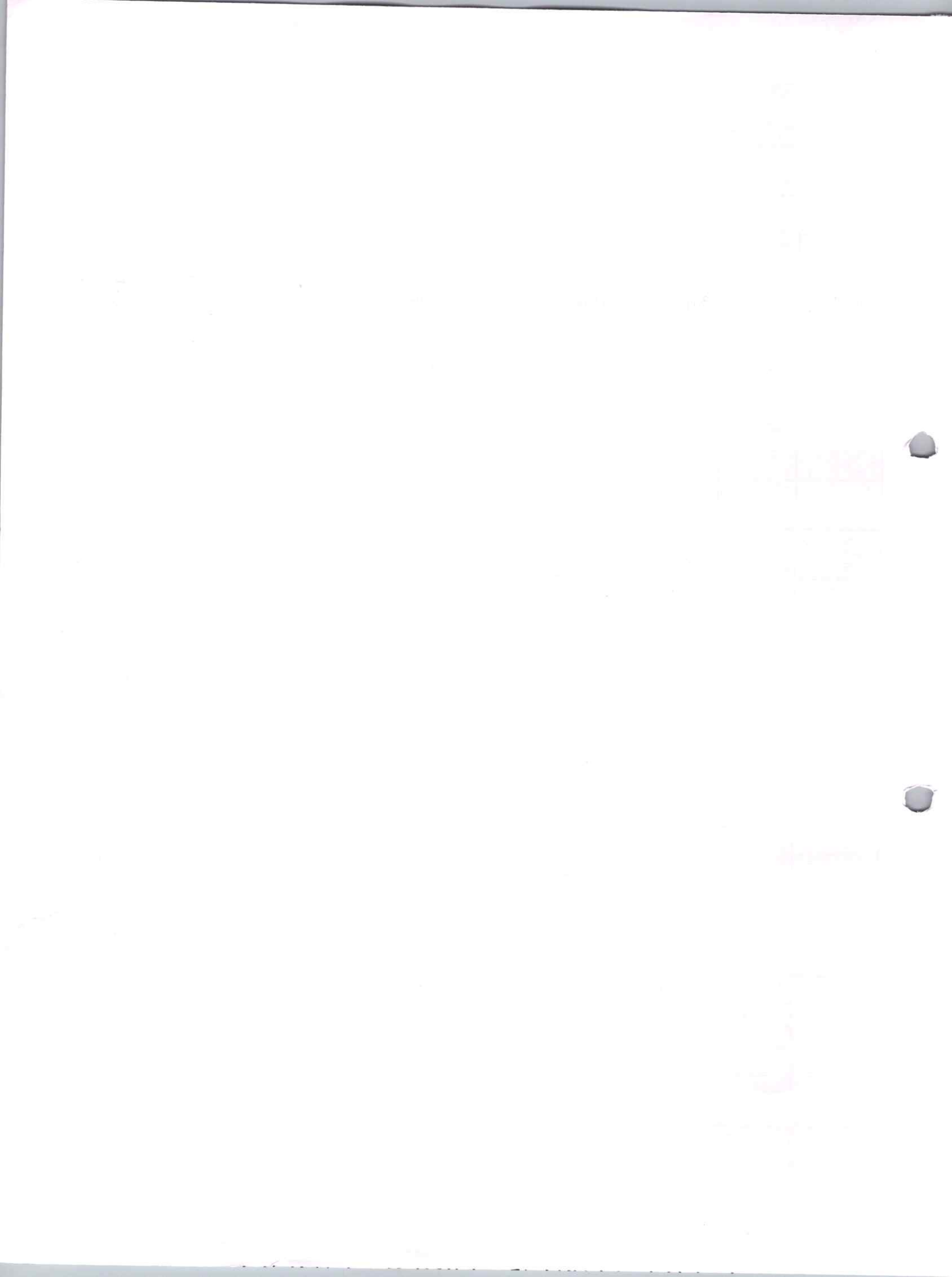
I.V. FLUIDS CHART

Weight: 80 Ward: MCU

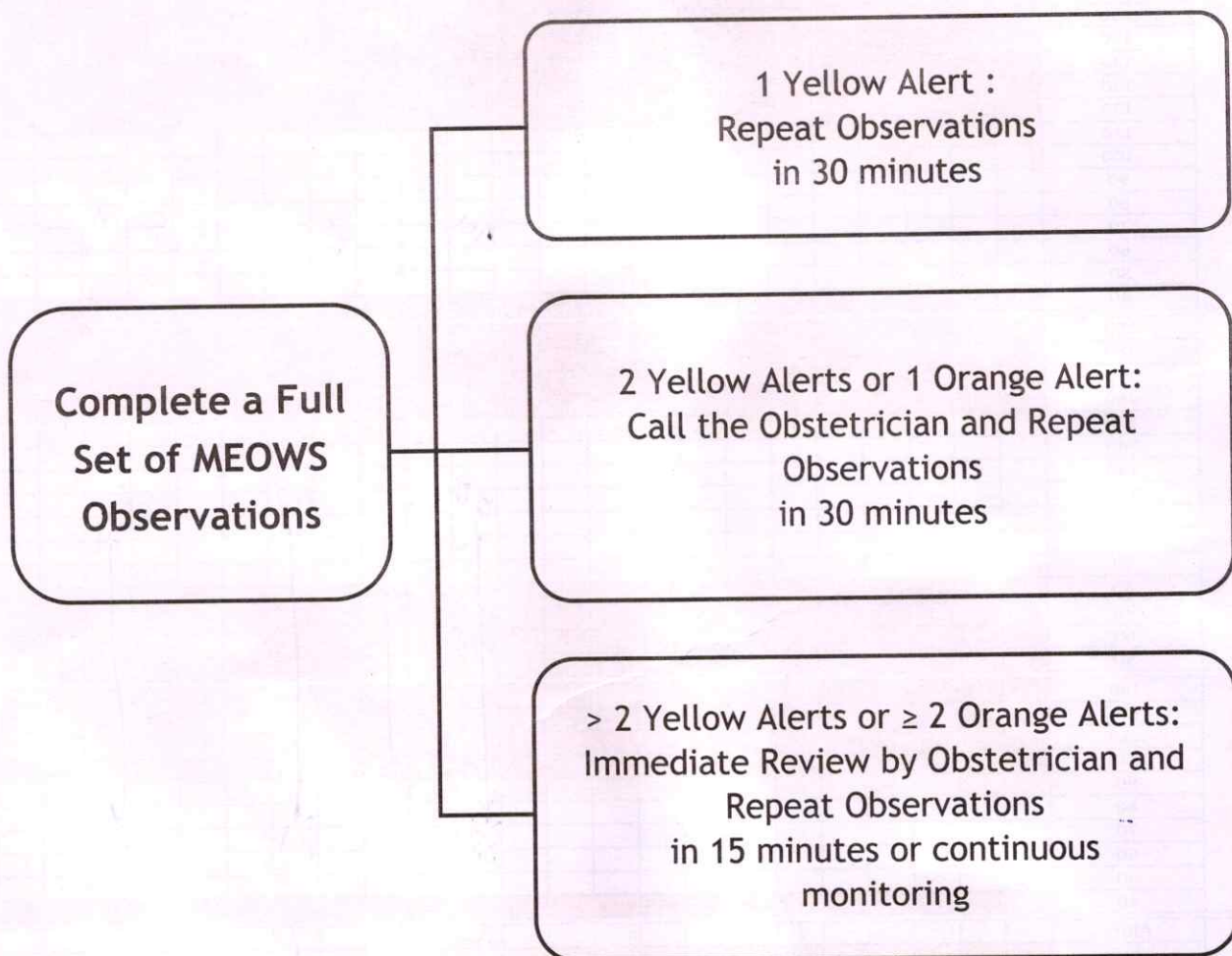
Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/5/20	@ 8pm	Inj. Syncto added (50) in 500ml RL	IV	6ml/h	[Signature]	[Signature]	20/5/20	[Signature]	[Signature]
20/5/20	7:50pm	10 RL	IV	100ml	[Signature]	[Signature]	20/5/20	[Signature]	[Signature]
20/5/20	12:10pm	RINGER LACTATE	IV	FF	[Signature]	[Signature]	20/5/20	[Signature]	[Signature]
20/5/20	6pm	10 RL	IV	100ml	[Signature]	[Signature]	20/5/20	[Signature]	[Signature]

Signature

VERIFIED BY: Name

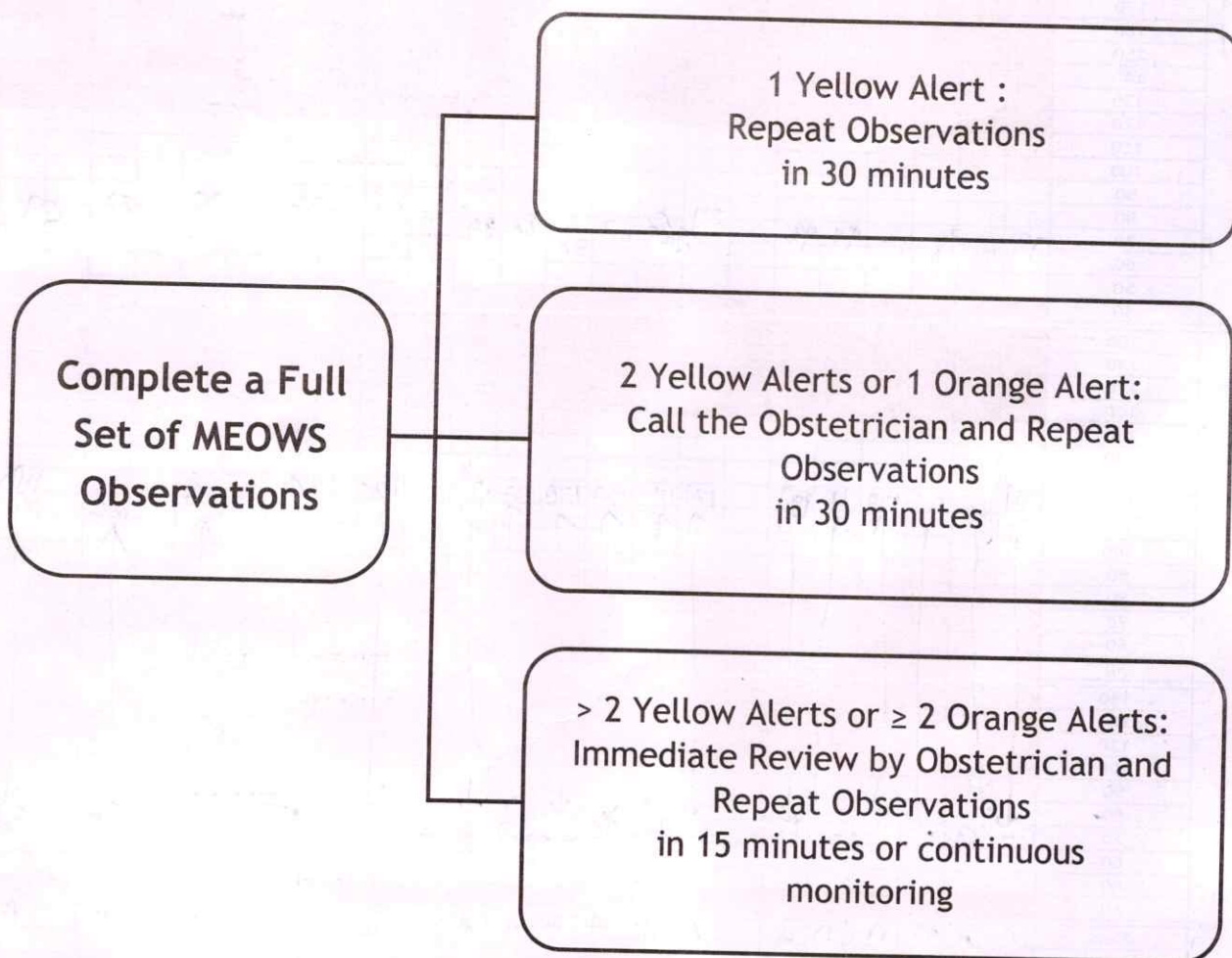


Obstetrics and Gynaecology Early Warning Signs



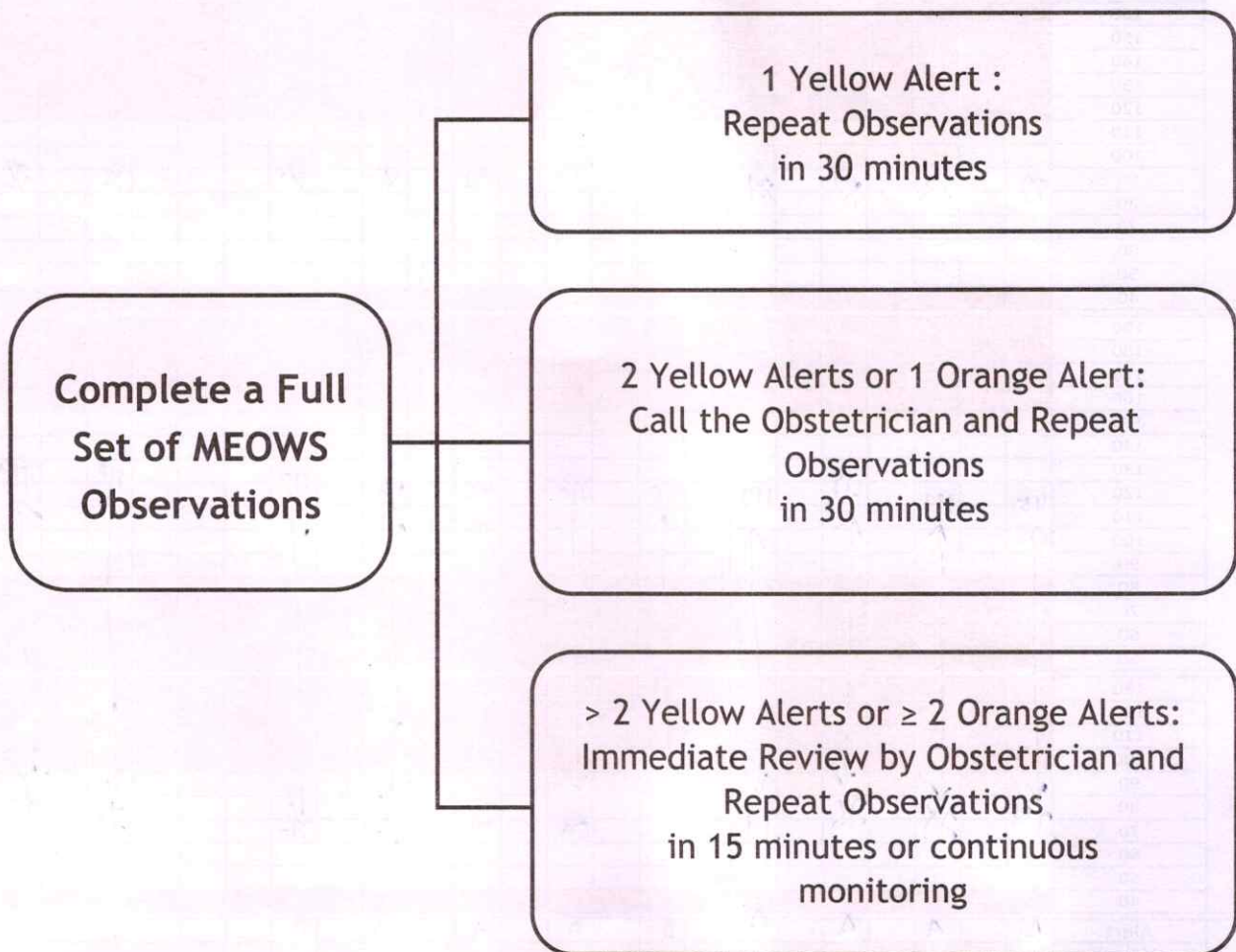
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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 Dr. PUJITHA DEVI SURANENI



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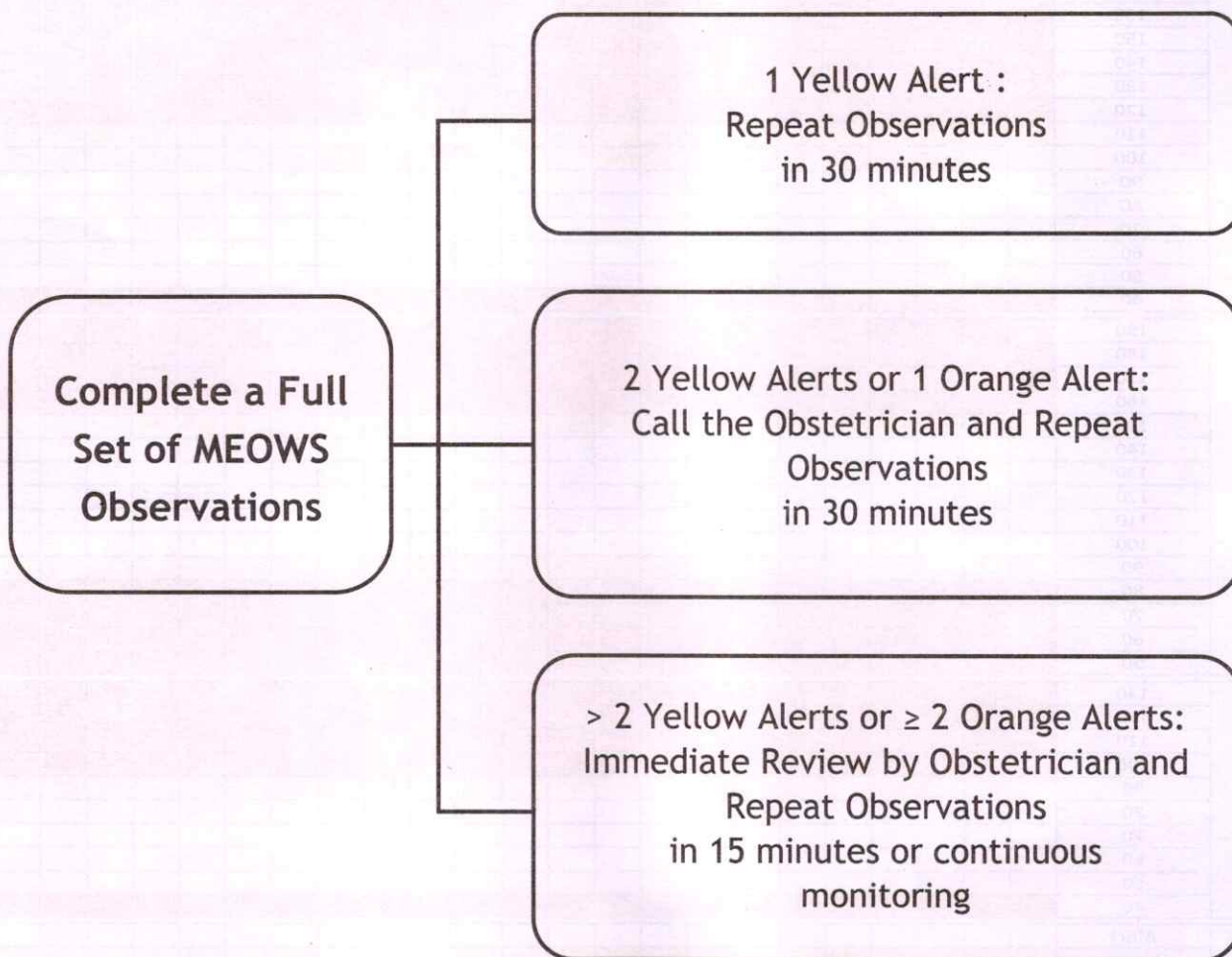


Early Warning Observation Score Chart - Obstetrics

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

		Date																													
		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																														
	0 - 10																														
Saturations	94 - 100 %																														
	< 94 %																														
Administered O ₂ (L/min.)																															
Temp °C	40																														
	39																														
	38																														
	37																														
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60																														
	50																														
40																															
↑ Systolic Blood Pressure	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
60																															
50																															
↓ Diastolic Blood Pressure	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70																														
	60																														
	50																														
	40																														
NEURO RESPONSE [✓]	Alert																														
	Voice																														
	Pain																														
	Unresponsive																														
URINE mls / hour	> 30																														
	< 30																														
Proteinuria	Protein ++																														
	Protein > ++																														
Lochia	Normal																														
	Heavy / Foul																														
Liquor	Clear / Pink																														
	Green																														
TOTAL YELLOW SCORES																															
TOTAL ORANGE SCORES																															
Nurse Initial																															

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



19/5/26

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 Thrombophlebitis 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										0	}	
	09:00 pm									✓	0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am									✓	0		
	01:00 am										0		
Total Intake : 400 ml						Total Output : 0-1							
	02:00 am										0	}	
	03:00 am									✓	0		
	04:00 am										0		
	05:00 am										0		
	06:00 am									✓	0		
	07:00 am	PL						✓			0		
Total Intake : 500 ml						Total Output : 0-2 M-1							
Total 24 hrs. Intake		1900 ml			Total 24 hrs. Output		0-3, M-1						



20/5/26

FLUID CHART

Sheet No. : ①

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

Date	Time	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am	RL	the road	100ml	-	-	-	-	-	-	0	Sunder's	
	09:00 am	RL	NBM	100ml	-	-	-	-	-	0			
	10:00 am	RL	NBM	100ml	-	-	-	-	-	0			
	11:00 am	RL	NBM		-	-	-	-	✓	0			
	12:00 pm	RL	NBM	FF	-	-	-	-	-	0			
	01:00 pm	RL	NBM	100ml	-	-	-	-	100ml empty	0			
Total Intake : 400 ml					Total Output : U=100ml empty, M=0								
	02:00 pm	RL	NBM	100ml	-	-	-	-	-	0	Sunder's		
	03:00 pm	RL	N	100ml	-	-	-	-	-	0			
	04:00 pm	RL	B	100ml	-	-	-	-	-	0			
	05:00 pm	RL	M	100ml	-	-	-	-	200ml	0			
	06:00 pm	RL	NBM	100ml	-	-	-	-	-	0			
	07:00 pm	RL	NBM	100ml	-	-	-	-	200ml	0			
Total Intake : 600ml					Total Output : U=400ml, M=0								
	08:00 pm	RL	Soup	100ml	-	-	-	-	-	0	Sunder's		
	09:00 pm	RL	H ₂ O	100ml	-	-	-	-	200ml	0			
	10:00 pm	RL	100ml	100ml	-	-	-	-	-	0			
	11:00 pm	RL	100ml		-	-	-	-	-	0			
	12:00 am	H ₂ O	200ml		-	-	-	-	-	0			
	01:00 am				-	-	-	-	-	0			
Total Intake : 200ml					Total Output : U=200ml, M=0								
	02:00 am			100	100	100	NO	100	100	100ml	0	Sunder's	
	03:00 am	H ₂ O	100ml							0			
	04:00 am									0			
	05:00 am	H ₂ O	200ml							0			
	06:00 am									0			
	07:00 am	H ₂ O	100ml	100	100	100	NO	100	100	200ml	0		
Total Intake : 400ml					Total Output : U=300ml, M=0								

Total 24 hrs. Intake 2400ml

Total 24 hrs. Output U=1000ml 1 times, M=0



21/5/26

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
21/5/26	08:00 am	H ₂ O	200ml	NO	NO	NO	NO	NO	NO	NO	0	Sham
	09:00 am										0	
	10:00 am										0	
	11:00 am	H ₂ O	100ml								0	
	12:00 pm										0	
	01:00 pm	H ₂ O	200ml	NO	NO	NO	NO	NO	NO	NO	0	
Total Intake : 500 ml						Total Output : U=1 M=0						
	02:00 pm											Sham
	03:00 pm	H ₂ O	200ml				passed			✓		
	04:00 pm											
	05:00 pm	H ₂ O	200ml	NO	NO	NO		NO	NO	✓		
	06:00 pm											
	07:00 pm	H ₂ O	200ml									
Total Intake : 600 ml.						Total Output : U=3 M=1						
	08:00 pm											Sham
	09:00 pm	H ₂ O	200	NO	NO	NO	NO	NO	NO	NO	0	
	10:00 pm											
	11:00 pm	H ₂ O	200							✓	0	
	12:00 am										0	
	01:00 am	H ₂ O	100	NO	NO	NO	NO	NO	NO		0	
Total Intake : 500ml						Total Output : U=1 M=0						
	02:00 am											Sham
	03:00 am	H ₂ O	200	NO	NO	NO	NO	NO	NO		0	
	04:00 am											
	05:00 am	H ₂ O	100							✓	0	
	06:00 am											
	07:00 am	H ₂ O	200	NO	NO	NO	NO	NO	NO		0	
Total Intake : 500ml						Total Output : U=1 M=0						

Total 24 hrs. Intake 2100ml

Total 24 hrs. Output U=1 M=0

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 20-11-1993
 Dr. PUJITHA DEVI SURANENI

22/5/26



FLUID CHART

Sheet No. :

1. All measurements in ml.
2. 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													
	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													
	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 of Anaesthesiology

PRE-A FDH-00038157 IP25-00020526
 Mrs SHILPA MADHUSOODANAN
 20-11-1993 32 Y 5 M 29 D (F)
 Dr. PUJITHA DEVI SURANENI



Name: Age: Sex: UHID.No:

Date: 20/5/22 Time: Proposed Operation: Cesarean Section

Diagnosis: Ga. p. h. i 37+2 = prev. LSCS i chronic HTN

B.P / CRT: 120/88 H.R: Weight: 50 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.8</u>	Glucose:	Protein: <u>6.3</u>	HIV:	X-Ray:
PCV:	Urea:	Alb: <u>3.1</u>	HBS Ag: <u>NR</u>	ECG:
WBC:	Creat:	Total Bill: <u>0.3</u>	HCV: <u>NR</u>	2D Echo:
Plate: <u>2.10.00</u>	Na:	Dir. Bill:	Blood group: <u>A+ive</u>	Stress/Anglo:
PT: <u>15.1</u>	K:	LDH:	T3	Other:
PTT: <u>30.5</u>	Ca++:	Alk phos:	T4	
INR: <u>1</u>	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT: <u>21/17</u>		

Allergies: nil

Medical History: CVS :

RESP : K/c/o chronic HTN 7yrs Diabetes :

CNS :

Renal :

Hepatic / GE :

Physical Activity:

Others :

Past Anaesthetic History: LSCS in 2021
Sr for cleft lip & Palate @ 6 months age

Physical Exam: open ovarian cystectomy

Airway: MP 1 (2) 3 4 Mouth Opening: > 3cm Mentohyoid Distance: (N) Neck: (N) Teeth: intact

Lungs :

Heart: normal

CNS:

Pregnant: Yes No NA

Venous Access Site :

Spine Exam for regional : (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
T- NICARDIA R	<u>20mg BD</u>
T- ASCOPRIN 75mg	<u>→ till 36 weeks</u>

Pre-Operative Instructions:

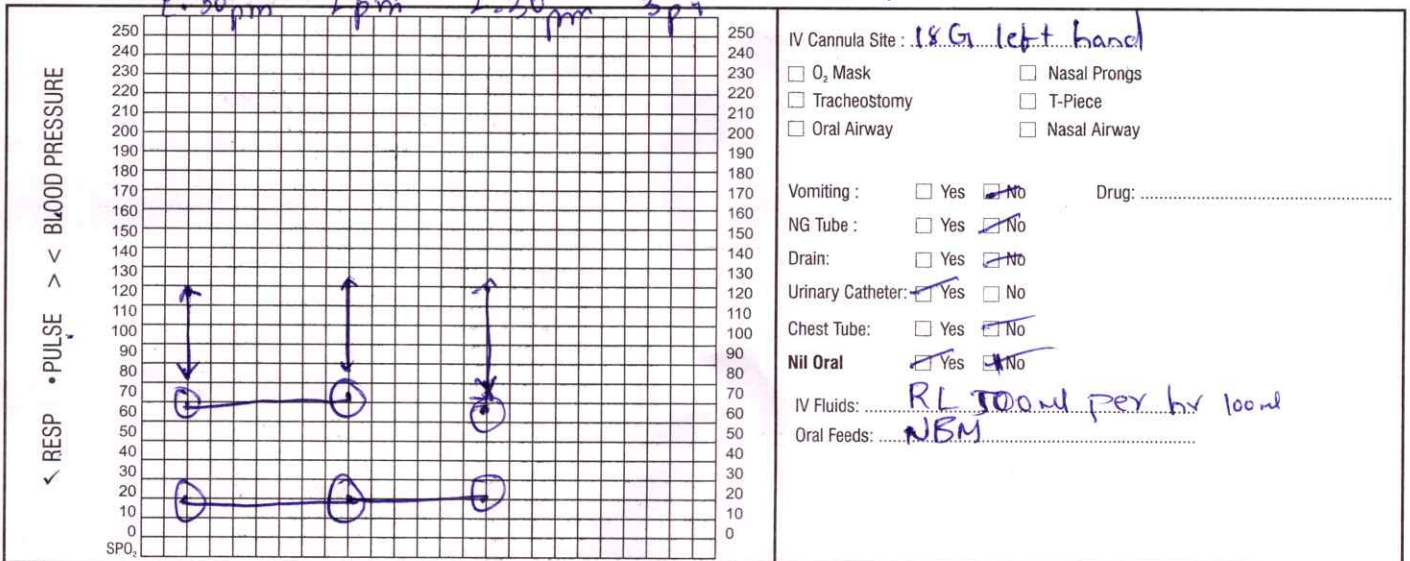
- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: Ashy Name: Dr. AISHWARMA

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sr. Gauri Time Received: 1:30 PM Time Discharged:



IV Cannula Site: 18G left hand

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: RL 100ml per hr 100ml

Oral Feeds: NBM

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
<u>AS per AXON</u>				

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. Aishwarya

Anaesthesiologist Signature:

Date & Time: 20/5/26 ; 1:30 pm

PACU Nurse Name: Sr. Gauri

PACU Nurse Signature: Gauri

Date & Time: 20/5/26 ; 1:30 pm

Transferred to Unit by (PACU): Sr. Sreeja

Date & Time: 20/5/26 ; 1:30 pm



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Pujitha</i>	Date of Delivery: <i>20/8/26</i>
Assistant Surgeon: <i>Dr. Swetha</i>	Time of Delivery: <i>12:14 pm</i>
Anaesthetist's Name: <i>Dr. Arshwarya</i>	Gender of Baby: <i>Male</i>
Type of Anaesthesia: <i>ASA</i>	Weight of Baby: <i>3.038 kgs</i>
Neonatologist: <i>Dr. Kalayan</i>	AGPAR Score: <i>8/10 9/10</i>
Scrub Nurse: <i>Sr. Rajini</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency

Indication: *CPD + Non-progression of labor*

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 CS

Post Operative Diagnosis: *P-12 & POD-0 of 2m hrs*

Peri-Operative Complications: *1) Highly vascular lvs 2) floating head 3)*

single loop of cord around the neck 4) Hemostasis secured.

5) Uterine Atonicity +nt intermittently managed w/ TRANEXAMIC ACID; IN SYNOCHIA

Amount of Blood Loss: *Some*

Blood Transfused (in ML): *20U IV; IN CARBETOLIN 100mg IV.*

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: 2 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
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: (N) Cord around the neck Yes No *single loop*
Appearance of placenta: (N) Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers No. VICRYL Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: No. VICRYL Suture
Fat Closure: Yes No No. 2 RAPID VICRYL Suture
Skin Closure: Subcuticular Mattress No. 2 RAPID VICRYL 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 6 hrs
2) IV ASPERAXON
3) FOLLOW DRUG CHART
4) MONITOR VITALS
5) STRICT I/O CHARTING
6) NOTIFY IF BP > 140/90
7) NOTIFY ACTIVE BLEEDING P.
8) NOTIFY IS

Doctor Name: Dr. PUJITA Doctor Signature: Dr. PUJITA

Date & Time: 20/05/26, 1:36 pm



NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MI. C. GILDA MARIN CLEMAN Age: 10 Y
 Date of Birth: 10/10/00 Sex: F Race: Latino
 Address: 1000 ...
 Diagnosis: ...
 PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Paralgin Citrate 100mg/ml	10 T.M.C.	
2	Nitroglycerin Sublingual 1mg/ml		
3	Renitentol Hydrochloride 1mg		
4	Renitentol Hydrochloride 1mg		

Doctor Name: Dr. ... Doctor Registration No: ...
 Signature: ...

NARCOTIC DISPENSING FORM
APPENDIX A - FORM NO 3E

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

P. Registration No: ... Date: ...
 Address No. of the Patient (Optional): ...

Date	Name of the Essential Narcotic Drugs	Quantity	Signature of Patient / Parent / Guardian	Remarks, if any
<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>

1. Name: MI. C. GILDA MARIN CLEMAN
 2. Complete postal address (with contact number if any): ...
 3. Brief description of the illness: ...
 4. Whether registered with any other registered medical practitioner / registered medical institution (if yes, details of the recorded): ...
 5. Details of essential narcotic drugs dispensed: ...

Dispensed by (Name & ID No.): ... Signature: ...
 Received by (Name & ID No.): ... Signature: ...

**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

Patient Name: MRS. SHILPA MADHUSODHANAN Age: 32 Y Gender: FEMALE

UHID No: RDH - 0038107 IP No: 0020526 Date: 20/05/2021 Time: 09:32 AM

Diagnosis: G2 P17.0 37+2d Gest PRVS LSCS 7 CHRONIC HTN FOR TOLAC

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100 MCG.</u>	
2.	Morphine Sulphate Inj. 15mg/ML	<u>-</u>	
3.	Remifentanyl Hydrochloride Inj. 2MG	<u>-</u>	
4.	Remifentanyl Hydrochloride inj. 1MG	<u>-</u>	

Doctor Name: Dr. AISHWARYA Doctor Registration No: TSMR / FMR / 24434

Signature: Aishwarya

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: 0020526 Date: 20/05/2021

Aadhaar No. of the Patient (Optional):

1.	Name : <u>MRS. SHILPA MADHUSODHANAN</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>A-107, MANJEETA DIAMOND TOWERS, SRIPANJALI, HYDRABAD, TELANGANA.</u>		
3.	Brief description of the illness	<u>L.S.C.S.</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.</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>20/05/2021</u>	<u>FENTANYL</u>	<u>ONE</u>	<u>[Signature]</u>	

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

Received by (Name & ID No.): Romya Babu (010474) Signature: [Signature]

Time:

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant Yes <input 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.		
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		Name of Person Ordered Transfer
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		


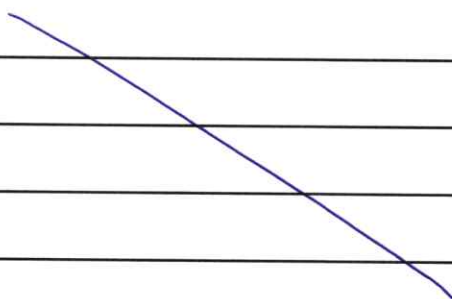
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. <i>M.D.F. 451010</i> FDH-00038157 IP25-00020526 Mrs SHILPA MADHUSOODANAN 20-11-1993 32 Y 5 M 30 D (F) Dr. PUJITHA DEVI SURANENI 		Date & Time of Admission <i>19/5/26</i>	Date & Time of Transfer Order <i>20/5/26</i>
		Transfer Ordered by <i>DR. pooja</i>	Reason for Transfer <i>observation</i>
From Unit <i>MICU</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>28</i>	Number of Imaging Films <i>1 op file</i>	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 type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Renuka</i>		Name of Person Ordered Transfer <i>DR. pooja</i>	
Patient & Clinical Records Received by : <i>Subha</i> <i>20/5/26</i> <i>@ 10:40 PM</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

The first part of the problem asks us to find the derivative of $f(x) = x^2 \sin(x)$.
 We use the product rule: $(uv)' = u'v + uv'$.
 Let $u = x^2$ and $v = \sin(x)$.
 Then $u' = 2x$ and $v' = \cos(x)$.
 Applying the product rule:
 $f'(x) = (x^2)' \sin(x) + x^2 (\sin(x))'$
 $f'(x) = 2x \sin(x) + x^2 \cos(x)$

The second part of the problem asks us to find the derivative of $f(x) = \frac{x^2 + 1}{x}$.
 We use the quotient rule: $\left(\frac{u}{v}\right)' = \frac{u'v - uv'}{v^2}$.
 Let $u = x^2 + 1$ and $v = x$.
 Then $u' = 2x$ and $v' = 1$.
 Applying the quotient rule:
 $f'(x) = \frac{(x^2 + 1)' \cdot x - (x^2 + 1) \cdot (x)'}{x^2}$
 $f'(x) = \frac{(2x) \cdot x - (x^2 + 1) \cdot 1}{x^2}$
 $f'(x) = \frac{2x^2 - x^2 - 1}{x^2}$
 $f'(x) = \frac{x^2 - 1}{x^2}$

The third part of the problem asks us to find the derivative of $f(x) = \ln(x^2 + 1)$.
 We use the chain rule: $(f(g(x)))' = f'(g(x)) \cdot g'(x)$.
 Let $u = x^2 + 1$.
 Then $u' = 2x$.
 The derivative of $\ln(u)$ is $\frac{1}{u}$.
 Applying the chain rule:
 $f'(x) = \frac{1}{x^2 + 1} \cdot 2x$
 $f'(x) = \frac{2x}{x^2 + 1}$

PATIENT TRANSFER FORM

FDH-00038157 IP25-00020526

Mrs SHILPA MADHUSOODANAN
20-11-1993 32 Y 5 M 29 D (F)
Dr. PUJITHA DEVI SURANENI



Date & Time of Admission <i>19/5/26 @ 8:24PM</i>	Date & Time of Transfer Order <i>19/5/26 @</i>	
Treating Consultant Name <i>Dr. Pujitha</i>	Transfer Ordered by <i>Dr. Pujitha</i>	Reason for Transfer <i>Surger</i>
From Unit <i>MICU</i>	To Unit <i>O.T.</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>1</i>	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.	<i>inj - PERIDOLM - G</i>	<i>(1)</i>
2.	<i>inj - Pantaprazole</i>	<i>(1)</i>
3.	<i>inj - Agumentine</i>	<i>(1)</i>
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Sr. Gouzi</i>	Name of Person Ordered Transfer <i>Dr. Pujitha</i>
--	---

Patient & Clinical Records Received by :

Sreeja

Date & Time of Patient Received : *@ 12:42 AM*

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

(-)

11/11/11
11/11/11

PATIENT TRANSFER FORM

α



Patient Name & UHID No. FDH-00038157 IP25-00020526 Mrs SHILPA MADHUSOODANAN 20-11-1993 32 Y 5 M 30 D (F) Dr. PUJITHA DEVI SURANENI		Date & Time of Admission 29/5/2026 @ 8:24 PM	Date & Time of Transfer Order 20/5/2026 @ 1:30 PM
		Transfer Ordered by Dr. Aishwarya	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 30	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 @ 1:30 PM		Name of Person Ordered Transfer Dr. Aishwarya	
Patient & Clinical Records Received by : Sr. Goudi			
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

ANTENATAL RECORD



Antenatal No. 6883/FD/25

Reg. No. FDH-00038157

Consultant : Dr. PDS

PERSONAL DETAILS

Name : Mrs Shilpa Age: 32/R Date of Birth _____ Education : _____
 Occupation : _____ Phone No. : 8606600299 Mobile : _____
 Husband's Name _____ Age _____ Education : _____ Occupation: _____
 Address : _____
 Mobile : _____ E-mail Id : _____

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

52R L1 with
Ch. HTN with
previous LSCS

Corrected EDD
7106/26

HISTORY

Year of Marriage : _____ Menstrual History : Previous Periods _____
 Consanguinity : _____ Contraception : _____
 LMP 29/4/25 EDD _____ Corrected EDD 716/26
 OBSTETRIC FORMULA
 Gravida _____ Para _____ Live _____ Abortions _____

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History : _____ Family History : _____
 Surgical History : _____ Allergies : _____

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife A+ve Husband 11/10/25 ICT
 VDRL NR HIV NR HbSAg NR TSH

573/26
~~64~~
~~136~~
~~112~~

ROUTINE INVESTIGATIONS

HCV - NR

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
<u>11/10/25</u>		<u>creatinine - 0.77</u> <u>RBS - 88</u> <u>urea - 26</u> <u>vita B12 - 291</u> <u>vit D - 9.21</u> <u>TSH - 1.07</u> <u>CUE - positive</u> <u>Hby. - 12.</u> <u>RBC - 5.12</u> <u>PLT - 255</u>		<u>11/10/25</u>		<u>HPCC - (M)</u> <u>13/3/26</u> <u>FBS - 66</u> <u>PBBS - 105</u> <u>PLBS - 117</u> <u>TSH - 302</u> <u>Hby. - 11.2</u> <u>RBC - 4.7</u> <u>TLC - 8100</u> <u>PLT - 197000</u>	<u>6/4/26</u> <u>urea - 13</u> <u>cr - 0.6</u> <u>14/9/26</u> <u>TSH - 1.302</u> <u>Hb - 11.2</u> <u>RBC - 4.7</u> <u>wBC - 8100</u> <u>PLT - 197000</u> <u>13/3/26</u> <u>1-Bilirubin - 0.3</u> <u>SGPT - 16</u> <u>SGOT - 23</u> <u>uric acid - 4.3</u>

Tetanus Toxoid : 1st dose m) TT 9/4/26 2nd dose m) T.dap 11/3/26
n) flu - 23/1/26

FETAL EVALUATION

ULTRASONOGRAPHY

<u>26/1/25</u> First Trimester	<u>S/LAE 12+3 wgs / NT - 1.60 mm / CRL - 31.2</u> <u>WHD - (M)</u>									
<u>23/1/26</u> TIFFA	<u>S/LFC 20+5 / FHR - 154/W - 355g / AC - 35% / cx length - 42.3</u>									
Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks	
<u>9/4/26</u> Growth scan	<u>31+4</u>	<u>GLS</u>	<u>b</u>	<u>1882</u>	<u>52%</u>	<u>AC - 65%</u>	<u>14.4</u>	<u>P - (H)</u>	<u>D - (M)</u>	
<u>30/4/26</u>	<u>34+4</u>	<u>GLS</u>	<u>c</u>	<u>2535</u>	<u>54%</u>	<u>AC - 14.1</u>	<u>B - 1</u>	<u>P - H</u>	<u>D (M)</u>	
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
		<u>ERAPS</u> <u>fetal 2D echo</u>	<u>D - Syndrome</u>	<u>Negative</u> <u>NORMAL</u>

Name : _____ Corrected EDD : _____ Parity _____

SYSTEMIC EXAMINATION

Height 159 cm CVS _____
 Weight : 75.4 kg Respiratory System : (14)
 BMI : (17) Breasts : _____ Thyroid : _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
26/11/25	63.7 74	132 74	12+3	(N)	AP-⊕	(+)	L	-	24/12/25
24/12/25	66.2 77	128 77	16+3	(N)	AP-⊕	(+)	L	-	23/1/26
23/1/26	67.8 84	143 84	20+5	(N)	FP-⊕	(+)	L	-	10/2/26
10/2/26	70.3 81	139 81	23+2	(N)	AP-⊕	(+)	L	-	25/3/26
25/3/26	75.4 86	125 86	29+3	(N)	AP-⊕	(+)	L	-	9/4/26
9/4/26	76.4 74	121 74	31+4	(N)	FP-⊕	(+)	L	-	23/4/26
23/4/26	78.1 88	142 88	33+4	(N)	FP-⊕	(+)	L	-	30/4/26
30/4/26	79.5 90	130 90	34+4	(N)	AP-⊕	(+)	L	-	

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice
			<u>29/4/20</u> Hb. - 11.4 RBC - 4.8 T.Lc. - 7200 PLT - 167000 SGPT - 16 SGOT /AST - 25 Uric Acid - 4.3 Urea - 11		

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 : _____
