DISCHARGE SUMMARY

Name	Mrs ANUPAMA NAYAK	**UHID**	BAH-00332395
Father/Guardian	Mr PAVITRA KUMAR BAL	**Age/Gender**	41 Y 1 M 12 D/ Female
Address	13-6/A,SIDDANTI COLONY,SHAMSHABAD, Shamshabad, Farukhabad, Uttar Pradesh, INDIA, 207503		
IP No	IP25-00020436	**Admission Date**	13-05-2026
Ref Doctor	Self		
Discharge Date	16.05.2026		

Consultant:
Dr. Udita Mukherjee
MBBS,DGO,DNB (OBG),MRCOG (UK),FMAS
Consultant Obstetrician & Gynaecologist, Laparoscopy Specialist.
Reg. No: 31031

Diagnosis: G3P1L1A1 AT 36 WEEKS GA WITH PREVIOUS LSCS WITH TYPE - II DM ON OHA + INSULIN WITH HYPOTHYROIDISM WITH OBSTETRIC CHOLESTASIS WITH FETAL RIGHT PELVIECTASIS WITH LGA FETUS FOR ELECTIVE LSCS + B/L TUBECTOMY.

ELECTIVE LSCS + B/L TUBECTOMY DONE, IN VIEW OF PREVIOUS LSCS + LGA BABY + TYPE-II DM, DELIVERED A LIVE MALE BABY AT 11:40 AM, WEIGHT 4.631 KGS ON 14.05.2026.

History:

LMP: 03.09.2025 Obstetric formula: G3P1L1

EDD: 10.06.2026 Gestation at admission: 36 weeks

Obstetric History:

Name	Mrs ANUPAMA NAYAK	UHID	BAH-00332395
IP No	IP25-00020436	Admission Date	13-05-2026

G1 - 2017 / LSCS (Ind: LGA baby)/ Female / B. Weight 4 kgs/ A&H
G2 - 2022 / MTP at 24 weeks i/v/o CHD / MERPC done .
G3 - Present pregnancy, Spontaneous conception.

Medical History: H/O Type - II DM on OHA at 9+5 week ; on Insulin + OHA since 33 weeks,(Now on Tab. Glycomet SR 500mg ABF; Inj. Tresiba 0-0-8 Units, Mixtard 3-4-4 Units.
H/O Hypothyroidism since 2017 ,on Tab. Thyronorm 125mcg (Pre-pregnancy 50mcg).
H/O Obstetric Cholestasis since 34weeks, on tab. Udiliv 150mg BD.
Family History : Nil
Surgical History: LSCS in 2017
Allergies : Nil

Antenatal Details:
Mrs. ANUPAMA NAYAK, was booked to Rainbow hospital at 33 weeks gestation. She had regular antenatal checkups and investigations as advised elsewhere. NIPT & NT scan done at 12 weeks was normal. Early TIFFA scan at 16 weeks was normal. TIFFA at 24weeks showed mild right fetal pelviectasis(8.1mm). Fetal echo done at 24+2 weeks showed Peri membranous dropout. H/O Type - II DM on OHA at 9+5 week ; on Insulin + OHA since 33 weeks,(Now on Tab. Glycomet SR 500mg ABF; Inj. Tresiba 0-0-8 Units, Mixtard 3-4-4 Units. H/O Obstetric Cholestasis since 34weeks, on tab. Udiliv 150mg BD. USG done on 15.4.2026 showed SLIUF at 32 weeks ,cephalic, Placenta posterior and high, AFI - 16.4 cm, EFW 3067 grams (99%) -LGA, AC >99% with normal doppler. Left Kidney 15.3mm with normal renal parenchyma, & dilation of calyceal system. She was admitted at 36 weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.
Blood group & Typing - "A" Rh positive.

Name	Mrs ANUPAMA NAYAK	UHID	SAH-00332395
IP No	IP25-00020436	Admission Date	13-05-2026

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. 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.

*** Abdominal wall edema noted.**
*** Bladder drawn up.**
*** Highly vascular LUS.**
*** Long cord noted.**
*** Hemostasis achieved.**
*** Bilateral Adnexa normal.**
*** B/L Tubectomy done.**
*** Intraoperatively BP - 195/105mmhg - Inj. Labetalol 20mg IV given - BP under control through out be procedure.**
*** B/L Fallopian tubal segments for HPE.**

Name	Mrs ANUPAMA NAYAK	UHID	SAH-00332395
IP No	IP25-00020436	Admission Date	13-05-2026

Delivery Details:

Date : 14.05.2026
Time of Delivery : 11:40 AM
Type of Delivery : Elective LSCS + B/L Tubectomy
Indication : Previous LSCS with LGA with Type - II DM

Analgesia : Spinal

Baby Details:

Date : 14.05.2026
Time : 11:40 AM
Sex : Male
Weight : 4.631 kgs
Apgar : 8/9, 9/10
Gestational Age: 36 weeks
NICU Admission: No.

Post-Operative Notes: She was closely monitored. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. Her BP was monitored and started on Inj. Mgso4 loading dose followed by maintenance dose for 24hrs i/v/o headache. urine dipstick showed 2+. PE profile sent and showed raised protein creatinine ratio- 3.2. Sr Magnesium done on 15.5.2026 was 4.4 mg/dl. PCR done on 15.5.2026 was 0.5. She was shifted to room. Her postoperative period following that was uneventful. Her sugars were monitored, which was elevated, managed accordingly. Her BP was monitored and managed accordingly. 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.

Name	Mrs ANUPAMA NAYAK	UHID	BAH-00332395
IP No	IP25-00020436	Admission Date	13-05-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 20.05.2026 (9am-9pm) after food.
2. Tab. Zerodol SP twice daily till 20.05.2026 (9am-9pm) after food.
3. Tab. Ultracet 1 tablet once daily sos if excess pain (2pm) after food till 20.05.2026
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 20.05.2026 (7am-7pm) before food.
5. Tab. Livogen XT (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months lunch.
6. Tab. Shelcal HD (Elemental Calcium 500mg, vitamin D3 250 IU) once daily till breast feeding night.
7. Nebasulf Powder for local application.
8. Syp. Duphalac 15ml at bed time for one week.
9. Tab. Metformin 500mg twice daily after breakfast and dinner till further orders
10. Inj. Tresiba 6Units at bedtime till further orders.
11. Tab. Nicardia Retard 10mg twice daily (9am-9pm) till further orders.
12. Diabetic diet (High protein, low sugar diet)
13. To do FBS, any one 2 hour Post meal (breakfast/lunch/dinner).
14. To collect HPE report on follow up.
15. To do S.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 23.05.2026 with prior appointment.

Review with **Dr. UDITA MUKHERJEE,** after one week on 23.05.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

Name	Mrs ANUPAMA NAYAK	UHID	BAH-00382395
IP No	IP25-00020436	Admission Date	13-05-2026

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, 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**

Registrar/Resident/C.M.O

Consultant:

Name	Mrs ANUPAMA NAYAK	**UHID**	RAH-00332395
IP No	IP25-00020436	**Admission Date**	13-05-2026

Dr. Udita Mukherjee
MBBS,DGO,DNB (OBG),MRCOG (UK),FMAS
Consultant Obstetrician & Gynaecologist, Laparoscopy Specialist.
Reg. No: 31031

Patient

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

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SURGERY DETAILS

Date : 14/05/26

Patient Name: Mrs. Anupama Date of Birth: ..... Age: 41 Y

Gender: female Ward : OT UHID No.: BAH-00332395

Date of Surgery: 14/5/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Elective LSCS. Indi :- Prev CS, LGA, UDM on Insulin. + BILATERAL TUBECTOMY

Time in : 11:30 Am Time Out : 12:40pm

	NAME	AMOUNT
1. Surgeon	Dr. Udita	
2. Anaesthetist	Dr. Mohan	
3. Assistant Surgeon	Dr. Swetha	
4. OT Technician	Sr. Sukhasini	
5. Circulating Nurse	Br. Subhadrap	
6. Assistant Nurse	Sr. Parvathi, Br. Buddha	

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 5461/62/63 Order by: Amar

Docu. No. : RCH/FRM/GENERAL/114

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

EL LSCS

CONSUMABLES OF OT

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Circulating staff : ..... Technician : SUBHASINI Date : 14/05/2026 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		03	2347		03	Suction Catheter		01
HME filter : A / P / N			50 2762		01	Feeding Tube		
Syringes : 10 cc		03	2317		01	Vaccum Suction Set		01
05 cc		03	Gloves 6½ 7½	4	4	Surgical Gloves		01
02 cc		03				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	Underpad		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Pouch		1
CARBITOCIN		01	Ointments					
TRANEXA		02	Suction Catheter					
Fentanyl			Cap, Mask			Baby SU43		
Morphine			Gauze Pack		04+1			
Ketamine			Mop Pack		02			
Propofol			Steristrip Steriron		01			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter			D/V Aprons		04
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Misoprost		04
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage			New mom pad		01
Lebitalol		02	Tegaderm			Newmom fixator		1
Suppositories			Ioban			NS 1000ml		1
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
O_2 MASK		01	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Parvathi / Bindu OT Technician

Order No. : 575365 (TECH) Ordered by : Amal

Doc. No. : RCH / FRM / GENERAL / 125 SU42 NSG

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

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

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020436 **Admit Date** : 13-May-2026 **Admit Time** : 10:07 PM **UHID** : BAH-00332395

Patient Details :

Patient Name	: Mrs ANUPAMA NAYAK	**Age**	: 41 Y 1 M 11 D
Guardian	: Mr PAVITRA KUMAR BAL	**DOB**	: 02-04-1985
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 13-6/A,SIDDANTI COLONY,SHAMSHABAD Shamshabad Farukhabad Uttar Pradesh INDIA 207503	**Phone No**	: 9959451224
		E-mail	: PAVITRABALL92@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU-01 **Ward Name** : 4F -MICU

Room No : MICU-01 **Admission Type** : First Visit

Contact Details :

Name	: Mr PAVITRA KUMAR BAL	**Relationship**	: W/O
Contact Address	: 13-6/A,SIDDANTI COLONY,SHAMSHABAD Shamshabad Farukhabad Uttar Pradesh INDIA 207503	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. UDITA MUKHERJEE	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: TATA AIG General Insurance Co. Ltd.

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ACTIVITY RECORD FOR BILLING

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

Nan Ms. Anupama

UHI ---------- Consultant : ---------- Dept : ----------

Date of Admission : 13/5/26 Time : 10:07 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/5/26	11:05 Am	MICU	OT	Anita
14/5/26	1:30 pm	OT	MICU	Vaishali
15/5/26	6:15 pm	MICU	ward	Pf

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/5/26	NST - (1)	5719	Srivani
14/5/26	CBP. PT, APPT	7163	Srivani
14/5/26	NST - (2)	5720	
14/5/26	GRBS - 91 mg/dl (6AM)	7256	
14/5/26	CTBT	7178	Sushmita
14/5/26	Biopsy for Histopathology	7238	
14/5/26	Creatinine.	7235	
14/5/26	Urea, uric Acid, Electrolytes	"	Mounika
14/5/26	LFT, LDH, CBP	"	
14/5/26	PT APTT, spot protein/creatinine	7235	
14/5/26	GRBS - 126 mg/dl (9:30pm)	7291	
15/5/26	serum magnisum. 3AM	7269	
15/5/26	GRBS - 148 mg/dl (6:00AM)	7292	
15/5/26	Spot protein/creatinine (12:30pm)	7328	
15/5/26	GRBS 188mg/dl. (4:40pm)	7358	
			C.C. By nurse
15/5/26	GRBS - 169 mg/dl (10:15 pm) (post dinner)	17371	Anisha
16/5/26.	FBS - 149 mg/dl @6:30am	17356	
16/5/26	PPBS - 181 mg/dl 10:30am	7410	
16/5/26	NHA	6029	
16/5/26	prelunch GRBS - 95 mg/dl	7443	Arni
16/5/26	Post lunch GRBS - 157 mg/dl	7456	
16/5/26	Pre Dinner GRBS - 123 mg/dl	7467	

Cross check by nurse

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/5/26	Infusion pump	1:30pm	6pm	5506	Nahomi
14/5/26	Cardiac monitor		6pm	5506	
14/5/26	DVT Pump	2pm	7pm		Nahomi
			c/c by Yanya 15/05/26 9AM		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/5/26	IV placement	1	5508	Srivani
14/5/26	PAC (IP)	1	5508	
14/5/26	Catheterization	1	5507	Srivani
14/5/26	IV Placement	01	5626	

checked by 15/05/26

ANY OTHER INFORMATION

13/5/26

* A+ve Blood Avalability in Ayush blood bank
* pt op fall given to the pt Attender

Date : 13/5/26 Time : 10pm Prepared By : Srivani

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Srivani	MICU		

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ACTIVITY RECORD FOR BILLING

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 14 D (F)
Dr. UDITA MUKHERJEE

Name: ---------- ----------

UHID No : ---------- IP ant : ---------- Dept : ----------

Date of Admission : ---------- Time : Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/05/26		207	Billing	[illegible]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/5/26	GRBS - 158 mg/dl post dinner	17472	Anusha
17/5/26	GRBS - 101 mg/dl FBS	17473	Anusha
17/5/26	PPB - GCRBS - 152 mg/dl	17494	[illegible]
17/05/26	PLBS - GCRBS - 154 mg/dl	17496	[illegible]

Cross checked by
Nirmya
17/5 @ 8 Am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3 P1 L4 A1 T 36 wks GA T prev LSCS T type II DM on OHA + Thyroid hypothyroid T obst. cholestasis T fetal (R) pelvis T prev LSCS + B/L Tubectomy

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	13/5/26 N	14/5/26 M	14/5/26 E	14/5/26 N	15/5/26 M	15/5/26 E
Medical Condition (Any special condition to be noted):	–	–	Surgical Obs.	Surgical OBS	EL-LFT	.
Diet:	NBM	NBM	NBM	L/D	S/D	S/D

ASSESSMENT

	13/5/26 N	14/5/26 M	14/5/26 E	14/5/26 N	15/5/26 M	15/5/26 E
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	36.5°C	98.0°F	97°F	98.6°F	97.6°F	36.5
Res:	22	20	20/m	20	20/m	21
SpO_2:	98	100%	97%	100	97%	99
Pulse:	85	60	86/m	90	84/m	98
BP:	115/72	117/75	100/95	132/90	134/89	130/82
LOC:	conciage	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Good	Good	Good	Good	Good	Good

Recommendations

	13/5/26 N	14/5/26 M	14/5/26 E	14/5/26 N	15/5/26 M	15/5/26 E
Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	–			–	–	–
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	NBM	L/D	S/D	S/D
Critical Lab Test / Values:	–			–	–	–
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent

	13/5/26 N	14/5/26 M	14/5/26 E	14/5/26 N	15/5/26 M	15/5/26 E
Post Operative Procedure Special Orders:	–	–	–	–	–	–
Handed Over By Name :	Sowbani	Maria	Nalini	Bhagya	Nani	Renuka
Signature / ID :						
Date:	13/5/26	13/5/26	14/5/26	15/5/26	15/5/26	15/5/26
Time:	8AM	@ 2pm	@ 8pm	@ 8AM	8AM	@ 8PM
Taken Over By Name :	Anita	Nalini	Bhagya	Nani	Renuka	Anita
Signature / ID :	020791					
Date:	14/5/26	14/5/26	14/5/26	15/5/26	15/5/26	14/5/26
Time:	@ 8AM	@ 2pm	@ 8PM	8AM	@ 2pm	@ 8pm

Docu. No. : RCH /FRM / CLINICAL / 097

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 13 D (F)
Dr. UDITA MUKHERJEE

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G3 P1L4A1 c̄ 3 Bouts c̄ prev-LSCS c̄ type II DM c̄ GDM c̄ OHA + Insulin + Hypothyroid c̄ Obs. Cholestasis c̄ fetal (D) pelvicalyx for E(L)-LSCS.				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: EL-LSCS				Post OP Day:		
BACKGROUND	Date / Shift	15/5/26 N	16/5/26 M	16/5/26 E	17/5/26 N		
	Medical Condition (Any special condition to be noted):	EL-LSCS	EL-LSCS	EL-LSCS	EL-LSCS		
	Diet:	DD	DD	DD	DD		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.2°F	98°F	98°F		
	Res:	20	21	20	20		
	SpO_2:	100%	100%	100%	100		
	Pulse:	73	74	76	72		
	BP:	119/80	119/90	1.	120/80		
	LOC:	Consci	Conscious	Conscious	Conscious		
	Fall Risk Score:	35	0/10	0/10	35		
	Pain Score:	0/10	0/10	0/10	0/10		
	Skin Integrity	Good	Good	Good	Good		
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DD	DD	D/D	DD		
	Critical Lab Test / Values:	NA	NA	NA	NA		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Dependent	dependent	dependent		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Anisha	Rupsa	Sangeeta	Anisha		
Signature / ID :			RN				
Date:		15/5/26	16/5/26	16/5/26	17/5/26		
Time:		@ 8am	@ 2pm	@ 8pm	@ 8am		
Taken Over By Name :		Rupsa	Sangeeta	Anisha			
Signature / ID :		RN					
Date:		16/5/26	16/5/26	17/5/26			
Time:		@ 8am	@ 2pm	8pm			

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

(1)

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 13/5/26 @ 10:7pm

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: Cause for EL.LSCS

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: DR. Udita

Time Notified: 10 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Type II DM 5 yrs Hypothyroid	LSCS - 2017	Yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 3/9/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P 1 L 1 A 1

Previous LSCS: yes

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

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.5°C HR: 85 RR: 22

BP: 115/72 Weight: 77.2 Height: 153 B

Pain Assessment: **Pain:** ☐ Yes ☑ No (If Yes, complete the Pain Assessment / Reassessment Form)

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Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

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 Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given ....patient.....

Name of Person Orientated given to: ....patient.....

Orientation not given reason: .....-.....

Nurse Signature: Srivani

Nurse Name: .....

Date & Time: 1/26 @ 10:40pm

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for El. LSCS.

Obstetric Formula: G3P1L4A1

Obstetric Hostory:
G1 – LSCS | 2017 | 9 | 4kg | A&H | LGA
G2 – 2022 | TOP @ 24wks | CHD | MERPC
G3 Present Pregnancy Record: Spont. Conceptn
Booked @ 33wks.
NT Scan (N) @ 12wks
NIPT (N) TIFFA @ 24wks (N) | 16wk (N)

RISK FACTORS: Mild (R) fetal pyelectasis (8.1mm) dropped
Fetal ECHO (N) → perimembranous VSD (24+2wks)

- Elderly
- Previous LSCS
- Type II DM on OHA + Insulin
- Hypothyroid
- Obst. Cholestasis

Height: 153 cm
Weight: 77.2 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor:
Icterus: Edema:
Temp: PR: 80 bpm
BP: 116/70 mmHg DTR: SpO2 99%
CVS: RS
Liver/Spleen: Urine Output:

LMP: 3/9/25 EDD:
Corrected EDD: 10/6/26 GA: 36 weeks.
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☐ Present ☑ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☑ Long Soft ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1FT
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
G3P1L4A1 c̄ 36 weeks GA c̄ previous LSCS c̄ type II DM on OHA + Insulin c̄ hypothyroid c̄ obst. cholestasis c̄ fetal (R) pelviectasis c̄ LGA fetus
for El. LSCS + B/L tubectomy

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Family History:	Surgical History:
—	LSCS – 2017
Medical History:	**Medication History:** T. Udilio 150 BD
Type II DM on OHA : 5 yrs on insulin : 33 wks Hypothyroid : 2017 Obst. Cholestasis : 34 wks	T. Glycomet SR 500mg ABF Tresiba 0–0–84 Mixtard 3–4–4 units Thyronorm 125 mcg (prepreg 50 mcg)
Plan of Care:	**Investigations:**
Admit PAC review Consents NST Parts preparation IV access GRBS [postdinner / FBS Wf vitals / FHR T. Dulcolax 10mg oral @ 10pm Skip insulin / udilio tonight Check blood availability Informsos CBP / PT INR / APTT NBM after 12AM Clear sips till 2AM Informsos. T. Thyronorm 125 mcg @ 5AM c̄ sip of water	Serology – NR BGT – A +ve 15/4/26 USG – SLIUG 32 wks Cephalic placenta – p/H AFI – 16.4 cm EFW – 3062 gm (99%) LGA. AC – >99%. Dopplers (N) (L) Kidney 15.3mm c̄ (N) Renal parenchyma & dilation of calyceal system

Doctor Name: Dr Pooja
Signature: [signature]
Date & Time: 13/5/26 @ 10pm

Consultant Name: Dr Udita
Signature: [signature]
Date & Time: 13/5/26 @ 10pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 7 PM	G3P1L4A1 | 36+1wks | prlscs | type II DM on OHA + insulin | Hypothyroid | obstetric cholestasis | fetal (R) pelviectasis | LGA fetus for El.lscs + BTL	
	Ht/fair	R/ Cl1 Dr udita
	Wt/fb	Cl1 Dr. Aishwarya (AXON)
	PR - 88bpm	
	Bp - 118/79mmHg	- NBM
	SpO2 - 99%	Consent
	P/A - ut 36wks	For lscs @ 10-11 Am as planned
	Relaxed	Trace manual platelet Count
	FHR (+) 148bpm	BT/CT now
	Fm (+)	1 (+) PRBC }
		1 (+) SDP } availability (Aayush)
	platelets - 72000	NST
	Hb - 11.7	IV RL IV @ 100ml/hr
	WBC - 6620	Inj om SOS
	GRBS - 91 mg/dl	
	NST (R)	
		Dr POOJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/05/26 1:30pm	Immediate, Post operative period - BP - 165/95 mmHg -	In LABETOLOL 20mg IV @ 12:45pm. C/I to Dr UDITA
	POD-0	Adv
	c/o headache (+)	1) NBM x 4-6 hrs
	Accepted	2) IVF as per ANON
	Afebrile	3) FOLLOW DRUG CHART.
	PR - 60 bpm	4) MONITOR PR/BP/SPO2 every 1 hour.
	BP - 145/92 mmHg	5) STRICT I/O CHARTING
	SPO2 - 98% @ RA	6) TED stockings
	PA - Ut (R) well	7) watch for imminent eclampsia; BP > 140/90
	O/E - B/L	8) GRBS before soft diet -
	V/O - 100ml	9) To do CBP, LFT @ 6pm.
	(blood tinged)	10) To do Urine protein now.
		11) Inform Dr
1:30pm	- Urine - dipstick protein - 2+	Sweta
		Noted by Nabila Bilkis
14/5/26 2:10pm	C/I/TO - Dr. UDITA Mary.	
	- Inj. MgSO4 4gm IV loading dose.	
	- 1 after 1 hour	
	Inj. MgSO4 1gm/hr maintenance dose	
	- P.C profile tbe. sent.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
12/05/26		Vitals Monitoring				
	PR	BP	SpO2	U/O	complaints	Medn
1:20pm	60bpm	149/90mmHg	98%	100ml	mild headache (+)	Inj LASIX 10mg iv
1:30pm	60bpm	150/93mmHg	98%	–	–	–
1:40pm	62bpm	140/89mmHg	98%	–	–	–
1:50pm	64 bpm	166/101 mmHg	98%	–	–	–
2:00pm	64 bpm	170/100mmHg	98%	–	–	T. Nicardia R 10mg a (1:57pm)
2:10pm	65bpm	150/98 mmHg	98%	–	–	
2:20pm	74	166/93 mmHg	98%	400ml	–	T. Nicardia R 10mg 2:15pm, Inj. MgSO4 4gm (2:15pm)
2:35pm	83bpm	170/91mmHg	98% RA	–	–	
2:40pm	86bpm	149/89mmHg	97% RA			Inj PCM 1gm iv 2:30 pm
3pm	83b/m	136/89mmHg	96%			
3:15pm	81b/m	134/91mmHg	96%		Inj-MgSO4 - 25ml/hr	Oxyflo
3:30pm	88b/m	131/92 mmHg	98%			
3:45pm	87b/m	133/85 mmHg	97%			
4pm	96 b/m	133/85 mmHg	96%			
4:15pm	87b/m	120/82 mmHg	97%			
4:30pm	94b/m	125/83 mmHg	95%			
4:45pm	97b/m	127/87 mmHg	96%			
5pm	98b/m	127/95 mmHg	96%			
5:30pm						

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02-04-1985 41 Y 1 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 3:30pm	c/I/TO Dr. UDITHA mam	
	- T. Nicardia - R 10mg po/TID (8th bdy)	
		Ben
14/5/26 5:30pm	POD - 0	
	GC - fair	Adv.
No complaints	Afebrile	- Allow sips of water / liquid diet
	PR - 97bpm	
Baby ms	BP - 127/90 mmHg	- soft diet at 9:30pm
NSD4 on flow.	P/A - URW,	- Drugs as charted
	P/V - NAB	- w/f active bpm, imminent signs.
		- Strict (M) of PR, BP, SpO2, RR, ~~UPC~~ every ~~[illegible]~~ 2hrly
Hb - 14.2		- O/O every 1hr.
WBC - 13.62		- In bed ambulation
Plt - 1.4		- TED Stockings, DVT pumps
PT/APTT/INR - 15.7/28.1/0.95		- Inform if BP > 140/90 mmHg
		- Trace PE profile
Bld. urea - 15		- GRBS before soft diet
ALP - 220.		- Inform SOS
Na/K/Cl - 136/4.12/105		
LDH - 325		
uric acid - 7.5		
Spot UPCR - 3.2		
Sr. creat - 0.63.		Noted by Neha 14/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6pm	c/i/t Dr. Udita	
	- got protein meat ratio at 12:30pm tomorrow.	
	- Sr. Mg at 3Am today..	
	Sr. Mg	
14/5/26 10:00pm	POD-0	Adv
	GC-fair	- Soft diet
c/o headache.	Afebrile	- Plenty of oral fluids
	PR - 86bpm	- Drugs as charted
	BP - 130/80 mHg	- w/f active bpm, imminent signs
	P/A - UKW	- Strict (m) of vitals, U/O.
	P/V NAB	- BP 2nd hrly, inform if >140/90.
		- DVT pumps.
		- PCR at 12:30pm
		- FBS t/m
		- FBS, PPBS - 18/5/26
		- Inform SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	POD - 1	
6 Am	GC fair	Adv
	Afebrile	- soft diet (Diabetic)
	PR - 70bpm	- Plenty of oral fluids
FV	BP - 116/80 mHg	- Drugs as charted
Baby MS	P/A - UFU	- w/f active bpw, imminent sign
	P/V - NAD	- Foleys till further orders
Mg - 4.4		- PLBS today
		- FBS, PPBS - tfm
		- Send PLR at 12:30pm
		- (NO) intake 2ml/kg/hr
		Inform if BP > 140/90 mHg
	FBS - 148 → c/i/c Dr Rohini	
	↓	
	Inj NR 4U s/c stat	

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order	
	PR	BP	SpO2	U/O	Complaints	Medn.
8pm	92	135/89	99	60	–	25 ml
9pm	95	135/83	99.	30		
10pm	80	129/89	97%	80		
11pm	78	128/89	99%	50		
12pm.	82	128/88	99%	50.		
2Am	82	128/88	99%	30		
4Am	77	138/90	96%	50		
6Am.	79	114/80	94%	50		
8Am.	81	139/93.	96%.	100	–	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
	PR	BP	SpO2	U/O	complaints	Med
9am	84	142/96	98%	75ml	–	T. Nicardia Retard. 10mg
11AM	76	131/90	97%	50ml	–	–
1PM	78	125/93	98%	150ml	–	–
3pm	84	122/87	99	150ml	–	–
4pm	76	130/90	99	75ml	–	T Nicardia retard 10mg
7:50pm	79	128/86	100%			

t Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order

Docu.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		1. $MgSO_4$ maintenance dose.
15/5/26 9am.	POD-1	Adv
	GC fair	1) Diabetic diet
	Afebrile	2) Plenty of oral fluids
	PR-84bpm	3) Drugs as charted
Baby-M/S	BP-142/96mmHg	4) T. Nicardia retard 10mg stat
	SpO_2 - 98% on RA	5) Foleys till further orders
	P/A - Ut (R) well	6) To do PLBS today
	P/V - NAB	7) To do FBS, PPBS. 16/5/26.
	U/O - 75ml	8) Send PCR at 12:30pm today
FBS- 148		9) Monitor vitals 2nd hrly
	Inj Novarapid 4U given.	10) Inform if BP > 140/90 mmHg.
		Noted by Nalini 15/5/26 9am
	c/s/B Dr Udita	
15/5/26 2pm	POD-1	Adv
	GC- fair	1) Normal diet
	Afebrile	2) Plenty of oral fluids
	PR- 85bpm	3). Drugs as charted.
Baby M/S	BP- 131/94mmHg	4) To do PLBS today
	P/A- Ut (R) well	5) Remove foleys
	P/V - NAB	6) DVT pumps to be removed
		7) Oral medications
		8) T. Nicardia retard 10mg TID
		9) Ambulation / EBF
		10) BP 4th hrly
		Noted By Nalini 15/5/26.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 4pm	C/I/T Dr Vidita	Adv
	O/- POD	1) Normal diet
	GC-fair	2) Plenty of oral fluids
	Afebrile	3) Drugs as charted
	PR- 84bpm	4) W/F BPV, imminent signs
	BP- 136/90mmHg	5) T. Dulcolax 2 tabs P/R stat
Foleys-removed	SpO_2- 99% on RA	6) T Nicardia retard 10mg TID 8am- 4pm- 12am
Urine-passed. Motion	P/A- Ut (R) well soft distension (+)	7) Ambulation, EBF
	P/V - NAB	8) Inform BP 4th hrly (8pm, 12am, 4pm)
		9) Monitor vitals
Shift to Room	PLBS- 188 mg/dl	10) To do post dinner GRBS and inform
	Advised Inj Novarapid 4U s/c	11) To do FBS, PPBS t/m
		Noted By Nah 15/5/26 6pm

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 7:00pm	POD-1 GPC fair Afebrile BP=130/70mmHg PR=86bpm SpO2=100% RA P/A=URCW Soft distension (+) P/V=NABPM	Adv 1. Normal diet 2. plenty of oral ~~tong~~ 3. Drugs as ordered 4. c/f BPV, inimal signs 5. T. Nicardia Retard 10mg TID 8AM-4pm-12Am 6. Ambulation, GSF 2nd baby 7. Intern BP 4th hrly 8. (NT) vitals, Intern SG 9. Post dinner GRBS HS done & Intern 10. To do FBS, PPBS T/m
Baby m/s		
OV FV MV		
		Noted by Rupsa
16/5/26 7Am	POD-1 Clo pinabdomen G.C fair Afebrile BP=120/78mmHg PR=86bpm SpO2=100% RA P/A=URCW soft distension P/V=NABPM	Adv Ambulation 1. Normal diet / Diabetic diet 2. plenty of oral fluids 3. Drugs as ordered 4. c/f BPV, inimal signs 5. T. Nicardia (R) 10mg TID 6. GSF 2nd baby 7. (NT) vitals, Intern SG 8. FBS, PPBS to do
Baby m/s		
OV FV MV		

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 13 D (F)
Dr. UDITA MUKHERJEE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 7:30 AM	c/o to Dr. UDITA Mam	
	→ Inj. Nalaxegpid 4ml before breakfast now	
	→ T. Glycomet SR 500mg po/BD.	
	– Inform Dr. Pallipi mam	
	S/B - Dr. Udita	
	– T. NICARDIA (R) 10mg BD	
	– monitor BP - 4th hourly	
	– Pre lunch & Post lunch URBS	
	& Inform.	
	→ T. UNIWOMET SR - BD.	
	→ Inj TRESIBA - 6 units night	
	(Post dinner)	

Docu. No. : RCH /FRM / CLINICAL / 088

(8)

BAH-00332395 IP25-00020436
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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 3pm	POD II	
	GCfar	Adv
	afebile	- Ⓓ diet
	BP - 125/80 mmHg	- plenty of oral fluids
	PR 84 bpm	- drips as charted
	SpO2 99% RA	- wf BPV
M	Mo UMW	- Inform post lunch GRBS
	PV NRS	- BP Ⓜ 4th hrly
Pre lunch 95		- wf imminent sym
		- Ⓜ wifeb
		- Inform SOS.
16/5 7pm	POD II	
	GCfar	Adv
	afebile	- Ⓓ diet
Bolus	BP - 124/84 mmHg	- plenty of oral fluids
	PR - 84 bpm	- drips as charted
post lunch 157	SpO2 99% RA	- wf BPV
Drugs done ✓	Mo UMW	- Inform pre and post dinner
	PV NRS	- BP Ⓜ 4th hrly
		- wf imminent sym
		- Ⓜ wifeb
M ✓		- Inform

Docu. No. : RCH /FRM / CLINICAL / 088

Noted by Sangeeta 16/5/26 @ 7pm

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/26 6:35 Am	POD - 3 of LSCS c̄ GDM c̄ HTN	
	Pt stable	
	PR 90/m	
	BP - 122/82 mmHg	
	SpO_2 - 98% on RA	
	P/A - soft, mildly distended	
	ut wel lwR	
	NO ETO BPV	
	Baby c̄ mother	
	U ✓	Rx
	m ✓	- Normal diet
	FBS - 101 mg/dl	- Ambulation
		- BP monitoring 4th hrly
		- DO PPBS & PLBS
		- Do Bre lunch GRBS
		- follow drain chart
		- EBF
		- Plenty of liquids
		- I/O
		- plan for d/s as per package
		Noted by Amit. 17/5/26

BAH-00332395 IP25-00020436
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/26 8Am	C/D/W Dr. Udita	
	BP- 129/90 mmHg PR- 86/m SpO- 100% on RA	
		Rx - High fibre diet. - diabetic diet. - To Cont. TAB. GLYCOMET-SR 500mg BD - TAB. Nicardia R 10mg BD - Inj TRESIBA 6units S/C bedtime. - Do check FBS & PPBS / PLBS - Supp. Dulcolax 2tab Stat - SYP. Duphalac 15ml daily HS to be added in discharge Summary - Plan for discharge. Noted by Amisha 8am 17/5/26

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

(1)

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RESULT SHEET

Date	14/5/26	30/4/26	14/5/26	15/5/26		
Time			(2:30 pm)	(3 AM)		
Hb	11.4	11.7	14.2			
PCV	35.1	37.8	43.9			
RBC	3.80	4.03	4.73			
WBC	6.43	6620	13.62			
N/L	m-1.3					
Platelets	72000	1.0	140			
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg				4.4		
Phosphate						
Urea			45			
Creatinine			0.63			
ALP						
SGPT			42			
SGOT			83			
T.Bill/Conj			1.14			
T.Protein			64			
S.Albumin			3.3			
S.Globulin			3.1			
A/G Ratio			1.06			
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14.4/0.92		15.7/0.95			
APTT	32.5		28.1			
CSF Protein / Sugar						
Cells						
N/L						

Date	14/5/26	18/5/26				
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
LDH	325					
Protein spot urine		18.				
Creatinine " "		34.2				
~~Stool Pus Cell~~ Protein/ Creatinine Ratio on spot urine		0.5				
OVA / Cyst						
Occult Blood 14/5/26						
BT - 6.54						
BT - 4.46						
BGT A+ve						
HIV } NR						
HCV } NR						
HbSAg } NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: MICU Shifted to: WARD

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anusha

Date & Time : 14/5/26 5pm

Nurse Name & Signature: Mahani

Date & Time : 14/05/26 @ 2pm

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

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DRUG CHART

Date of Admission: 13/5/26 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 : T. ULTRACET				Date/Time	17/5
Dose	Route	Frequency	Start Date		
1tab	P/O	SOS	17/5		
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:				

Sign.

VERIFIED BY : Name

Patient Sticker

REGULAR PRESCRIPTIONS Weight. 77.2 Ward. MCW

DRUG : T- PARACETAMOL

Dose	Route	Frequency	Start Date
4g	p/o	QID	14/5

Name & Signature of the Doctor Starting the Drugs: Dr. S. Mohan

Additional Instructions: STOP 13/05

Daily Doctor's Endorsement by a Sign

DRUG : T- TRAMADOL

Dose	Route	Frequency	Start Date
100mg	p/o	TID	14/5

Name & Signature of the Doctor Starting the Drugs: Dr. S. Mohan

Additional Instructions: STOP 13/05

Daily Doctor's Endorsement by a Sign

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1gram	iv	BD	14/05

Date/Time: 14/5 10pm; 15/5 Bd

Name & Signature of the Doctor Starting the Drugs: Stop

Additional Instructions: 10pm Geetha; Ramya

Daily Doctor's Endorsement by a Sign

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	iv	OD	14/05

Date/Time: 14/5 7am; 15/5 Geetha

Name & Signature of the Doctor Starting the Drugs: Stop

Additional Instructions: Prabhu

Daily Doctor's Endorsement by a Sign

VERIFIED

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

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REGULAR PRESCRIPTIONS

Sheet No: 01 Weight 77.2 Ward MICU

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time															
I. PARACETAMOL	1gram	IV	TID	13/05	14/5 6AM		15/5 Geeta													
Name & Signature of the Doctor Starting the Drugs:					2pm		1.30pm													
Additional Instructions:					10pm	Geeta	Geeta													
Daily Doctor's Endorsement by a Sign																				

STOP 15/5

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time															
TAB. NICARDIA-R	10mg	P.O	TID	14/5/26	14/5 6AM		15/5 9AM	12Am	16/5											
Name & Signature of the Doctor Starting the Drugs:					2pm	8pm	4pm													
Additional Instructions:					10pm	Geeta														
Daily Doctor's Endorsement by a Sign																				

STOP

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time															
T. CEFIXIME	200mg.	P/O	BD	15/5	16/5 10Am															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:					10pm															
Daily Doctor's Endorsement by a Sign																				

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time															
T. PANTOPRAZOLE	40mg	P/O	OD	16/5	16/5 6AM		17/5													
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

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

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 14 D (F)
Dr. UDITA MUKHERJEE

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Sheet No: 02

REGULAR PRESCRIPTIONS

Weight 77.2 Ward MICU

DRUG : T- PARACETOMOL

Dose	Route	Frequency	Start Dt.
1g	P/O	TID	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	15/5	16/5	17/5
6am	X	Anita	
2pm	X	Ann	
10pm	Anita		

DRUG : LACTARE GRANULES

Dose	Route	Frequency	Start Dt.
2tsp	P/O	BD	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: In glass of milk/water

Daily Doctor's Endorsement by a Sign

Date / Time	15/5	16/5	17/5
10am	X		
10pm			

DRUG : TAB. GLYCOMET - SR

Dose	Route	Frequency	Start Dt.
500mg	P.O	BD	16/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/5	17/5
9am		
9pm		

DRUG : T. NICARDIA 10mg SR

Dose	Route	Frequency	Start Dt.
10mg	P.O	BD	16/5/25

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/5	17/5
8am		
8pm		

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

AERILIED

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

Weight. 77.2 Ward. MICU

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

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

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/5/26	11pm	T. Dulcolax	10 mg	PO	[illegible]	[illegible]
14/5/26	10:30 AM	Inj Cefotaxime	1gm	IV	[illegible]	Anita Anil
14/5/26	10:30 AM	Inj Pantoprazole	40mg	IV	[illegible]	Arih Arih
14/5/26	10:30 AM	Inj Metoclopramide	10mg	IV	[illegible]	Arih Arih
14/5/26	11:45AM	Inj CARBETOCIN	100µg	iv	[illegible]	Vaish Vaish
14/5/26	11:40AM	Inj LABETALOL	20mg	iv	[illegible]	Vaish Vaish
14/5/26	11:50AM	Inj LABETALOL	10mg	iv	[illegible]	Vaish Vaish
14/5/26	1:00pm	TRAMADOL Suppository	100mg	P/R	[illegible]	Vaish Vaish
14/5/26	12:30pm	Inj LABETOLOL	10mg	IV	[illegible]	Vaish Vaish
14/5/26	1:20pm	Inj FUROSEMIDE	10mg	IV	[illegible]	

 (P.T.O)

Patient Sticker

I.V. FLUIDS CHART

Weight. 77.2kgs 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
13/5	2AM	I O RL	IV	100ml/hr	[illegible]	[illegible]	14/5	[illegible]	[illegible]
14/5	11:30AM	RL	iv	FF	[illegible]	[illegible]	14/5	[illegible]	[illegible]
14/5	12:10pm	RL	iv	100ml/hr	[illegible]	[illegible]	14/5	[illegible]	Nahi
14/5	3:15pm	Inj MgSO4 20g in 450ml NS	IV	25ml/hr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Signature .....

VERIFIED BY : Name .....

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Name:	I.P. No.	Weight(kg)	Sheet No.
		11.2kgs	03

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
14/5/26	2:10pm	Inj MAGNESIUM SULPHATE	4gram	IV		Nalini
14/5/26	2:30pm	Inj PARACETAMOL	1gram	IV		Nalini
14/5/26	2pm	T. NICARDIA RETARD	10mg	Po		Nalini
14/5/26	2:10pm	T. NICARDIA RETARD	10mg	Po		Nalini
15/5/26.	9am	Inj NOVARAPID	4U	s/c		
15/5/26	5pm	Inj NOVARAPID	4U	s/c		Nalini
15/5/26	10:30pm.	Inj. Novarapid	2U	s/c		Sunitha. Amisha.
16/5/26	7:30am	Inj. Novarapid	4units	s/c		Sunitha Ramesh
16/5/26	7:40am	T. ultracet	1 tab	p/o		Sunitha. Amisha.
16/5/26	10:30am	INJ. Novarapid	4 units	S/C		Aropita Ruqsa
16/5	11pm	Syp DUPHALAC	10ml	PO		Amul Sunitha

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13/5/26

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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

13/5/26	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															22			22			22			22
	11 - 20																								
	0 - 10															98			99			99			99
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37															36.5			36.5			36.5			36.5
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															85			75			75			73
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110															115			113			112			113
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80															72			62			62			72
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert															A			A			A			A
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30															>			>			>			>
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															N			N			N			N
	Heavy / Foul																								
Liquor	Clear / Pink															C			C			C			C
	Green																								
TOTAL YELLOW SCORES																0			0			0			0
TOTAL ORANGE SCORES																0			0			0			0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and Repeat Observations
in 15 minutes or continuous monitoring

* The Modified Early Warning Score **(MEOWS)**

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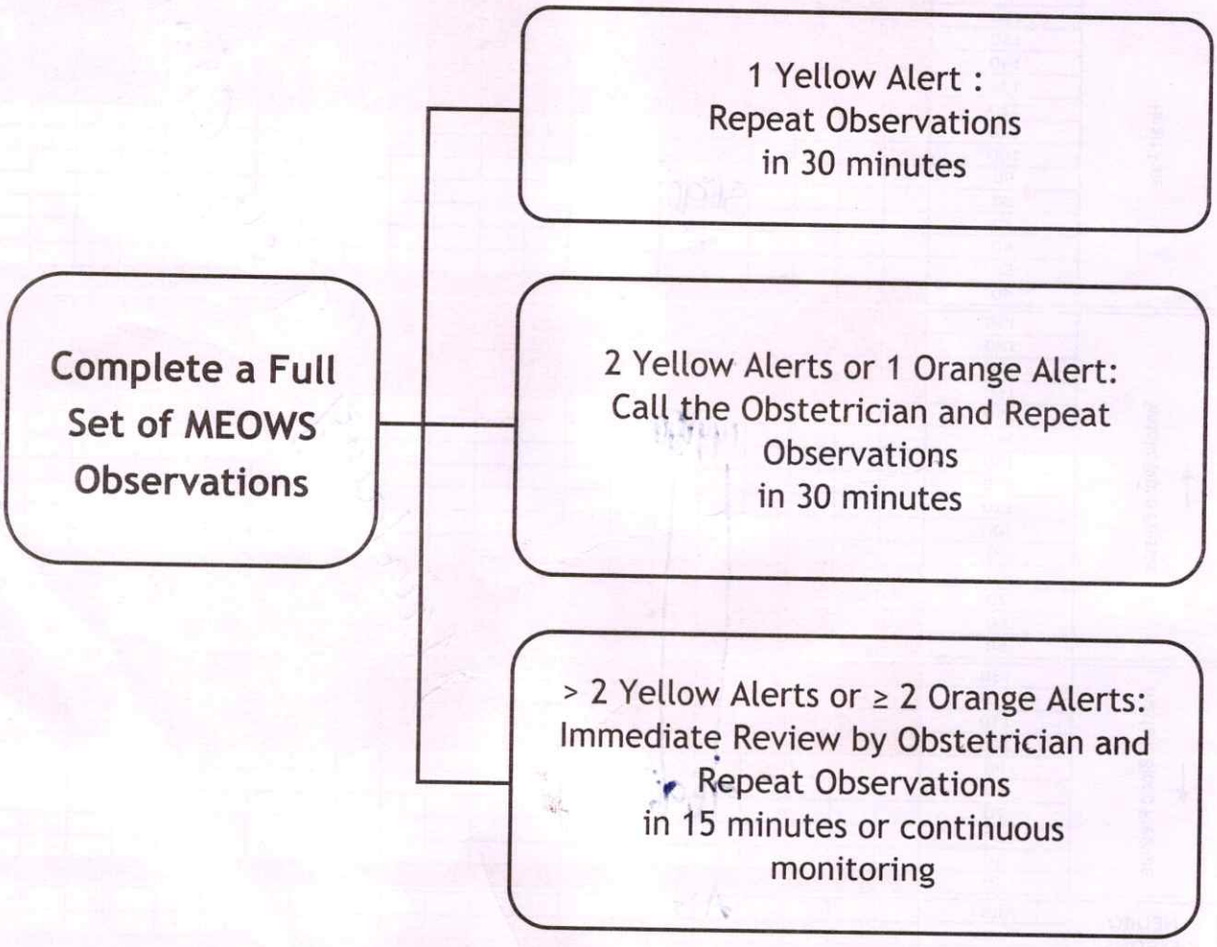
Early Warning Observation Score Chart - Obstetrics

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

14/5/26	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					20	20																		
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					36	36																		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					80	90																		
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140					140	150																		
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80					80	90																		
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					A	A																		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					>	>																		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					N	N																		
	Heavy / Foul																								
Liquor	Clear / Pink					C	C																		
	Green																								
TOTAL YELLOW SCORES						0	0																		
TOTAL ORANGE SCORES																									
Nurse Initial						8	8																		

Maintaining EW Chart

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 13 D (F)
Dr. UDITA MUKHERJEE

15/9/26

Rainbow® Children's Hospital
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ning 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																	20				19			20
	0 - 10																								
Saturations	94 - 100 %																					100			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																	36				97.8			97.8
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								91
	80																	72				87			
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																	125				114			121
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																	85				70			81
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																	A					A		A
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																	✓					✓		–
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																	N					N		–
	Heavy / Foul																								
Liquor	Clear / Pink																	C					C		–
	Green																								
TOTAL YELLOW SCORES																		0					0		0
TOTAL ORANGE SCORES																		0					0		0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and Repeat Observations
in 15 minutes or continuous monitoring

* The Modified Early Warning Score **(MEOWS)**

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 13 D (F)
Dr. UDITA MUKHERJEE

16/9/26

Rainbow® Children's Hospital
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rning 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	20				20				20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %	100 %				99%				98%				100%				100							
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	36.6°C				37.0°C				38°C				37.5°C				98				98			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90																90							
	80					87				82															
	70												75												
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140													141											
	130	128				123				123								127				124			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90	88				88				83				88				85				84			
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A				A				A				A				A				A			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N					N			N				N				N				N			
	Heavy / Foul																								
Liquor	Clear / Pink	C					C			C				C				C				C			
	Green																								
TOTAL YELLOW SCORES		0					0			0				0				0				0			
TOTAL ORANGE SCORES		0					0			0				0				0				0			
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs

Complete a Full Set of MEOWS Observations

- 1 Yellow Alert : Repeat Observations in 30 minutes
- 2 Yellow Alerts or 1 Orange Alert: Call the Obstetrician and Repeat Observations in 30 minutes
- > 2 Yellow Alerts or ≥ 2 Orange Alerts: Immediate Review by Obstetrician and Repeat Observations in 15 minutes or continuous monitoring

* The Modified Early Warning Score **(MEOWS)**

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 14 D (F)
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17/5/26

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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	20																							
	0 - 10																								
Saturations	94 - 100 %	100																							
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
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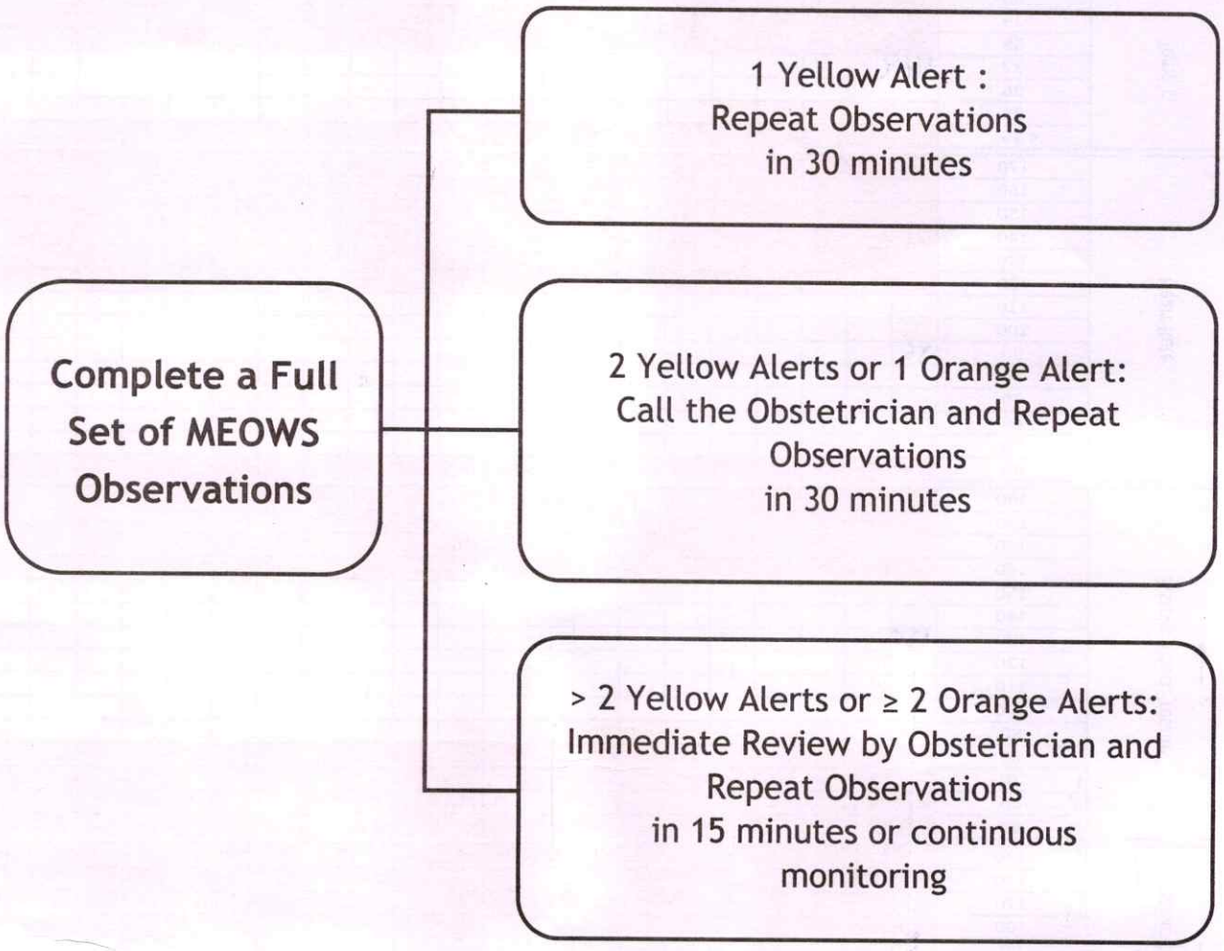
	37	36.6°C																							
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	86																							
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	120																							
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90	70																							
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A																							
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓																							
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N																							
	Heavy / Foul																								
Liquor	Clear / Pink	C																							
	Green																								
TOTAL YELLOW SCORES		0																							
TOTAL ORANGE SCORES		0																							
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

Patient Sticker

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

14/5/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :**						
13/5/26	08:00 pm											
	09:00 pm											
	10:00 pm		HQ 100 ml							✓		Srivani
	11:00 pm		HQ 100 ml									
14/5/26	12:00 am		NBM							✓		
	01:00 am		NBM									
Total Intake :			200 ml			**Total Output :**				U-2		
	02:00 am	RL	100 ml									
	03:00 am	RL	100 ml							✓		Srivani
14/5/26	04:00 am	RL	100 ml									
	05:00 am	RL	100 ml									
	06:00 am	RL	100 ml				✓			✓		
	07:00 am	RL	100 ml									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 13 D (F)
Dr. UDITA MUKHERJEE

15/5/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 02

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: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/5/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	RL	NBM	100ml	–	–	–	–	–	100ml (Emmy)	0	[illegible]
Total Intake : 100ml						Total Output :						
	02:00 pm	RL		100ml	–	–	–	–	–	–	0	RL
	03:00 pm	RL	H2O 200ml	100ml	–	–	✓	–	–	–	0	
	04:00 pm	RL		100ml	–	–	–	–	–	50ml empty	0	
	05:00 pm	RL		100ml	–	–	–	–	–	–	0	
	06:00 pm	H2O	200ml	NO	NO	NO	NO	NO	NO	✓	0	[illegible]
	07:00 pm	H2O	100ml	NO	NO	NO	NO	NO	NO		0	
Total Intake : 900ml						Total Output : U-1 M-1						
	08:00 pm											
	09:00 pm		H2O 100									
	10:00 pm				NO	NO	NO	NO	NO	✓	0	
	11:00 pm		H2O 200									
	12:00 am									✓		
	01:00 am		H2O 100									[illegible]
Total Intake : 500 ml						Total Output : 0-2						
	02:00 am											
	03:00 am		H2O									
	04:00 am				NO	NO	NO	NO	NO		0	
	05:00 am		H2O 100									
	06:00 am											
	07:00 am		H2O 100							✓		[illegible]
Total Intake : 400 ml						Total Output : 0-2						

Total 24 hrs. Intake	1900 ml

Total 24 hrs. Output	U-3, M-1

Docu. No. : RCH /FRM / CLINICAL / 092

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

16/5/26

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FLUID CHART

Sheet No. : 3

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml									
	09:00 am											
	10:00 am	H2O	200ml			NO			NO		0	
	11:00 am			NO	NO			NO				
	12:00 pm	H2O	200ml									
	01:00 pm	H2O	100ml									
Total Intake :		600 ml				Total Output :				U-1	M-0	
	02:00 pm		Lunch + H2O 200ml	NO							0	
	03:00 pm										0	
	04:00 pm		H2O 200ml	NO	NO	NO	NO	NO	NO		0	
	05:00 pm			NO	NO	NO	NO	NO	NO		0	
	06:00 pm		H2O 200ml								0	
	07:00 pm										0	
Total Intake :		600ml				Total Output :				U-2, M-0		
	08:00 pm	H2O	100ml									
	09:00 pm											
	10:00 pm	H2O	200ml	NO	NO	NO	NO	NO	NO		0	
	11:00 pm											
	12:00 am	H2O	200ml									
	01:00 am											
Total Intake :		500 ml				Total Output :				U-2, M		
	02:00 am											
	03:00 am											
	04:00 am	H2O	200	NO	NO	NO	NO	NO	NO		0	
	05:00 am											
	06:00 am											
	07:00 am	H2O	200									
Total Intake :		400ml				Total Output :				U-2, M		

Total 24 hrs. Intake	2100 ml	Total 24 hrs. Output	U-7, M-0

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 14 D (F)
Dr. UDITA MUKHERJEE

17/8/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F) N
Dr. UDITA MUKHERJEE

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Name: ... Age: ..... Sex: F UHID.No : .....

Date: 14/5/26 Time: 7Am Proposed Operation: ELECTIVE CESAREAN SECTION + TUBECTO

Diagnosis: G3 P1 L1 A1 E 36 Wog E prev. LSCS E T2DM, Hypothyroid

B.P / CRT: 116/70 H.R: 80 Weight: 77.5 kg, ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Bilacids - 4.06

Hgb: 11.4	Glucose:	Protein: 6.4	HIV:	X-Ray:
PCV: 35.1	Urea:	Alb: 3.4	HBS Ag: NR	ECG:
WBC: 6,430 14/5	Creat:	Total Bill: 0.79	HCV:	2D Echo:
Plate: 72,000 → 1.3 lakhs	Na:	Dir. Bill: 0.37	Blood group: A+ive	Stress/Anglo:
PT: 14.4	K:	LDH:	T3	Other:
PTT: 32.5	Ca++:	Alk phos:	T4	
INR: 0.92	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT: 103/46.6 (↑)		

Allergies: nil.

Medical History: CVS :

RESP : K/c/o Hypothyroid :: 2017 Diabetes :

CNS : K/c/o. T2DM on OHA :: 9+5 weeks

Renal : Insulin :: 33 wks.

Hepatic / GE : Obs. cholestasis :: 34 weeks. Physical Activity: Active

Others : H/o pruritis (+) now subsided

Past Anaesthetic History: LSCS - 2017.

Physical Exam:

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

Lungs : WNL.

Heart:

CNS:

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

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☑ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Glycomet SR.	500mg
Tresiba	0-0-84.
mixtard.	3-4-4.
Thyronorm	125mcg

Pre-Operative Instructions:

1. DVT Prophylaxis : explained
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
   → Arrange 1 PCV ; [1 SDP or 4 RDP]
   → Do BT CT ; Manual platelet count

Signature: Ashy Name: Dr. AISHWARYA

Docu. No. : RCH /FRM /CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: CONFIRMED

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 92bpm | B.P / CRT: 144/96mmHg | SpO_2: 99% @RA | R.R: | Last Feed: 10pm

Pre-OP Diagnosis: G3P1L1A0 T SB 36 weeks POG | Operation: Elective LSCS | Date: 14/5/2026

Surgeon: Dr. U.D.I.T.A | Anaesthesiologist: Dr. S. Mohan | Technician: Sudhasani

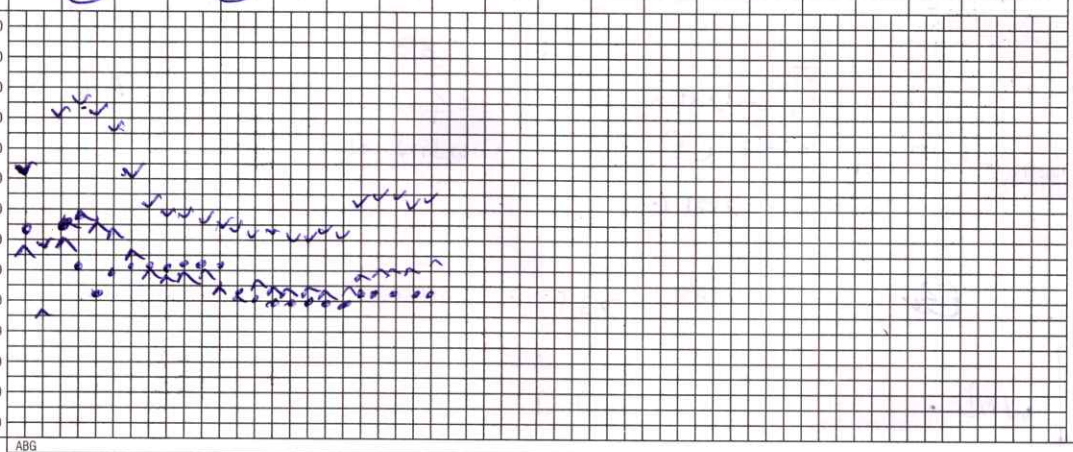
TIME	11:30	11:45	12:00	12:15pm	12:30pm	12:40pm
N_2O /AIR O_2 LPM						
HALO /SO /SEVO	O2 Mask @ 6L/min					
Drugs:						
Inj. CARBETOCIN	100mcg, IV					
Inj. METHETERAMINE	6mg, IV					
Inj. LABETALOL	20mg + 10mg, IV					
Inj. TRANEXAMIC ACID	4g, IV					
FIO_2 / SaO_2	100	100	100	100	100	100
$ETCO_2$						
ECG	SR	SR	SR	SR	SR	SR
Temperature						
Urine Output						
Fluids Blood	RL					

Antibiotic

Suppository: TRAMADOL 100mg P/R

Blood Loss: 500ml

NOTES: GRBS



LAB Values: ABG | GRBS 91mg/dl (9am) | 97mg/dl (12:40pm) | Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (RT) hand
☐ Art Site:
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine

☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:30AM
OP Start: ↓
OP End: ↓
Leave OR: 12:40pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (RT) hand (18G)
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-L4
Needle Size: 25G Depth: Whitacre
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5% Bupivacaine
Bolus: 2ml + 25mcg fentanyl
Infusion:
Block Level: T4
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. S. Mohan
Signature of the Doctor:

Patient Sticker

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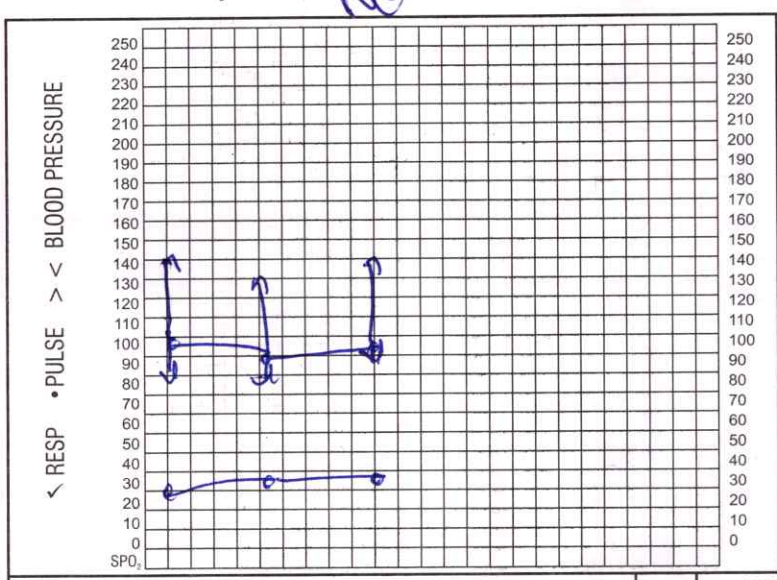
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Nahomi Time Received : 11:30 AM Time Discharged : 12:40 pm



IV Cannula Site : Both HAND

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Yes

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL ouflow

Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			AS per AXON	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

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

Anaesthesiologist Name : DR MOHAN

Anaesthesiologist Signature: [signature]

Date & Time: 14/05/26 @ 1:30pm

PACU Nurse Name : NAHOMI

PACU Nurse Signature: [signature]

Date & Time: 14/05/26 @ 1:30pm

Transferred to Unit by (PACU): OT to MCW

Date & Time: 14/5/26 @ 1:30pm

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Anupama Nayak Age : 41yrs Gender : Male ☐ Female ☑

UHID NO: BAH-332395 Surgeon Name: Dr. Udita

Anaesthesiologist : Dr. AISHWARYA

Operative procedure planned : ELECTIVE CESAREAN SECTION + TUBECTOMY.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : desaturation, bleeding, blood & blood products transfusion

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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

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

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Anupama

Name : ANUPAMA

Relationship with Patient: self

Date & Time : 14/5/26 ; 7:20AM

Witness :

Signature : [illegible]

Name : Palodra Kumar Bai

Date & Time : 14/5/26 @ 7:20AM

Doctor (who is taking the consent) :

Signature : [illegible]

Name : Dr. ASHWARYA

Date & Time : 14/5/26, 7:20 Am

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. Udita	Date of Delivery:	14/5/26
Assistant Surgeon:	Dr. Swetha	Time of Delivery:	11:40 AM
Anaesthetist's Name:	Dr. Mohan	Gender of Baby:	MALE
Type of Anaesthesia:	↓SA	Weight of Baby:	4.631 KGS
Neonatologist:	Dr. Shravanthi	AGPAR Score:	8/10, 7/10
Scrub Nurse:	Sr. Parvathi, Br. Buddha	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: prev LSCS c̄ LGA baby c̄ type II DM c̄ Obs. Chole

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 LSCS + BILATERAL TUBECTOMY

Post Operative Diagnosis: P2L2 c̄ POD-0 of EL-LSCS + BTL

Peri-Operative Complications: 1) Abdominal wall edema noted 2) Bladder drawn up 3) Higher vascular US 4) long cord noted 5) Hemostasis achieved 6) Bilat Adnexa (N); Bilat tubectomy done. Intraoperatively BP - 195/105 mmHg - IV LABETOLOL 20 mg iv given → BP under control throughout the procedure.

Amount of Blood Loss: 750ml Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

B/L Fallopian Tubal segments for HPE

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☑ Intact ☐ Thinnedout ☐ 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

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 1 VICRYL ..... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ..... No 1 VICRYL ..... Suture

Sheath Closure: ..... No 1 VICRYL ..... Suture

Fat Closure: ☑ Yes ☐ No ..... No 2 RAPID VICRYL ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... No 2 RAPID VICRYL ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ..... 24 hours ..... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes: ..... 1) NBM x 4 hrs .....

..... 2) IVF as per A x ON .....

..... 3) FOLLOW DRUG CHART .....

..... 4) MONITOR VITALS .....

..... BP charting every 15 min .....

..... 5) STRICT I/O CHARTING .....

..... 6) TED stockings .....

..... 7) ARBs before soft diet .....

..... 8) W/A Active bleeding A; Sh of intimate ..... [illegible]

Doctor Name: ..... Dr UDITA ..... Doctor Signature: ..... Dr. UDITA .....

Date & Time: ..... 14/05/26 ; 1pm .....

PATIENT TRANSFER FORM

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BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

	Date & Time of Admission	Date & Time of Transfer Order
	13/5/26 @ 10:02pm	14/5/26 @ 11:05Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. udita	Dr. udita	Surgery
From Unit	To Unit	Information to Attendant
MICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
—	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	op file	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR. Anitha	DR. udita.

Patient & Clinical Records Received by : Vaishali

Date & Time of Patient Received : 14/5/26 @ 11:05Am

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

Docu. No. : RCH /FRM / CLINICAL / 102

OT

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PATIENT TRANSFER FORM

BAH-00332395 IP25-00020436
Mrs ANUPAMA NAYAK
02-04-1985 41 Y 1 M 12 D (F)
Dr. UDITA MUKHERJEE

	Date & Time of Admission	Date & Time of Transfer Order
	14/5/26 @ 10:07 Am	14/5/26 @ 1:30 pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Udita	Dr. Usha	post op case
From Unit	To Unit	Information to Attendant
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
29	op file-1	Yes ☐ No ☑
		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	Name of Person Ordered Transfer
Dr. Buddha @ 1:35 pm	Dr - Usha

Patient & Clinical Records Received by : Mahomi

Date & Time of Patient Received : 14/5/26 @ 1:35 pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

3

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00332395 IP25-00020436 Mrs ANUPAMA NAYAK 02-04-1985 41 Y 1 M 13 D (F) Dr. UDITA MUKHERJEE Dr. udita	13/5/26 @ 10:7pm	15/5/26 @
	Transfer Ordered by	**Reason for Transfer**
	Dr. Harshita	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	01 op foot ICU chest - 2	Yes ☑ No ☐ 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	Name of Person Ordered Transfer
sr. Mahani	Dr Harshita.

Patient & Clinical Records Received by : Rupsa

Date & Time of Patient Received : 15/5/26 @ 6:30 pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCH /FRM / CLINICAL / 102

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS. ANUPAMA NAYAK		Age: 41Y	Gender: FEMALE
UHID No: RAH-[illegible]	IP No: [illegible]	Date: 14/05/2026	Time: 07:25 AM.
Diagnosis: G[illegible] 36 POG. [illegible]			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	–	
3.	Remifentanil Hydrochloride Inj. 2MG	–	
4.	Remifentanil Hydrochloride inj. 1MG	–	

Doctor Name: Dr. ATHWARYA

Doctor Registration No: TSMC/IMR/20436

Signature: Athy

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: [illegible] **Date:** 14/05/2026

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** MRS. ANUPAMA NAYAK	**Remarks**
2.	Complete postal address (with contact number, if any)	[illegible]
3.	Brief description of the illness	LCCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
14/05/26	FENTANYL	ONE	[illegible]	

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

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

Time: 7:40 AM

Docu. No: RCH / FRM / CLINICAL / 133

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: Age: Gender:

UHID No: IP No: Date: Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the boxes)

S.No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj 50mcg/ml		
2	Morphine Sulphate Inj 15mg/ml		
3	Pentazocine Hydrochloride Inj 30mg		
4	Pethidine Hydrochloride Inj 100mg		

Doctor Name: Doctor Registration No:

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: ..... Date: .....

Hospital No. of the Patient (Optional) .....

		Remarks
1	Name :	
2	Complete postal address (with contact number, if any)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recognized)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb impression of the patient / Patient Attender	Remarks, if any

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

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

Time: .....

Seen Superintendent (Name & ID No): .....