

DISCHARGE SUMMARY

Rainbow®
Children's
Hospital

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs CHINNI SNEHA LAKSHMI	UHID	FDH-00037025
Father/Guardian	Mr CHINNI HARIN KUMAR	Age/Gender	31 Y 7 M 24 D/ Female
Address	Serenity Park, kokapet, Kokapet, Hyderabad, Telangana, INDIA, 500075		
IP No	IP25-00020421	Admission Date	13-05-2026
Ref Doctor	Self		
Discharge Date	15.05.2026		

Consultant:

DR. Himabindu Annamraju
MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon
Specialist in High-Risk Pregnancy
Reg. No : 51697

Diagnosis: G2P1L1 AT 36+2 WEEKS GESTATION WITH

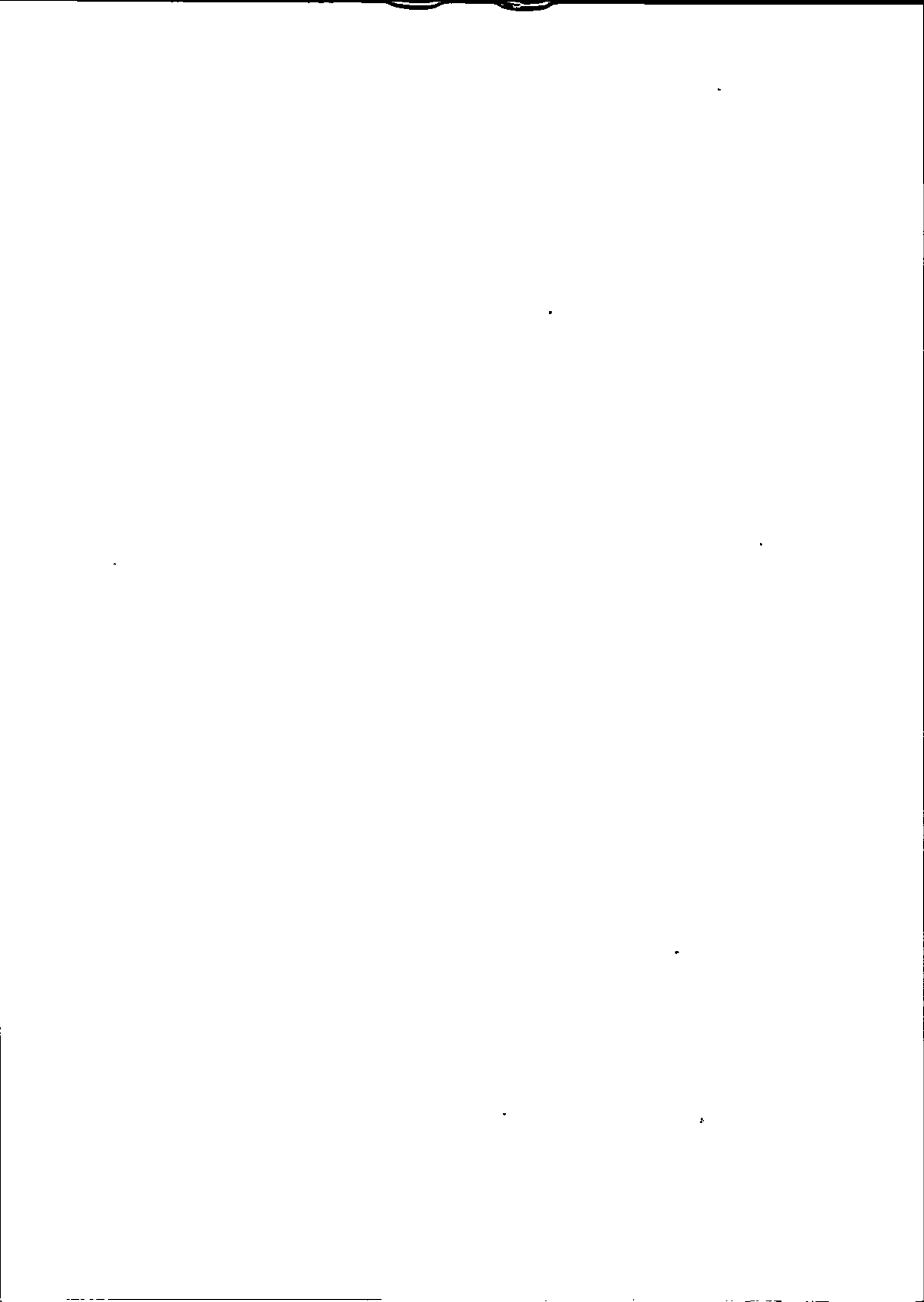
1. PREVIOUS NVD
2. TYPE - II DM ON INSULIN
3. OLIGOHYDRAMNIOS
4. BREECH
5. FGR
6. CERVICAL CERCLAGE IN SITU
7. FOR ELECTIVE LSCS + BILATERAL TUBECTOMY.

ELECTIVE LSCS + BILATERAL TUBECTOMY DONE, IN VIEW OF BREECH + FGR + OLIGOHYDRAMNIOS, DELIVERED A LIVE FEMALE BABY AT 11:28 AM, WEIGHT 2.386 KGS ON 13.05.2026.

History:

LMP: 29.08.2025

Obstetric formula: G2P1L1



Name	Mrs CHINNI SNEHA LAKSHMI	UHID	FDH-00037025
IP No	IP25-00020421	Admission Date	13-05-2026

EDD: 08.06.2025

Gestation at admission: 36+2 weeks

Obstetric History:

G1 - 2021 / FT / NVD / Female / B. Weight 2.5kgs (GDM on Insulin)/A&H.
G2 - Present pregnancy, Spontaneous conception.

Medical History:

H/O Type-II DM diagnosed at 8+5 weeks, started on OHA since 12+5 weeks followed by insulin since 14+5 weeks now on Inj. FIASP 0-6-6 Units, Inj. Tresiba- 22Units at bed time.

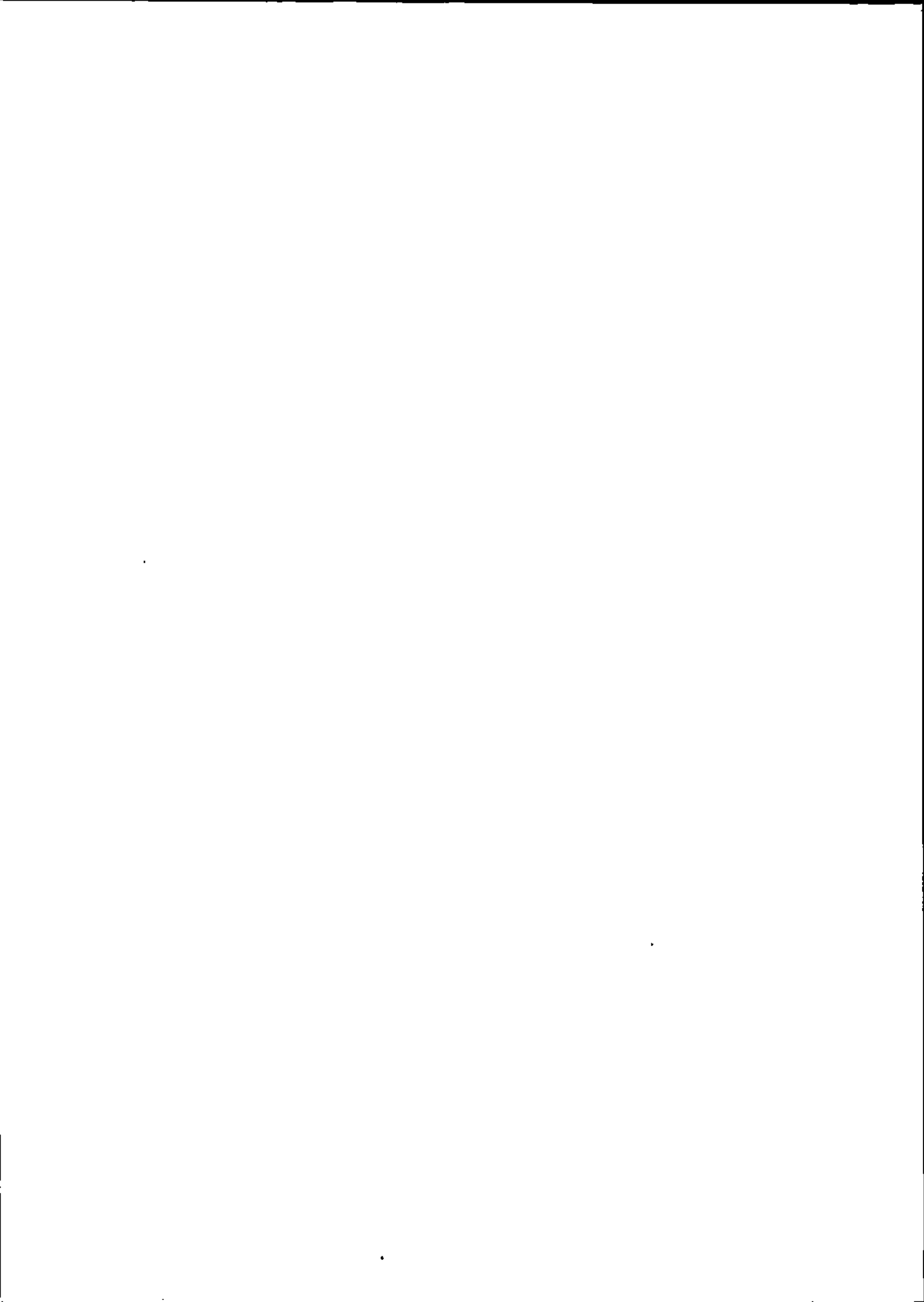
Family History : Nil

Surgical History: Cervical cerclage at 16+4 weeks in view of short cervix (2.2cm).

Allergies : Nil

Antenatal Details:

Mrs. CHINNI SNEHA LAKSHMI was booked to Rainbow hospital at 6 weeks of gestation. She had regular antenatal checkups and investigations as advised. H/O Type-II DM diagnosed at 8+5 weeks, started on OHA since 12+5 weeks followed by insulin since 14+5 weeks now on Inj. FIASP 0-6-6 Units, Inj. Tresiba- 22Units at bed time. NT scan at 12+5 weeks, normal with Uterine artery doppler showed increased resistance, started on Tab. Ecosprin 150mg till 36 weeks. Cervical cerclage at 16+4 weeks in view of short cervix (2.2cm). TIFFA scan at 20+4 weeks was normal. She was diagnosed with oligohydramnios since 28+4 weeks (AFI 8.7cm). Scan done at 30+5weeks showed FGR (AC <1%, EFW 5%). Serial monitoring done with serial scans and doppler studies. Steroid coverage done at 36 weeks with Inj. Betamethasone 12mg two doses apart n view of FGR with oligohydramnios. USG done on 04.05.2026 showed SLIUF at 35 weeks, Breech presentation. Placenta fundal, posterior high, EFW - 7%, 2083 Grams, AC <1%, AFI 4.8cm, Oligohydramnios with doppler normal. She was admitted at 36+2 weeks with FGR with oligohydramnios for EL.LSCS.



Name	Mrs CHINNI SNEHA LAKSHMI	UHID	FDH-00037025
IP No	IP25-00020421	Admission Date	13-05-2026

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

Management: Course in hospital:

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

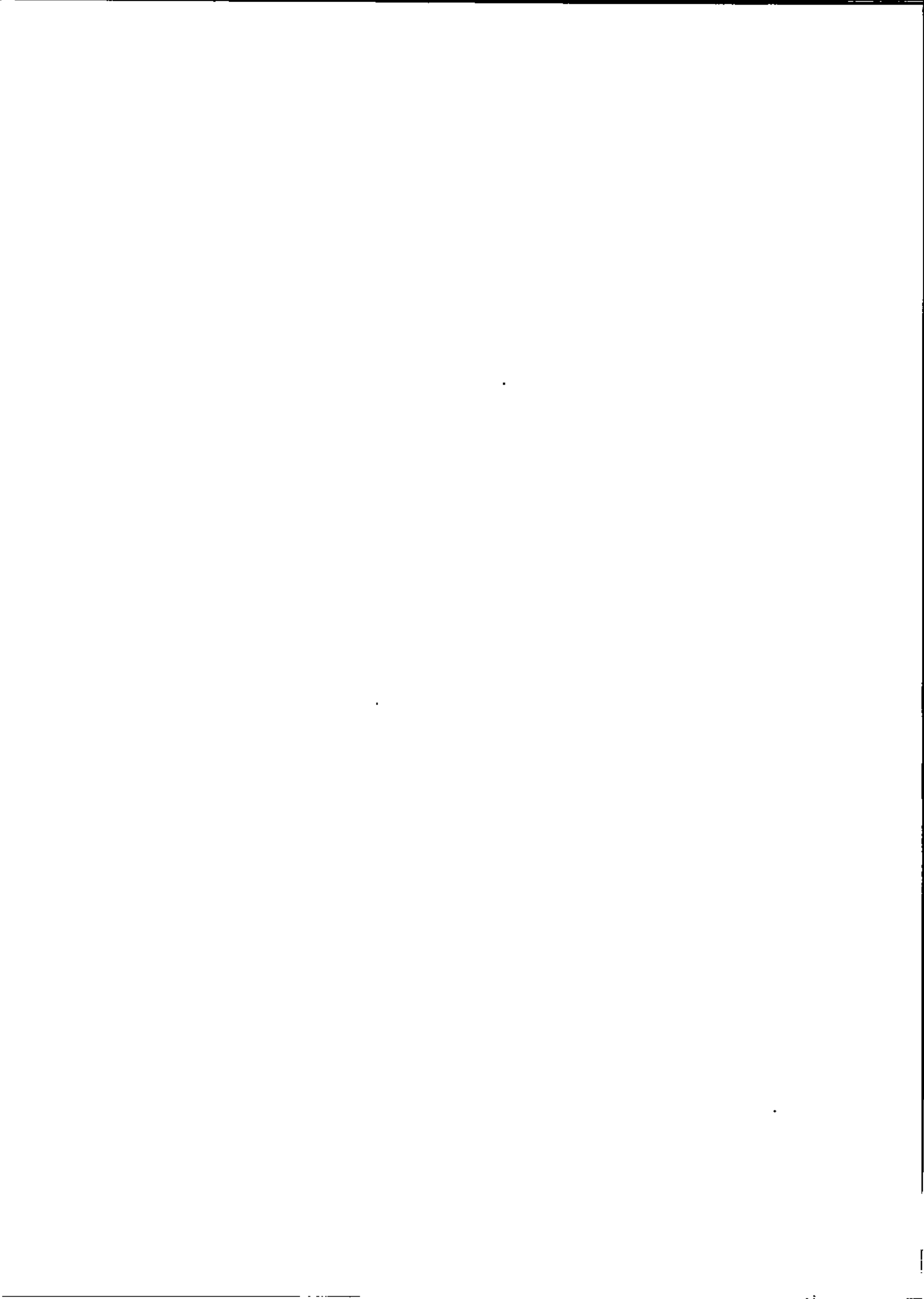
Surgery Notes:

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

- * **Baby in breech, delivered by breech extraction.**
- * **Freshly passed Meconium noted.**
- * **Bilateral tubectomy done, Tubal segments sent for HPE.**
- * **Cerclage removed.**

Delivery Details:

Date : 13.05.2026



Name	Mrs CHINNI SNEHA LAKSHMI	UHID	FDH-00037025
IP No	IP25-00020421	Admission Date	13-05-2026

Time of Delivery: 11:28 AM
 Type of Delivery : Elective LSCS + B/L Tubectomy
 Indication : Breech + FGR + Oligohydramnios
 Analgesia : Spinal

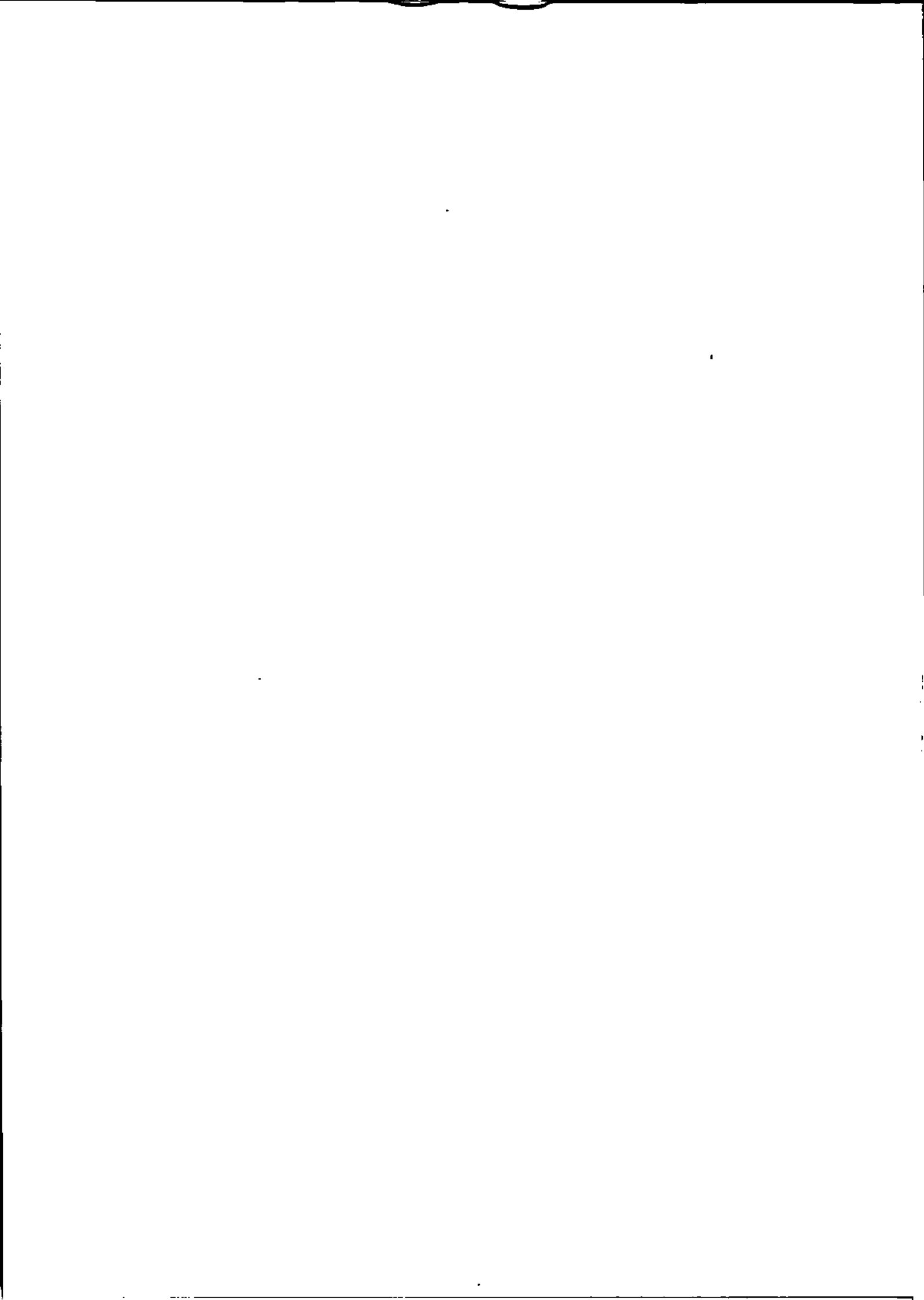
Baby Details:

Date : 13.05.2026
 Time : 11:28 AM
 Sex : Female
 Weight : 2.386 kgs
 Apgar : 8/9, 9/10
 Gestational Age : 36+2 weeks
 NICU Admission: No.

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

Advice:

1. Tab. Taxim O 200mg twice daily till 19.05.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 19.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 19.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 19.05.2026 (7am-7pm) before food.



Name	Mrs CHINNI SNEHA LAKSHMI	UHID	FDH-00037025
IP No	IP25-00020421	Admission Date	13-05-2026

5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. **FBS, PLBS & HBA1C after 6 weeks.**
9. **To collect HPE report.**

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 22.05.2026 with prior appointment.

Review with **Dr. HIMABINDU ANNAMRAJU**, after one week on 22.05.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).

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

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

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

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IP No	IP25-00020421	Admission Date	13-05-2026

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.

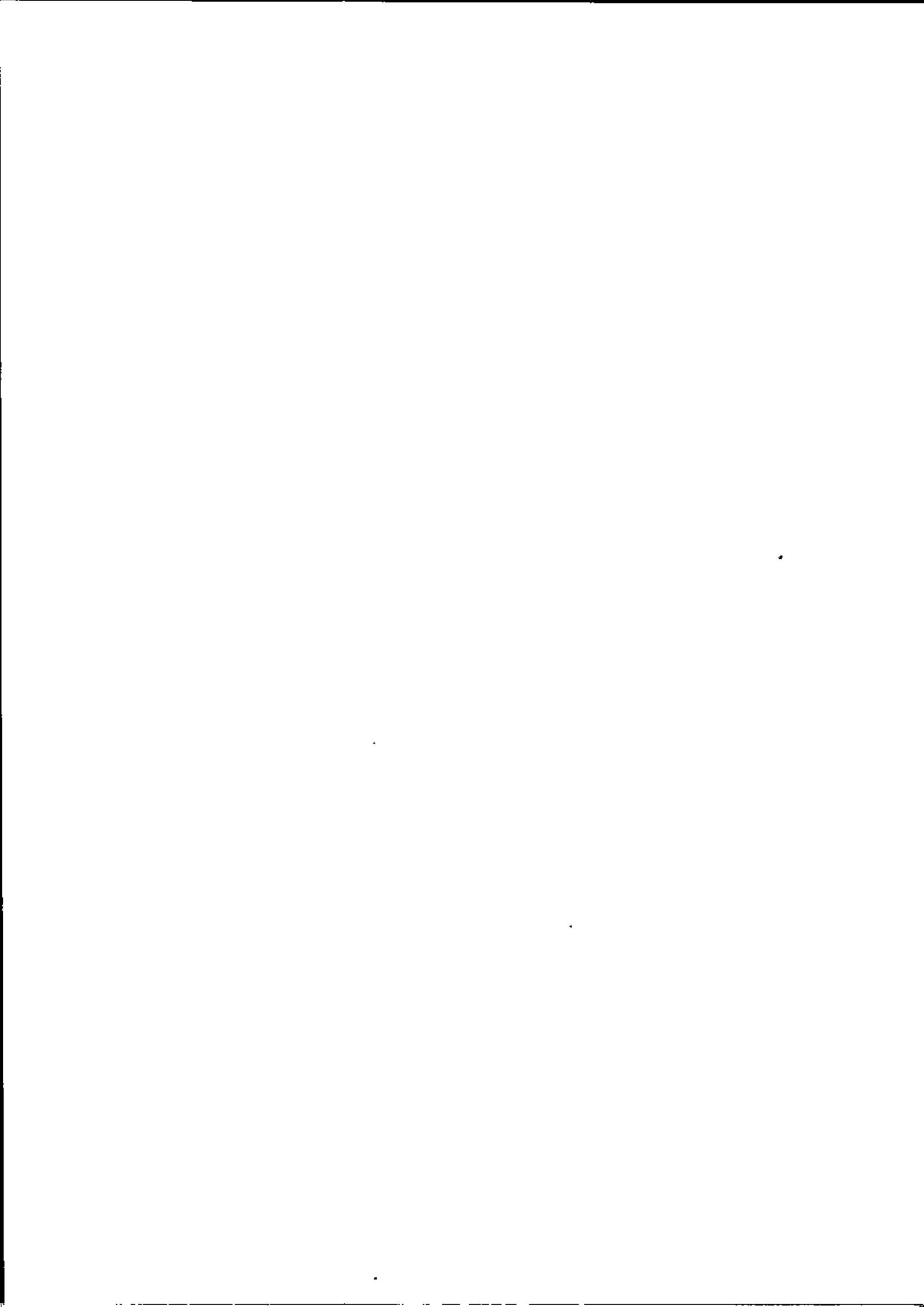
You can also take appointments at any time by going online to our website www.rainbowhospitals.in

Registrar/Resident/C.M.O

Consultant:

DR. Himabindu Annamraju
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Mrs CHINNI SNEHA LAKSHMI
19-09-1994 31 Y 7 M 24 D (F)
Dr. HIMABINDU ANNAMRAJU



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SURGERY DETAILS

Date : 13/5/26

Patient Name: Mrs. Sneha laxmi Date of Birth: 19-9-1994 Age: 31Y

Gender: Female Ward: OT UHID No.: FDH-00037025

Date of Surgery: 13/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : EUS + BFL + cerulea removal

Time in : 11:15 AM

Time Out : 12:15 PM

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr. Anusha	
4. OT Technician	Sr. Subhalini	
5. Circulating Nurse	Sr. Vaishali	
6. Assistant Nurse	Br. Hanumanth	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 575046

Order by: Hanumanth

FDH-00037025
 Mrs CHINNI SNEHA LAKSHMI
 19-09-1994 31 Y 7 M 24 D (F)
 Dr. HIMABINDU ANNAMRAJU



SPINAL

CONSUMABLES OF OT

Rainbow Children's Hospital
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Circulat.

Technician : SOBHASINI Date : 13/05/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>RSCS</u>		<u>01</u>	Inj Vit.K		<u>01</u>
LMA			Sutures <u>2347</u>		<u>03</u>	Cord Clamp		<u>01</u>
ECG leads : A / P / N		<u>03</u>	<u>2862</u>		<u>01</u>	Suction Catheter		<u>01</u>
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		<u>04</u>	<u>2312</u>		<u>01</u>	Vaccum Suction Set		<u>01</u>
05 cc		<u>03</u>	Gloves			Surgical Gloves <u>6/2</u>		<u>03</u>
02 cc		<u>04</u>	<u>6 1/2 77</u>	<u>04</u>	<u>01</u>	Gauze Pack <u>1052</u>		<u>02</u>
01 cc			<u>6 1/2</u>		<u>01</u>	Syringe 1ml / 2ml		<u>01</u>
Cautery plate : A / P / N		<u>01</u>	Surgical blade <u># 22</u>		<u>01</u>	Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil		<u>01</u>	<u>under pad</u>		<u>01</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>BIOXAMIC</u>		<u>02</u>	Ointments			<u>Baby side</u>		
<u>RILINOL</u>		<u>01</u>	Suction Catheter			<u>4996</u>		
Fentanyl <u>THEMICAR</u>		<u>01</u>	Cap, Mask					
Morphine <u>EUROPINE</u>		<u>01</u>	Gauze Pack <u>1x5</u>		<u>04</u>			
Ketamine			Mop Pack <u>1x5</u>		<u>03</u>			
Propofol			Steristrip <u>1000</u>		<u>01</u>	<u>Dispo Aprons</u>		<u>04</u>
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate			Draw sheet			<u>MISO 200mg</u>		<u>04</u>
Myopyrolate			Abgel		<u>01</u>			
Ondansetron			Foleys catheter					
Pencan 25g / Spinal Needle 22		<u>01</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		<u>01</u>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>01</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <u>100ml</u>		<u>02</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

DR. USMA

Nurse

OT Technician

Order No. : 574841 (TECH)

Ordered by : Hanumanth

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

570995



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ADMISSION SHEET



Registration Details :

Admission No : IP25-00020421 Admit Date : 13-May-2026 Admit Time : 07:17 AM UHID : FDH-00037025

Patient Details :

Patient Name : Mrs CHINNI SNEHA LAKSHMI Age : 31 Y 7 M 24 D
Guardian : Mr CHINNI HARIN KUMAR DOB : 19-09-1994
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Serenity Park, kokapet Kokapet Hyderabad Phone No : 7730854098/ 7730854098
Telangana INDIA 500075 E-mail : snehalmunagala@gmail.com

Admission Details :

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

Contact Details :

Name : Mr CHINNI HARIN KUMAR Relationship : Husband
Contact Address : Phone No :

Chitthai Kumar

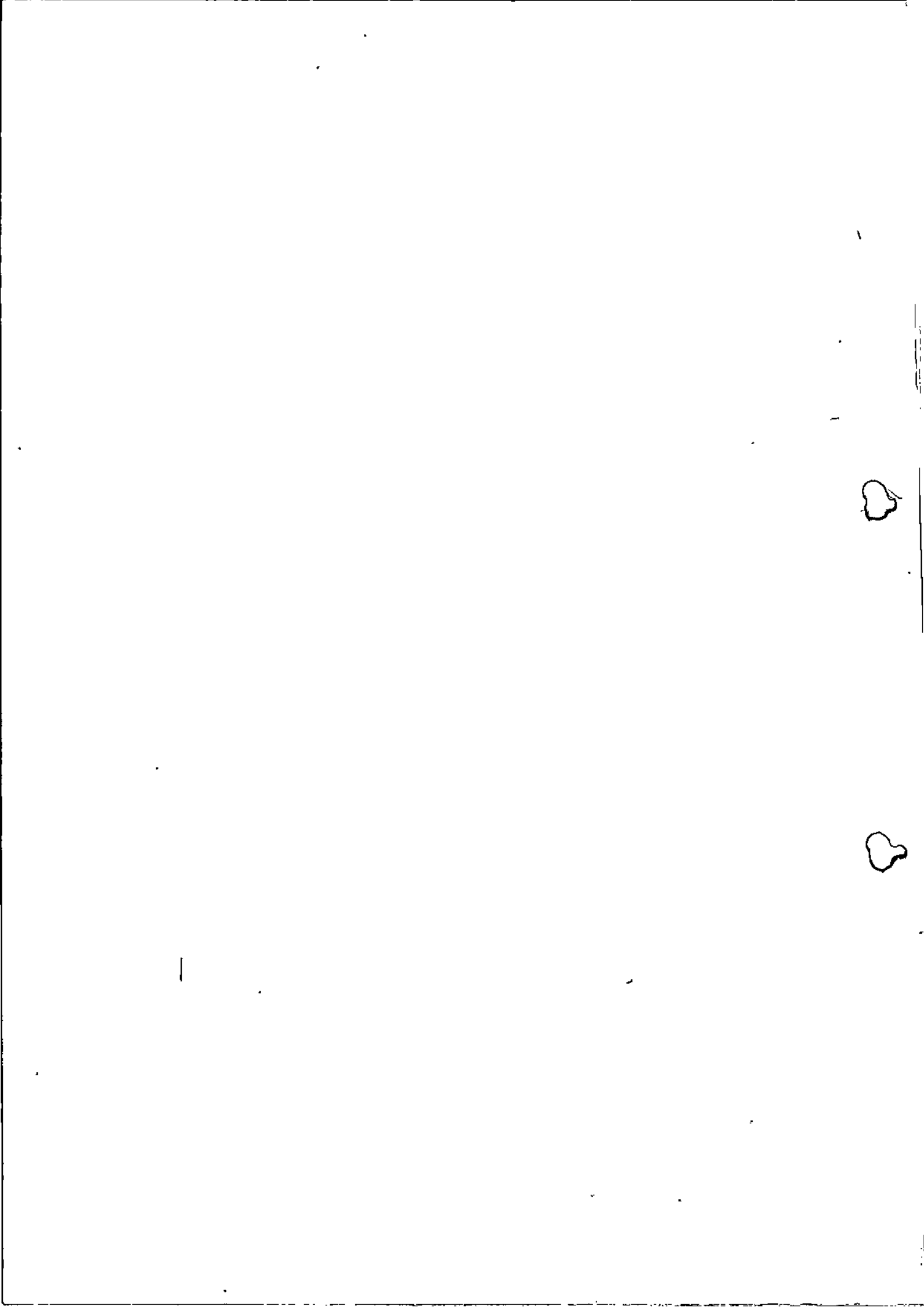
Signature

Doctor Details :

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

Payment Details :

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



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : --- **FDH-00037025** **IP25-00020421** ----- Consultant : ----- Dept : -----
 Date of Admi **19-08-1994** **31 Y 7 M 24 D** (F) ----- Date of Discharge : ----- Time: -----
 Room / Bed No. **Dr. HIMABINDU ANNAMRAJU** ----- ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	11am	MICU	OT	[Signature]
13/5/26	12:32pm	OT	MICU	[Signature]
14/5/26	12pm	MICU	ward	[Signature]

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
12/5/26	CRBS - 122 mg/dl	7118	
13/5/26	NST — (1)	5597	
13/5/26	Biopsy <i>C.C. Subhashis 13/5/26 @ 2 PM</i>	7100	Varethalo
14/05/26	FBP - 91 mg/dl	7184	Paul
14/5/26	PPBS - 164 mg/dl.	7230	Subhara
14/5/26	NHA	5355	Subhara
14/5/26	PLBS - 96 mg/dl.	7263	Ankitha
15/5/26	FBS - 115 mg/dl.	7281	Rachana
15/5/26	PPBS - 162 mg/dl	7301	Ankitha
15/5/26	PLBS - 150 mg/dl	7302	Ankitha Ankitha
	<i>C.C. Ramesh by</i>		
2			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/5/26	Catheterization	01	4927	<i>[Signature]</i>
13/5/26	I/V placement	01	4677	<i>[Signature]</i>
13/5/26	PAC (OP Basis)	C. C. Subhasini	13/5/26 @ 2pm	<i>[Signature]</i>

C. C. Subhasini

ANY OTHER INFORMATION

* op file given to the patient Attender.
[Signature]

Date: 13/5/26

Time 7:10 AM

Prepared By: *Rambha*

<p>Staff Nurse</p> <p><i>Rambha</i></p>	<p>Shift / Ward</p> <p><i>med</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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FDH-00037025

IP25-00020421
Mrs CHINNI SNEHA LAKSHMI
19-09-1994 31 Y 7 M 24 D (F)

Dr. HIMABINDU ANNAMRAJU

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AREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Himabindu	Date of Delivery: 13/5/26
Assistant Surgeon: Dr. Anusha	Time of Delivery: 11:28 AM
Anaesthetist's Name: Dr. Usha	Gender of Baby: Female
Type of Anaesthesia: S	Weight of Baby: 2.386 Kgs
Neonatologist: Dr. Sravanthi	AGPAR Score: 8 to 9 to 10
Scrub Nurse: Dr. Hanumanth	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

 Elective Emergency

Indication: Breech

Urgency

- Immediate Threat to life of woman or fetus
 Maternal or fetal compromise not immediately life threatening
 No maternal or fetal compromise but needs early delivery
 Delivery timed to suit woman and staff

Decision time: Knief to rectus:

CTG Description: Reassuring

If there was a delay give the reasons:

Surgical Procedure: Elective lower segment cesarean section + B/L tubectomy

Post Operative Diagnosis: POD-0 USG

Peri-Operative Complications: Breech → delivered by breech extraction; Freshly passed meconium

B/L tubectomy done, tubal fragments sent for HPE

~~Breast~~ cerclage stitch removed

Amount of Blood Loss: 500 ml.

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

B/L tubal fragments for HPE

PATIENT TRANSFER FORM

FDH-00037025 IP25-00020421

Mrs CHINNI SNEHA LAKSHMI
19-09-1994 31 Y 7 M 24 D (F)
Dr. HIMABINDU ANNAMRAJU



Date & Time of Admission <i>13/5/20 @ 7:12am</i>	Date & Time of Transfer Order <i>14/5/20 @ 12pm</i>	
Treating Consultant Name <i>Dr Himabindu</i>	Transfer Ordered by <i>Dr pooja</i>	Reason for Transfer <i>observation</i>
From Unit <i>MICU</i>	To Unit <i>ward</i>	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>30</i>	Number of Imaging Films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	/	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring

Annuraj 14/5/20

Name of Person Ordered Transfer

Dr pooja

Patient & Clinical Records Received by :

Pooja 14/5/20 @ 12:30pm

Date & Time of Patient Received :

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

Unavailable Bed

Nurse not Available

Available Bed not ready

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PATIENT TRANSFER FORM

OT



Patient Name & UHID No. FDH-00037025 IP25-00020421 Mrs CHINNI SNEHA LAKSHMI 19-09-1994 31 Y 7 M 24 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission	Date & Time of Transfer Order 13/5/26 @ 12:32PM
From Unit OT		Transfer Ordered by Dr. usha	Reason for Transfer Post op care
To Unit MICU		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films OP-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/	/	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Vathsheli		Name of Person Ordered Transfer Dr. usha	
Patient & Clinical Records Received by : Subhashini			
Date & Time of Patient Received : 13/5/26 @ 12:32 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

2-2-1-1

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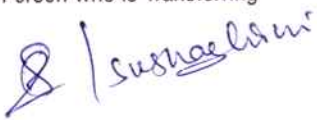
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PATIENT TRANSFER FORM



Patient Name: FDH-00037025 IP25-00020421 Mrs CHINNI SNEHA LAKSHMI 19-09-1994 31 Y 7 M 24 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 13/5/26	Date & Time of Transfer Order 13/5/26 @ 11am
		Transfer Ordered by Dr. Anusha.	Reason for Transfer EL LSCS.
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Inj: Pantop 40mg	(1)	
2.	Inj: Taxim 1gm	(1)	
3.	Inj: Penidron 100mg	(1)	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : Vaesther			
Date & Time of Patient Received : 13/5/26 11:05AM			

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

Unavailable Bed

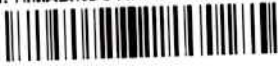
Nurse not Available

Available Bed not ready



Handwritten text, possibly a signature or scribble, located in the lower center of the page. The text is faint and difficult to decipher, appearing to consist of several lines of cursive or stylized characters.

FDH-00037025 IP25-00020421
Mrs CHINNI SNEHA LAKSHMI
19-09-1994 31 Y 7 M 25 D (F)
Dr. HIMABINDU ANNAMRAJU



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

326
BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 14/12/20 Time: 9:30

Origin: Puducherry Height: 154 Weight: 62.8 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: —
Diagnosis: G2P1L1 - pre-eclampsia @ 36.2 weeks I2DM on Insulin

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Hainu

Name: Sneha

Date & Time: 14/12/20 9:30

Dietician's

Signature: [Signature]

Name: [Name]

Date & Time: 14/12/20 9:30

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for Elective LSCS

LMP: 29/8/25

EDD:

Corrected EDD: 8/6/25

GA: 36⁺2

Obstetric Formula: G2P1L1

Menstrual History: Regular: Yes No

Obstetric History: G1 = ♀, 2021, NVD, ^{But 2.5kg (Cesarean delivery)}

Obstetric Examination

G2 = present pregnancy spontaneous conception
 NT = 12⁺ 50µm - normal

Fundal Height: 36cm

Present Pregnancy Record:

Uf. Activity: Relaxed Mild Mod Severe

uterine artery Doppler → resistance
 RFA 20⁺ weeks - normal

Liquor: Adequate Oligo Poly

@ 33 weeks: AC < 1%
 EFW 1640 13%

PP: Cephalic Breech Others _____

Head Fifts Palpable:

RISK FACTORS:

FHS: Normal Tachy Brady Absent

AFI B.S
 Breech ..

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 154 cm

Weight: 62.8 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: 97.8° PR: 86bpm

BP: 100/70 DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

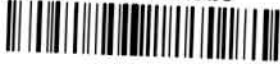
G2P1L1 2nd prev NVD 2 36⁺ weeks 2 type-2 DM on ~~insulin~~
 Insulin 2 cervical cerclage for ~~stabilization~~ 2 oligohydramnios with
 Breech 2 SGA for EL. 154 + BIC tubal ligation.



<p>History:</p>	<p>Surgical History: cerclage cerclage - Dec 2020 at 16+4 wks</p>
<p>Medical History: Type-II DM : 12+5 wks on ORTA : put on insulin</p>	<p>Medication History: Metformin 500mg BD Ins. FIASP - 0-0-4 units T. escipim 150mg : 12+20 wks → All T. T. resiba - 160 at bedtime ↓ escludo</p>
<p>Plan of Care: admit caesarean patch preparation secure W access check blood availability Infuse PAC, OT, Anesthetics infuse pediatrician NST Foley catheterization (w) vitals.</p>	<p>Investigations: BAT 22 unit Serology 13/5 Hb - 10.6 WBC - 12.29 P.C - 1.55 USG OBS (4/5/26) SLUF 35 wks, breech presentation placenta - fundal posterior, high EFW - 2083gms 7% A-C = < 1%, AFI - 6cm 11/12 AFI - 4.8cm oligohydramnios Dopplers - normal</p>

Doctor Name: Dr. K. PAMYA
 Signature: PamyA
 Date & Time: 13/5/26 6:30 AM

Consultant Name: Dr. HIMABINDU
 Signature: Himabindu
 Date & Time: 13/5/26 6:30 AM



(L)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 12:15 pm	POD - 0 GC-fair afebrile BP - uol/somny PR - 84bpm SpO2 - 99% @ RT P/A - UKW P/V - NAB u/o →	Adv - NBM 4 hrs - fluids as per PRON - drugs as charted - Blo charting - w/rt BPR - @ vitals - Inpokes
		<i>ndj</i>
13/5/16 4:30 pm	POD - 0 GC-fair Afebrile PR - 90bpm BP - 114/74 w/rt P/A - UKW P/V - NAB u/o - some, clear	Adv - Allow sips of water liquid diet - soft diet at 8:30pm - Drugs as charted - w/rt active bpm - In bed ambulation - Foley's removal at 6 AM t/m - @ vitals Infor 80-90 - FBS, PEBBS, PVBBS - 14/5 & 15/5
5 pm	u/o shivering + pain at sutures ↓ Temp - 99°F	→ Ty Pen 1 gm IV/stat



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	<u>0 POD</u>	
8 pm	Cefair	R ₀
	temp - 99.2°F	Oral liquids
	(@ 6 pm 100°F)	soft diet on further orders
	PR - 84 bpm	EBF::
	Bp - 110/70 mmHg	Ⓜ vitals / Bp / 2h
	SpO2 - 98+	Drugs as charted
	PIA - uterus well RLc	Foleys removal clm 6AM
	soft gaseous distension ⊕	FBS ?
	BS ⊕	PPBS } 14/5/26
	plv - NAB	PLBS } 2/15/5/26
	UO - 700ml.	Infom sos
	(Clear)	Temp - charting hourly.
		&
		<u>Dr Room</u>
<u>9:30 pm</u>	temp - 98°F	R ₀
	PR - 88 bpm	CST
	Bp - 110/60 mmHg	Temp charting hourly
	SpO2 - 99+	Infom sos
	PIA - ut RW, soft	Soft diabetic diet
	plv - NAB, no distension	Shift to room
	UO - 300 ml.	Infom sos
	fr	
	m x	&
		<u>Dr Room</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 7am	GC fair afebrile	Adv - Diabetic diet
14/5/26 8am	BP - 110/70mmHg M - 80gms S/G - 99.1/2M	- plenty of oral fluids - drugs as charted - w/ active
M	M - U/W	- FBS, PPBS, PIRS on 15/5
FBS - 91 PPBS - 164 PIRS - 96	M - NAB	- ambulation / EBF - vitals - Inform
		ndy
15/5/26 6:45 AM	POD - 2 GC fair Afebrile	Adv - Diabetic diet - Plenty of oral fluids
CV M	PR - 74bpm BP - 114/74 mmHg	- Drugs as charted - w/ active
Bakymg	P/A - U/W P/V - NAB	- Ambulation / EBF - FBS, PPBS, PIRS - today - (M) vitals Inform
FBS: 115 - for PPBS, PIRS - Dr. acc. to pchyp		All

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DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 - 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight Ward

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

DRUG : P. PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	
1gm	ORAL	TID	13/5	12/5 15/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : P. DICOLOFENAC				Date Time
Dose	Route	Frequency	Start Date	
50mg	ORAL	BD	13/5	13/5 14/5 15/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : CEFOTAXIME				Date Time
Dose	Route	Frequency	Start Date	
1gm	IV	BD	13/5/6	13/5 14/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

FDH-00037025 IP25-00020421
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 19-09-1994 31 Y 7 M 24 D (F)
 Dr. HIMABINDU ANNAMRAJU

Weight Ward



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/5/25	10:30am	inj. CEFOTAXIME	1gm	IV	Rang	[Signature]
13/5/26	10:30am	inj. PANTOPRAZOLE	40mg	IV	Rang	[Signature]
13/5/26	10:30 am	inj. METOCLOPRAMIDE	10mg	IV	Rang	[Signature]
13/5	11:30 AM	INTRABETOLIN	100µg	IV	[Signature]	Vaith
13/5	12/10 PM	SUPP TRAMADOL	100mg	PIR	[Signature]	Vaith
13/5	12/10 PM	SUPP DICLOFENAC	100mg	PIR	[Signature]	Vaith
13/5	11:40 AM	INTRAVENEXAMIC ACID	1gm	IV	[Signature]	Vaith
13/5/26	5PM	inj. PARACETAMOL	1gm	IV	[Signature]	[Signature]

Signature

VERIFIED BY: Name



I.V. FLUIDS CHART

Weight. Ward.

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
13/5/26	10:30 Am	10 RL	IV	100ml	[Signature]	[Signature]	13/5	[Signature]	[Signature]
13/5	11.35 am	RINGER LACTATE	IV	100 ml/hr	[Signature]	[Signature]	13/5/26	[Signature]	[Signature]
13/5/26	2pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	13/5/26	[Signature]	[Signature]
13/5/26	7pm	10 RL	IV	100ml/hr	[Signature]	[Signature]	13/5	[Signature]	[Signature]

Signature

VERIFIED BY: Name

FDH-00037025 IP25-00020421
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 Dr. HIMABINDU ANNAMRAJU



Sheet No:

REGULAR PRESCRIPTIONS

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

DRUG : I. PANTOPRAZOLE				Date/Time	14/5
Dose	Route	Frequency	Start Dt.		
100mg	IV	OD	13/5/16		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. CEFIXIME				Date/Time	15/5
Dose	Route	Frequency	Start Dt.		
200mg	PO	BD	15/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. PANTOPRAZOLE				Date/Time	16/5
Dose	Route	Frequency	Start Dt.		
40mg	PO	OD	15/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date/Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

VERIFIED BY : Name Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

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

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

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

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

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

VERIFIED BY : Name Signature