DISCHARGE SUMMARY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Name	Mrs VASA DIVYA SIRISHA	**UHID**	CUV-00161883
Father/Guardian	Mr G.HARSHA VARDHAN	**Age/Gender**	31 Y 5 M 13 D/ Female
Address	Gopala Patnam, Vishakhapatnam, Andhra Pradesh, INDIA, 530027		
IP No	IP25-00020643	**Admission Date**	26-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:
Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
Reg. No: 55973

Diagnosis: G2A1 AT 33 WEEKS GESTATION WITH OI CONCEPTION WITH DCDA TWINS WITH GDM ON INSULIN IN LABOUR FOR EMERGENCY LSCS.

EMERGENCY LSCS DONE, IN VIEW OF DCDA TWINS IN LABOYR , DELIVERED LIVE TWINS BABIES ON 26.05.2026.
TWIN - I, FEMALE BABY, AT 02:35PM, WEIGHT 1.970KGS.
TWIN - II, FEMALE BABY, AT 02:36PM, WEIGHT 1.707KGS.

History: C/O Leaking PV since 09:00 AM on 26.05.2026.

LMP: 06.10.2025 Obstetric formula: G2A1

Name	Mrs VASA DIVYA SIRISHA	**UHID**	CHY-00161883
IP No	IP25-00020643	**Admission Date**	26-05-2026

EDD: 14.07.2026 Gestation at admission: 33 weeks

Obstetric History:
G1 - 2025 - (March)/ TOP at 20 weeks i/v/o Congenital Anomalies - MERPC followed by SERPC.
G2 - Present pregnancy, OI conception.

Medical History: GDM since 25 weeks of gestation on OHA Tab. Glycomet SR 500mg BD,
since 27 weeks on insulin Inj. FIASP 4Units-4Units- 6 Units bedtime.
Surgical History: SERPC in march 2025.
Allergies : Nil
Family History : Father- DM & Mother - DM

Antenatal Details:
Mrs. VASA DIVYA SIRISHA, was booked to Rainbow hospital at 4+5weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan at 13+1weeks normal. TIFFA at 20+2weeks normal. She was diagnosed with GDM since 25 weeks of gestation on Tab. Glycomet SR 500mg BD since 27 weeks on Insulin. USG done on 11.05.26 showed DCDA Twins Twin-I, Cephalic, EFW 32nd (1618 grams)/ Placenta posterior left lateral, SVP -2.5cm, A.C 33%,with normal doppler. Twin- II Breech, EFW 30th centile (1601 grams),Placenta - Anterior and high, SVP 3.6cm A.C 19%, with normal doppler. She was admitted at 33 weeks in early labour for emergency LSCS.

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

Management:
Management:
Course in hospital and Delivery Details:

Name	Mrs VASA DIVYA SIRISHA	**UHID**	CUV-00161883
IP No	IP25-00020643	**Admission Date**	26-05-2026

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 80% effaced and 4 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Augmentin 1.2gm I.V in view of ruptured membranes.

She was decided for emergency C- section in view of DCDA Twins in labor, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** LUS - Highly vascular.**

*** Baby I Cephalic delivered as such, Baby-II Breech delivered by Breech extraction, Single loop of cord around the neck present.**

*** Uterine atonicity noted, Managed with Inj. Methergine 0.2mg I.M, Inj. Carboprost 0.25mg IM, Inj. Syntocin 40Units infusion with Tab. Misoprostol 800mcg in PR.**

Name	Mrs VASA DIVYA SIRISHA	UHID	CUV-00161883
IP No	IP25-00020643	Admission Date	26-05-2026

Delivery Details :

Date : 26.05.2026
Type of Delivery: Emergency LSCS
Indication : DCDA in early labour
Analgesia : Spinal

Twin- I, Baby Details:

Date : 26.05.2026
Time : 02:35 PM
Sex : Female
Weight : 1.970Kgs
Apgar : 8, 9
Gestational Age: 33 weeks
NICU Admission: Yes.

Twin- II, Baby Details:

Date : 26.05.2026
Time : 02:36 PM
Sex : Female
Weight : 1.707Kgs
Apgar : 8, 9
Gestational Age: 33 weeks
NICU Admission: Yes.

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 blood sugars were monitored, and were 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. Augmentin 625 mg twice daily till 01.06.2026 (9am-9pm) after food.
2. Tab. Acton - OR thrice daily till 01.06.2026 (9am-2pm-9pm) after food.
3. Tab. Pan 40mg once daily till 01.06.2026 (8am) before breakfast.
4. Tab. Lyser-D twice daily till 01.06.2026 (10am-10pm) after food.
5. Tab. Solfe extra once daily (8pm) for two months after dinner.
6. Tab. Gemcal XT once daily (2pm) till breast feeding after lunch.
7. Megaheal gel for local application.
8. Nip care ointment for local application.
9. **To do FBS, PLBS, HBA1C after 4 weeks and review.**
10. **Sugar medication to be added sos**

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 02.06.2026 with prior appointment.

Review with Dr. PUJITHA DEVI SURANENI, after one week on 02.06.2026 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

Name	Mrs VASA DIVYA SIRISHA	**UHID**	CAV-00161883
IP No	IP25-00020643	**Admission Date**	26-05-2026

solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

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

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**

Dr. Prasa

Registrar/~~Resident~~/C.M.O

S. pujitha devi

Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
Reg. No: 55973

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Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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SURGERY DETAILS

Date : 26-05-26

Patient Name: Mrs. Vasa Divya Date of Birth: 13/12/1994 Age: 31 yrs

Gender: Female Ward : OT-I UHID No.: CUV-00161883

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

Name of the Surgery : Em: LLS (Twin)

Time in : 2:20pm Time Out : 3:20 pm

	NAME	AMOUNT
1. Surgeon	: Dr Pujitha	
2. Anaesthetist	: Dr Srinivas / Dr. Surya	
3. Assistant Surgeon	: Dr. Sweetha	
4. OT Technician	: Br. Rambabu	
5. Circulating Nurse	: Br. Buddha	
6. Assistant Nurse	: Br. Amar Sr. Parvathi	

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

Signature of the Surgeon [signature]

Buddha
Signature of Circulating Nurse

Order No: 80467 / 468

Order by: Amar

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

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CONSUMABLES OF OT

Circulating Staff ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack Basic		1	Inj Vit.K	1	1
LMA			Sutures			Cord Clamp	1	1
ECG leads : A / P / N		03	2347		2	Suction Catheter	1	1
HME filter : A / P / N			2437		1	Feeding Tube	1	1
Syringes : 10 cc			2762		1	Vaccum Suction Set	1	1
05 cc		02	Gloves 6/7	4	4	Surgical Gloves 6/7	2	2
02 cc		02				Gauze Pack	2	2
01 cc						Syringe ~~1ml~~ / 2ml		
Cautery plate : A / P / N		01	Surgical blade 22		1	Surgical Blade ~~#20~~	1	1
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil		1	underpad	1	1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Rams	1	1
TRaneza		02	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		5			
Ketamine			Mop Pack		2	D.Aprons		3
Propofol			Steristrip		1			
Rocuronium			Underpad		2	New mompad		1
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel			baggin		1
Ondansetron			Foleys catheter 14		1			
Pencan 25g/ Spinal Needle 22		01	Urobag		1	MJ80		4
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage			TWIN-1 80421		
			Tegaderm					
Suppositories			Ioban			TWIN-2 80422		
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		2			
carbetocin		01	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Anaa OT Technician

Order No. 80430 / 80415 NSG Ordered by : Anaa

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

Rainbow Children's Hospital

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 : IP25-00020643 **Admit Date** : 26-May-2026 **Admit Time** : 01:56 PM **UHID** : CUV-00161883

Patient Details :

Patient Name	: Mrs VASA DIVYA SIRISHA	**Age**	: 31 Y 5 M 13 D
Guardian	: Mr G.HARSHA VARDHAN	**DOB**	: 13-12-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027	**Phone No**	: 7780445886/ 8197404087
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr G.HARSHA VARDHAN **Relationship** : H/O

Contact Address : Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027 **Phone No** : / 8197404087

Signature

Doctor Details :

Doctor Name : Dr. PUJITHA DEVI SURANENI **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Em-LSCS	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

Section	Date / Shift	26/5/26 E	26/5/26 N	27/5/26 M	27/05/26 E	27/05/26 N	28/5/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):					–	–
	Diet:	NBM	NBM	S/D	S/D	S/D	S/D
ASSESSMENT	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:	36.1°C	36.5°C	37°C	37°C	98.2°F	98.6°F
	Res:	21	18	20	19	20	20
	SpO₂:	98%	99	99%	97%	98%	98%
	Pulse:	82	78	86	82	86	80
	BP:	117/72	118/76	120/80	121/82	118/70	110/70
	LOC:	Conscious	Conscious	conscious	conscious	C	C
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0
	Pain Score:	0/10	2/10	0/10	0/10	2/10	0
	Skin Integrity	Good	Good	Good	Good	Good	good
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NBM	NBM	S/D	S/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
	Post Operative Procedure Special Orders:					–	
	Handed Over By Name :	Deleankani	Gouri	Suma	Laxmi	Pavi	Lalitha
	Signature / ID :	020811	9080199	[signature]	[signature]	017179	28/5/26
	Date:	26/5/26	26/5/26	28/5/26	27/05/26	28/05/26	8pm
	Time:	8:30pm	8am	@8pm	at 8pm	@8pm	Pavi
	Taken Over By Name :	Gouri	Suma	Laxmi	Pavi	Lalitha	017179 Pavi
	Signature / ID :	9080199	[signature]	[signature]	017189	28/5/26	28/05/26 017179
	Date:	26/5/26	27/5/26	27/05/26	27/05/26	8pm	28/05/26
	Time:	8pm	@8AM	at 8pm	@8PM.		@8pm.

UV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
3-12-1994 31 Y 5 M 14 D (F)
C/r. PUJITHA DEVI SURANENI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: EM. LSCS					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	28/05/26 N					
	Medical Condition (Any special condition to be noted):	-					
	Diet:	RD/HD					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0F					
	Res:	20					
	SpO_2:	99%					
	Pulse:	82					
	BP:	100/70					
	LOC:	C					
	Fall Risk Score:	0/10					
	Pain Score:	0/10					
	Skin Integrity	Good					
Recommendations	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:	RD/HD					
	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					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Pavi					
Signature / ID :		017189					
Date:		29/05/26					
Time:		@8Am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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ACTIVITY RECORD FOR BILLING

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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

UHID No : ---- ------ Consultant : ---------- Dept : ----------

Date of Admis ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	2:00 PM	MICU	OT	Bhagya.
26/5/26.	3:40pm	OT	MICU	Roja
26/5/26	12:22	MICU	316	Sruthi
29/5/26	11:04.	ward	Billing	Suma

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi harne	27/5/26	1042	Vaibhavi
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	HVS	8556	[illegible]
26/05/26	GRBS (Pre-Op) : 106 mg/dL	8557	[illegible]
27/05/26	FBS - 111 mg/dl	8566	Checked By Nels Paul 28/5/26
27/05/26	PPBS - 149 mg/dl	8615	
27/05/26	NHA	0873	Suma 9pm
27/5/26	PLBS - 170 mg/dL	8633	Kaushi
28/05/26	FBS → 92 mg/dl	8691	Paul
28/05/26	PLBS - 160 mg/dL	8699	Suma
28/5/26	CBP - 5pm	8769	Kaushi
		C. C by Suma 28/05/26 9:24am	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	Cardiac Monitor	3:45 pm	26/5/26 9pm		} [signature]
26/5/26	Infusion Pump	3:45 pm	9pm	0502	
				checked By [signature]	26/05/26 @9pm
				c(by	[signature] 28/05/26 @9:24am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26	IV Placement	1	0503	[signature]
26/5/26	Catheterization	1	0499	[signature]
26/5/26	PAC (IP Basis)	1	0504	[signature]
				Checked By MRI 28/05/26 [illegible]
			C.b by [illegible] 28/05/24 @ [illegible]	

ANY OTHER INFORMATION

Op file given to patient Attender *V. Durga.

Date : 26/5/26   Time : 5 pm   Prepared By : Deleankam

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dilankam	MICU		

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26 ; 1:50 pm

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☑ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Chief Complaints: P/V leaking

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Swetha

Time Notified: 1:50 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM diagnosed at 25 wks.	SERPC - March 2025	Yes.

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 6/10/25

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 2 P - L - A 1

Previous LSCS: -

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 36.1°C HR: 78 RR: 24

BP: 111/72 Weight: 69.5 kg Height: ..... BMI: .....

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

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score ..20.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

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

Above information given to ..patient..

Name of Person Orientation was given to: ..Mrs. Divya..

Orientation not given Reason: -

Nurse Signature: .....

Nurse Name: ..Albankara..

Date & Time: ..26/5/26 @ 2:15 pm..

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o Reading PV : 9Amy

Obstetric Formula: G2A1

Obstetric Hostory:
I- 2015 - March - TOP e 20wks in c/o congenital Anamolies - MERPC @ SERPC
II- PP - conceived by OI conception

Present Pregnancy Record:
- registered c
- had regular ANCs
-

RISK FACTORS:
- DCDA Twins
- GDM on Insulin

Height: ..... cm
Weight: ..... kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c Pallor: —
Icterus: — Edema: —
Temp: — PR: 89bpm
BP: 100/70 DTR: —
CVS: — RS —
Liver/Spleen: — Urine Output: —

LMP: 06/10/25 EDD:
Corrected EDD: 14/7/26 GA: 33wks
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ut 34wk - 36 wks.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: FNR1 ⊕ ; FNR2 ⊕
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination 80% effaced
Cervix: ☐ Long ☑ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 4cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☒ -3 ☐ -2 ☐ -1 ☑ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
G2A1 at 33 wk GA c OI conception c DCDA Twins c GDM on Insulin in labour for emergency lscs

Patient Sticker

Family History:	Surgical History:
Both parents – DM	S2PPC – March 2025
Medical History:	**Medication History:**
GDM Dede 25wks on → on insulin since 27 wks 5d →	T. Glycomet SR 500 BD Inj. FIASP 4–4–4 U s/c Longacting 6U s/c Bedtime.
Plan of Care:	**Investigations:**
– Admit – Consent – Parts preparation – Secure IV cannula – Monitor vitals – Neonatal counselling – Inj Betamethasone 12mg im stat. – Inj MgSO4 4gm iv loading dose – PAC – Inform OT / Anaesthetist / Paediatrician – Foleys catheterisation. – Preop medication. – Shift to OT	VM Negative BG – A +ve 18/5/26 Hb – 12.3 PLT – 2.38 WBC – 9630 USG DCDA Twins Twin I: cephalic; EFW 32nd (1618); Placenta – posterior left lateral; AFI – SVP – 2.5cm; Doppler – (N) Twin II: breech; 30th centile (1601 kg); placenta – Anterior high; SVP – 3.6cm; (N) EFW – 1.1%

Doctor Name: Dr. BAWENA

Signature: Juliette

Date & Time: 26/5/26; 1:50pm

Consultant Name: Dr. PUJITHA

Signature:

Date & Time: 26/5/26; 1:50pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Adv
26/5/26 3:45pm	O- POD	
	GC-fair	1) NBM × 6 hrs
	Afebrile	2) IV fluids as per AXONE
	PR-92bpm	3) Drugs as charted
Babies-NICU	BP- 100/70	4) W/F BPV, I/O
	SpO_2 - 98% on RA	5) Monitor vitals
	P/A- Ut (R) well	6) To do FBS, PPBS, PLBS
	P/v - NAB	on 27/5/26, 28/5/26.
	U/O - 200ml (clear)	7) (R) Inform SOs.
26/5/26 9:45pm	POD-0	Adv.
	GC-fair	- Allow sips of water
	Afebrile	↓ liquid diet
Babies-NICU	PR- 54 bpm	- soft diet 2:45pm
	BP- 115/74 mmHg	- Drugs as charted
	P/A-URW	- w/f active bpv
Shift to Room if liquids tolerated	P/v-NAB	- In bed ambulation
	U/O - 200ml, clear	- FBS, PPBS, PLBS - 27/5 & 28/5
	BS (R)	- (M) vitals Inform SOS
		- Foleys removal at 6Am 4pm
		- U/O (M) ; Inform if < 100ml in 3hrs.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 6:30am	GC fair	Adv
	afebrile	- soft diet
	BP - 90/60mmHg	- plenty of oral fluids
Baby NICU	PR - 80bpm	- drugs as charted
	SpO2 - 100% @ RA	- w/f BPV
U - yet to void	P/A - UTRO	- ambulation
F ✓	PV NAB	- express breast milk
M ✓		- Inform PPBS, PLBS fld
		- FBS, PPBS, PLBS Tm
PBS - 111		- @ WE
		- Inform
		[illegible]
27/5/25 3pm.	POD-1	Adv
	GC fair	1) Normal diet
	Afebrile	2) Plenty of oral fluids
	PR - 82bpm	3) Drugs as charted
Babies - NICU	BP - 100/72 mmHg	4) W/F BPV
	P/A - UT Ⓡ well	5) Monitor vitals
UV	P/V - NAB	6) Inform PLBS
F ✓		7) To do FBS, PPBS, PLBS - 28/5
M ✓		8) Monitor vitals
		9) Inform SOS
		[illegible signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7pm.	POD-1	Adv
	G C fair	1) Diabetic diet
	Afebrile	2). Plenty of oral fluids
Babies NICU.	PR- 78 bpm.	3) Drugs as charted
	BP- 110/80 mmHg	4) w/f BPV
	P/A - Ut (R) well.	5) Monitor vitals
UV FV M	P/V - NAB	6) Inform ~~R~~ SOS
		7) To do FBS, PPBS, PLBS - 28/5
	27/5 - GRBS - 111/149/170	~~8) Dr...~~ (signature)
28/5/26. 6am.	POD-2	
	G C fair	Adv:
	Afebrile.	1) diabetic diet
	PR - 86 bpm	2) Plenty of oral fluids
Babies NICU	BP - 110/80 mmHg	3) Drugs as charted
	H/C NAD	4) W/f BPV
	P/A - Ut (R) well	5) (M) vitals
	UFM P/V - NAB.	6) Inform SOS.
	✓✓✓	
	Trace FBS → 92.	(signature)
	PPBS.	
	PLBS	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/5 4pm	POD 2	
	GC fair	Adv
	afebrile	- Diabetic diet
	BP - 110/80mmHg	- plenty oral fluids
	PR - 80bpm	- drip as charted
babies NICU	SpO2 - 99% on RA	- inj BPV
	P/A - wnl	- ambulation / EBC
M	P/V NAD	- routine
FBS - 92 PPBS - not done PLBS - 160		- Tapomeu
		ndy
2/8/5 7pm	C/F to Dr. Shree ↓ - FBS, PPBS after 4 weeks - Diabetic diet	
		ndy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 5pm	POD-2	Adv
	GC female	- Diabetic diet
	BP - 110/80 mmHg	- plenty of oral fluids
	PR 80bpm	- drugs as charted
Babies NICU	SpO2 - 99% on RA	- w/f BPV
	P/A soft	- ambulation, EBF
M	P/V NAD	- monitor vitals
		Informs
	c/o 5 episodes of loose stools since yesterday	
29/5/26 6am	POD-3	Adv
	GC female.	
	Afebrile	1) Diabetic diet
	PR - 86bpm	2) Plenty of oral fluids
Babies NICU	BP - 122/80 mmHg	3) Drugs as charted
	SpO2 - 98% on RA	4) w/f BPV
1	P/A - Uf (R) well	5) Ambulation, EBF
	P/V - NAD	6) Monitor vitals
		7) Inform SOS
		8) STOP T-Diclofenac.

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ 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: ..... Shifted to: .....

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	Inj FIASP	4-4-4	SC	TID	25/5/26	☐ C ☑ DC
2	T. Glucanorm SR	500mg	PO	BD	25/5/26	☐ 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 : 26/5/26, 7pm

Nurse Name & Signature: Debasmana Dey

Date & Time : 26/5/26 ; 7pm

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

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DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

REGULAR PRESCRIPTIONS

Weight. 69.5kg Ward. MICU

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	QID	26/5

Name & Signature of the Doctor Starting the Drugs: Dr K Sri Surya [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/5	28/05	29/05
12am	Deep P	Deepika P	Deep P
6am	Deep P	Deepika P	Deepika P
12pm	Rachana Suma	Rad	
6pm	Sanje	Sanga	

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	TID	26/5

Name & Signature of the Doctor Starting the Drugs: Dr K Sri Surya [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Stop — Dr. Ramya [signature]

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	TID	26/5

Name & Signature of the Doctor Starting the Drugs: Dr K Sri Surya [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/5	27/5	28/05	29/05
7am / 11:50 pm	26 Gowry	Deepu P	Deepika P	Deepika P
3pm	X	Sanje	Sanga Late	
11pm	X	Deep P	Deepika P	

STOP [signature] 29/5

DRUG : Inj. AUGMENTIN

Dose	Route	Frequency	Start Date
1.2gm	IV	BD	26/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/5
2am	Deep P
9pm	Rachana Suma

STOP [signature] 27/5

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REGULAR PRESCRIPTIONS

Weight 69.5kg Ward MICU

Sheet No: .....

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	26/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	27/5																	
Time ▸																		
6am	Deepika Priya																	

STOP Rel 27/5

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Dt.
625mg	PO	BD	27/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	28/5	29/05																
Time ▸																		
6am	Deepika Priya	Deepika Priya																
6pm	Sangeetha Lalitha																	

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	27/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	28/5	29/05																
Time ▸																		
6am	Deepika Priya	Deepika Priya																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸																		
Time ▸																		

Signature .....

VERIFIED BY : Name .....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 69.5kg Ward M1 ...

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 ....

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Weight. 69.5kg Ward. MICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	1:50pm	Inj. AUGMENTIN	1.2gm (ATT)	IV		
26/5/26	2pm	Inj. PANTAPRAZOLE	40mg	IV		
26/5/26	2pm	Inj. METOCLOPRAMIDE	10mg	IV		
26/5	2:30pm	Inj. TRANEXAMIC ACID	1g	IV		
26/5	2:36pm	Inj. CARBETOCIN	100 mcg	IM		
26/5	2:40pm	Inj. METHERGINE	0.2mg	IM		
26/5	2:42pm	Inj. CARBOPROST	250mcg	IM		
26/5	3:20pm	Supp. TRAMADOL	100mg	PR		
26/5	3:20pm	Supp. DICLOFENAC	100mg	PR		

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

Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

I.V. FLUIDS CHART

Weight. 62.5kg 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
~~26/5~~	~~2:30pm~~	~~1 D RINGERS LACTATE~~	~~IV~~	~~100ml/hr~~	~~X~~				
26/5	2:45pm	1 D RINGER'S LACTATE + 40U OXYTOCIN	IV	110ml/hr	X		26/5		
26/5	7:30 pm	1 D RL	IV	100ml/hr					
26/5	2pm	Inj. $MgSO_4$ 4g	IV	slow IV over 20min			26/5		

Signature

VERIFIED BY : Name

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Name :	I.P. No.	Weight(kg)	Sheet No.
		67.5kg	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
26/5/26	8pm	Inj. PARACETAMOL	1gm	IV		
26/5/26	2pm	Inj BETAMETHASONE	12mg	IM		
28/5/26	11PM	T. SPOROLAC	1 tabs	P/O		Deepika payi'

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(1) 26/05/26

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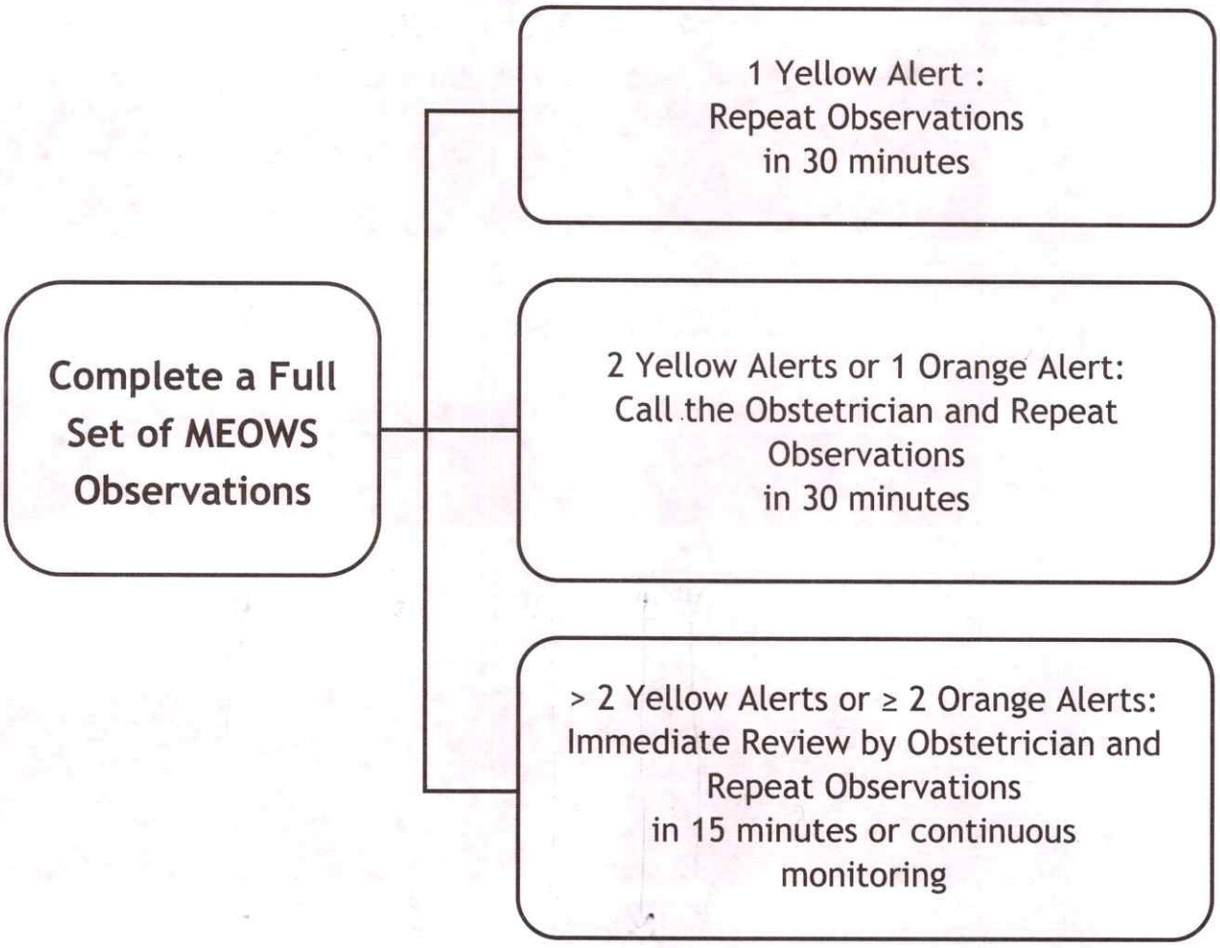
Early Warning Observation Score Chart - Obstetrics

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

		Date						26/5/26																
		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								19	19		20			20				20						20	
	0 - 10																									
Saturations	94 - 100 %								99	98		98			99				99						99	
	< 94 %																									
Administered O_2 (L/min.)									-	-																
Temp°c	40																									
	39																									
	38																									
	37																									
	36								36C	35C		36°C			36°C				36.4°C						97.8°F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														81											
	80								79	85		78							82						60	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120								125	130		117			128				120							
	110																									
	100																									
	90																								87	
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80								85	79		77			78				82							
	70																									
	60																									
	50																								68	
	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	
	Heavy / Foul																									
Liquor	Clear / Pink								C	C		C			C				–						C	
	Green																									
TOTAL YELLOW SCORES									0	0		0			0				0						01	
TOTAL ORANGE SCORES									0	0		0			0				0						0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

27/05/26 (2)

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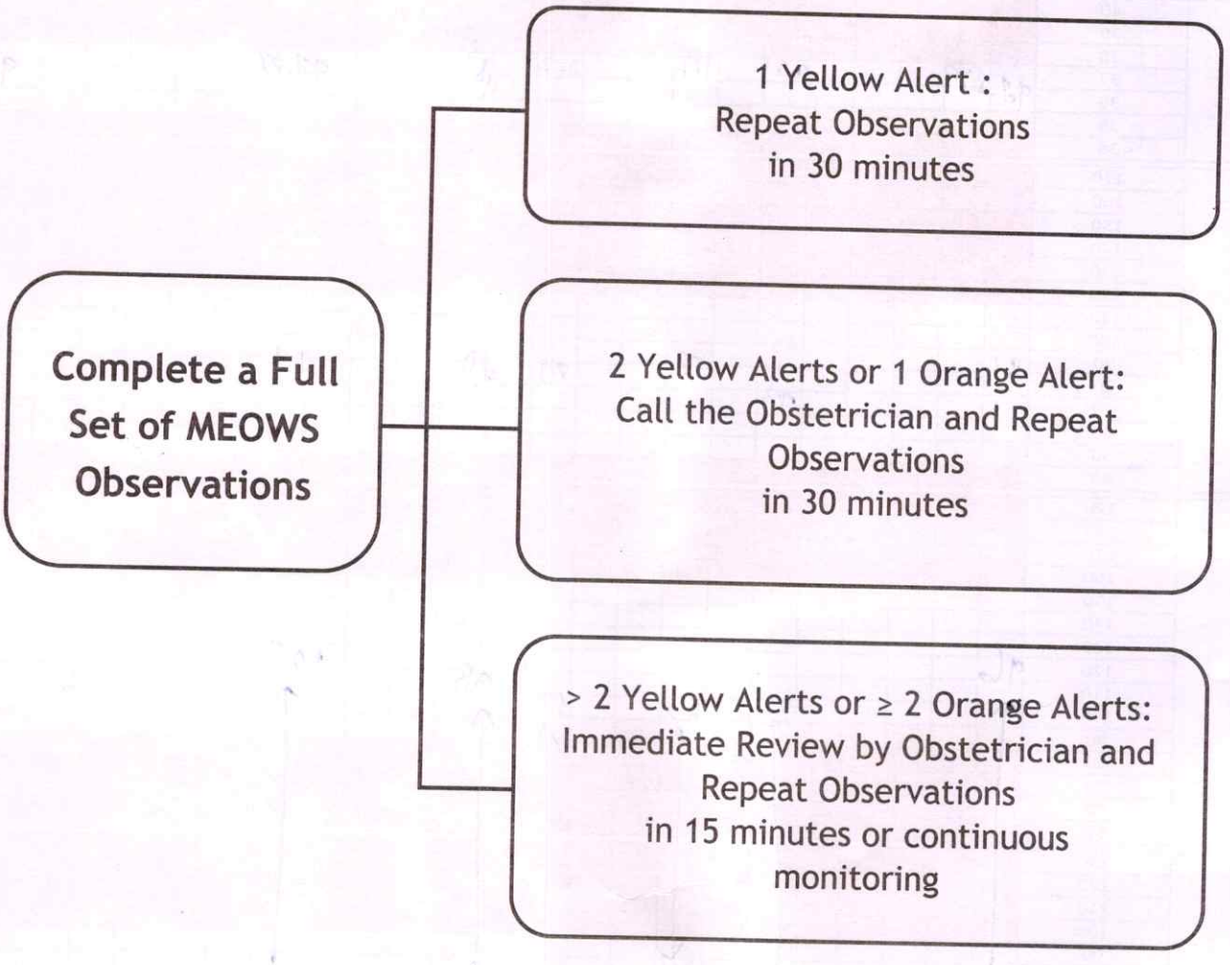
Early Warning Observation Score Chart - Obstetrics

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					20		19			20		20				20							20
	0 - 10																									
Saturations	94 - 100 %		99%					99%		98%			99%		100				98%							98%
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		97.2°F					97.7°F		97°F			97°F		98°F				97.8°F							98.2°F
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		82																							75
	80							83		78			80		80				77							
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		96					81		102			100		98				100							90
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80									84																
	70		72																67							
	60							60					60		85											69
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		A					A		A			A		A				A							A
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		–					✓		–			–		–				–							–
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		H					N		N			N		N				H							H
	Heavy / Foul																									
Liquor	Clear / Pink		C					C		C			C		C				C							C
	Green																									
TOTAL YELLOW SCORES			0					0		0			0		0				0							0
TOTAL ORANGE SCORES			0					0		0			0		0				0							0
Nurse Initial										(2)			(2)													

Obstetrics and Gynaecology Early Warning Signs



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

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 14 D (F)
Dr. PUJITHA DEVI SURANENI

(3) 28/05/26

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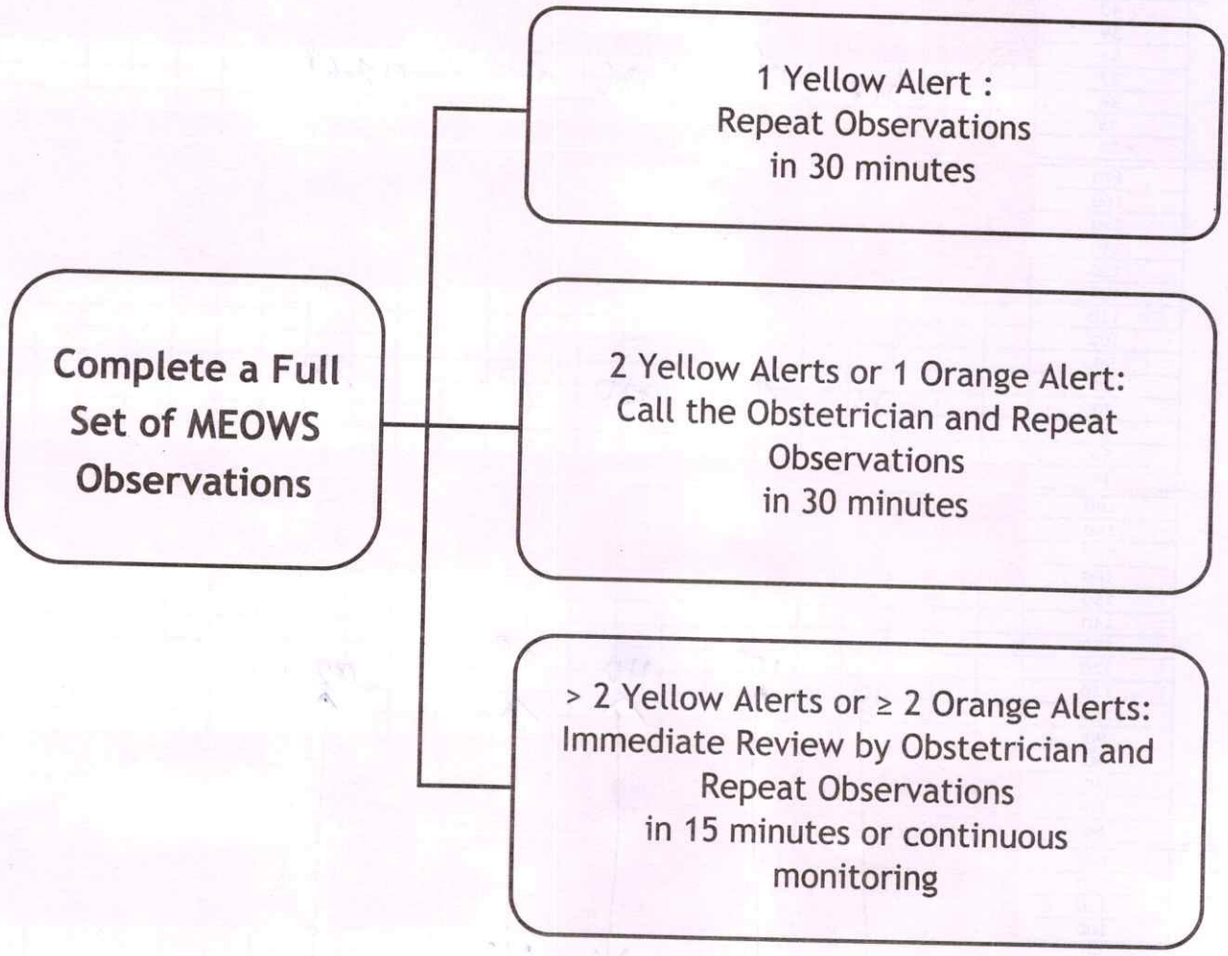
Early Warning Observation Score Chart - Obstetrics

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		20				20		20				20								
	0 - 10																									
Saturations	94 - 100 %					98%		100				98%		100%				98%								
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37					98.4		98.6				98.6		98.6				97.6								
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					73		80				80		68				78								
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110					101		100				110		88				92								
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40					72		70				78		63				59								
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				H							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



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

UV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 14 D (F)
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(4) 29/05/26

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

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)

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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26/5/26

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
26/5/26	02:00 pm	RL	NBM	100ml	–	–	–	–	–	– (OT)	∞	[signature]
	03:00 pm	RL	NBM	100ml	–	–	–	–	–	100ml	0	[signature]
	04:00 pm	RL	NBM	100								
	05:00 pm	RL	NBM	100								
	06:00 pm	RL	NBM	100								
	07:00 pm	RL	NBM	100								
Total Intake : 600 ml.						**Total Output :** U – 100ml, m-o						
	08:00 pm	RL	NBM	100ml	No	No	No	No	No		0	[signature]
	09:00 pm	RL, LD,	~~100~~ ml	100ml							0	
	10:00 pm	RL		100ml							0	
	11:00 pm	RL	100ml.	100ml						400ml	0	
	12:00 am	RL		100ml								
	01:00 am	RL		100ml	No	No	No	No	No			
Total Intake : 800 ml						**Total Output :** U – 400ml, m-o						
	02:00 am	RL		100ml	No	No	No	No	No	200ml	0	[signature]
	03:00 am	RL		100ml								
	04:00 am	~~RL~~	1/20	~~100ml~~								
	05:00 am		20ml									
	06:00 am		Barly water							600ml		
	07:00 am	1/20	200ml		No	No	No	No	No		0	
Total Intake : 600 ml						**Total Output :** U – 800ml, m-o						

Total 24 hrs. Intake	~~1800 ml~~ 1900 ml	Total 24 hrs. Output	U – 1300ml, m-o

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

27/05/26

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							
8AM to 2PM	08:00 am			NO	NO	NO	NO	NO	NO		0	
	09:00 am	H2O	200ml								0	
	10:00 am										0	
	11:00 am	H2O	100ml								0	
	12:00 pm										0	
	01:00 pm	H2O	200ml	NO	NO	NO	NO	NO	NO		0	
Total Intake :		500ml				**Total Output :** U = 2 M = 0						
2PM to 8PM	02:00 pm			NO	NO	NO		NO	NO		0	
	03:00 pm	H2O	200ml								0	
	04:00 pm										0	
	05:00 pm	H2O	200ml								0	
	06:00 pm										0	
	07:00 pm	H2O	100ml	NO	NO	NO		NO	NO		0	
Total Intake :		500ml				**Total Output :** U - 2 M - 0						
	08:00 pm			NO	NO	NO	NO	NO	NO		0	
	09:00 pm	H2O	200ml								0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am	H2O	200ml				NO				0	
	01:00 am			NO	NO	NO		NO	NO		0	
Total Intake :		400ml				**Total Output :** U-1 M-01						
	02:00 am			NO	NO	NO	NO	NO	NO		0	
	03:00 am	H2O	200ml									
	04:00 am											
	05:00 am											
	06:00 am	H2O	200ml									
	07:00 am			NO	NO	NO	NO	NO	NO		0	
Total Intake :		400ml				**Total Output :** U-2 M-0						

Total 24 hrs. Intake	1800ml	Total 24 hrs. Output	U-7 M-02

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 14 D (F)
Dr. PUJITHA DEVI SURANENI

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

28/05/26

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			NO	NO							
	09:00 am	H2O	200ml				✓			✓		
	10:00 am											
	11:00 am											
	12:00 pm	H2O	200ml							✓		
	01:00 pm			NO	NO	NO		NO	NO		0	
Total Intake :		400ml				**Total Output :**				U-2 M-1		
	02:00 pm	H2O	100ml	NO	NO	NO	NO	NO	NO			
	03:00 pm	2					✓			✓	0	
	04:00 pm	H2O	200ml								0	
	05:00 pm	2					✓					
	06:00 pm	H2O								✓	0	
	07:00 pm	2	100ml	NO	NO	NO	NO	NO	NO		0	
Total Intake :		400ml				**Total Output :**				U-2	m-02	
	08:00 pm			NO	NO	NO	NO	NO	NO		0	
	09:00 pm											
	10:00 pm	H2O	200ml	NO			✓			✓		pain
	11:00 pm	RL		100ml			✓					
	12:00 am	RL	H2O	100ml						✓		
	01:00 am	RL	200ml	100ml	NO	NO	~~NO~~	NO	NO		0	
Total Intake :		700ml				**Total Output :**				U-2	IM-03	
	02:00 am	RL		100ml	NO	NO	NO	NO	NO		0	
	03:00 am	RL	200ml	100ml						✓		
	04:00 am	RL		100ml								pain
	05:00 am											
	06:00 am	H2O	200ml							✓		
	07:00 am			NO	NO	NO	NO	NO	NO		0	
Total Intake :		700ml				**Total Output :**				U-2	IM-0	

Total 24 hrs. Intake	2200ml

Total 24 hrs. Output	U-8 IM-0

UV-00161883 IP25-00020643
Ire VASA DIVYA SIRISHA
3-12-1994 31 Y 5 M 14 D (F)
r. PUJITHA DEVI SURANENI

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4

29/05/26

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 :**						
	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-ANAESTHETIC EVALUATION

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

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Name: Divya Sirisha Age: 31y Sex: F UHID.No : CUV-00161883

Date: 26/5/26 Time: 2:00 pm Proposed Operation: Em LSCS.

Diagnosis: G2 A1 DCDA twins 32 weeks.

B.P / CRT: ..... H.R: ..... Weight: ..... ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 12.3	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 9.63	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 238	Na:	Dir. Bill:	Blood group: B positive	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4 A positive	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : N.I

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes : GDM on Insulin from 7th month

Physical Activity: METs > 4

Past Anaesthetic History: SSRPL – 2025

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: Gum bleeding +++

Lungs : BAE (+), clear

Heart: S_1 S_2 (+)

CNS: Clear

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : RG (RT) hand

Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: last meal: 11:30 AM

1. DVT Prophylaxis :
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:

Signature: Name: D. K. Sirisha

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: not maintained
Physical Status: ☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 92 bpm | B.P / CRT: | SpO_2: 98%, one A | R.R: 14 /min | Last Feed: 3hrs

Pre-OP Diagnosis: .... Operation: Emergency LSCS Date: 26/5/21

Surgeon: Dr. Pujitha Anaesthesiologist: Dr. Srinivas / Dr K. Sri Surya Technician: K. Balaba / Prashanth

TIME	2:20	2:30	2:45	3:00	3:20 pm
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
FIO_2 / SaO_2	99	98	97	98	99
$ETCO_2$					
ECG	NSR	NSR	NSR	NSR	NSR
Temperature					
Urine Output					
Fluids / Blood					

Antibiotic

Suppository
TRAMADOL 100mg
DICLOFENAC 100mg

Blood Loss

NOTES
Twin I - 2:35 pm
Twin II - 2:36 pm

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: (Lt) UL
☐ 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: 2:20 pm
OP Start: ↓
OP End: ↓
Leave OR: 3:20 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G (Lt) hand
☐ 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: SAB
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3-L4
Needle Size: 25G Depth: SAS
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% BUPIVACAINE
Bolus: HEAVY 2ml
Infusion: + 25mg FENTANYL
Block Level: T4
Comments: ....

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

Name of the Doctor: Dr. K. Sri Surya
Signature of the Doctor: [signature]

Patient Sticker

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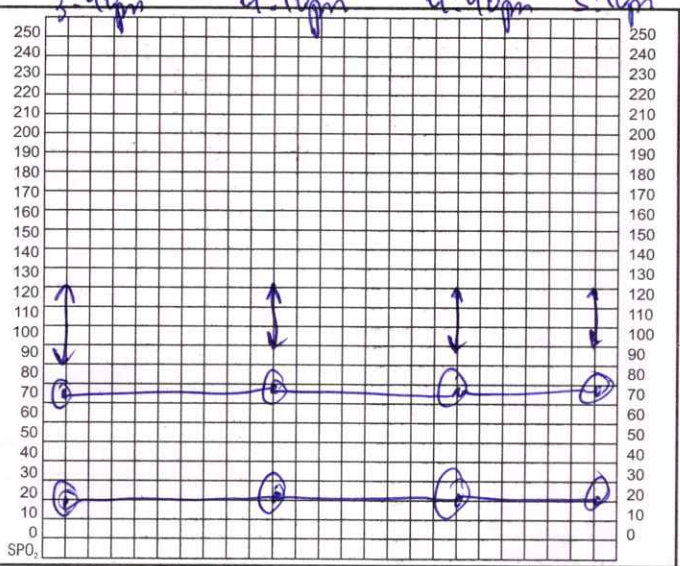
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Debankana Time Received : 3:40 pm Time Discharged : .....



IV Cannula Site : 18G Rt hand

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

Vomiting : ☐ Yes ☑ No Drug: .....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

IV Fluids: IVF RL
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	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	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	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2		
	TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

As per doctor

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. Surya
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : Sr. Debankana
PACU Nurse Signature: .....
Date & Time: 26/5/26 ; 3:40 pm

Transferred to Unit by (PACU): Sr. Sreeja
Date & Time: 26/5/26 ; 8:40 pm

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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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : .....

CUV-00161883 IP25-00020643
Mrs VASA DIVYA SIRISHA
13-12-1994 31 Y 5 M 13 D (F)
Dr. PUJITHA DEVI SURANENI

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Pujitha	Date of Delivery: 26-05-26
Assistant Surgeon: Dr. Sweatha	Time of Delivery: Twin I - 2:35Pm. II - 2:36Pm
Anaesthetist's Name: Dr. Surya	Gender of Baby: Twin - I - F. II - Female
Type of Anaesthesia: SA	Weight of Baby: 1.970 T-I, 1.709 - T-II
Neonatologist: Dr. Kalyan.	AGPAR Score: 8/10, 9/10, 8/10, 9/10.
Scrub Nurse: Br. Amar / Sr. Paravathi	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: DCDA Twins in labor

Urgency

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

Decision time: ..... Knief to rectus: .....

CTG Description: Reassuring

If there was a delay give the reasons: .....

Surgical Procedure: EMERGENCY LSCS

Post Operative Diagnosis: PIL2 c POD-0 g Emlscs

Peri-Operative Complications: 1) ~~Uterus~~ LVS highly vascular 2) Baby I - cephalic delivered as such, Twin II - Breech - delivered by breech extraction c single loop of cord around neck ⊛ 3) Uterine Atonicity +nt; managed c Inj. Methergine 0.2mg IM; Inj Carboprost 0.25mg IM; Amount of Blood Loss: 850 ml Blood Transfused (in ML): Inj oxytocin 40U infusion & T. MISOPROSTOL 800MCG PR

Name and Number of Surgical Specimen sent for examination: —

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ....

Cervical Dilatation: ....4.................................. 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 (Twin II) ☑ Yes (single loop) ☐ 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 .... Suture

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

Fat Closure: ☑ Yes ☐ No ....No2 RAPID VICRYL........ Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....No2 RAPID VICRYL........ Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ....1......... 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 6hrs
2) IVF as per AXON
3) FOLLOW DRUG CHART
4) MONITOR VITALS
5) STRICT I/O CHARTING
6) W/F Active bleeding P/V
7) [illegible]

Doctor Name: Dr PUJITHA

Doctor Signature: [signature] Dr. D. PUJITHA

Date & Time: 26/05/26; 3:30pm

PATIENT TRANSFER FORM

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CUV-00161883 IP25-00020643 Mrs VASA DIVYA SIRISHA 13-12-1994 31 Y 5 M 13 D (F) Dr. PUJITHA DEVI SURANENI Dr-Pujitha	Date & Time of Admission 26/5/26 @ 1:56pm Transfer Ordered by Dr. Pujitha	Date & Time of Transfer Order 26/5/26 @ Reason for Transfer observation
From Unit MICU	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	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.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Gowri 26/5/26.	Dr. Anusha.

Patient & Clinical Records Received by :

Date & Time of Patient Received : Devi 27/05/26 @ 12:30Am.

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
CUV-00161883 IP25-00020643 Mrs VASA DIVYA SIRISHA 13-12-1994 31 Y 5 M 13 D (F) Dr. PUJITHA DEVI SURANENI	26/5/26 @ 1:56pm	26/5/26 @ 2pm
	Transfer Ordered by Dr. Sruthi	Reason for Transfer EM-LSCS
From Unit MICU	To Unit OT	Information to Attendant 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.		
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. Sadhika	Dr. Sruthi

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : 2:10 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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
CUV-00161883 IP25-00020643 Mrs VASA DIVYA SIRISHA 13-12-1994 31 Y 5 M 13 D (F) Dr. PUJITHA DEVI SURANENI	26/5/2026	26/5/2026 3:50 pm.
	Transfer Ordered by	**Reason for Transfer**
	Dr. Srinivasa	EM-LSCS -
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**
—	—	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. [illegible] Sreeja.	Dr. [illegible] Srinivasa

Patient & Clinical Records Received by : [signature] Debankana

Date & Time of Patient Received : 26/5/26 @ 3:50pm

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

CS02&8. O.T

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS. VAGA DIVYA SIRISHA.		Age: 31Y	Gender: FEMALE
UHID No: CUV-[illegible]	IP No: [illegible]	Date: 24/5/26	Time: [illegible]
Diagnosis: [illegible]-TWINS @ 32 WKS.			

PRESCRIPTION DETAILS (Tick only one of the following)

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

Doctor Name: DR. K. SRINIVASA RAO. Doctor Registration No: 35678.

Signature:

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

IP Registration No: IP-25-[illegible] Date: 26/05/2026

Aadhaar No. of the Patient (Optional): —

1.	Name : MRS. VAGA DIVYA SIRISHA.	Remarks
2.	Complete postal address (with contact number, if any)	GUDALA PATNAM VISHAKAPATNAM [illegible]
3.	Brief description of the illness	G.M.C L.S.C.S.
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
26/5/26	FENTANYL CITRATE	ONE		—
—	—	—	—	—

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

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

Time: 4.53 pm

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

S.No	Drug Name	Dosage	Remarks

Doctor Name

Signature

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 25
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No.

	Name	
2	Complete postal address with contact number	
3	Brief description of the illness	
4	Whether registered with any of the registered medical practitioner/ recognized medical institution. If yes, details of the same shall be given	
5	Details of essential narcotic drugs prescribed	

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

Name : Divya Sirisha Corrected EDD : 14/7/26 Parity G2 A1

SYSTEMIC EXAMINATION

Height _____ CVS _____

Weight : _____ Respiratory System : _____

BMI : _____ Breasts : _____ Thyroid : _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
7/1/26	63.9	105/67	13+1	NT	SL OA	→	(N)		4.2.26
14/1/26	65.5	100/58	14+1	⊗	MA - Soft				4.2.26
30/1/26		96/60	16+2	N	MFP (+)	(+)			4.2.26
04/2/26	65	102/65	17+1	Cx	Length →	(N)			4.3.26
26/2/26	65.5	100/64	20+2	N	MFP (+)	FHR (+)		(+)	26.3.26
07/3/26	66.5	102/60	21+4	N	MFP (+)	FHR (+)		(+)	26.3.26

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery : _____

Type of labour : Spontaneous

Induction : Indication _____

Method - PGE 1 ☐ PGE 2 ☐

Mode of delivery : SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Indication : _____

Caesarean section : Emergency ☐ Elective ☐

Indication : _____

SALIENT FEATURES :

Baby details : Girl ☐ Boy ☐ Wt : _____ Apgar score: _____

Postpartum Period : _____

_____

_____

F/GYNE/08

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ANTENATAL RECORD

Antenatal No. 16733/5/26

Reg. No : CUV-00161883

Consultant : DR Akhila

PERSONAL DETAILS Divya Sirisha

Name : Divya Sirisha Age: 31 Date of Birth 13/12/94 Education : B.Pharm

Occupation : Healthcare Phone No. : 7780445886 Mobile :

Husband's Name Harshavardhan Age 33 Education : M.Tech Occupation: Software

Address : Kondapur, Hyderabad

Mobile : 7780445886, E-mail Id : divyasirisha 82@gmail.com

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G_2A_1 DCDA twins	Corrected EDD 14/7/26

HISTORY

Year of Marriage : 2022 Menstrual History : Previous Periods Regular

Consanguinity : NCM Contraception :

LMP 06/10/2025 EDD

Corrected EDD 14/7/26

OBSTETRIC FORMULA

Gravida Para Live Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G_1	2025 March		TOP, 20 weeks. @ Vijayawada i/v/o congenital Anomaly of foot. (talipes equinovarus / short fibula / tibia)				
G_2	PP	-	Sp. Conception				

Medical History : - Nil

Family History : M/F - DM T2

Surgical History : - Nil

Allergies : - Nil

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife A+ VE Husband 21/3/26 ICT

VDRL NR HIV NR HbSAg -NR TSH 2.12 GCT

ROUTINE INVESTIGATIONS HCV - NR 29/11/25 SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
29/11/25		29/4/26	
Hb-14.1		Sr Creat 0.65	
WBC-10,200		Ca^{+2} - 9.03	
pH 7.59		Vit D - 22.5	
FBS 86		Vit B_{12} - 626	
Lipid (N)			
LFT (N)			

Date	GA Weeks	Investigations	Report
21/3/26			
Hb% - 11.1			
RBC - 3.58			
TLC - 9,520			
PLT - 246000			
FBS - 108			
TSH - 2.220			
CUE - (N)			

Tetanus Toxoid : 1st dose T.T 4/2/26 2nd dose

Inj. flu

FETAL EVALUATION

ULTRASONOGRAPHY 24/11/25 - DCDA C 6+4 [I - CRL - 6.2mm | FHR - 120bpm; II - CRL - 7.2mm | FHR - 134bpm]

18/12/25 - DCDA C 10+1 [I - CRL - 32.4 mm | FHR - 156bpm; II CRL - 33mm | FHR 165bpm]

7/1/26 First Trimester	DCDA C 13+1	NT - 2.3mm | NB - Present	NT - 2.2mm | NB - Present	Cx - 3.4cm | UAD (N)
4/03/26 TIFFA	DCDA 20+2	EFW - 379 g (73%) | AC - 66% | Placenta - A-H | CX - 37.0 mm	EFW - 303 g (18%) | AC - 17% | Placenta - P.H. | DOPP WNL (N)	

	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
26/5/26 Growth scan		24+2	GS	C	658	32%	AC - 31%	(N)	P-H	D (N)
				B	659	32%	AC - 23%	(N)	A-H	D (N)
11/5/26		30+6	GS	CRL	1618	32	AC - 19	(N)	P-H	D (N)
					1691	30	AC - 48		A-H	
04/2/26 Others CX Length	DCDA + Doppler			CX - 37.0 mm, Internal os closed No Funneling						

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
		Down syndrome -		Negative for both features