

**DISCHARGE SUMMARY**

<b>Name</b>	Mrs IVY ALBI	<b>UHID</b>	FDH-00041563
<b>Father/Guardian</b>	Mr JEWEL DOMINIC SAVIO ANTONY	<b>Age/Gender</b>	31 Y 6 M 11 D/ Female
<b>Address</b>	#5-101/100, BALAJI NAGAR COLONY, PUPPALAGUDA MANIKONDA PO,RR DISTRICT,TELANGANA, Manikonda, Hyderabad, Telangana, INDIA, 500089		
<b>IP No</b>	IP25-00020395	<b>Admission Date</b>	11-05-2026
<b>Ref Doctor</b>	Self		
<b>Discharge Date</b>	14-05-2026		

**Consultant:**

**Himabindu Annamraju**

**MBBS,MRCOG (UK), CCT (UK)**

Consultant-Obstetrician,Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697

**Diagnosis : PRIMIGRAVIDA WITH 38+1 WEEKS GESTATION WITH**

- 1. PREVIOUS MYOMECTOMY**
- 2. GDM ON DIET**
- 3. H/O BENIGN INTRACRANIAL HYPERTENSION**
- 4. H/O GLIOSIS**
- 5. CHILDHOOD ASTHMA**
- 6. FOR INDUCTION OF LABOUR**

EMERGENCY LSCS DONE IN VIEW OF NON REASSURING CTG + NON PROGRESS OF LABOUR, DELIVERED A LIVE FEMALE BABY OF WEIGHT 3.668 KG ON 12.05.2026 AT 01:43 PM

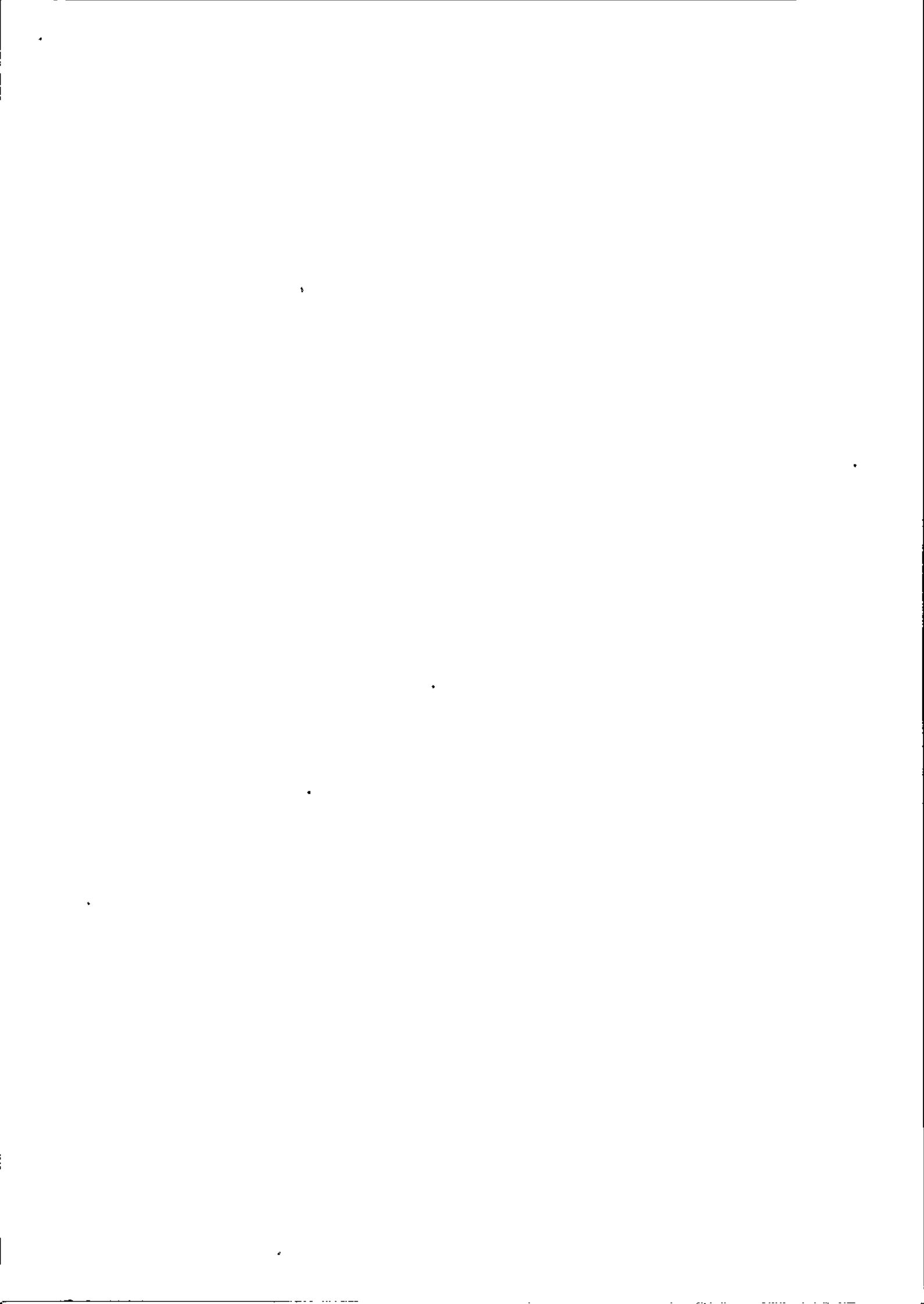
**History:**

LMP: 17.08.2025

Obstetric formula: Primigravida

EDD: 20.05.2026

Gestation at admission: 38+1 weeks



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**Obstetric History :**

G1 - Present pregnancy, Spontaneous conception.

Medical History: H/o Benign ICH in November 2022, was on Tab Diamox 250mg twice daily f/b thrice daily till May 2025

H/o Gliosis, focal seizures at 13 years of age, was on Oxcarbazepine till 25 years of age

H/o childhood Asthma, last episode at 20years of age, not on any medication at present

GDM on diet since 32+1weeks

Family History: Father - HTN, Mother - DM

Surgical History: Laparoscopic myomectomy (10x9cm fibroid) - 2023 July

Hysteroscopy + polypectomy - 2025 July

Allergies: Nil

**Antenatal Details:**

Mrs IVY ALBI was booked to Rainbow hospital at 23+6 weeks of gestation.

She had regular antenatal checkups and investigations as advised elsewhere.

Scan at 6+6 weeks showed subchorionic collections of 7.2x3.4mm and 15.3x4.3mm with multiple small uterine fibroids. She was managed

conservatively and the collection was resolved on follow up scans. NT scan and FTS at 13weeks was normal. TIFFA scan at 21 weeks was normal. Serial

growth scans were normal. H/o polyhydramnios at 31+4weeks, AFI - 22.7cm. She is GDM on diet since 32+1weeks. Scan done on 27.04.2026 showed,

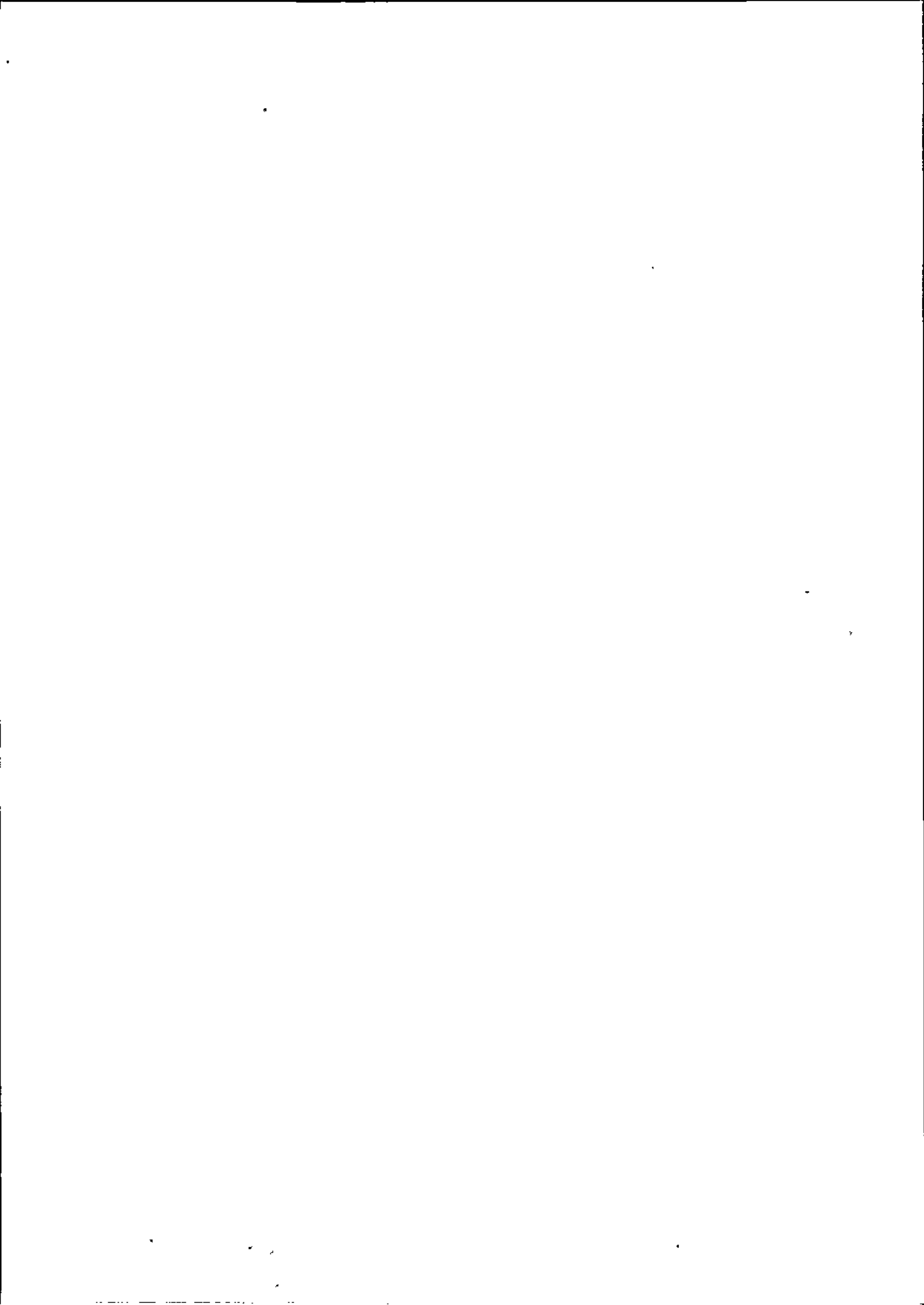
SLIUG at 36+1weeks, Cephalic, placenta anterior and high, AFI - 21 cm, EFW

- 3113 gm, 76% AC- 65% with normal dopplers. She had an uneventful antenatal period. She was admitted at 38+1 weeks with past myomectomy for

induction of labour.

**Investigations: Enclosed**

Blood group : "AB" Positive



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<b>IP No</b>	IP25-00020395	<b>Admission Date</b>	11-05-2026

**Management:**

**Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 2 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Written informed consent was taken for induction of labour and trial of labour post myomectomy, risks of bleeding, blood transfusions, uterine/scar rupture, fetal distress, need for emergency LSCS were explained. They consented for same. She was induced by intracervical foleys insertion. She was monitored for progress in labour. Artificial rupture of membranes was done at 2-3cm dilation revealing clear liquor. As per hospital protocol she was started on IV. Taxim 1gm in view of ruptured membranes. Further augmentation of labour was done with syntocinon drip. Patient opted for epidural anesthesia at 3cm dilation. Same was sited by anesthetist after informed consent. On repeat examination after 6 hours her VE findings were same, head was high up, NST was non reassuring with poor beat to beat variability, not improved with necessary measures. Patient and attenders were informed about the findings and need for emergency LSCS was explained. They consented for LSCS.

She was decided for emergency C- section in view of Non progress of labour + Non reassuring CTG, 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 epidural 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

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Name	Mrs IVY ALBI	UHID	PDH-00041663
IP No	IP25-00020395	Admission Date	11-05-2026

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 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Head high, delivered with forceps**

**LUS highly vascular**

**Uterine atonicity present, managed medically with Injection**

**Methergin 0.2mg IM, Injection Tranexa 1gm IV and Tab Misoprostol 1000mcg PR**

**Hemostasis secured**

**1x1cm subserosal fibroid on posterior wall of uterus**

**Multiple small seedling fibroids on posterior wall of uterus**

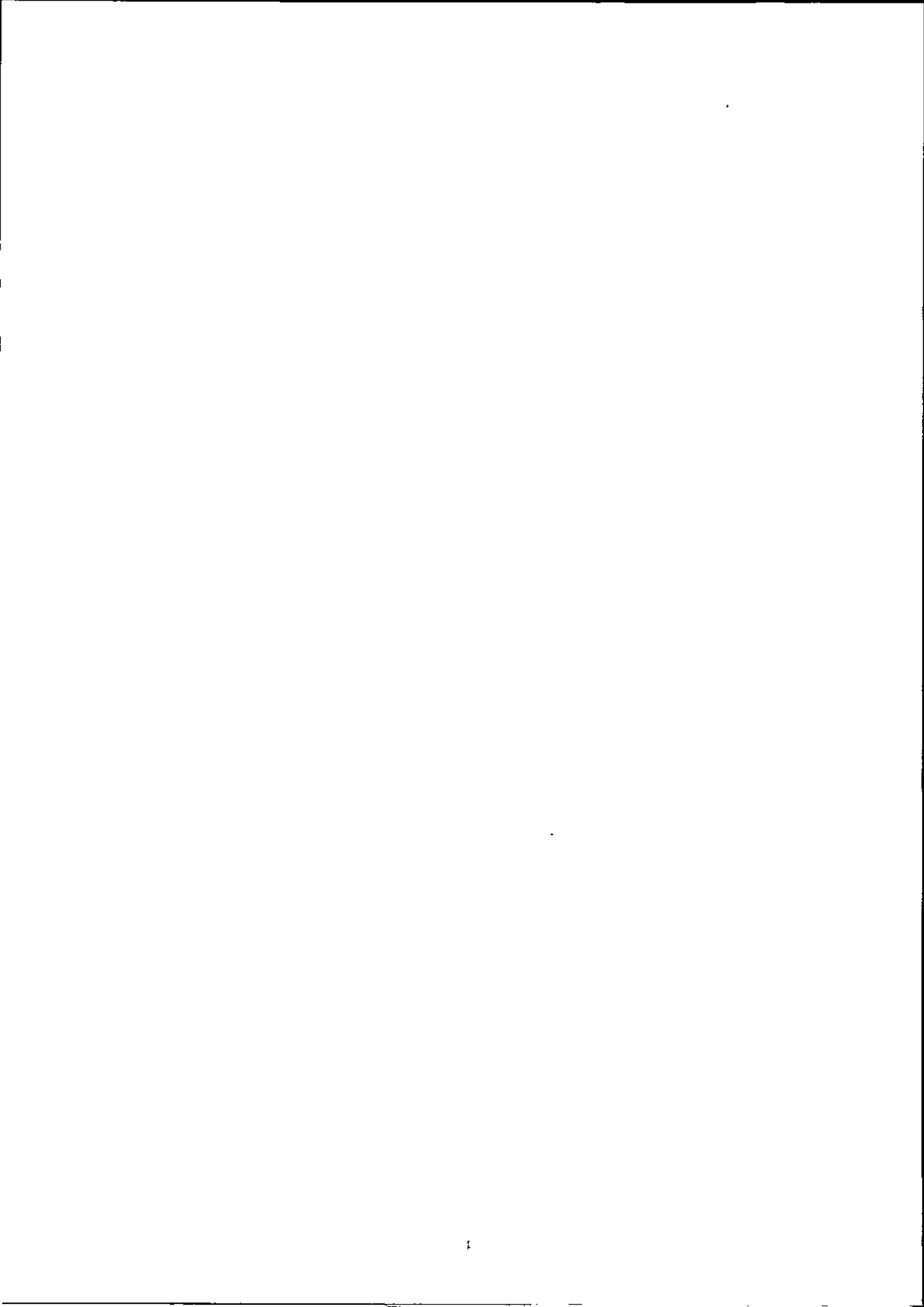
**Omental adhesions to posterior wall of uterus**

**Delivery Details :**

Date : 12.05.2026  
Time of Delivery: 01:43 PM  
Type of Delivery: Emergency LSCS  
Indication : NPOL + Non Reassuring CTG  
Analgesia : Epidural

**Baby Details:**

Date : 12.05.2026  
Time : 01:43 PM  
Sex : Female  
Weight : 3.668 KG  
Apgar : 7,9  
Gestational Age: 38+1 weeks  
NICU Admission: NO



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### 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 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.

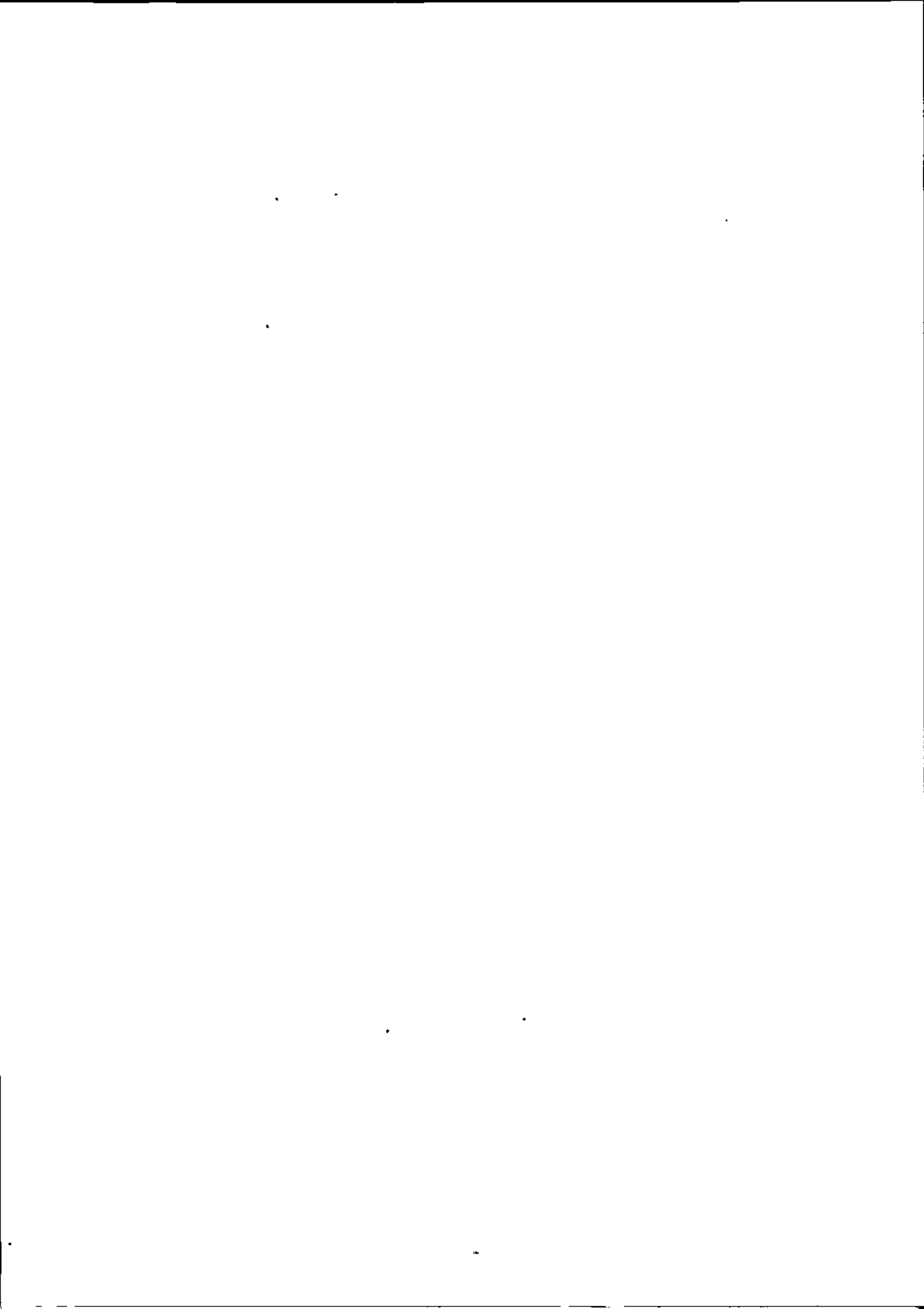
### Advice:

1. Tab. Taxim O 200mg twice daily till 18.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 18.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 18.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 18.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.
8. To do FBS, PLBS and HBA1V after 6 weeks

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 22.05.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU after 1week on 22.05.2026 at



Name	Mrs IVY ALBI	UHID	IPH-00041563
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postnatal clinic with prior appointment (**Review consultation will be charged**).

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

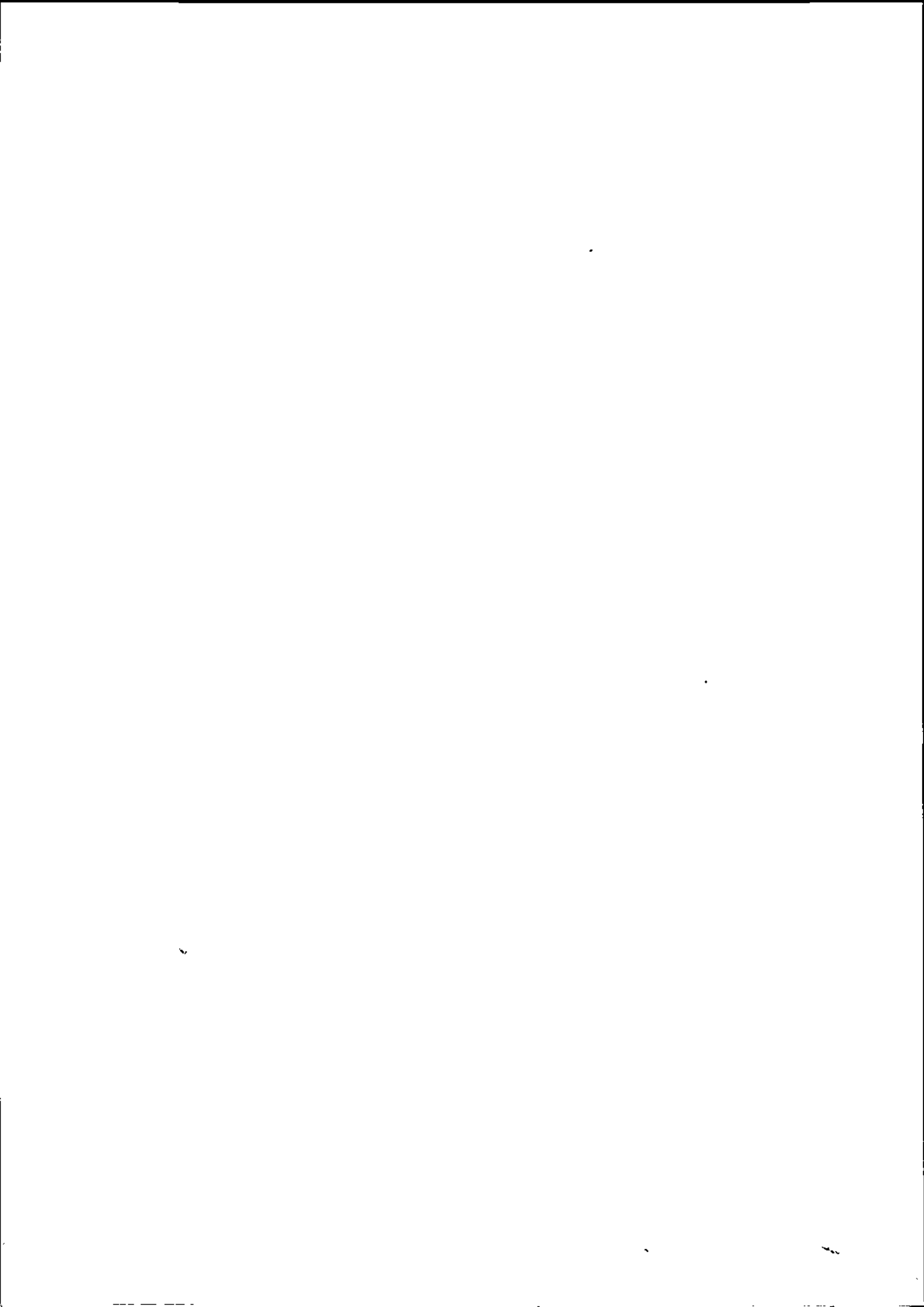
- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution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

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



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.



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IP No	IP25-00020395	Admission Date	11-05-2026

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

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



**Himabindu Annamraju**  
**MBBS, MRCOG (UK), CCT (UK)**  
Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon  
Specialist in High-Risk Pregnancy  
Reg. No : 51697

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FDH-00041563 IP25-00020395  
 Mrs IVY ALBI  
 01-11-1994 31 Y 6 M 11 D (F)  
 Dr. HIMABINDU ANNAMRAJU

EP

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**SURGERY DETAILS**

Date : 12/5/26  
 Patient Name: Mrs. Ivy Albi Date of Birth: 1/11/1994 Age: 31 Y  
 Gender: female Ward : OT UHID No.: FDH-00041565  
 Date of Surgery: 12/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery : EMCS

Time in : 1:35 pm Time Out : 2:30 pm

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Srinivas	
3. Assistant Surgeon	Dr. Pooja	
4. OT Technician	Sr. Subhasini	
5. Circulating Nurse	Br. Subhadheep	
6. Assistant Nurse	Sr. Baby	

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: 574509 / 10

Order by: Baby

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EM. LSCB ↓ E.P

CONSUMABLES OF OT

Circulating staff : ..... Technician : SUBHASINI Date : 12/05/26 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCB</u>		<u>01</u>	Inj Vit.K		<u>01</u>
LMA			Sutures			Cord Clamp		<u>01</u>
ECG leads : A / P / N		<u>03</u>	<u>2347</u>		<u>02</u>	Suction Catheter		<u>01</u>
HME filter : A / P / N			<u>2762</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc ✓		<u>03</u>				Vaccum Suction Set		<u>01</u>
05 cc —		<u>04</u>	Gloves <u>6, 6 1/2</u>		<u>2+3</u>	Surgical Gloves		<u>01</u>
02 cc —		<u>04</u>				Gauze Pack		<u>01</u>
01 cc —						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)		<u>01</u>
RL ✓		<u>02</u>	Cautery pencil		<u>01</u>	<u>underpad</u>		<u>01</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>BIOXAMIC</u>		<u>02</u>	Ointments					
<u>COPOLINE</u>		<u>01</u>	Suction Catheter					
<u>Fentanyl ADROGLARE</u>		<u>01</u>	Cap, Mask					
<u>Morphine MINI SPIKE (V)</u>		<u>01</u>	Gauze Pack		<u>04</u>	<u>574450</u> <u>Baby side</u>		
<u>Ketamine RILIVOL</u>		<u>01</u>	Mop Pack		<u>02</u>			
<u>Propofol THEMNEAR</u>		<u>01</u>	Steristrip <u>Sterizen</u>		<u>01</u>			
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		<u>01</u>			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<u>DIR Aprons</u>		<u>03</u>
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>new non pad</u>		<u>01</u>
Antibiotics			Bandage			<u>misoprost</u>		<u>04</u>
			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>02</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Baby Nurse Pavathi

Surgeon ..... Anaesthesiologist .....  
 Order No. : 574427 (NSB) / 574456 (TECH) Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

OT Technician

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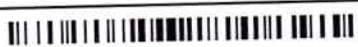
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**Rainbow Children's Hospitals - Financial District**

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 : IP25-00020395      Admit Date : 11-May-2026      Admit Time : 07:55 PM      UHID : FDH-00041563

**Patient Details :**

Patient Name	: Mrs IVY ALBI	Age	: 31 Y 6 M 10 D
Guardian	: Mr JEWEL DOMINIC SAVIO ANTONY	DOB	: 01-11-1994
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: #5-101/100, BALAJI NAGAR COLONY, PUPPALAGUDA MANIKONDA PO,RR DISTRICT, TELANGANA Manikonda Hyderabad Telangana INDIA 500089	Phone No	: 9652851984/
		E-mail	: 9652851984@GMAIL.COM

**Admission Details :**

Bed Type : MICU      Bed No : MICU-05      Ward Name : 4F -MICU  
Room No : MICU-05      Admission Type : First Visit

**Contact Details :**

Name : Mr JEWEL DOMINIC SAVIO ANTONY      Relationship : W/O  
Contact Address : #5-101/100, BALAJI NAGAR COLONY,  
PUPPALAGUDA MANIKONDA PO,RR  
DISTRICT,TELANGANA Manikonda Hyderabad  
Telangana INDIA 500089      Phone No : / 7736189240

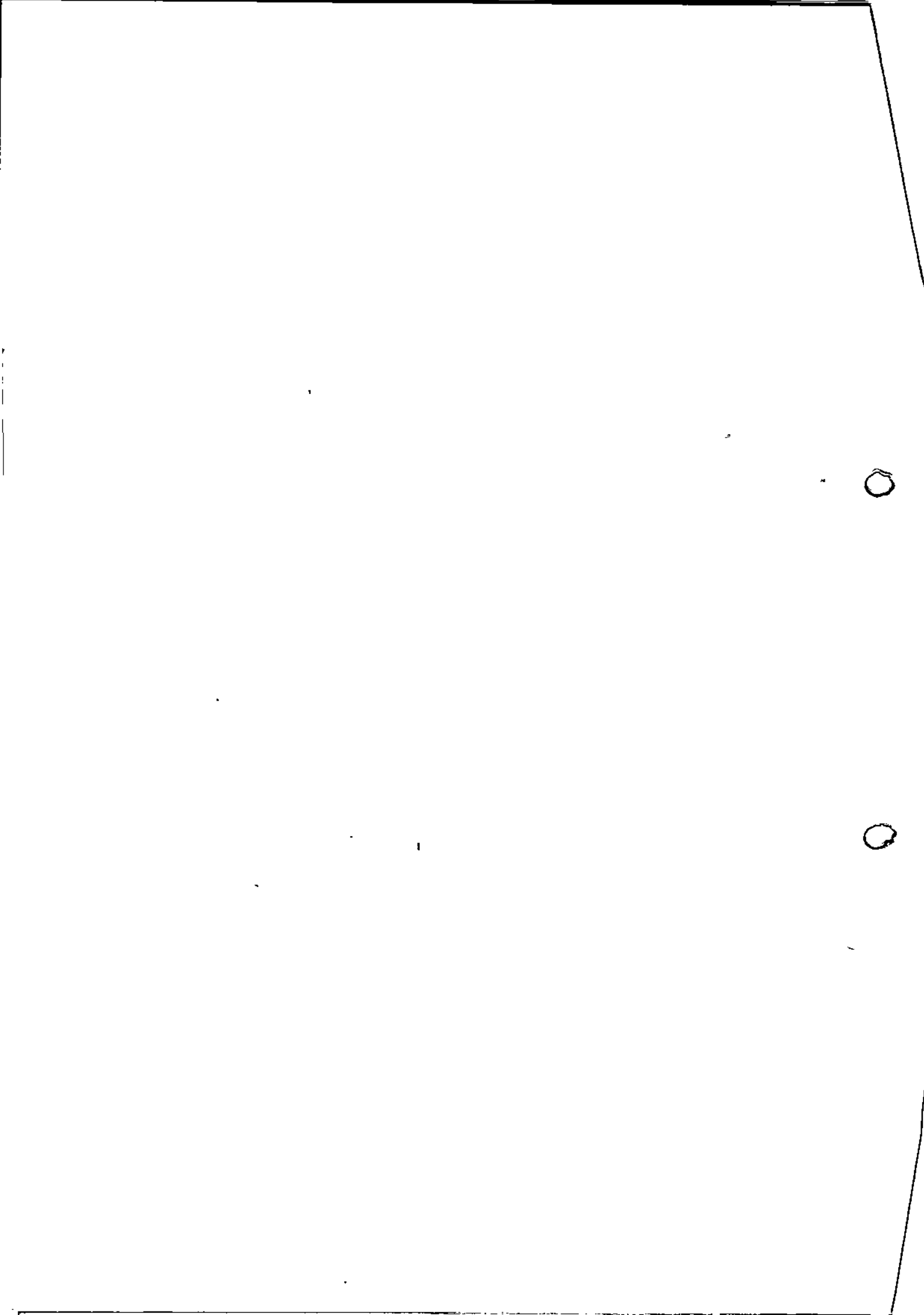
Signature 

**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



DRG

H-00041563  
\* IVY ALBI  
-11-1994  
31 Y 6 M 10 D (F)  
HIMABINDU ANNAMRAJU

### ACTIVITY RECORD FOR BILLING

Name: Mrs Ivy Albi

UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 11/5/26 Time : 7:55pm Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

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

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	1:35pm	MICU	OT	<i>[Signature]</i>
12/5/26	2:35pm	OT	MICU	<i>[Signature]</i>
12/5/26	9:25pm	MICU	327	<i>[Signature]</i>
12/5/26	11:50AM	ward	Billing	<i>[Signature]</i>

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
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# INVESTIGATIONS

Date	Investigations	Order No.	Sign	
11/5	NST - ① ✓	5370 ✓	Jy	
11/5	GRBS - 88 mg/dl ✓	6943 ✓		
11/5/26	CBP - PT / APTT INR ✓	6941 ✓	} <del>Signature</del>	
11/5/26	NST - ② ✓	5372 ✓		
11/5/26	NST - ③ ✓	5373 ✓		
11/5/26	NST - ④ ✓ (7AM)	5380 ✓		
12/01/26	GRBS - 89 mg/dl ✓ (7AM)	(Self)	} Bhargava	
12/01/26	NST - ⑤ ✓	5485 ✓		
12/05/26	GRBS - 84 mg/dl ✓ (11AM)	6943-3031 ✓		
	NST - ⑥ ✓	5486 ✓		
	NST - ⑦ ✓	5487 ✓		
	NST - ⑧ ✓	5488 ✓		
12/5/26	NST - ⑨ ✓	5489 ✓		
	NST - 10 ✓	5490 ✓		
	NST - 11 ✓	5491 ✓		
12/8/26	GRBS - 59 mg/dl ✓ (11AM)	7032 ✓		Sharma
13/5/26	NHA ✓	4769 ✓		Subhara
14/05/26	FBS - 77 mg/dl	7183	Pau	
14/5/26	PPBS - 129 mg/dl	7212	Subhara	
14/5/26	PLBS - 130 mg/dl	7213	Subhara	
<del>o.c. by Subhara</del> 14/5/26				



**PROCEEDURE**

Date	Proceudure	Quantity	Order No.	Signature
11/15/26	IV placement ✓	1	4161 ✓	[Signature]
12/5/26	PAC (IP)	1	4516 ✓	[Signature]
	Catheterization	1	4515 ✓	[Signature]
12/5/26	IV placement (1)	1	4517 ✓	[Signature]
<p><del>c.c by submax 14/5/26</del></p>				

**ANY OTHER INFORMATION**

12/5/26 ARM done @ GAM  
 " Anemia give @ GAM  
 OP file handed over to pt. attendant [Signature]

Date: 12/5/26      Time: 12pm      Prepared By: Bhagya

<p>Staff Nurse</p> <p>Bhagya</p>	<p>Shift / Ward</p> <p>MCW</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Patient Sticker

## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindoo</u>	Date of Delivery: <u>12/5/26</u>
Assistant Surgeon: <u>Dr. Pooja</u>	Time of Delivery: <u>1:43 pm</u>
Anaesthetist's Name: <u>Dr. Ashwini</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>Epidura</u>	Weight of Baby: <u>3.668 kg</u>
Neonatologist: <u>Dr. Sowathi</u>	AGPAR Score: <u>7/10</u>
Scrub Nurse: <u>Sr. Baby</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

 Elective

 Emergency

 Indication: Non reassuring NST + NPOI.

#### 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: Non reassuring CTG

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

Surgical Procedure:

Embscs

Post Operative Diagnosis:

OPOD- P, L1

Peri-Operative Complications:

US highly vascular  
 ① 1 loop of cord around neck ② uterine distensity,  
 managed w/ 2g Tranexa 1cm IV, 2g Methergin 0.2mg IM, T. Misoprostol 160mcg  
 ③ Hemostasis secured. ④ multiple seedling fibroids, 1x1cm fibroid on  
 posterior wall of etc

Amount of Blood Loss:

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

⑤ omental adhesions on posterior  
 wall of uterus  
 ⑥ Baby delivered w/ forceps

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other ..... Cervical Dilatation: ..... cm  
 5th Palpable: ..... Fetal Position: .....  
 Station:  -3  -2  -1  0  +1  +2 Moulding:  None  +  ++  +++  
 Caput:  +  ++  +++ Meconium:  None  +  ++  +++  
 Bladder Catheterized:  Yes  No Urine:  Clear  Blood Stained

Skin Incision:  Pfannensteil  Transverse  Midline  Other .....  
 Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
 Previous Scar:  Intact  Thinnedout  Ruptured  No Scar  
 Incision Through Placenta:  Yes  No  
 Delivery of head:  Manual  Forceps  
 Liquor:  Clear  Meconium:  I  II  III  Blood  Offensive  Not Offensive  
 Delivery of Placenta:  Manual  CCT .....  Complete  Incomplete  Piecemeal  
 Cord Appearance: (N) ..... Cord around the neck:  Yes  No  
 Appearance of placenta: (N) ..... Cavity explored:  Yes  No  
 Uterus, tubes and ovaries:  Normal  Not Normal Sterilization:  Yes  No

Uterine Closure:  One Layer  Two Layers } ..... Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None } Viscy 1-0 ..... Suture  
 Sheath Closure: ..... Suture  
 Fat Closure:  Yes  No } Rapid Viscy 2-0 ..... Suture  
 Skin Closure:  Subcuticular  Mattress  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter:  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: .....

R, NBmx 4hs  
 EBF  
 (M) Vitals / BPV / 210  
 Drugs as charted  
 Infusions

Doctor Name: Dr Himabindu Doctor Signature: [Signature]

Date & Time: 12/5/28 @ 2pm

MPCO

ESTIMATION SLIP

Date : 31/01/2026 UHID / IP No. : FDH-0041563 SI No. 3241  
Name of Patient : Mrs IVY ALBI Age: 31Y Gender: Female  
Father's / Husband's Name : Mrs Jewel Anthony Corporate / Occupation : Qualcomm  
Address : Phone : 9652851984 Email :  
Procedure / Plan : Delivery Single, Primi EDD/Dos: May  
MODE OF PAYMENT :  SELF  TPA:  GIPSA : NIA/MA OTHER

TARIFF INFORMATION : Dr. Himabindu

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	80,000	90,000
Private Room	90,000	1,00,000
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
Room to be given post delivery only	Length of Stay for : 2 days / 48 hrs	Length of Stay for : 3 days / 72 hrs
	Pharmacy up to 9000	Pharmacy up to 12000
	Investigations up to 2500	Investigations up to 3000
Others		

Neonatologist Charges :  Covered  Not Covered Epidural / Entonox :  Covered  Not Covered

Initial Minimum Deposit : Mother = 20K, Baby = 20K + 10K extra → SBR/NBS

- REMARKS :
- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
  - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
  - Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc. Neonatologist = 10K
  - In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
  - For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.
  - Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable. (22K) → IPMC = 10K, Diet = 500, Lact = 2000
  - Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
  - Tariffs are subject to revision
  - Kindly check your billing status on day to day basis at IP Billing Department. Physio = 2200, MRD = 1500, IPPF = 1000
  - Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays) Food = 1000/day, GST = 300/day

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

Signature of the Client: [Signature] Signatory Relationship: [Signature] Signature of the financial Counselor: [Signature]

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# IP ADMISSION SHEET FOR OBSTETRICS

### Presenting Complaints

Admitted for IOL

LMP: 17/08/25

EDD:

Corrected EDD: 20/5/26

GA: 38+1 wk

Obstetric Formula: Primigravida

Menstrual History: Regular:  Yes  No

### Obstetric History:

### Obstetric Examination

I-PP- conceived spontaneously

Fundal Height: ut term

- registered at 23+6 wks

Ut. Activity:  Relaxed  Mild  Mod  Severe

- Had regular AUCs

Liquor:  Adequate  Oligo  Poly (21cm)

### Present Pregnancy Record:

- scan at 6+6 wks → sub chorionic collection

PP: 1m.  Cephalic  Breech  Others \_\_\_\_\_

(7.2x3.4mm & 15.3x4.3mm) ± multiple small uterine fibroids

- EFTS - low risk, NT scan at 13 wks - (A)

Head Fifths Palpable: \_\_\_\_\_

- TFFA scan at 21 wks - (U)

FHS:  Normal  Tachy  Brady  Absent

### RISK FACTORS: - renal growth scan - poly -

AFI 22.7 at 31+4 wks.

- ADM on diet

### Per Speculum Examination

- Benign ICH

Draining:  Present  Absent  Bleeding

- No glycosis

Colour of Liquor:  Clear  Meconium  Blood Stained

- Childhood Asthma

### Vaginal Examination

- Prev Myomectomy

Cervix:  Long  Partially effaced  Effaced

Height: 154 cm

Os: Closed \_\_\_\_\_ Dilated 2F

Weight: 72.9 kg

Membranes:  Present  Absent

Allergies: NA

Liquor:  Clear  Meconium  Blood Stained

Breast:  Normal  Abnormal

Presenting Part:  Vertex  Breech  Others

### General Examination:

Consciousness: c/c Pallor: -

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

Icterus: - Edema: -

Pelvis:  Adequate  Doubtful

Temp: - PR: 92 bpm

BP: 120/70 DTR: -

CVS: - RS: -

Liver/Spleen: - Urine Output: -

### DIAGNOSIS

Primigravida at 38+1 wks GA ± <sup>KUB</sup> Benign ICH ± No glycosis ±  
No childhood Asthma ± prev Myomectomy for follicle induction



<p>Family History:          F-HTN          M-DM</p>	<p>Surgical History:          Lsp Myomectomy - 10x9cm fibroid - July, 2023          Hyster+ polypectomy - July 2025</p>
<p>Medical History:          Benign ICH Ded in Nov, 2022          No epilepsy → few seizures @ 13yrs age          No childhood Asthma</p>	<p>Medication History:          on T-DIAMOX 250mg BD upto 110 till May 2025          till 25yrs on oscaropropine          last episode @ 20yrs age not on med now.</p>
<p>Plan of Care: GDM Ded @ 32+1 wk</p> <ul style="list-style-type: none"> <li>- Admit</li> <li>- Consent</li> <li>- Part preparation</li> <li>- MT</li> <li>- secure IV cannula</li> <li>- Monitor vitals</li> <li>- TO and CBP, PT/INR</li> <li>- Wg contractions</li> <li>- Wg Progress of cerv</li> <li>- Induction &amp; foetus insertion</li> </ul>	<p>audit Investigations:</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">             BAT - AB+ve         </div> <p>26/4</p> <p>HIV          HBsAg          HCV          VDRL</p> <p>MB-11.82g/dL          PLT count - 2.40          TLC - 7.58          S.TJU - 2.39          HbA1c - 5.5</p> <p><u>27/04/26</u></p> <p>SLUF at 36+1 wk CA          cephalic          Placenta - Anterior high          AP - 21cm (poly)          EFW - 3113g (76%)          AC - 65%          fetal dopplers ⊕</p>

Doctor Name: Dr. Praveena  
 Signature: [Signature]  
 Date & Time: 11/05/26; 6pm

Consultant Name: Dr. HIMABINDU  
 Signature: [Signature]  
 Date & Time: 11/05/26; 6pm

JH-00041563

IVY ALBI

-11-1994

IP25-00020395

31 Y 6 M 10 D

(F)

HIMABINDU ANNAMRAJU



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# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	<u>High Risk Consent</u>	
7pm		
	<u>Intracervical Foley's induction consent for previous Myomectomy</u>	
	<p>Mrs. IVY ALBI, aged 34yrs diagnosed <math>\bar{c}</math> Prim<math>\bar{c}</math> at 38<math>\bar{c}</math> wk GA <math>\bar{c}</math> No fibroids <math>\bar{c}</math> KICLO Benign ICH <math>\bar{c}</math> Previous 10X9cm fibroid - myomectomy. Patient and partner attenders counselled regarding induction <math>\bar{c}</math> intracervical foley catheter. Need for close monitoring of fetal heart and to watch for signs and symptoms of myomectomy scar rupture. Risk of excessive bleeding, need for blood and blood products transfusion, infection, uterine injury, injury to surrounding structures. Need for emergency ces if any signs suggestive of scar rupture explained. Couple consented for the same.</p>	
	Patient Sign: <u>[Signature]</u>	<u>[Signature]</u>
	Attender Sign: <u>[Signature]</u>	





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/26	cb by Dr Swette	
7:45pm		
	GC pt dx	
	Afxible	
	PR 84bpm	
	BP-110/70mmHg	
	SpO2 98% O2A	
	PA ut closed	
	Fur ⊕	
	Pr - cx 1cm long	
	on 2F dilated	
	PPV: nt-3	
	Intracervical Foley induction MAP	
	MAP, PAVS cleaned and draped w/ Betadine. Ant & Post.	
	Vaginal walls retracted w/ Sims speculum. Ant. lip of cervix held	
	w/ sponge holding forceps. Foley catheter inserted into the cervical	
	cervix and inflated w/ 30cc NS.	
		Aa
		- Monitor vitals
		- NST 4+kg
		- W/ contractions -
		- W/ PAC
		- Reflex
		Swet



DH-00041563  
 RA IVY ALBI  
 1-11-1994  
 F. HIMABINDU ANNAMRAJU  
 IP25-00020395  
 31 Y 6 M 10 D (F)

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05/16	acceptor	<u>Ad</u>
6:10 AM	Afebrile	11 NST
	PR 88 bpm	41 In TAXIM (prem 14
	BP- 120/70 mmHg	27 Emma
	Spa 97.1 C	41 F syntocinon 100 in
	PA ut contract @cc	10 R and total
	FUR ⊕	52 W9 contractions
	Pr cx soft 1 cm long	61 W9 PCL
	as 2-3 cm dilated	71 97% 55
	PPV ant-3	<u>over</u>
	Amen clear	
	clear liz ⊕	
12/5	<u>4/5/16 or himabindu</u>	On synto - 200 mg
10 am		<u>Ad</u>
	acc for	- NST
	agene	- Epidural conally
	BP - 110/80 mmHg	- wq contraction / RCL
	PR - 84b	- 2nd
	SpO2 - 99.1 %	- 2nd
	1st - ut-14, contract ⊕	- 2nd
	PR ⊕	
	PR - 6.1 cm long	<u>nd</u>
	OS - 3cm	
	PPV, station → -3	

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/15/26 12 pm	↓ 10L ↓ Epidural Gejair Afebrile PR - 65 bpm. BP - 116/77 mmHg P/A - ut STG, contract Cephalic, FHS ⊕	Adv 1) O <sub>2</sub> inhalation 2) Synto @ 12 ml/hr 3) NST monitoring 4) Pitrate synto if NST is reactive 5) N/F contractions, P/L
GAB 8 Taylor	CTG - ↓ ind variability P/v - Cx 50% effaced Os 3-4 cm dilated PPVx station - 2 skin fold caput ⊕	6) Monitor vitals 7) Inform JCS [Signature]
12:30 pm	CTG - Reactive →	Synto @ 24 ml/hr + titrate accordingly [Signature]

JH-00041563

IP25-00020395

IVY ALBI

-11-1994

31 Y 6 M 10 D

(F)

HIMABINDU ANNAMRAJU



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12:45 pm	<p>desat<sup>n</sup> upto 70bpm NST - poor beat to beat variability No accelerations</p>	
	<p>↓ Syncto stopped</p>	<p>4RBS - 59.1. → D25.1. IV stat</p>
	<p>↓ No improvement in beat to beat variability</p>	
DIE	<p>plu - OS 2 undilated</p>	
	<p>Ex long gtm 1-3)</p>	
	<p>Clear liquor</p>	
	<p>↓ R - Continue CTG</p>	
	<p>- Stop Syncto</p>	
	<p>- D25.1. done</p>	
	<p>- Preop medication</p>	
	<p>- Suppm OT / #naes / pads</p>	
	<p>- Shift to OT as advised</p>	
	<p>↓</p>	
	<p>↓</p>	
	<p>↓</p>	







**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
13/5/26 7pm	POD-1 GC fair Afebrile PR-84 bpm BR-126/70 mmHg SpO <sub>2</sub> -99% on RA PlA- ut @ well Plv-NAB	Adv 1) Normal diet (Dialectre) 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPR 5) Monitor vitals 6) To do FBS, PPBS, PLBS - 14/5/26 7) Tylenol SOS
14/5/26 7AM	<u>II</u> POD Cyaic Lefeb PR-78 bpm Bp-114/90 mmHg SpO <sub>2</sub> -99.1. PlA- uterus well etc soft Plv-NAB	Rp Ambulation @ diet oral fluids EBF Ⓜ vitals / Bp / StO Drugs as charted FBS } PPBS } 14/5/26 PLBS } Discharge as per package Tylenol SOS
14/5/26 after 12pm	FBS-77 mg/dl	

Baby m/s.

UV  
FV  
MV

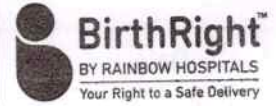
Adv

Dr. Himabindu Annamraju

Dr. Himabindu Annamraju

FDH-00041563  
Mrs IVY ALBI  
01-11-1994

IP25-00020395  
31 Y 6 M 12 D (F)  
Dr. HIMABINDU ANNAMRAJU



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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/5/20 Time: 9:30

Origin: Dudis Height: 154 Weight: 72.9 BMI:  ~26 kg/m<sup>2</sup>  
 ~28 kg/m<sup>2</sup>  
 ~30 kg/m<sup>2</sup>

Food Allergies: .....

Diagnosis: primi at 38 weeks In 2oc - 2oc

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

Diet Advised:

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

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

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

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

Patient's / Attendant's  
Signature: [Signature]

Name: Ivy Albi

Date & Time: 13/5/20 9:30

Dietician's  
Signature: [Signature]

Name: [Name]

Date & Time: 13/5/20 9:30



S. No.	Consumables	Qty.
1	SURGICAL CLIPPER	1
2	Under Pad	2 + 3
3	Mother Gown	2
4	New Mom Pad	1
5	SARAL	
6	Lox Jelly	1
7	FOLEYS CATHETER	1
8	UROBAG	1
9	Gauze	1 + 1 + 1
10	Dys. Syringe 1ml	1
11	Dys. Syringe 10ml	3
12	Dys. Syringe 5ml	1 + 1
13	Dys. Syringe 2ml	5
14	POSI FLUSH	1 + 1
15	OXYGEN MASK	1
16	RL	5
17	IV Set	2
18	Venflan 18g	1
19	3 Way	1
20	Inj. Taxim	1
21	Handcare Gloves	4
22	TAB. MISO25MCG	4
23	Tab. Justin	1
24	NS 100ml	1
25	FACE MASK	3
26	CAPS	3
27	NEBULIZATION MASK	1
28	Inj. Trenexa	2
29	INJ. TAXIM 1G	1
30	Inj. Buscopan	1
31	Inj. Pan	1
32	Inj. Perinorm	1
33	Inj. PCM	1
34	Inj. Metrogyl	1
35	Inj. Augmentin 1.2gm	1
36	Proctolysis Enema	1

*Dr. [Signature]*

2

3

4

5

6

7

8

9

10

37	DNS	1
38	NS500	1
39	5%D	1
40	10%D	1
41	25%D	1
42	INJ.SYNTOCIN	
43	INJ.BETNI	3

gloves 6/2 - 2

Dsg Dec - 1

50cc - 1

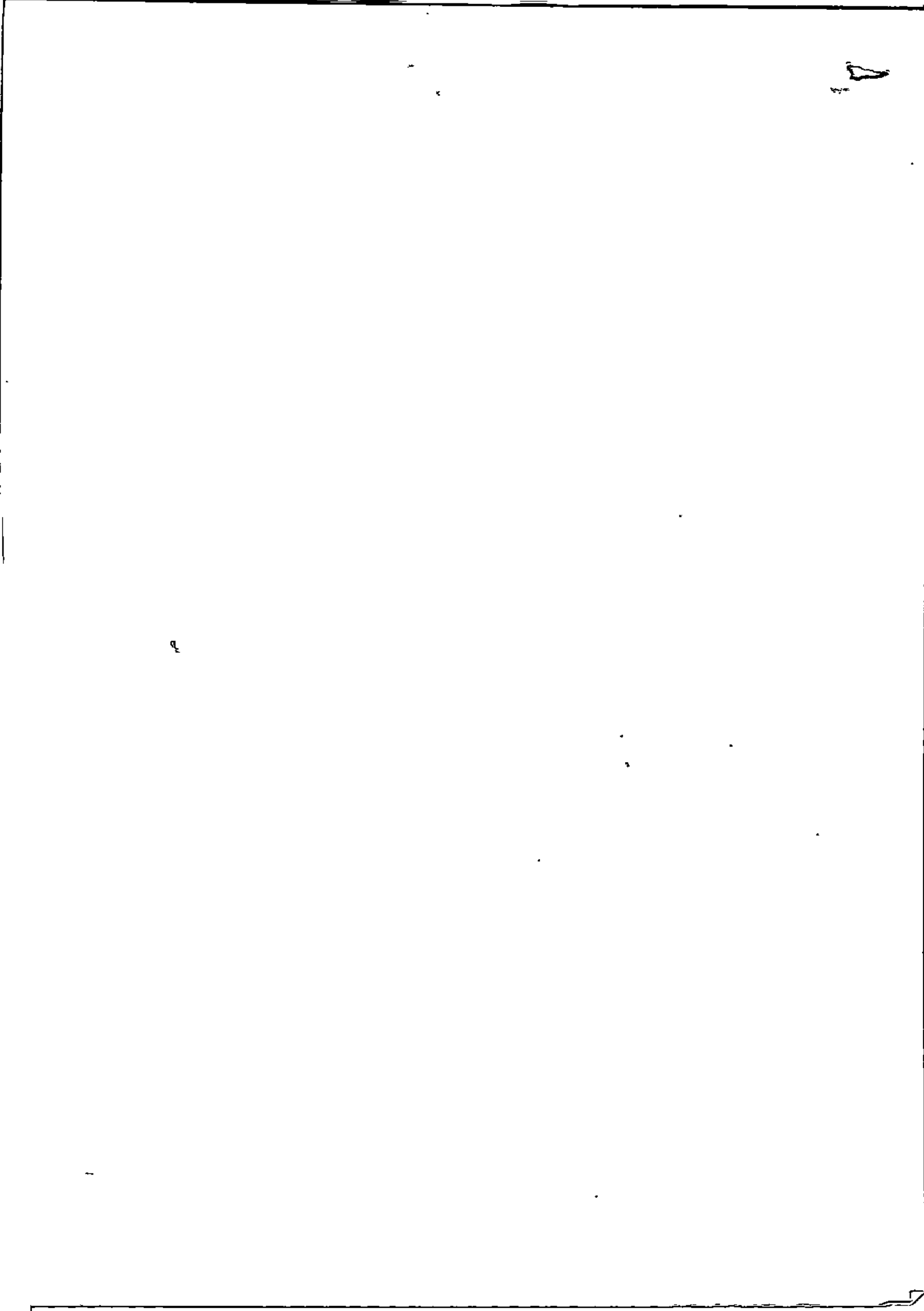
INJ: lignocaine - 1

INJ: Analgin - 1

pmo line - 1

tegaderm - 1

Sury



# PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission 11/5/26 @ 7:55pm	Date & Time of Transfer Order 11/5/26 @ 9:25pm
Treating Consultant Name Dr. Himabindu	Transfer Ordered by Dr. Pooja	Reason for Transfer Observation
From Unit MEU	To Unit 327	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 32	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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Suehails 12/5/26	Name of Person Ordered Transfer Dr. Pooja
---	--

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

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Sheet No: 01

REGULAR PRESCRIPTIONS

Dept. Mew Ward.....


<b>DRUG :</b> <u>01 Inj Cefotaxime</u>				Date Time	<u>12/5</u>	<u>12/5</u>																	
Dose	Route	Frequency	Start Dt.																				
<u>1gm</u>	<u>Iv</u>	<u>BD</u>	<u>12/5</u>	<u>6pm</u>	<u>X</u>	<u>Discontinue</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																							
Additional Instructions:				<u>6pm</u>	<u>6pm</u>	<u>STOP</u>																	
Daily Doctor's Endorsement by a Sign				<u>✓</u>																			
<b>DRUG :</b> <u>Inj Pantoprazole</u>				Date Time	<u>13/5</u>																		
Dose	Route	Frequency	Start Dt.																				
<u>40mg</u>	<u>Iv</u>	<u>OD</u>	<u>12/5</u>	<u>6pm</u>	<u>Discontinue</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
<b>DRUG :</b> <u>Inj Tranexaminicid</u>				Date Time	<u>12/5</u>	<u>13/5</u>																	
Dose	Route	Frequency	Start Dt.																				
<u>1gm</u>	<u>Iv</u>	<u>TID</u>	<u>12/5</u>	<u>6pm</u>	<u>X</u>	<u>Discontinue</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																							
Additional Instructions:				<u>10pm</u>	<u>Discontinue</u>																		
Daily Doctor's Endorsement by a Sign				<u>u</u>																			
<b>DRUG :</b> <u>Cefixime</u>				Date Time	<u>14/5</u>																		
Dose	Route	Frequency	Start Dt.																				
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>13/5</u>	<u>8AM</u>	<u>Discontinue</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																							
Additional Instructions:				<u>8pm</u>																			
Daily Doctor's Endorsement by a Sign																							

VERIFIED

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



Sheet No: 02 **REGULAR PRESCRIPTIONS** Dept.....Ward.....

<b>DRUG :</b> PANTOPRAZOLE				Date																		
				Time	11																	
Dose	Route	Frequency	Start Dt.																			
40mg	PO	OD	13/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						

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



REGULAR PRESCRIPTIONS

Weight. 72 kg Ward. ....

VERIFIED

DRUG : T. PARACETAMOL				Date Time	15/5	14/05														
Dose	Route	Frequency	Start Date																	
1g	PO	Q1D	12/5/26	12pm	10am	10am														
Name & Signature of the Doctor Starting the Drugs:				6pm 10am 10am																
Additional Instructions:				6pm 10am 10am																
Daily Doctor's Endorsement by a Sign																				

DRUG : T. TRAMADOL				Date Time																
Dose	Route	Frequency	Start Date																	
100mg	PO	TID	12/5/26																	
Name & Signature of the Doctor Starting the Drugs:				STOP 2 10am																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. DICLOFENAC				Date Time	12/5	13/05	14/05													
Dose	Route	Frequency	Start Date																	
50mg	PO	TID	12/5	7am	8am	10am														
Name & Signature of the Doctor Starting the Drugs:				6pm 10am 10am																
Additional Instructions:				6pm 10am 10am																
Daily Doctor's Endorsement by a Sign																				

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

VERIFIED

IVY ALBI  
-11-1994 31 Y 6 M 10 D (F)  
HIMABINDU ANNAMRAJU



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5	06:10Am	IV CEFOTAXIME	1gram	IV	z	Ku Kus
12/5/26	1:30 PM	IV cefotaxime	1gm	IV	z	Shagn R
12/5/26	1:25 PM	IV Pantoprazole	40mg	IV	z	Shagn z
12/5/26	1:25 PM	IV Metoprolamide	10mg	IV	z	Shagn z
12/5/26	1:40pm	IV CARBETOCIN	100mg	IV	Ashy	Buddha mashu
12/5/26	1:40 pm	IV TRANEXAMIC ACID	1g	IV	Ashy	Buddha mashu
12/5/26	2:15pm	Sup TRAMADOL	100mg	PR	Ashy	Buddha mashu
12/5/26	2:15pm	Sup DICLOFENAC	100 mg	PR	Ashy	Buddha mashu
12/5/26	7:00 PM	IV PARACETAMOL	1gram	IV	Ru	Gandy

VERIFIED BY: Name

Signature



I.V. FLUIDS CHART


Weight: 72-9kgs Ward: mlw

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
12/05	7 AM	In syringe 10U in 10ml	IV	6ml/hr	[Signature]	[Signature]	12/5	[Signature]	[Signature]
12/05	8:30 AM	RINGER LACTATE	IV	100 ml/hr	[Signature]	[Signature]	12/5	[Signature]	[Signature]
12/5	1:35 pm	RINGER LACTATE	IV	FF	[Signature]	[Signature]	12/5	[Signature]	[Signature]
12/5	2:12 pm	RINGER LACTATE	IV	250 ml/hr	[Signature]	[Signature]	12/5	[Signature]	[Signature]
12/5	6:30 PM	10ml	IV	100ml	[Signature]	[Signature]	12/05	[Signature]	[Signature]

Signature  
VERIFIED BY: Name

# PATIENT TRANSFER FORM



Patient Name & UHID No.  DH-00041563      IP25-00020395 re IVY ALBI -11-1994      31 Y 6 M 10 D (F) r. HIMABINDU ANNAMRAJU   Dr. HIMABINDU	Date & Time of Admission 11/5/26 @ 7:35 am	Date & Time of Transfer Order 12/5/26 @ 1:35 pm
	Transfer Ordered by Dr. pooja	Reason for Transfer EM-LSES
From Unit MLCW	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

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

NA

Shifting Summary / Notes Written by Doctor :      Yes       No

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

Patient & Clinical Records Received by :  
 Dr. B. S. M. S. S.

Date & Time of Patient Received : 12/5/26 @ 1:35 pm

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

- Unavailable Bed     
  Nurse not Available     
  Available Bed not ready



# PATIENT TRANSFER FORM

OT



Patient Name & UHID No. Ms. Ivy Albl	Date & Time of Admission 11/5/26 @ 7:55 pm	Date & Time of Transfer Order 12/5/26 @ 2:35 PM
Treating Consultant Name Dr. Himabindu	Transfer Ordered by Dr. Srinivas	Reason for Transfer Post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films OP - file - 2	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Dr. Buschade 12/5/26 @ 2:35 PM	Name of Person Ordered Transfer Dr. Srinivas
---	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

- Unavailable Bed
  Nurse not Available
  Available Bed not ready

Handwritten notes or scribbles at the top of the page, including a small sketch of a curved line and several dots.



# CONSENT FOR SPECIAL PROCEDURES

PH-00041563 IP25-00020395



IVY ALBI  
11-1994 31 Y 6 M 10 D (F)  
HIMABINDU ANNAMRAJU

Patient Name :  Gender:  Male  Female

UHID No : ..... Department : Anaesthesia Date : 12/5/26

I Ivy S/D/W/O

Here by give consent for procedure of : labour epidural

The doctors have clearly explained to me that the procedure has following possible complications:

PDPH, Patchy block, itching, shivering.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV opioids, Entonox.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. AISHWARYA

### Patient / Patient Attendant :

Signature : 

Name : JEWEL ANTONY

Relationship with Patient: HUSBAND

Date & Time : 12/5/26 @ 10:40 Am


### Witness :

Signature : 

Name : Ivy Albi

Date & Time : 12/5/26 @ 10:40 Am

### Doctor (who is taking the consent) :

Signature : 

Name : Dr. AISHWARYA

Date & Time : 12/5/26 10:40 am



1  
2



Department: H-00041563 IP25-00020395  
 PRE-ANESTHESIA: IVY ALBI  
 11-1994 31 Y 6 M 10 D (F)  
 HIMABINDU ANNAMRAJU



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

Date: 12/5/20 ..... Time: ..... Proposed Operation: Labour Epidural

Diagnosis: Primigravida 38+1 w/ N/C/O Benign ICH w/ gliosis

B.P / CRT: 105/77 H.R: 78/min Weight: 72.9kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 13.2 Glucose: ..... Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: NR ECG: .....  
 WBC: ..... Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 2,96,000 Na: ..... Dir. Bill: ..... Blood group: AB+ve Stress/Anglo: .....  
 PT: 16 K: ..... LDH: ..... T3 ..... Other: .....  
 PTT: ..... Ca++: ..... Alk phos: ..... T4 .....  
 INR: 1.02 Mg++: ..... Amylase: ..... TSH .....  
 Cl-: ..... SGOT/SGPT: .....  
 HbA1c - 5.5

Allergies: nil

**Medical History:** CVS :

RESP: No Benign ICH in 2022. Diabetes :  
 CNS: Gliosis on T. DIAMOX

Renal: facial seizures in 13yrs.

Hepatic / GE: No childhood Asthma. last ep. on 20 yrs of age. Physical Activity:  
 Others: last ep. on 20 yrs of age.

Past Anaesthetic History: Lap. Myomectomy / U/E R; R.  
 Hysteroplectomy

Physical Exam: No ADM on monitoring

Airway: MP 3 4 Mouth Opening: >3F Mentohyoid Distance: N Neck: N Teeth: intact

Lungs: WNL

Heart: WNL

CNS: WNL

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

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
  - NIL ORAL   
 → Water / ORS 2 Hours  
 → Others 6 Hours
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:

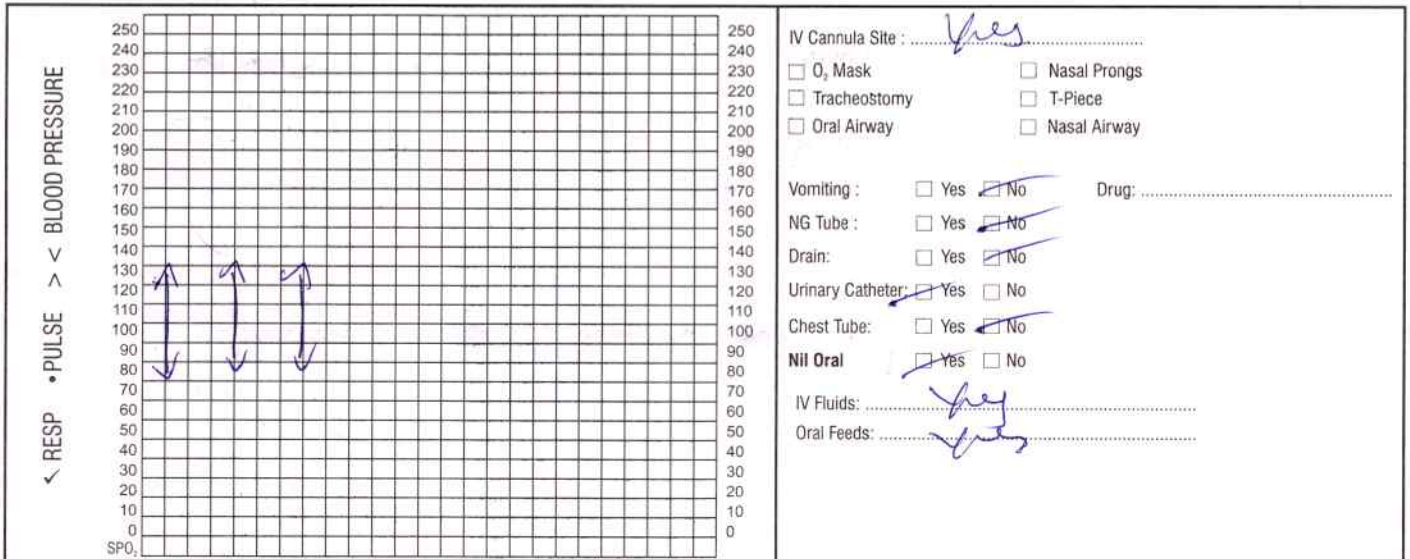
Signature: ..... Name: Dr. ASHWOARYA



Patient Sticker

**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2		A Minimum Total Score of 8 is Required for Discharge  Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		9	10	10		

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
As per axon.				

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

**Reassessment Frequency:**

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

Anaesthesiologist Name : DR. ALK.

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : S.R. Gopethankar

PACU Nurse Signature: [Signature]

Date & Time: 12/5/26

Transferred to Unit by (PACU): OT

Date & Time: 12/5/26

Patient Sticker

Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD

Date: 12/5/26 Time: 11:15am Procedure done by Dr. ASHWARIA

CSE / Spinal / Epidural Position: Sitting Space: L4-L5 Technique (LOR/LOS) (LOR)

Depth: L5 Catheter at Skin: 9.5 Attempts: 1

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

Solution Composition : 0.1% Bupivacaine + 2mcg/ml Fentanyl

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
<u>11:22am</u>		<u>Small premixed Sol<sup>n</sup></u>			<u>126/77</u>	<u>76</u>	<u>136</u>	
<u>11:30am</u>	<u>8</u>							
<u>1:25pm</u>			<u>T8</u>	<u>T8</u>	<u>106/56</u>	<u>79</u>	<u>124</u>	<u>Comfortable</u>

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

Catheter Removed by and Tip Inspected : Dr. SRINIVAS

Patient Satisfaction : .....

Discharge / Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....