

00319102 IP25-00020420
Mrs CHANDANA KILARU
14-02-1993 33 Y 2 M 29 D (F)
Dr. HIMABINDU ANNAMRAJU



SURGERY DETAILS

Date : 13/5/2026

Patient Name: Mrs. Chandana Date of Birth: 14-2-1993 Age: 33 yrs.

Gender: female Ward: OT UHID No.: MAH-003.19102

Date of Surgery: 13/5/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: EUS + BR

Time in : 8:35 AM

Time Out : 9:35 AM

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr.	
4. OT Technician	Sr. Subhasini	
5. Circulating Nurse	Sr. Sreeja	
6. Assistant Nurse	Sr. Parvathi	

- 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: 574842/843

Order by: Parvathy





LSCS + BT2

CONSUMABLES OF OT

Circulating staff : Technician : Navya Date : 13/05/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A/P/N		03	<u>2347</u>		02	Suction Catheter		01
HME filter : A/P/N			<u>2762</u>		01	Feeding Tube		01
Syringes : 10 cc		02	<u>2317</u>		01	Vaccum Suction Set		01
05 cc		02	Gloves <u>6, 6 1/2</u>		3+3	Surgical Gloves		01
02 cc		02				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A/P/N		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		01	Cautery pencil		01	<u>under pad</u>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>carbetoan</u>		01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		04			
Ketamine			Mop Pack		02			
Propofol			Steristrip <u>Sterizon</u>		01			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter			<u>DIV Aprons</u>		03
Pencan 25g Spinal Needle 22		01	Urobag			<u>misoprost</u>		04
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag			<u>new mom pad</u>		01
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
<u>themica</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Babyside
574885

Surgeon

Anaesthesiologist DR. USHA

Pavattu
 Nurse Pavattu

OT Technician [Signature]

Order No. : 574861 (NOR) / 574873 (TCH) Ordered by :

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

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DISCHARGE SUMMARY

Name	Mrs CHANDANA KILARU	UHID	MAH-00319102
Father/Guardian	Mr RAJESH	Age/Gender	33 Y 2 M 29 D/ Female
Address	PLOT NO-102 SURAKSHA SHELTER,,ROAD NO-16 ALKAPURI TOWNSHIP,,MANIKONDA, Manikonda, Hyderabad, Telangana, INDIA		
IP No	IP25-00020420	Admission Date	13-05-2026
Ref Doctor	Self		
Discharge Date	15.05.2026		

Consultant:

Himabindu Annamraju

MBBS,MRCOG (UK), CCT (UK)

Consultant-Obstetrician,Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697

Diagnosis: G3P1L1A1 AT 37+4 WEEKS GA

1. PREVIOUS LSCS

2. ? GDM ON DIET

3. FOR ELECTIVE LSCS + BILATERAL TUBECTOMY

ELECTIVE LSCS + BILATERAL TUBECTOMY DONE, IN VIEW OF PREVIOUS LSCS , DELIVERED A LIVE MALE BABY AT 08:52 AM, WEIGHT 2.919 KGS ON 13.05.2026.

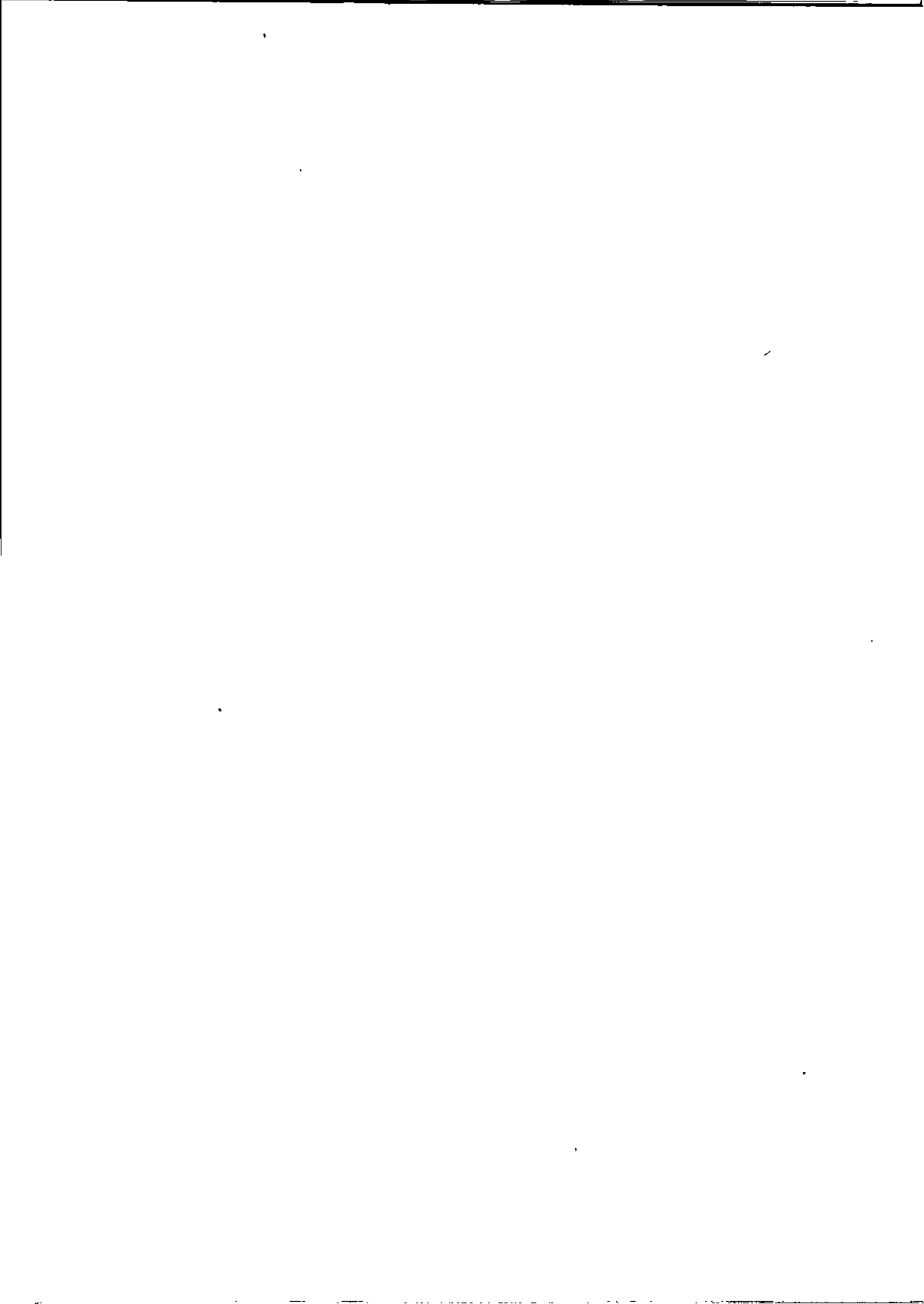
History:

LMP: 23.08.2025

Obstetric formula: G3P1L1A1

EDD: 30.05.2026

Gestation at admission: 37+4 weeks



Name	Mrs CHANDANA KILARU	UHID
IP No	IP25-00020420	Admission Date

Obstetric History:

G1 - 2019, Spontaneous miscarriage at 6 weeks, MERPC done .
G2 - 2021 , FT LSCS , Male , 3.3kg, A&H.
G3 - Present pregnancy Spontaneous conception.

Medical History: Nil Family History : Nil

Surgical History: Nil Allergies : Nil

Antenatal Details:

Mrs. CHANDANA KILARU was booked to Rainbow hospital at 10+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan and FTS at 13+2week was normal and low risk for chromosomal abnormalities. TIFFA at 20+2weeks was normal. Scan at 29weeks showed polyhydramnios- 30.6cm and was on diabetic diet. USG done on 11.05.2026 showed SLIUF at 37+2 weeks gestation, Cephalic, placenta anterior and high , AFI 16.3 cm, AC - 38%, EFW- 3.050 kg(46%) with normal fetal dopplers. She was admitted at 37+4 weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.

Blood group & Typing - "B" Rh positive.

Management: Course in hospital:

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

Surgery Notes:

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

Name	Mrs CHANDANA KILARU	UHID	MAH-00319102
IP No	IP25-00020420	Admission Date	13-05-2026

The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

- * **Thinned out LUS**
- * **Head delivered by forceps.**
- * **2 Loops around the neck,**
- * **Seedling fibroids seen on anterior wall of uterus**
- * **Bilateral tubectomy done, tubal fragments sent for HPE.**

Delivery Details:

Date : 13.05.2026
 Time of Delivery : 08:52 AM
 Type of Delivery : Elective LSCS + B/L Tubectomy
 Indication : Previous LSCS
 Analgesia : Spinal

Baby Details:

Date : 13.05.2026
 Time : 08:52 AM
 Sex : Male
 Weight : 2.919 kgs
 Apgar : 7/10, 9/10



Name	Mrs CHANDANA KILARU	UHID	MAH-00319102
IP No	IP25-00020420	Admission Date	13-05-2026

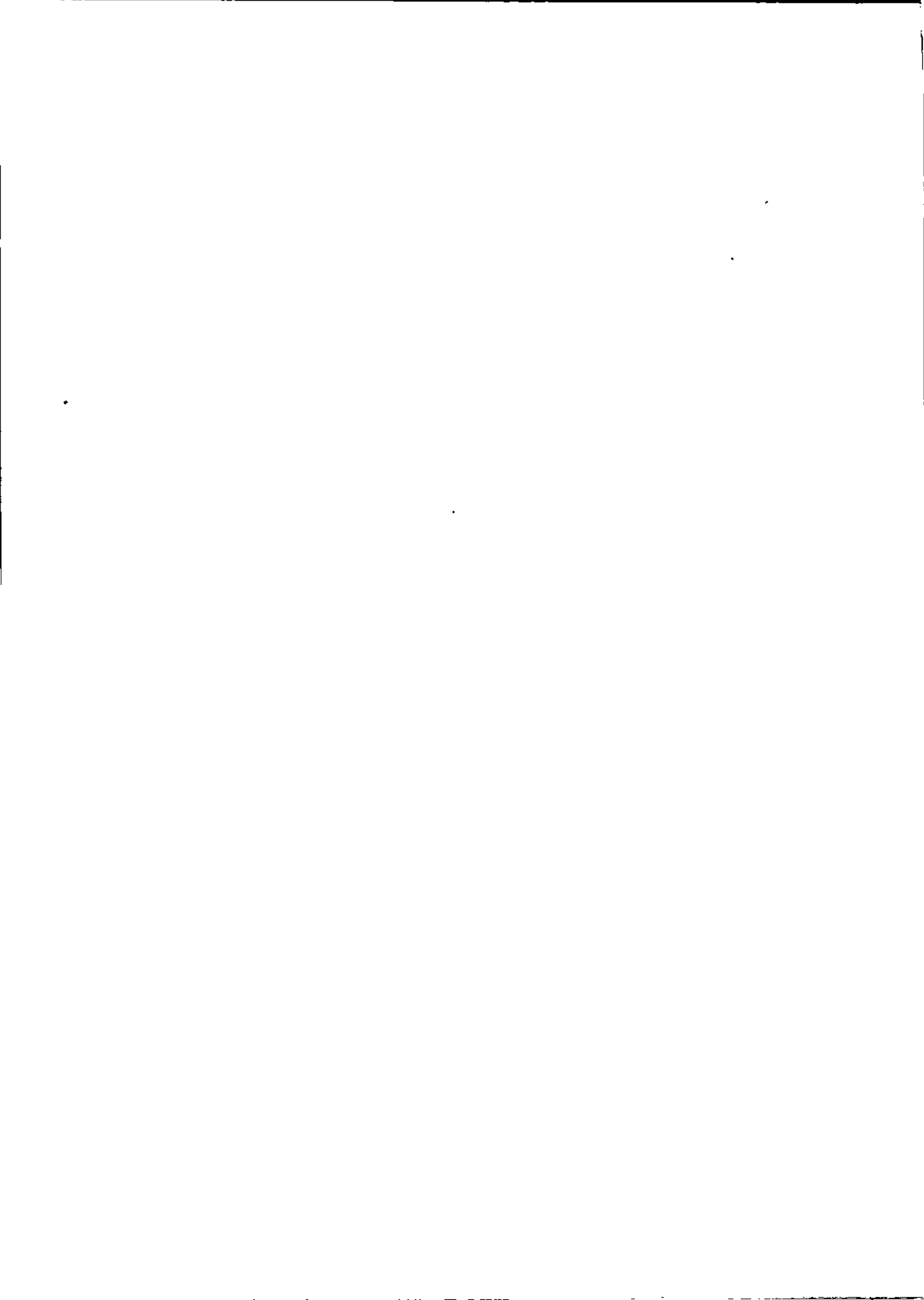
Gestational Age: 37+4 weeks
NICU Admission: No.

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

Advice:

1. Tab. Taxim O 200mg twice daily till 19.05.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 19.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran (Diclofenac-50mg) 1 tablet thrice daily till 19.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 19.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Nebasulf Powder for local application.
8. FBS, PLBS & HBA1C after 6 weeks.
9. To collect HPE report.

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



Name	Mrs CHANDANA KILARU	UHID	MAH-00319102
IP No	IP25-00020420	Admission Date	13-05-2026

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 23.05.2026 with prior appointment.

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

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

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

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

[Signature]

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**



Name	Mrs CHANDANA KILARU	UHID	10319102
IP No	IP25-00020420	Admission Date	13-05-2026


Registrar/Resident/C.M.O



Consultant:

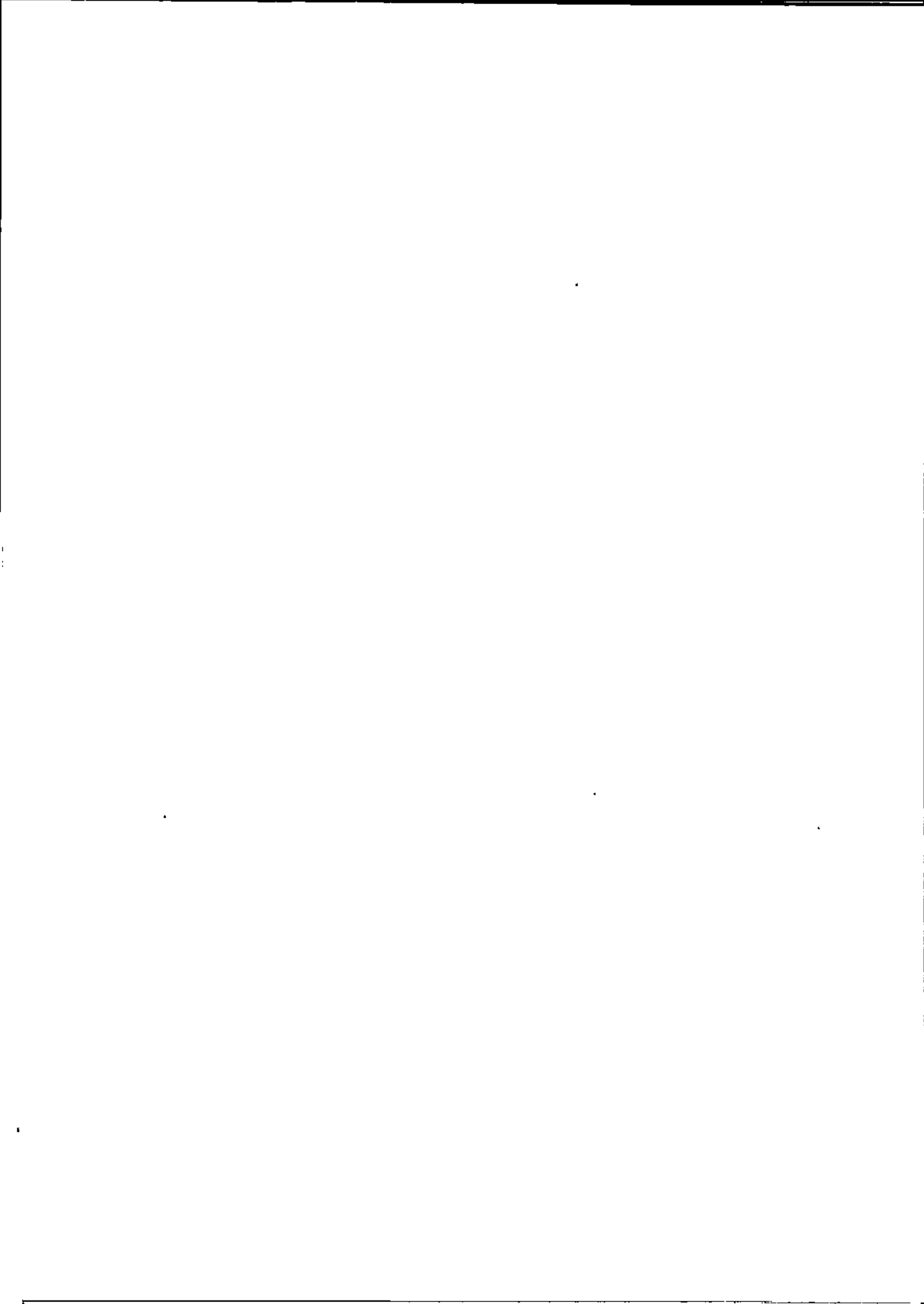
Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697



ADMISSION SHEET



Registration Details :

Admission No : IP25-00020420 Admit Date : 13-May-2026 Admit Time : 07:09 AM UHID : MAH-00319102

Patient Details :

Patient Name : Mrs CHANDANA KILARU Age : 33 Y 2 M 29 D
Guardian : Mr RAJESH DOB : 14-02-1993
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : PLOT NO-102 SURAKSHA SHELTER,,ROAD Phone No : 9121521605
NO-16 ALKAPURI TOWNSHIP,,MANIKONDA E-mail : kilaruchandana14@gmail.com
Manikonda Hyderabad Telangana INDIA

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 RAJESH Relationship : W/O
Contact Address : PLOT NO-102 SURAKSHA SHELTER,,ROAD Phone No :
NO-16 ALKAPURI TOWNSHIP,,MANIKONDA
Manikonda Hyderabad Telangana INDIA

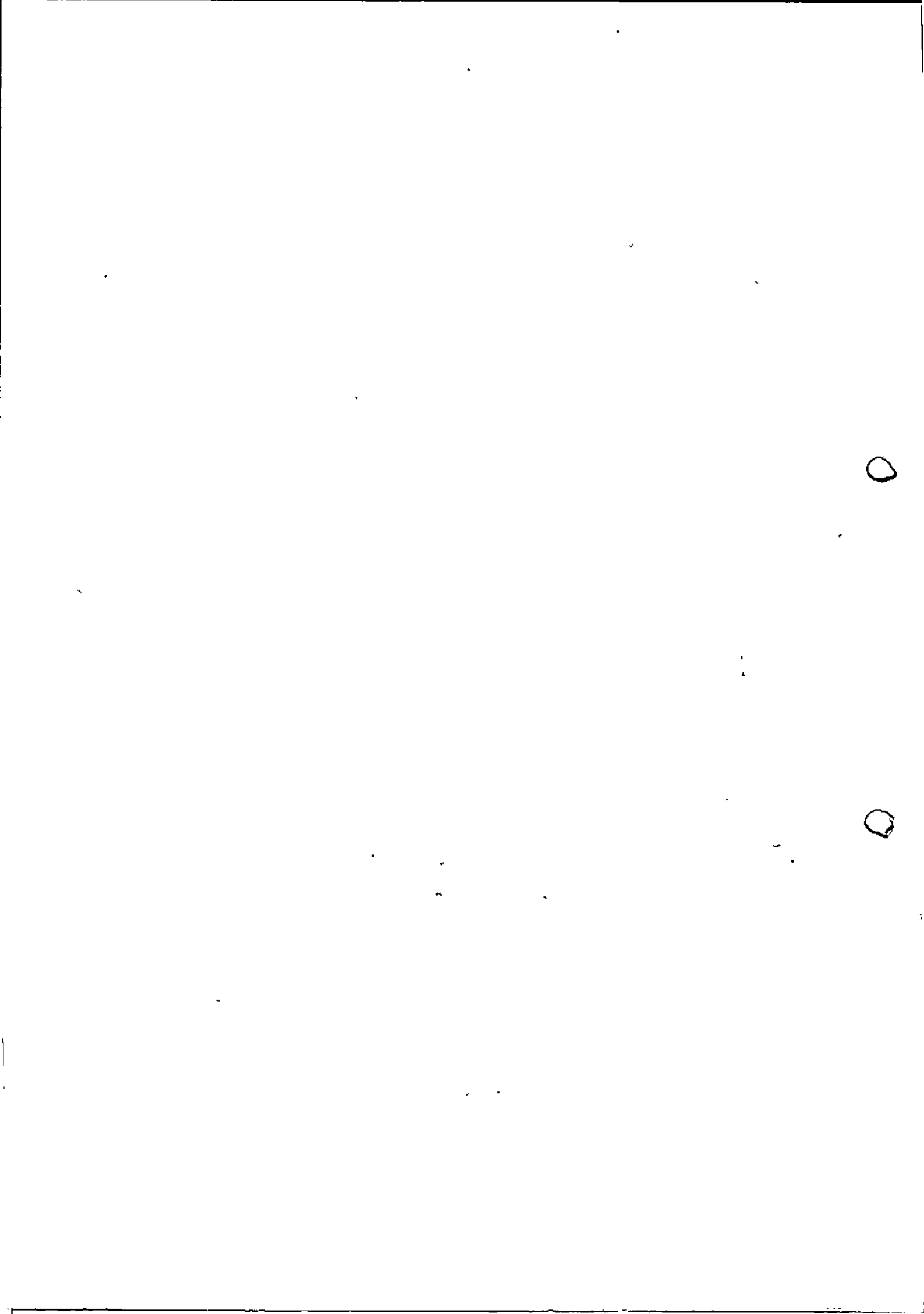

Signature

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



OBG

MAH-00319102 IP25-00020420
Mrs CHANDANA KILARU
14-02-1993 33 Y 2 M 29 D (F)
Dr. HIMABINDU ANNAMRAJU



ACTIVITY RECORD FOR BILLING

Name: Mrs. CHANDANA

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	8:25 AM	MICU	OT	Sushma
13/5/2026	9:45 AM	OT	MICU	Beija
13/5/26	2:30 pm	MICU	Ward	Sushma

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
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PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/5/26	IV cannulization	①	4891	}
13/5/26	Foley's catheterization	①	4891	} <i>(Signature)</i>
	PAC OP			
<p><i>e.oby Subhra</i> <i>13/5/26</i></p>				

ANY OTHER INFORMATION

Blood B+ve availability in Ayush

* All of file given to pt attendees

A. K. Jesh

Date: 13/5/26 Time: 7 am : 15 Prepared By: *Subhrita*

<p>Staff Nurse</p> <p><i>Subhrita</i></p>	<p>Shift / Ward</p> <p><i>MCC</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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MAH-00319102 IP25-00020420
 Mrs CHANDANA KILARU
 14-02-1993 33 Y 2 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>13/5/2026</u>
Assistant Surgeon:	Time of Delivery: <u>8:58 AM</u>
Anaesthetist's Name: <u>Dr. Usha</u>	Gender of Baby: <u>MALE</u>
Type of Anaesthesia: <u>↓ SA</u>	Weight of Baby: <u>2.919 kgs</u>
Neonatologist: <u>Dr. Shraavathi</u>	AGPAR Score: <u>7/10, 9/10</u>
Scrub Nurse: <u>sr. parvathi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G3P1A1C previous cesarean section, 2nd gravida on mnt for ect. preg

Elective Emergency Indication: prev. ces.

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: Knife to rectus:

CTG Description: decelerating

If there was a delay give the reasons:

Surgical Procedure: Elective Lower segment cesarean section + B/C tubal ligation

Post Operative Diagnosis: POD-0 CS

Peri-Operative Complications: Thin Lower Segment
fetus - forceps delivery
loops around neck, bleeding fibroids seen on anterior wall of uterus

Amount of Blood Loss: small Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:
B/c tubes sent for HPE

Examination Findings when Appropriate:

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


Skin Incision: Pfannensteil Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Cord around the neck Yes No
Appearance of placenta: 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 Suture
Sheath Closure: Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter: Yes No Remove in days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
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Doctor Name: Doctor Signature:
Date & Time: 12/5/26 9:30 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. MAH-00319102 IP25-00020420 Mrs CHANDANA KILARU 14-02-1993 33 Y 2 M 29 D (F) Dr. HIMABINDU ANNAMRAJU 	Date & Time of Admission <p style="text-align: center; font-size: 1.2em;">13/5/20 @ 7:30</p>	Date & Time of Transfer Order <p style="text-align: center; font-size: 1.2em;">13/5/20 @ 20</p>
From Unit <p style="text-align: center; font-size: 1.2em;">MICU</p>	To Unit <p style="text-align: center; font-size: 1.2em;">Ward</p>	Reason for Transfer <p style="text-align: center; font-size: 1.2em;">Insemination</p>
Number of Sheets in Clinical File <p style="text-align: center; font-size: 1.2em;">30</p>	Number of Imaging Films <p style="text-align: center; font-size: 1.2em;">100 file</p>	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <p style="text-align: center; font-size: 1.2em;"><i>Dr. Swetha</i></p>	Name of Person Ordered Transfer <p style="text-align: center; font-size: 1.2em;"><i>Dr. Swetha</i></p>	
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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PATIENT TRANSFER FORM

(OT)



Patient Name & UHID No. MAH-00319102 IP25-00020420 Mrs CHANDANA KILARU 14-02-1993 33 Y 2 M 29 D (F) Dr. HIMABINDU ANNAMRAJU 	Date & Time of Admission 13/5/2026 @ 7:09 AM	Date & Time of Transfer Order 13/5/2026 @ 9:45 AM
	Transfer Ordered by Dr. Usha	Reason for Transfer Post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30	Number of Imaging Films 1 op file	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Sreeja @Beja @ 9:45 AM	Name of Person Ordered Transfer Dr. Usha
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Patient & Clinical Records Received by :

 13/5/26 @ 9:45 AM

Date & Time of Patient Received :

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

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PATIENT TRANSFER FORM

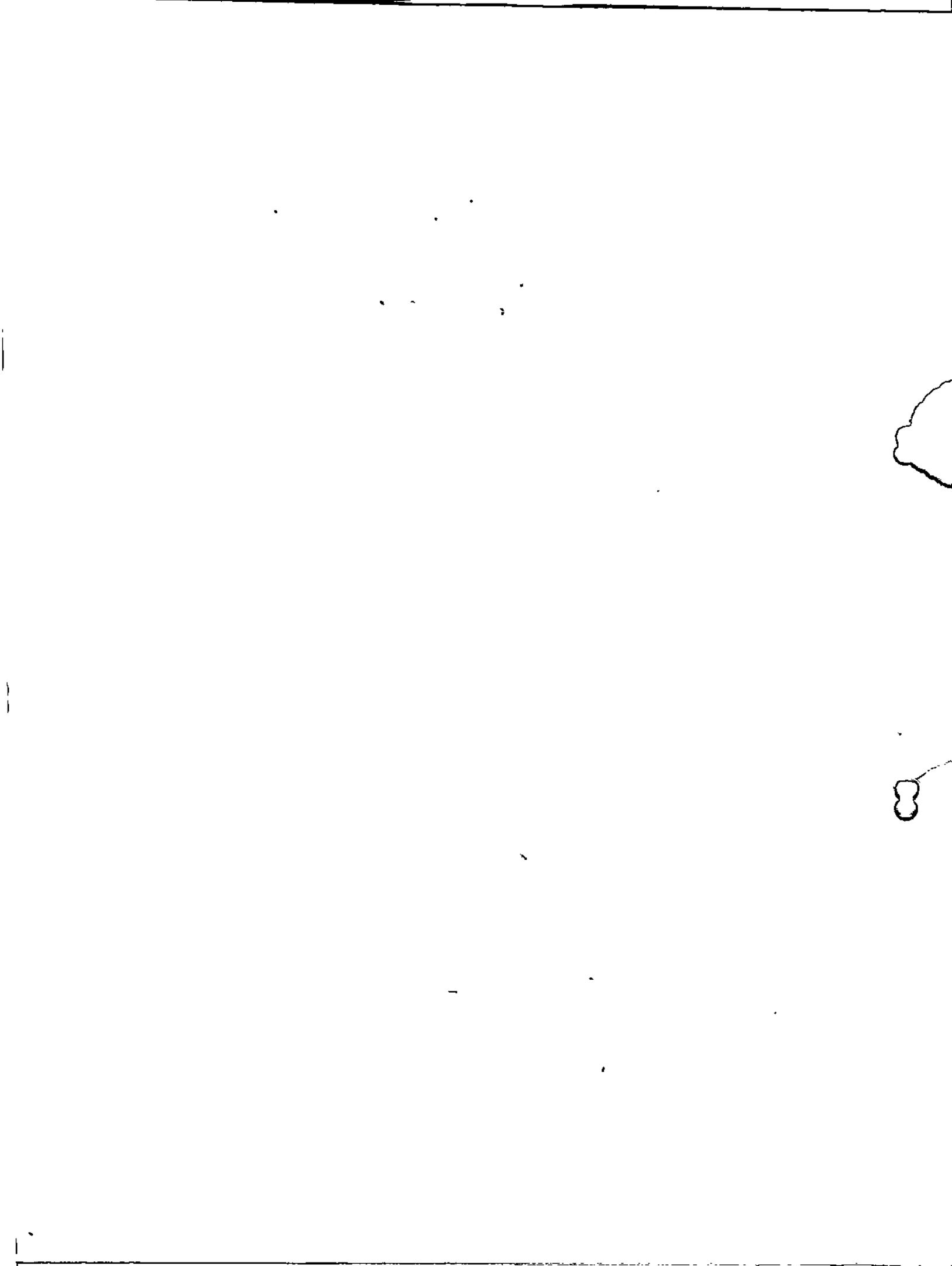
Patient Name & UHID No. MAH-00319102 IP25-00020420 Mrs CHANDANA KILARU 14-02-1993 33 Y 2 M 29 D (F) Dr. HIMABINDU ANNAMRAJU  Dr. Himabindu		Date & Time of Admission 13/5/2020 @ 7:30am	Date & Time of Transfer Order 13/5/2020 @ 8am
		Transfer Ordered by Dr. Poorna EL LSCS	Reason for Transfer EL LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sudhakar B/S/26		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : Sreeja			
Date & Time of Patient Received : @ 8:25 AM			

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

Unavailable Bed

Nurse not Available

Available Bed not ready





IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Admitted for safe confinement

LMP: 23/8/25

EDD: 30/5/26

Corrected EDD: 30/5/26

GA: 37⁺ 4 weeks

Obstetric Formula: G₃P₁L₁A₁

Menstrual History: Regular: Yes No

Obstetric Examination

Obstetric History:

Fundal Height: Term

G₁ - spontaneous abortion @ 6 weeks, MERTC done - 2019

G₂ - FTLSCS / 0 / AEH - 2021

Ut. Activity: Relaxed Mild Mod Severe

G₃ - PP, spontaneous conception

Liquor: Adequate Oligo Poly

Present Pregnancy Record:

T₁ - Booked for caesarean at 10⁺ 3 weeks GA

PP: Cephalic Breech Others _____

T₂ - Blood sugar monitored from 29 weeks

Head Fifths Palpable: 4/8th palpable

T₃ - (N) idio polyhydramnios, Diet followed

FHS: Normal Tachy Brady Absent

RISK FACTORS:

- ? GDM on MRET
- prev LSCS

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination - not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 159 cm

Weight: 69.4 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination: c/c

Consciousness: c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 82 bpm

BP: 110/71 mmHg DTR:

CVS: S₁S₂ ⊕ RS BAE ⊕

Liver/Spleen: Urine Output:

DIAGNOSIS

G₃P₁L₁A₁ i prev LSCS i 37⁺ 4 weeks i ? GDM on MRET for safe confinement

Patient Sticker

<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>T- LIVOGEN T- SHELICAL T- MUT</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) NBM 2) secure IV access 3) post preparation 4) PAC 5) Preop drugs as charted 6) vitals monitoring 7) check all investigations 8) check Blood availability 	<p>Investigations:</p> <p>BGT — B free</p> <p>9/5 — CBP — 13.3 8K 2.530</p> <p>15/11 — H10 HBSAg VDRL } Nil</p> <p><u>11/5/26</u></p> <p>SLIVE — 37⁺² ules 4A Cephalic, pla — ant, high AFI — 16.3cm (Ac — 38.1.) (EFW — 46.1.) EFW — 3,050 gms doppler — (N)</p>

Doctor Name: Dr. N. POOJA
 Signature: *N. Pooja*
 Date & Time: 13/5/26

Consultant Name: Dr. HIMABINDU
 Signature: _____
 Date & Time: 13/5/26



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9:15 AM	POD-0 Gc fair Afebrile BP - 111/70 PR - 78bpm SpO ₂ 98% P/A 2CPaw Plv = NABSpv u/o - 100ml excreted	Adv 1. NAB x 4hrs - Fluids as per AXON - Drugs as charted - w/f active bpm - (M) vitals Inform SOS
15/5/26 2 PM	POD-0 Gc fair Afebrile PR - 81 bpm BP - 111/79 mm Hg. SpO ₂ - 99% on RA P/A - UT(R) well Plv - NAB u/o - 380ml in 4hrs clear	Adv 1) Orals → liquid diet. 2) Plenty of oral fluids 3) Drugs as charted 4) In bed ambulation 5) Monitor vitals 6) w/f BPV, I/O 7) To do FBS, PPBS, PLBS on 15/5/26 8) Inform SOS 9) foley's removal t/m @ 6am 10) Soft diet @ 6pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 7pm	POD-0 Cyc-jair Afebrile PR- 78 bpm BP- 117/88 mmHg. SpO ₂ - 99% on RA PIA- Utwell PIV- NAB	Adv 1) Soft diet 2) Plenty of oral fluids 3) Drugs as charted. 4) W/F B/P, I/O 5) Monitor vitals 6) TO do FBS, PPBS, PLBS- 15/5/26 7) Foleys removal t/m @ 6am 8) Inform SOS.
14/5/26 7am	<u>IPDD</u> Cyc-jair Afebrile PR- 78 bpm BP- 108/78 mmHg SpO ₂ - 98.1. PIA- Utwell R/c Soft PIV- NAB	R Ambulation Soft- (M) diet Oral fluids EBF (M) Vitals/Bp/I/O Drugs as charted FBS } PPBS } 15/5/26 PLBS } U- yet to void F ✓ M ✗

[Handwritten signature]

*Mother's
 Signature
 to admit*

[Handwritten signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/20	POD - 2	
6:45 AM	GC - fair	Adv
	Afebrile	- (N) diet
UL ✓	PR - 88 bpm	- Plenty of oral fluids
M ✓	BP - 114/76 w/hf	- Drugs as charted
	P/A - U/W	- w/h active bow
	P/V - NAB	- Ambulation / EBF
		- (M) intab Infom for
D/c acc to		
pa d/c		[Signature]
[Signature]		
[Signature]		

MAH-00319102 IP25-00020420
Mrs CHANDANA KILARU
14-02-1993 33 Y 3 M 0 D (F)
Dr. HIMABINDU ANNAMRAJU



328

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 14/5/20 Time: 9:30

Origin: Sudia Height: 159 Weight: 69.4 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: _____

Diagnosis: U3p111 A12 37 units born on 14/5/20

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: Chandana

Name: Chandana

Date & Time: 14/5/20 9:30

Dietician's

Signature: [Signature]


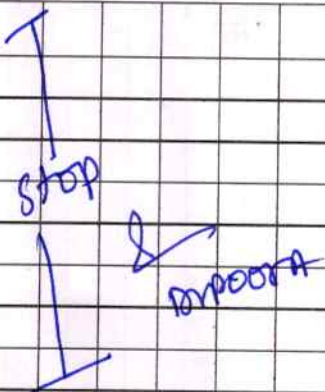

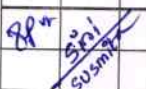


Name: Dhani

Date & Time: 14/5/20 9:30

MAH-00310102 IP25-00020420
 Mrs CHANDANA KILARU
 14-02-1993 33 Y 2 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU



Sheets No. REGULAR PRESCRIPTIONS Dept. Ward.

DRUG : <u>inj. PANTOPRAZOL</u>				Date Time	<u>13/5</u>																
Dose	Route	Frequency	Start Dt.																		
<u>60mg</u>	<u>IV</u>	<u>OD</u>	<u>13/5/26</u>	<u>6am</u>																	
Name & Signature of the Doctor Starting the Drugs:				 																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. CEFIXIME</u>				Date Time	<u>14/5</u>	<u>15/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>14/5</u>	<u>8am</u>																	
Name & Signature of the Doctor Starting the Drugs:				 																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. Pantoprazole</u>				Date Time	<u>14/5</u>	<u>15/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>14/5</u>	<u>6am</u>																	
Name & Signature of the Doctor Starting the Drugs:				 																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED

VERIFIED

VERIFIED BY : Name Signature

MAH-00319102 IP25-00020420
 Mrs CHANDANA KILARU
 14-02-1993 33 Y 2 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU



Sheet No:

REGULAR PRESCRIPTIONS

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

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

VERIFIED BY : Name Signature
ABEILED



REGULAR PRESCRIPTIONS

Weight. Ward.

VERIFIED

DRUG :				Date	Time
Dose	Route	Frequency	Start Date		
DRUG : P. PARACETAMOL				13/5	14/5
1gm	ORAL	TID	13/5	6AM X	15/5
Name & Signature of the Doctor Starting the Drugs: <u>klrhe</u>				9pm	10pm
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					
DRUG : P. DICLOFENAC				13/5	14/5
50mg	ORAL	TID	13/5	7AM X	15/5
Name & Signature of the Doctor Starting the Drugs: <u>klrhe</u>				3pm	11pm
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : P. CEFOTAXIME				13/5	14/5
1gm	IV	BD	13/5/268	8AM X	
Name & Signature of the Doctor Starting the Drugs: <u>R</u>				8pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

klrhe

MAH-00319102 IP25-00020420
 Mrs CHANDANA KILARU
 14-02-1993 33 Y 2 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU

Weight. Ward.



e					
e	Nurse Sig.	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
13/5/26	7:48am	INT. CEFOTAXIME	1gm	IV	ncj	Sudhith Mai
13/5/26	7:35am	INT. PARLTOPRAZOLE	40mg	IV	ncj	Sudhith Mai
13/5/26	7:35am	INT. METILOPRAMIDE	10mg	ix	ncj	Sudhith Mai
13/5	8:52 AM	INT. CARBETOIN	100mg	N	[Signature]	[Signatures]
13/5	9:25 AM	SUPP. TRAMADOL	100mg	P/A	[Signature]	[Signatures]
13/5	9:25 AM	SUPP. DICLOFENAC	100mg	P/A	[Signature]	[Signatures]

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

Weight. Ward.



		n of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/5	7 ^{am} :30	10 RL	100ml	IV	✓	Subs Main	13/5/6	✓	Sign Sign
13/5	8.45 AM	RINGER LACTATE	IV	150 ml/hr	✓	Sign Sign	13/5	✓	Sign d
13/5	9:50 AM	RINGER LACTATE	IV	100 ml/hr	✓	d d	13/5	✓	Sign d
13/5	2:15pm	Ringer LACTATE	IV	100 ml/hr	✓	Sign d	13/5	✓	Sign d

VERIFIED BY Name Signature