Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospitals - Financial District

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

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020653 **Admit Date** : 26-May-2026 **Admit Time** : 06:42 PM **UHID** : FDH-00044150

Patient Details :

Patient Name	: Mrs M.RAJARAJESWARI	**Age**	: 26 Y 4 M 16 D
Guardian	: Mr DINESH KUMAR REDDY	**DOB**	: 10-01-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: B-7, Industrial Estate, Near Little Scholar School Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9441891111/ 9441891111
		E-mail	: mahathiobulareddy@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr DINESH KUMAR REDDY	**Relationship**	: Husband
Contact Address	:	**Phone No**	: / 8790736464

A. Dinesh Reddy

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	: SELFPAY

DISCHARGE SUMMARY

Name	Mrs M.RAJARAJESWARI	**UHID**	FDH-00044150
Father/Guardian	Mr DINESH KUMAR REDDY	**Age/Gender**	26 Y 4 M 17 D/ Female
Address	B-7, Industrial Estate, Near Little Scholar School, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020653	**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
55973.

Diagnosis :
PRIMIGRAVIDA WITH 37 WEEKS GESTATION FOR INDUCTION OF LABOUR

EMERGENCY LSCS DONE IN VIEW OF NON PROGRESS OF LABOUR + CPD, DELIVERED A LIVE FEMALE BABY OF WEIGHT 2.773KG ON 27.05.2026 AT 01:12 PM

History:
LMP: 07.09.2025 Obstetric formula: Primigravida

EDD: 16.06.2026 Gestation at admission: 37 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Name	Mrs M.RAJARAJESWARI	UHID	RDH-00044150
IP No	IP25-00020653	Admission Date	26-05-2026

Medical History: Nil
Family History: Father - DM
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs M.RAJARAJESWARI was booked to Rainbow hospital at 29+3 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan and FTS at 13 weeks were normal. TIFFA scan at 19weeks was normal. Following growth scans were normal. At 29+1 weeks scan EFW was 6% and AC 2% with normal dopplers, s/o SGA. She was followed up with serial scans. Scan done at 36+1 weeks on 20.05.2026 showed, SLIUG, cephalic, placenta posterior and high, AFI - 18.3cm, EFW - 2538gm, 21% AC - 14% with normal dopplers. She had an uneventful antenatal period. She was admitted at 37 weeks for induction of labour.

Investigations: Blood group : "B" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and 1 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent was taken for induction of labour. She was induced with 2 doses of PGE1. Artificial rupture of membranes was done at 2 finger dilation revealing clear liquor. As per hospital protocol she was started on IV. Augmentin 1.2gm in view of ruptured membranes. Further augmentation of labour was done with syntocin drip. On repeat examination, her VE findings were same with head high up and caput formation. Patient and attenders were informed about the findings, need for LSCS. They consented for LSCS.

She was decided for emergency C- section in view of Non progress of

labour + CPD, 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 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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
*** Baby in Occipito posterior position**

Delivery Details :
Date : 27.05.2026
Time of Delivery: 01:12 PM
Type of Delivery: Emergency LSCS
Indication : CPD + Non Progress Of Labour
Analgesia : Epidural

Baby Details:
Date : 27.05.2026
Time : 01:12 PM
Sex : FEMALE
Weight : 2.773KG

Apgar : 8,9
Gestational Age: 37 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 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 02.06.2026 (9am-9pm) after food.
2. Tab. Acton - OR thrice daily till 02.06.2026 (9am-2pm-9pm) after food.
3. Tab. Pan 40mg once daily till 02.06.2026 (8am) before breakfast.
4. Tab. Lyser-D twice daily till 02.06.2026 (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.

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 03.06.2026 with prior appointment.

Review with Dr. PUJITHA DEVI SURANENI on 03.06.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

Name	Mrs M.RAJARAJESWARI	**UHID**	FDH-00044150
IP No	IP25-00020653	**Admission Date**	26-05-2026

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

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, 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. Poojita

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

S. pujita dr.

Name	Mrs M.RAJARAJESWARI	**UHID**	EDH-00044150
IP No	IP25-00020653	**Admission Date**	26-05-2026

Dr. Pujitha Devi Suraneni
MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)
Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
55973

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Epidural

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SURGERY DETAILS

Date : 27/5/26

Patient Name: Mrs. Raja Rajeshwari Date of Birth: 10-1-2000 Age: 26Y

Gender: Female Ward : OT-3 UHID No.:

Date of Surgery: 27/5/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EM. LSCS.

Time in : 1:00PM Time Out : 2:00PM.

		NAME	AMOUNT
1.	Surgeon	Dr. Pujitha	
2.	Anaesthetist	Dr. Usha	
3.	Assistant Surgeon	Dr. Pooja	
4.	OT Technician	Br. Suresh.	
5.	Circulating Nurse	Sr. vaishali	
6.	Assistant Nurse	Br. Buddha Sr. Rajini	

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

Signature of the Surgeon

Vaishali
Signature of Circulating Nurse

Order No: 1336/37/8 Order by: baby

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

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Em. LSCS

CONSUMABLES OF OT

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Circulating staff : ..... Technician : ..... Date : 27/5/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / ~~P/N~~		03	2347		2	Suction Catheter		1
HME filter : A / P / N			2762		1	Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		1
05 cc		03	Gloves 6½	4	4	Surgical Gloves 6½	2	2
02 cc		03				Gauze Pack		2
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A ~~/ P / N~~		01	Surgical blade 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil		1	Underpad		1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
Sisto		03	Ointments					
			Suction Catheter			Baby Side 580949		
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		5			
Ketamine			Mop Pack		2			
Propofol			Steristrip		1	Mito		4
Rocuronium			Underpad		2	~~Cogin~~		1
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		1	NS-1000ml		1
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			D-Approns		3
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
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			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Rajithi OT Technician

Order No. : 80860 NSS / 580929 (Tech) Ordered by : Amar

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

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ACTIVIT

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Name: ----

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

Date of Admission : 26/5/26 Time : 6:42pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	12:40pm	MICU	OT	[illegible]
27/5/26	2:20pm	OT	MICU	Vaishnavi
27/5/26	10:00pm	MICU	Ward	Gowri
29/5/26	10.59AM	Ward	Bilu	Suna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaishnavi harne	28/5/26	1504	Bhavana
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	NST - 1	7045	Sr. Renuka
	NST - 2	7046	
	NST - 3	7047	
26/5/26	NST - 4	7048	
	NST - 5	7049	
	NST - 6	7050	
	NST - 7	7052	
	NST - 8	7053	
	NST - 9	7054	Sr. Renuka
	NST - 10	7055	
	NST - 11	7056	
27/5/26	NST - 12	7057	
	NST - 13	7058	
	~~NST - 14~~		Cle done by Sr. Renuka 27/5/26 @ 7:25pm
	~~NST - 15~~		
28/5/26.	NHA	1367	Vhenu
			C. C by Sumo 29/05/26 @8:57am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Cardiac Monitor	27/5/26 8:30 AM	27/5/26 7:30 PM	0805	Bhagya
	Infusion pump				
	Epidural	27/5/26 9:55 AM	12:30 pm		
				c/c done by Sr. Renuka 27/5/26 @ 7:15 pm	
				c/c by Suma 29/05/26 @ 6:30 pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	IV placement	1	05221	
27/5/26	PAC Ip	1	0806	
27/5/26	Catheterization	1	0808	

CLC done by Dr. Renuka 27/5/26 @ 7:15pm

C.C by Dr. 29/05/26 @ 06:50am

ANY OTHER INFORMATION

* 10 Blood availability in Ayush blood bank (B+ve) 26/5/26
* Enema given & SAH
* Op bills given to pt attender & మాట్లాడారు

Date : 26/8/26 Time : 8 AM Prepared By : Nadhiya

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Nadhiya	MICU		

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Pujitha	Date of Delivery: 27/5/26.
Assistant Surgeon: Dr. Pooja	Time of Delivery: 1:12 pm
Anaesthetist's Name: Dr. Usha	Gender of Baby: Female
Type of Anaesthesia: Epidural	Weight of Baby: 2.773 kgs.
Neonatologist: Dr. Kalyan.	AGPAR Score: 8/10, 9/10
Scrub Nurse: Sr. Rajni & Br. Buddhes	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: NPOL + CPD

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: (R)

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

Surgical Procedure: Emergency lscs

Post Operative Diagnosis: OPOD - P1L4

Peri-Operative Complications: - Baby in OP position

Amount of Blood Loss: ≃ 500ml	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

—

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 } Vicryl no 1 ..... Suture

Sheath Closure: } ..... Suture

Fat Closure: ☑ Yes ☐ No } ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress } Rapid vicryl 2-0 ..... 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: ℞ NBM x 6 hours

EBF

(M) vitals | BPV | 1/0

Drugs as charted

Inform SOS

Doctor Name: Dr Pujitha Doctor Signature: .....

Date & Time: 27/5/26 @ 2pm

PATIENT TRANSFER FORM

OT.

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00044150 IP25-00020653 Mrs M.RAJARAJESWARI (F) 10-01-2000 26 Y 4 M 17 D Dr. PUJITHA DEVI SURANENI	26/5/26 @ 6:42pm	27/5/26 @ 2:20pm
	Transfer Ordered by Dr. Usha	Reason for Transfer post OP care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films OP-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ 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
Vaishali 27/5/26 @2:20pm	Dr. Usha

Patient & Clinical Records Received by : Renuka 3pm.

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

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

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI (F)
10-01-2000 26 Y 4 M 17 D
Dr. PUJITHA DEVI SURANENI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10pm	GC - fair	
	Afebrile	Adv
	PR - 88/pm	- T. Misoprostol 50 µg kept pv
	BP - 106/77 mmHg	- w/f contractions
	P/A - ut ~ TG, cephalic	- NST 4th hrly
NST - reactive	FHS (+), Relaxed	- (m) vitals Inform SOS
	P/V - Cx - 1.5 cm long, soft	
	IF dilated	
	-3 station	
27/5		Adv
2am	GC fair	
	Afebrile	- T. misoprostol 25 mcg skipped dose
	BP - 110/80 mmHg	
	PR - 80 bpm	
	SpO2 99% RA	- w/f contractions / PoL
NST reactive	PA - UTH, cephalic	- CTG 4th hrly
	FHS (+), contracting	- (m) vitals
	PV - Cx 1cm long, soft, mid	Inform
	station - 2	
	skipping done	
		Indu

FDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/1/26		
6 AM	GC - fair	Adv.
	Afebrile	- Inj Augmentin 1.2g IV/BAT/ABD
	PR - 80bpm	- continue FHR (N)
	BP - 110/70 mHg	- w/f contractions /POL
	P/A - ut ~ TG, cephalic,	- (N) vitals Inform SOS
	FHS (+), contractions (+)	
	P/V - Cx - 40%, effaced	
	os - 2F loose	
	- 3 station	
	ARM done - clear liquor.	
		c/o Dr. Pujitha
8 AM	PV - Cx - 40% effaced	
	os - 2F loose	- Start Inj oxytocin 10U in 1000 RL
	- 3 station	@ 6 ml/hr
	- clear liquor	- continue FHR (N)
		- (N) vitals Inform SOS

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

FDH-00044150 IP25-00020653
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10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/3/26 9:10 Am	c/o by Dr Sunetha	
	c/o pain Abdomen	Ad
	GC pt cc	1/ NST
	Afebrile	2/ IV syntocinon
	PR 88bpm	3/ Epidural counselling
	BP-120/70 mmHg	4/ MONITOR VITALS
	SPO2 97% RA	5/ w/f contractions
	PA - ut 2-3 contractions / 20 / 10 min	6/ w/f progress of labour.
	FHR (+)	7/ Inform SO
	PV CX 40% effaced	Sunetha
	OS 2cm dilated	
	PPV station -3/-2	
27/3/26 10:45 AM	1. post epidural	
	P/ cc/ fair	A
	afebrile	
	BP - 110/70 mm	- NST
	PR - 80/min	- monitor vitals
	SpO2 - 99% RA	- w/f contraction
Not. positive	PA - uterus 2-3 c / 20-25" / 10	- w/f progress of labour
	FHR (+)	- inform (SO)
	P/V - CX 40% effaced	
	OS 2cm dilated	
	V/S (-)	
	PV station -3 to -2	
	Smell liquor (+)	

EDH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
10-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/o Dr. Pujitha	
27/5/26 11:45 am	1 IUL	
	Vitals stable	
	P/A - uterus contracting	
	FH good	
	PV - Cx 50% effaced	
NST - reactive	OS 2cm	
	MoM (-)	
	Vx high up	
	Cephal - (+)	
	Patient & attenders explained regarding IV finding & NSA progression of labour & need for emergency LSCS	
	11/10 NPOL	
		A
		Dx for Emergency LSCS
		Ind NPOL
		- inform Anesthetist
		- inform pediatrician

DH-00044150 IP25-00020653
Mrs M.RAJARAJESWARI
0-01-2000 26 Y 4 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	POD-0	c/o by Dr Sulette
2:30pm	GC pt c/c	Adv
	Afebrile	1) NBM x 6hrs
	PR 82bpm	2) IVF as per AXON
	BP-124/96mmHg	3) Follow PRCU chart
	SpO2 97% @RA	4) Monitor vitals
	PA nt (R) well	5) Strict I/O chart
	O/E - BLWM	6) W/F Active bleeding PR
	U/O 200ml (clear)	7) Bryomm sg
		Sheet
3pm	— c/o vomiting (+) —	Inj ZOFER 4mg IV stat.
27/5/26	POD-0	Adv In bed Ambulation
8:30pm	G.C fair	1. Sip of orals
	Afebrile	2. Drugs as charted
	BP=100/70mmHg	3. Soft diet 12:30 AM
	PR=86bpm	4. W/F SpV, strict I/O charting
	SpO2=100% @RA	5. (M) vitals inform SY
Baby m/s	P/A=ORCO	6. Foley's removed 6AM
	P/V=NAD SpV	T/m
	U/O=100ml (clear)	7. ERF 2nd baby
		8. Shift to Ward if tolerating to liquids well.
		Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 6am	POD-1.	
		Rx:
	Ac/fair	1) Regular diet
	Afebrile.	2) EBF 2nd hly.
	PR - 82	3) Drugs as charted
	BP - 112/72	4) Plenty of oral fluids.
	P/A - UAO -	5) W/f BPV
	P/V - NAB.	6) (m) vitals
		7) Bf-sos
	Babys Rem today ✓	
	& U F M	
	Baby → M/S	
	POD I	Adv
28/5 3pm	uc fair	- (D) diet
	afebrile	- plenty fluids
M✓	BP - 112/74 mmHg	- drugs as charted
	PR - 80 bpm	- wf BPV
	SpO2 99% RA	- ambulate / EBF
	P/A UAO	- Inotes
Bagpipes	P/V NAD	- Bypass

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 8pm	POD I	
		Adv
	GC fair	- R diet
	afebrile	- plenty of oral fluids
	BP - 110/72mmHg	- drugs as charted
	PR - 80bpm	- w/f BPV
	SpO2 99% / RA	- ambulation / EBF
MV	P/A UAW	- monitor vitals
	P/V NAB	- Inform SOS
29/5/26 6am	POD-2	Adv
	GC fair	
	Afebrile	1) Normal diet
	PR - 89bpm	2) Plenty of oral fluids
	BP - 110/73mmHg	3) Drugs as charted
	P/A - ut (R) well	4) w/f BPV
	P/v - NAB	5) EBF / Ambulation
MV		6) Monitor vitals
		7) Inform SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

334 - Rajarajeshwari Physiotherapy Consult

Ref. No.: F/HW/CONS.F

CONSULTATION FORM

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Doctor Name : VAIBHAVI HARNE

Date : 28/5/26. Hour : 3:00

Hospital : .....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 h

Date : ..... Time : ..... By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a sec diagnosis: POST PARTUM EXs.

Signature: M

Report of Findings and Recommendations :

Adv / seen for

- Neck stretches
- Upper back strengthening
- Shoulder, Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

VM RPT

Consultant :

Name : VAIBHAVI HARNE Signature : VM Date & Time : .....

NOTE : If more space is required use another consultation sheet as continuation

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:30

Origin: Guntur Height: 151 Weight: 67 BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: –

Diagnosis: primi c̄ 27 weeks fetal

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: Rajeshwari

Date & Time: 28/5/26 9:30

Dietician's

Signature: [signature]

Name: Bhavani

Date & Time: 28/5/26 9:30

DIETARY NOTES

Date	Time	Notes	Sign
28/5/26	9:3-	normal diet	[illegible]

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REGULAR PRESCRIPTIONS

Weight 67kgs Ward M/W

Sheet No: 01

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Dt.
625mg	PO	BD	29/5

Date/Time: 29/5 6pm

Name & Signature of the Doctor Starting the Drugs: indy.

Additional Instructions: 6pm

Daily Doctor's Endorsement by a Sign

DRUG : T PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	29/5

Date/Time: 29/5

Name & Signature of the Doctor Starting the Drugs: indya 6pm Deepika Anbith

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature .....

VERIFIED BY : Name .....

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Sheet No: 02

REGULAR PRESCRIPTIONS

Weight 67kgs Ward MW

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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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 .... Signa

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Dr. PUJITHA DEVI SURANENI

REGULAR PRESCRIPTIONS

Weight. 67kgs Ward. MW

DRUG : Inj AUGMENTIN

Dose	Route	Frequency	Start Date
1.2gm	IV	BD	27/5

Name & Signature of the Doctor Starting the Drugs: SWEET

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	28/5	26
12AM	Deepika Ankitha	Deepika Ankitha
12pm	Rachana Uhini	

stop

Dr Indu 28/5

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	27/5

Name & Signature of the Doctor Starting the Drugs: SWEET

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	28/5
6AM	Deepika Ankitha

Dr Indu 28/5

DRUG : Tab PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	ORAL	QID	27/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	28/5	29/5
12AM	X	Deepika Ankitha
6AM	Deepika Ankitha	Deepika Ankitha
12pm	Rachana Uhini	
6pm	Sangh [illegible]	

DRUG : Tab DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	ORAL	TID	27/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	28/5	29/5
7AM	X	Deepika Ankitha
3pm	X	
11pm	Deepika Ankitha	

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Weight. 67kg Ward. M/W

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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	10pm	T. MISOPROSTOL	50mg	PV		S
						Rajula
26/5/26	6:30 AM	Inj AUGMENTIN	1.2gm	IV		Bhagya
						Vijaya
26/5/26	12pm	Inj AUGMENTIN	1.2gm	IV		Vijaya
						Bhagya
27/5/26	12:05 pm	Inj PANTAPRAZOLE	40mg	IV		Supriya
						Srivani
27/5/26	12:05 pm	Inj METACLOPRAMIDE	10mg	IM		Bhagya
						[illegible]
27/5	2.00 PM	SUPPITRAMADOL	100mg	P/R		Va
						Va
27/5	2.00 pm	SUPPDICLOFENAC	100mg	P/R		Va
						Va
27/5	8PM	Inj. PARACETAMOL	1gm	IV		Supriya

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I.V. FLUIDS CHART

Weight. 67 kgs Ward. MMW

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
27/5/26	8:30 am	1⊖ RL	IV	100ml		Sudhi / Mini	27/5		Va / Va
27/5/26	8:30 am	1⊖ RL + 2ij Syntocin 10U	IV	60ml		Sudhi / Mini	27/5		Va / Va
27/5/26	11AM	1⊖ plain RL	IV			Bhagya / [illegible]	27/5	[illegible]	Supriya / [illegible]
27/5	1.50 PM	RINGER LACTATE	IV	150 ml/hr	[illegible]	Supriya / Supriya	27/5/26		Supriya / [illegible]
27/5	4PM	RINGER LACTATE	2V	150ml	[illegible]	Supriya / [illegible]	27/5/26		[illegible]

Signature

VERIFIED BY : Name

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PATIENT TRANSFER FORM

FDH-00044150 IP25-00020653
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10-01-2000 26 Y 4 M 17 D (F)
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Date & Time of Admission	Date & Time of Transfer Order
26/5/26 @ 6:42 pm	27/5/26 @ 12:40 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. pujitha	Dr. prema	~~Observation~~ EM-LSCS

From Unit	To Unit	Information to Attendant
MLW	~~WARD~~ OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : Br. Buddhadev 27/5/26 @ 12:40 PM

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

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

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Roja Rajeshwari	27/5/26 @	27/5/26 @
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Pujitha	Dr. Ramya	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25	1	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Geeta	Dr. Ramya.

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