

DISCHARGE SUMMARY

Name	Mrs CH KRISHNA RAVALI	UHID	CUV-00104087
Father/Guardian	Mr A SRAVAN	Age/Gender	31 Y 11 M 17 D/ Female
Address	~, Kanuru, Vijayawada, Andhra Pradesh, INDIA, 520007		
IP No	IP25-00020484	Admission Date	18-05-2026
Ref Doctor	Self		
Discharge Date	20-05-2026		

Consultant:

Dr. Sahitya Bammidi

MBBS, DGO, DNB, FIAOG, FMAS, FCG (USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Reg. No: 64696

Diagnosis: G2A1 AT 37+4 WEEKS GESTATION WITH OI CONCEPTION WITH PROM WITH RH-NEGATIVE PREGNANCY FOR INDUCTION OF LABOUR.

EMERGENCY LSCS DONE, IN VIEW OF NON PROGRESSION OF LABOUR, DELIVERED A LIVE FEMALE BABY AT 10:04 PM, WEIGHT 2.589 KGS ON 18.05.2026.

History: C/O Leaking PV since 30min on 18.05.2026 (12AM).

LMP: 26.08.2025

Obstetric formula: G2A1

EDD: 04.06.2026

Gestation at admission: 37+4 weeks

Obstetric History:

G1 - 2025 / Biochemical pregnancy.



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G2 - Present pregnancy ,OI conception.

Medical History : H/O Sinusitis / Bronchitis, not on medication.

Surgical History: Lap Appendectomy at 21 years of age.

H/O Hernia repair ? inguinal at 9 years of age.

Allergies : Nil

Family History : Nil

Antenatal Details:

Mrs. CH KRISHNA RAVALI was booked to Rainbow hospital at 4 weeks of gestation. She had regular antenatal checkups and investigations as advised. Anterior wall SS, Fibroid measuring 19.3x17.6mm at 7+1 weeks, EFTS - low risk, NT scan at 12+4 weeks normal, TIFFA scan at 20+4 weeks normal following by serially growth scans 27+6 weeks were normal. RH- negative pregnancy, Inj. Anti D-300mg given. USG done on 05.05.2026 showed at 35+5 weeks, cephalic, SLIUF, Placenta anterior and high, AFI 19.5cm, EFW 2598 grams (34%)/ AC 13% with fetal doppler normal. . She was admitted at 37+4 weeks with PROM in labour.

Investigations: Enclosed.

Blood group & Typing - " B" Rh negative.

Management:

Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 50% effaced and 2cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 4 doses of PGE1. Artificial rupture of membranes done at 2 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 2-3 cm dilatation for pain relief. The same was sited by an



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anesthetist after informed consent. Further augmentation was done by oxytocin infusion. Repeat Vaginal examination done showed same findings. Couple counselled regarding PV findings and option for further trial of labour vs emergency LSCS given I/v/o NPOL and couple opted for LSCS.

Hence She was decided for emergency C- section in view of Non-progression of labour, 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.

- * **3x2cm subserosal fibroid noted on anterior wall of uterus.**
- * **Myomectomy done and sutured with Vicryl No.1.**

Delivery Details :

Date : 18.05.2026
Time of Delivery: 10:04 PM
Type of Delivery: Emergency LSCS
Indication : Non-progression of labour



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Analgesia : Epidural

Baby Details:

Date : 18.05.2026
 Time : 10:04 PM
 Sex : Female
 Weight : 2.589 kgs
 Apgar : 8/9, 9/10
 Gestational Age: 37+4 weeks
 NICU Admission: No.
 Baby BGT - "O" Negative

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. Taxim O 200mg twice daily till 24.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 24.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantop 40mg twice daily till 24.05.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.



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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 26.05.2026 with prior appointment.

Review with Dr. SAHITYA BAMMIDI after one week on 26.05.2026 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, 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	IP25-00020484	Admission Date	18-05-2026

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


Registrar/Resident/C.M.O


Consultant:

Dr. Sahitya Bammidi

MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

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Mrs CH KRISHNA RAVALI
03-06-1994 31 Y 11 M 15 D (F)
Dr. SAHITYA BAMBIDI



SURGERY DETAILS

Date : 18/5/2026

Patient Name: Mrs. CH. Krishna Raval
Date of Birth: Age:

Gender: Female Ward : OT UHID No.: CUV-00104087

Date of Surgery: 18/5/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency ces

Time in : 9:50 pm.

Time Out : 10:50 pm.

	NAME	AMOUNT
1. Surgeon	Dr. Sahitya	
2. Anaesthetist	Dr. Srinivas	
3. Assistant Surgeon	Dr. pooja vijaya	
4. OT Technician	Sr. Navya	
5. Circulating Nurse		
6. Assistant Nurse	mangeshwari	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 576857/6858

Order by: mangeshwari

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 Dr. SAHITYA BAN

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSUMABLES OF OT

Technician : Navya Date : 18/05/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LCB</u>		01	Inj Vit.K		01
LMA			Sutures <u>2347</u>		03	Cord Clamp		01
ECG leads : A / P / N		03	<u>1326</u>		01	Suction Catheter		01
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		01				Vaccum Suction Set		01
05 cc		02	Gloves <u>6/2</u>		03	Surgical Gloves <u>6/2</u>		02
02 cc		02	<u>7</u>		02	Gauze Pack		02
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)		
RL		01	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>Carbetoun</u>		01	Ointments					
<u>Tranexa</u>		02	Suction Catheter			<u>miso tab</u>		06
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		03	<u>Disp Apron</u>		04
Ketamine			Mop Pack		02			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet		02			
Myopyrolate			Abgel		02			
Ondansetron			Foleys catheter					
Pencan 25 Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>sterizone</u>		01			
Suppositories			loban					
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>Lox & Abromaline</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

576923
Baby side

Surgeon

Anaesthesiologist

Nurse

OT Technician Navya

Order No. : 576910 / 576924 / 25

Ordered by : Mangeshwar

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



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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 : IP25-00020484 Admit Date : 18-May-2026 Admit Time : 01:02 AM UHID : CUV-00104087

Patient Details :

Patient Name : Mrs CH KRISHNA RAVALI Age : 31 Y 11 M 15 D
Guardian : Mr A SRAVAN DOB : 03-06-1994
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : ~ Kanuru Vijayawada Andhra Pradesh INDIA Phone No : 9010088866/ 9010088866
520007 E-mail : na123@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU-07 Ward Name : 4F -MICU
Room No : MICU-07 Admission Type : First Visit

Contact Details :

Name : Mr A SRAVAN Relationship : W/O
Contact Address : ~ Kanuru Vijayawada Andhra Pradesh INDIA Phone No : / 9010088866
520007


Signature

Doctor Details :

Doctor Name : Dr. SAHITYA BAMMIDI Specialisation : OBSTETRICS AND GYNECOLOGY
Referring Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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



CUV-00104087 IP25-00020484
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03-06-1994 31 Y 11 M 15 D (F)
Dr. SAHITYA BAMMIDI



ACTIVITY RECORD FOR BILLING

Name: Mrs CH KRISHNA RAVALI
 UHID No : _____ IP No : _____ Consultant : _____ Dept : _____
 Date of Admission : 18/5/26 Time : 1:02 AM Date of Discharge : _____ Time : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	9:45 PM	MICU	OT	Sahitya
18/5/26	6:25 PM	OT	MLW	Sahitya
19/5/26	5:50 AM	MICU	ward	Sahitya
20/5/26	10:42 AM	ward	Bilury	Sahitya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. raibhai	20/5/26	7500	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26	Biopsy for Histology	7638 ✓	[Signature]
	NST - (1)	5971 ✓	
18/5/26	NST - (2)	5972 ✓	
	NST - (3)	5973 ✓	
18/5/26	NST - 4	5974 ✓	
	NST - (5)	5975 ✓	[Signature]
	CBP, PEINR, APTI	7528 ✓	
18/5/26	NST - (6)	16005 ✓	
18/5/26	NST - (7)	16006 ✓	
18/5/26	NST - (8)	16007 ✓	Pocornin
18/5/26	NST - (9)	16008 ✓	
18/5/26	NST - (10)	16009 ✓	
18/5/26	NST - (11)	6117 ✓	[Signature]
18/5/26	NST - (12)	6118 ✓	
18/5/26	NST (13)	6119 ✓	
18/5/26	NST (14)	6120 ✓	
18/5/26	NST (15)	6121 ✓	
18/5/26	NST (16)	6122 ✓	
18/5/26	GRBS - 131 mg/dL	7644 ✓	[Signature]
	NST - (17)	6123 ✓	
	NST - (18)	6124 ✓	
	NST (19)	6125 ✓	
19/5/26	WHA	7097 ✓	C.C. Sunstar 19/5/26 12:42 [Signature]
19/5/26	GRBS - 107 mg/dL	7772 ✓	[Signature]

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 15 D (F)
 Dr. SAHITYA BAMBIDI

①



URSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: G2A1 at 37+4 week GA with ① Rom with RA Negative.				Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:		
BACKGROUND		Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date	18/5/26 M	18/5/26 M	18/5/26 E	18/5/26 N	19/5/26 M	19/5/26 E	
	Shift							
	Medical Condition (Any special condition to be noted):	POC	POC	POC	POC	POC		
Diet:	NID	NID	NID	NBM	NID	NID		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.10F	98°F	98.6F	36C	98.5	98.6
		Res:	21	20	20	22	22	20
		SpO ₂ :	99%	100	99%	100%	98	99
		Pulse:	87	84	87	75	74	78
		BP:	118/97	116/92	117/86	121/73	110/80	120/70
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0/10	0/10	0/10	0/10	0	0	
Pain Score:	0/10	0/10	0/10	0/10	0	0		
Skin Integrity	Good	Good	Good	Good	Good	Good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:							
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	Special Diet:	NID	NID	NID	NBM	NBM		
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent			
Post Operative Procedure Special Orders:					neha			
Handed Over By Name :		Durga	nithya	Santhosh	Sahira	Laalshri	Bhavana	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		18/5/26	18/5/26	18/5/26	18/5/26	19/5/26	19/5/26	
Time:		@ 8am	@ 2pm	@ 8pm	@ 8am	2pm	8pm	
Taken Over By Name :		nithya	Santhosh	Sahira	Laalshri	Bhavana	neha	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		18/5	18/5/26	18/5/26	19/5/26	19/5/26	19/5/26	
Time:		@ 8am	@ 2pm	@ 8pm	8am	2pm	@ 8pm	

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	19/5/26						
	Shift	N						
	Medical Condition (Any special condition to be noted):							
	Diet:	N/D						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.8					
		Res:	24					
		SpO ₂ :	100					
		Pulse:	75					
		BP:	99/59					
		LOC:	conscious					
		Fall Risk Score:	0/10					
Pain Score:	0/10							
Skin Integrity	good							
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	N/D						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent						
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	Post Operative Procedure Special Orders:							
	Handed Over By Name :	Neha						
	Signature / ID :	<i>[Signature]</i>						
	Date:	20/5/26						
	Time:	8 AM						
	Taken Over By Name :							
	Signature / ID :							
	Date:							
	Time:							

CUV-00104087 IP25-00020484

Mrs CH KRISHNA RAVALI

03-06-1994 31 Y 11 M 15 D (F)

Dr. SAHITYA BAMMIDI



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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/5/20 @ 1:02 @ m

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Came for leaking PLV Doctor Notified on Admission: Yes No
Name of the Doctor: Dr. Sahitya
Time Notified: @ 1 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
H/o panti bramanti	lap appendectomy hernia repair m	Yes
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: 26/8/25	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Others: POC	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P L A 1

Previous LSCS: NA

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

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other

Vital Signs / Measurements: Temp: 36.5°C HR: 89 RR: 20
BP: 110/80 Weight: 69.4kg Height: 159 BMI: -

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0/10 (complete the Braden Q Sheet)

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

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given to patient

Name of Person Orientation was given to: husband

Orientation not given Reason:

Nurse Signature: Bhagyee

Nurse Name: RL

Date & Time: 18/5/20 @ 11AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

No leakage pr : 30min on 18/5/26 (12AM)

LMP: 26/08/25

EDD:

Corrected EDD: 04/06/26

GA: 37+4 wk

Obstetric Formula: ~~Para gravida~~ G2A1

Menstrual History: Regular: Yes No

Obstetric History: I-2015 - Biochemical pregnancy.

Obstetric Examination

II- PP- uncerined ~~obstetric~~ registered Ovulation induction

Fundal Height: ut term

- Had regular AM

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Liquor: Adequate Oligo Poly

- Ant. wall ss. fibroid - 19.3 x 12.6 mm @ 27+1 wk

PP: Cephalic Breech Others _____

- EFTs - low wk; NTE 12+4 - (N)

Head Fifths Palpable: _____

- TFFA scan @ 20+4 - (N)

RISK FACTORS: Serial growth @ 27+0 wk - (N)

FHS: Normal Tachy Brady Absent

Rh Negative

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced ^{50%} Effaced

Os: Closed _____ Dilated 2cm

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:

consciousness: c/c Pallor: -

mus: - Edema: -

PR: 112 bpm

DTR: -

RS -

Urine Output: -

DIS

2A1 at 37+4 wk GA with PROM with Rh negative



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>lap Appendectomy - 21 yr of age Hernia repair? inguinal 9 yrs of age.</p>
<p>Medical History:</p> <p>no sinusitis / bronchitis →</p>	<p>Medication History:</p> <p>not on medication</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admit - Consent - Pains preparation - NST - secure IV cannula - Monitor vitals - Wg contractions - Wg progress of labor - IV CEFOTAXIME 1 gram IV - TO send CBP, PT INR 	<p>Investigations:</p> <p>BGT - B-ve</p> <p>HIV HBsAg HCV VDRL</p> <p style="margin-left: 150px;"> NR</p> <p><u>510526</u></p> <p>SLIUF 35+5 wk cephalic </p> <p>Placenta - Anterior </p> <p>AP - 19.5 cm</p> <p>EFW - 2598g (34%)</p> <p>AC - 230%</p> <p>Fetal doppler ⊕</p>

Doctor Name: Dr. B. SURESH

Signature: [Signature]

Date & Time: 18/05/26, 12:30 AM

Consultant Name: Dr. SAHITYA

Signature: [Signature]

Date & Time: 18/05/26, 12:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2016 6 Am	<p><u>as by Dr Swette</u></p> <p>AC ptale</p> <p>Apsile</p> <p>PR 88 bpm</p> <p>BP 120/70 mmHg</p> <p>SpO2 94% O2A</p> <p>PA ut contrae 2/30''/1cm</p> <p>FUR ⊕</p> <p>PR CX 50% effused</p> <p>os 2cm dilated</p> <p>PRVx st-3</p> <p>clear lxx ⊕</p>	<p><u>AL</u></p> <p>1) T-MUSOPROSTOL 25mcg p/o.</p> <p>2) NST 2nd hrs</p> <p>3) MONITOR vitals</p> <p>4) W9 CONTRACTIONS</p> <p>5) W9 progress of labor.</p> <p>6) g/fuss</p> <p><u>swes</u></p>
7:30 Am	<p><u>close cervix pain</u></p> <p>PA ut contrae 3/30''/1cm</p> <p>FUR ⊕</p> <p>PR CX 50% effused</p> <p>os 2cm dilated</p> <p>PRVx st-2</p>	<p><u>AL</u></p> <p>1) NST</p> <p>2) MONITOR vitals</p> <p>3) W9 CONTRACTIONS</p> <p>4) W9 P/L</p> <p>5) T-MUSO 25mcg @ 8:30 Am</p> <p><u>AL</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	Date	Adv
10:30 AM	GC - fair	
	Afebrile	1) T. Misoprostol 25mcg P/ostat
	PR - 81 bpm.	2) NST
	BP - 106/82 mmHg	3) Monitor vitals
	P/A - uterine contractions.	4) w/f contractions, POC
	cephalic, FH 3 @	5) Infom 50s
	CTG - Reactive	
	PV - Cx 50% effaced	
	Os - 2cm dilated	
	PPV station: 2	
		<u>Adv</u>
12:30 PM	PV - Cx 50% effaced	- T. Misoprostol 25mcg po/stat
	Os - 2-3 cm dilated	- w/f contractions / POC
	- 2 station	- (m) utab Infom 50s

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1:20pm	<u>cls/b Dr. Sahitya</u>	
	PV - Gx - 50% - 60% effaced OS - 2-3 cm dilated Station - 2	<u>Adv:</u> - Start Lip oxytocin 10U in 10L @ 6ml/hr & titrate accordingly. - continue FHR (M) - w/H contractions 100L
		<u>adv</u>
1.8/5/26 3:55pm	NST - deceleration upto 100 bpm (+) PR - 104 bpm BP - 99/63 mmHg P/A - ut ~ TG, cephalic, contractions (+) FHR	<u>Adv:</u> - 10 RL free flow - check GRS - O ₂ at 6l/hr - (+) lateral position - (+) vitals Inform doc
40 Siddhanta ARS - 131 mg/dl		
		<u>adv</u>
3:45pm	NST - Recovered	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 7:30pm	<p>C/S/B Dr Sahitya</p> <p>Gc jar</p> <p>Afebrile</p> <p>PR-99bpm</p> <p>BP-119/88 mmHg</p> <p>P/A- ut TG, contractions</p> <p>Cephalic FHs ⊕</p> <p>CTG- Reactive</p> <p>P/v - C_x - 70% effaced</p> <p>Os 3-4cm dilated</p> <p>PPV_x stations - 2</p> <p>Skin fold caput ⊕</p>	<p>Adv</p> <ol style="list-style-type: none"> 1) NST monitoring 2) w/f contractions 3) Monitor vitals 4) Epidural counselling 5) Inform SOS
18/5/26 8:30pm	<p>no complaints</p> <p>afebrile</p> <p>PR - 74bpm</p> <p>BP - 96/66 mmHg</p> <p>RR - 14/min SpO₂ - 99% on RA</p> <p>H/L - S₁S₂ ⊕ BAE ⊕</p> <p>P/A - ut TG,</p> <p>Active ⊕ (ac 30-40" 10")</p> <p>Cephalic,</p> <p>FHR - Good</p> <p>P/v - C_x - 70% effaced</p> <p>os - 4cm dilated</p> <p>PPV_x (2) 2(-1)</p> <p>Skin fold caput ⊕ m ⊖</p>	<p>Rx</p> <ol style="list-style-type: none"> 1) NBM 2) Drugs as charted 3) vitals monitoring 4) Continuous NST monitoring 5) check for contractions 6) Inj. Synto c 8ml/hr started

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1984 31 Y 11 M 17 D (F)
 Dr. SAHITYA BAMMIDI




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 11:20 AM	POD 0 GC Jan Afebrile BP - 110/80 mmHg PR - 80 bpm SpO ₂ - 99% @ RA P/A - UACW IV - N/A 1/2 front emptied (NO)	Adv - NBM 4 hrs - fluids as per ASW - drug as charted - w/ BIV - Do charting - Trace baby SAT - @ UACW - @ JVP
18/5/26 5:00 AM	POD - 0 No complaints C/E, ptic/c/c/c, afebrile PR - 80 bpm BP - 110/70 mmHg RR - 14/min SpO ₂ - 99% on R H/L - S/S ⊕ BAE ⊕ P/A - UACW BS ⊕ dressing dry P/U - ACAB No need of ufo - 800ml (D) e 3am Anti-D 200ml ⊕	uclp Rx 1) oral sips allowed of AB liquid diet 2) plenty of oral fluids 3) vital monitoring 4) Ifo monitoring 5) w/f Bleeding P/U 6) Drugs as charted 7) Inform S/S 8) Sgr diet at 9pm 9) play remain till further orders



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 3 PM <u>satymis</u> U ✓ F ✓ M ✓	<u>POD-ent</u> G.C. fair A A febrile Sp = 100/60 mmHg PR = 84 bpm SpO ₂ = 100% @ RA P/A = UPR A/V = NASPV	<u>Adv:</u> 1. Amulettion 2. Plenty of oral fluids 3. megs as clotted 4. c/f SpV 5. normal diet 6. BSF 2nd hly 7. 7 vitals under SOS
19/5/26 3 PM <u>satymis</u> U ✓ F ✓ M ✓	<u>POD-1</u> G.C. fair A febrile Sp = 110/60 mmHg PR = 86 bpm SpO ₂ = 100% @ RA P/A = UPR A/V = NASPV P/A = UPR A/V = NASPV	<u>Adv:</u> 1. Amulettion 2. Plenty of oral fluids 3. megs as clotted 4. c/f SpV 5. normal diet 6. BSF 2nd hly 7. 7 vitals under SOS 

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 15 D (F)
 Dr. SAHITYA BAMBIDI



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: WARD

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T IRON	1	PO	as	1715	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T CALCIUM	1	PO	as	1715	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. B. SWETHA SURESH

Date & Time : 18/05/26 ; 12:30 AM

Nurse Name & Signature: Sr. Bhagys

Date & Time : 18/5/26 12:30 AM

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

21/5

20/11

10

11

12

13

20/11/2011
21/5/2011



DRUG CHART

Date of Admission: 18/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 69.4 kgs Ward mw

VERIFIED

VERIFIED

DRUG : <u>T-CEFOTAXIME</u>				Date Time																			
Dose	Route	Frequency	Start Date																				
<u>1 gram</u>	<u>iv</u>	<u>BD</u>	<u>18/5</u>	<u>18/5/25</u>	<u>19/5/25</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>sw</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>T-PARACETAMOL</u>				Date Time																			
Dose	Route	Frequency	Start Date																				
<u>1 gm</u>	<u>P/O</u>	<u>TID</u>	<u>18/5</u>	<u>18/5/25</u>	<u>19/5/25</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>sw</u> (Dr. SRINIVAS)																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>T-DICLOFENAC</u>				Date Time																			
Dose	Route	Frequency	Start Date																				
<u>50mg</u>	<u>P/O</u>	<u>TID</u>	<u>18/5/25</u>																				
Name & Signature of the Doctor Starting the Drugs: <u>sw</u> (Dr. SRINIVAS)																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>Hy PANTOPRAZOLE</u>				Date Time																			
Dose	Route	Frequency	Start Date																				
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>18/5</u>	<u>19/5/25</u>	<u>20/5</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>vidya</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

sw

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 17 D (F)
 Dr. SAHITYA BAMMIDI



Sheet No: 01

REGULAR PRESCRIPTIONS

Dept.....Ward MW

DRUG : lg cefprozime Date/Time 19/5

Dose	Route	Frequency	Start Dt.
<u>lg</u>	<u>IV</u>	<u>BD</u>	<u>19/5</u>

Name & Signature of the Doctor Starting the Drugs: ndy

Additional Instructions: 9PM stop water

Daily Doctor's Endorsement by a Sign: STOP 11/5 2015

DRUG : T- CEFIXIME Date/Time 20/5

Dose	Route	Frequency	Start Dt.
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>20/5</u>

Name & Signature of the Doctor Starting the Drugs: fly

Additional Instructions: 9PM

Daily Doctor's Endorsement by a Sign:

DRUG : P- PANTOPRAZOLE Date/Time 21/5

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>20/5</u>

Name & Signature of the Doctor Starting the Drugs: llcl

Additional Instructions: 6AM

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

VERIFIED

Patient Sticker

Sheet No: 62

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 VERIFIED



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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
18/12/26	6:30 AM	T. MISOPROSTOL	25mg	PO	[Signature]	Bhagya De Naidu
18/12/26	8:30 AM	T MISOPROSTOL	25mg	PO	[Signature]	[Signature]
18/12/26	10:30 AM	T MISOPROSTOL	25mg	PO	[Signature]	Geetha Chand
18/12/26		Inj CEFOTAXIME	1g	IV	[Signature]	[Signature]
18/12/26	12:30 AM	T. MISOPROSTOL	25mg	PO	[Signature]	Geetha Chand
18/12/26	3 PM	LidROTTIN	1amp	IV	[Signature]	[Signature]
18/12/26	3:5 PM	Inj EPIDOCIN	1amp	IV	[Signature]	[Signature]
18/12/26	3 PM	Inj BUSCOBAN	1amp	IV	[Signature]	[Signature]

VERIFIED BY : Name Signature

I.V. FLUIDS CHART

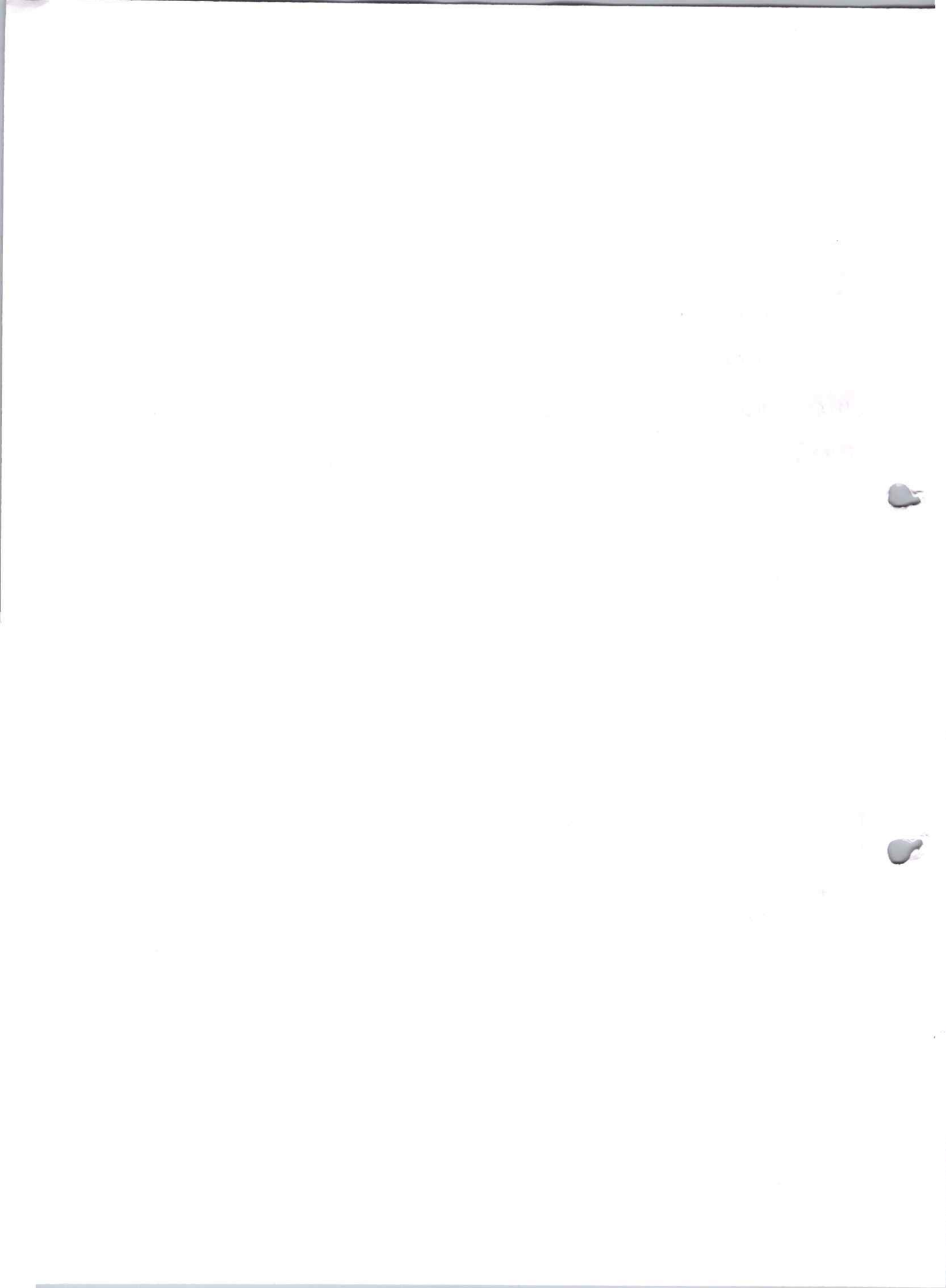
Weight: 69.4 kg Ward: m/w



Date	Time	Position of I.V. Fluid (Concentration, infusion ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/5/26	9 AM	10 RL	IV	100 ml/hr	[Signature]	[Signature]	18/5/26	[Signature]	[Signature]
18/5/26	12 PM	10 RL	IV	100 ml/hr	[Signature]	[Signature]	18/5/26	[Signature]	[Signature]
18/5/26	2:20 PM	Digoxin 100 in 10 RL	IV	6 ml/hr	[Signature]	[Signature]	18/5/26		
18/5/26	3 PM	10 RL	IV	100 ml/hr	[Signature]	[Signature]	18/5/26		[Signature]
18/5/26	6 PM	10 RL	IV	100 ml/hr	[Signature]	[Signature]	18/5/26		[Signature]
18/5/26	10-30 PM	RL	IV	200 ml/hr	[Signature]	[Signature]	18/5/26		[Signature]
18/5/26	11:10 AM	RL	IV	100 ml/hr	[Signature]	[Signature]	18/5/26		[Signature]
19/5/26	5 AM	RL	IV	100 ml/hr	[Signature]	[Signature]	19/5/26		[Signature]

Signature

VERIFIED BY : Name



Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

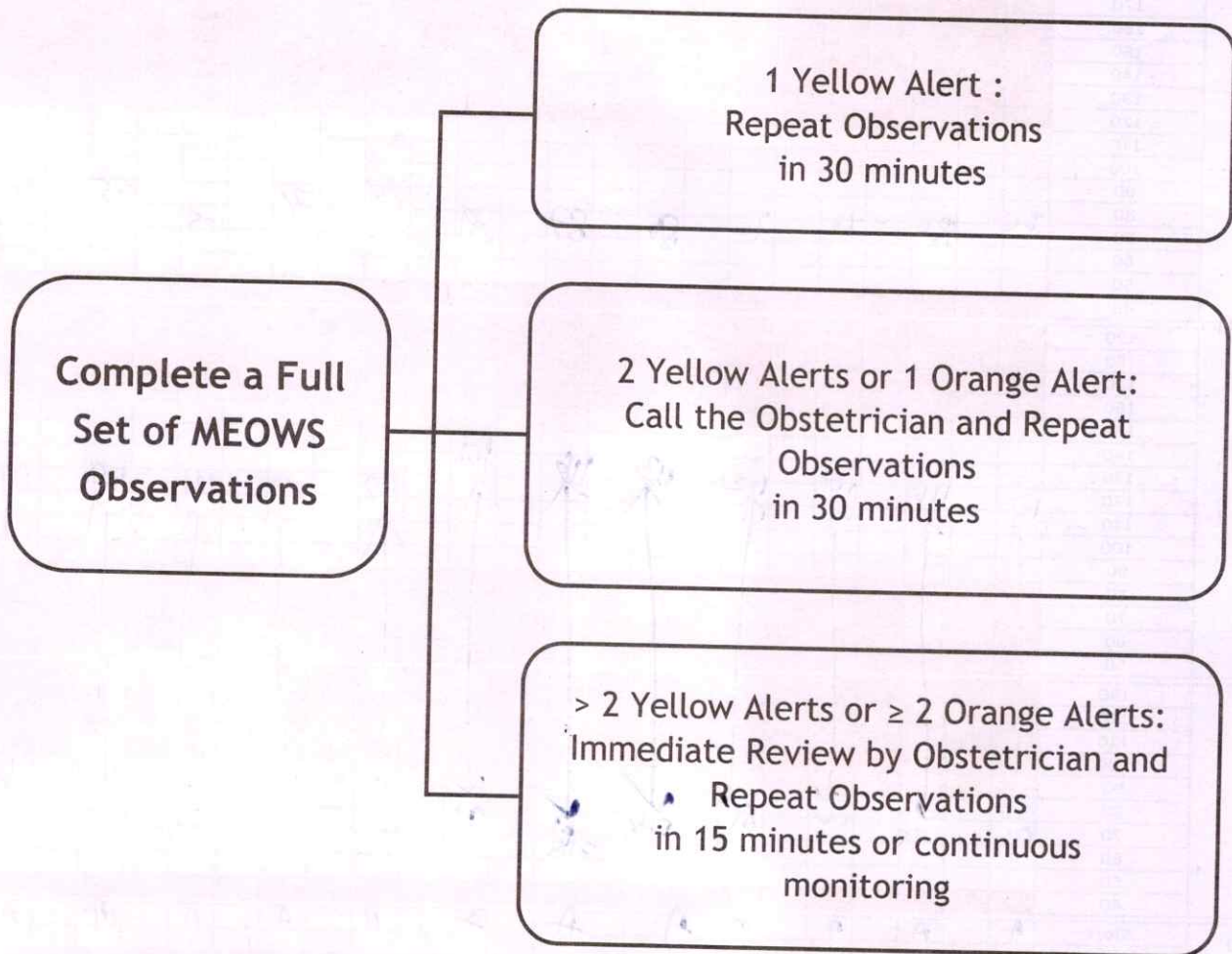
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 16 D (F)
 Dr. SAHITYA BAMMIDI

19/5/28

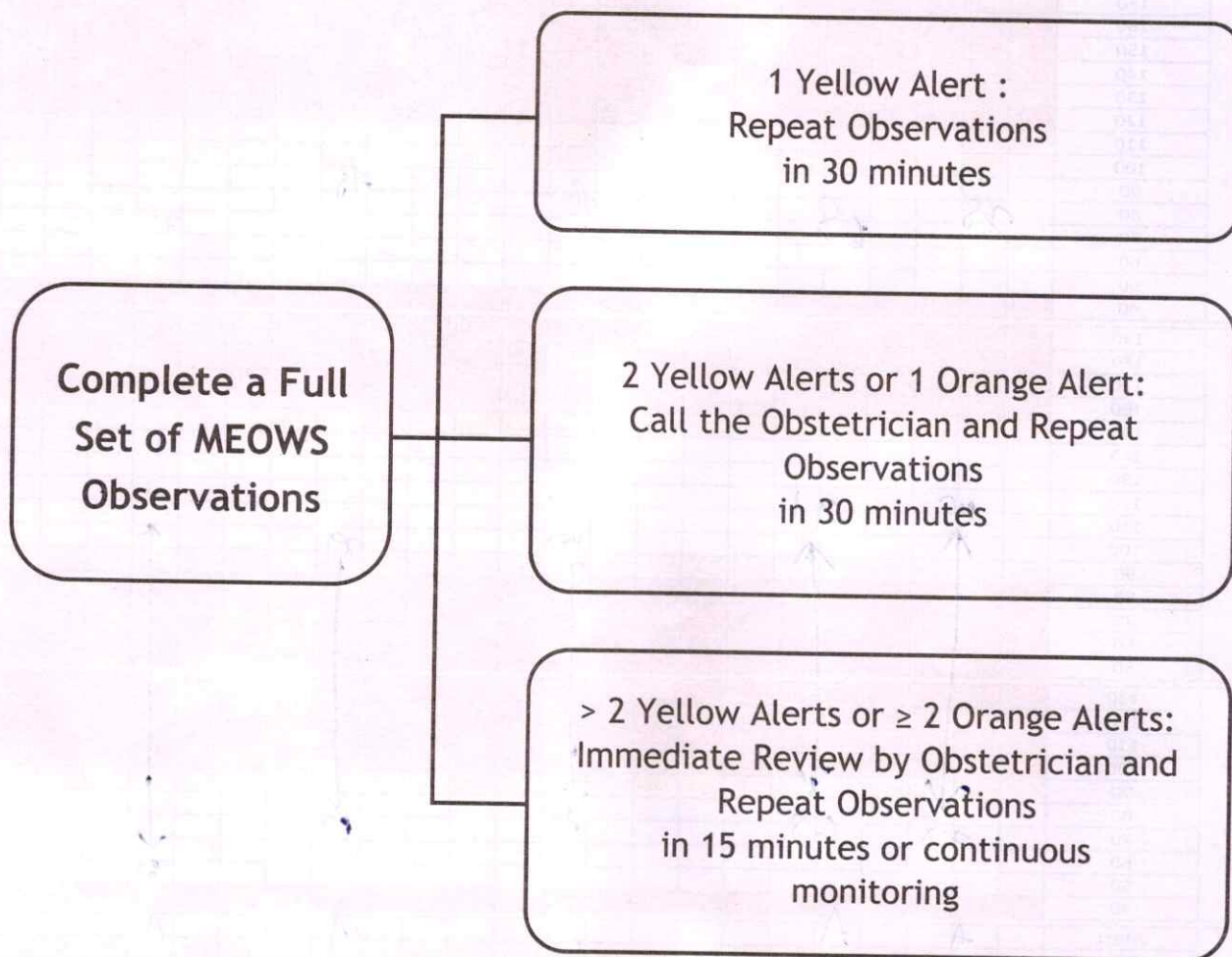


Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20		20					20					20						20			20
	0 - 10																								20
Saturations	94 - 100 %			90		100%					99				99						98			99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			98.6		98.6					98.6					98.6						98.7			98.7
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			78		68					76					75						75			85
	70																								
	60																								
	50																								
40																									
Systemic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert																							
		Voice			A		A										A						A		A
		Pain																							
Unresponsive																									
URINE mls / hour	> 30			✓		✓									✓						✓			✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			N		N									N									N	
	Heavy / Foul																								
Liquor	Clear / Pink			C		C									C									C	
	Green																								
TOTAL YELLOW SCORES				0		0									0						0			0	
TOTAL ORANGE SCORES				0		0									0						0			0	
Nurse Initial				b		b									b						b			b	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 15 D (F)
 Dr. SAHITYA BAMMIDI



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake 500 ml

Total 24 hrs. Output U-3 (ml)

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 16 D (F)
 Dr. SAHITYA BAMBIDI



18/5/26



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	NG	NG	Diarrhoea	Vomit	Drainage	Urine			
					NG								
	08:00 am	RD	tho 100ml	100ml	-	-	-	-	-	✓	0	p Geny	
	09:00 am	RL	tho 100ml	FF	-	-	-	-	-	✓	0		
	10:00 am	RL	tho 100ml	FF	-	-	-	-	-	✓	0		
	11:00 am	RL	tho 100ml	FF	-	-	-	-	-	✓	0		
	12:00 pm	RL	tho 100ml	FF	-	-	-	-	-	✓	0		
	01:00 pm	RL	tho 100ml	FF	-	-	-	-	-	✓	0		
Total Intake :			850 ml - 510			Total Output :			0 - 25				
	02:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0	p Geny	
	03:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0		
	04:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0		
	05:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0		
	06:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0		
	07:00 pm	RL	tho 100ml	100ml	-	-	-	-	-	✓	0		
Total Intake :			900ml			Total Output :			700ml only				
	08:00 pm	RL	NBM	100ml	-	-	-	-	-	800ml	0	p Geny	
	09:00 pm	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	10:00 pm	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	11:00 pm	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	12:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	01:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
Total Intake :			600ml			Total Output :			500ml				
	02:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0	p Geny	
	03:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	04:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	05:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	06:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
	07:00 am	RL	NBM	100ml	-	-	-	-	-	800ml	0		
Total Intake :			800ml			Total Output :			1200ml				

Total 24 hrs. Intake : 2,300 ml

Total 24 hrs. Output : 2,500 ml

CUV-00104087 IP25-00020484
 Mrs CH KRISHNA RAVALI
 03-06-1994 31 Y 11 M 16 D (F)
 Dr. SAHITYA BAMBIDI



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	RL		100ml	NO	NO	NO	NO			0	
	09:00 am										0	
	10:00 am	H ₂ O	100ml								0	
	11:00 am	H ₂ O									0	
	12:00 pm	H ₂ O	100ml								0	
	01:00 pm	H ₂ O			NO	NO	NO	NO			0	
Total Intake : 200ml					Total Output : U=0 M=0							
	02:00 pm										0	
	03:00 pm	H ₂ O	200ml		NO	NO	NO	NO			0	
	04:00 pm										0	
	05:00 pm	H ₂ O	100ml								0	
	06:00 pm										0	
	07:00 pm	H ₂ O	200ml		NO	NO	NO	NO			0	
Total Intake : 500ml					Total Output : U=1 M=0							
	08:00 pm	H ₂ O	200ml		NO	NO	NO	NO			0	
	09:00 pm										0	
	10:00 pm	H ₂ O	200ml								0	
	11:00 pm										0	
	12:00 am	H ₂ O	100ml								0	
	01:00 am				NO	NO	NO	NO			0	
Total Intake : 500ml					Total Output : U=2 M=0							
	02:00 am	H ₂ O	100ml		NO	NO	NO	NO			0	
	03:00 am										0	
	04:00 am	H ₂ O	100ml								0	
	05:00 am										0	
	06:00 am	H ₂ O	200ml								0	
	07:00 am				NO	NO	NO	NO			0	
Total Intake : 400ml					Total Output : U=1 M=0							
Total 24 hrs. Intake			1600ml			Total 24 hrs. Output			U=4 M=1			

CUV-00104087
 Mrs CH KRISHNA RAVALI IP25-00020484
 03-06-1994 31 Y 11 M 16 D (F)
 Dr. SAHITYA BAMMIDI



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake													
Total 24 hrs. Output													

CUV-00104087

IP25-00020484

Mrs CH KRISHNA RAVALI

03-06-1994

31 Y 11 M 15 D (F)

Dr. SAHITYA BAMBIDI



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Sahitya</u>	Date of Delivery: <u>18/5/2026</u>
Assistant Surgeon: <u>Dr. Padma Vidya</u>	Time of Delivery: <u>10:04 pm</u>
Anaesthetist's Name: <u>Dr. Srinivas</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>2.589 kg</u>
Neonatologist:	AGPAR Score:
Scrub Nurse: <u>mangeshwari</u>	NICU Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Para Gravida 27+4 weeks PROM & Rh negative pregnancy

 Elective

 Emergency

Indication: Non progression of labour

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: Reactive

If there was a delay give the reasons:

Surgical Procedure: POD-0 Emergency CS

Post Operative Diagnosis: POD-0 Emergency CS

Peri-Operative Complications: 3x2cm subserosal fibroid noted on anterior aspect of uterus (wall) myomectomy done and sutured & vicryl no 1

Amount of Blood Loss:

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: 4 cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel 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: (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 } mononyl-3.0 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:
..... NBM 4 hrs
..... fluids as per AXAN
..... days as charted
..... D/o charty
..... w/ BPV
..... @ vital
..... info/mo
.....
.....
.....

Doctor Name: Dr. vidya reddy Doctor Signature: [Signature]
Date & Time: 18/5/20, 11:30 pm
..... Dr. Sahitga

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. CH. KRISHNA RAVALI Age : 31y Gender : Male Female

UHID NO: Surgeon Name: Dr. SAHITHA

Anaesthesiologist : Dr. SRINIVAS.

Operative procedure planned : CESAREAN SECTION

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease
 Others :

Comments : ASPIRATION PNEUMONIA, HEADACHE

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Iceisha Dandli

Name :

Relationship with Patient:

Date & Time : 18/5/26

Witness :

Signature : [Signature]

Name : Srewan . A

Date & Time : 18/5/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : SRINIVASA RAO K.

Date & Time : 18/5/21 8-45 AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. CH. KRISHNA RAVALI Age: 31y Sex: F UHID.No: CUV-104087

Date: 18/5/26 Time: 5:20 AM Proposed Operation: Labour Epidural

Diagnosis: G2A1 E 39(+4) wks

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

Laboratory Data:

Hgb: <u>11.8</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>2.48</u>	Na:	Dir. Bill:	Blood group: <u>B-ve</u>	Stress/Angio:
PT: <u>17.6</u>	K:	LDH:	T3:	Other:
PTT: <u>22.4</u>	Ca++:	Alk phos:	T4:	
INR: <u>1.12</u>	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NONE

Medical History: CVS: NAD

RESP: Diabetes: —

CNS: } Not Significant

Renal:

Hepatic / GE: } Not Significant Physical Activity: (N)

Others:

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 73f Mentohyoid Distance: ✓ Neck: ✓ Teeth: (N)

Lungs: Blc clear

Heart: S1 S2

CNS: NAD

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

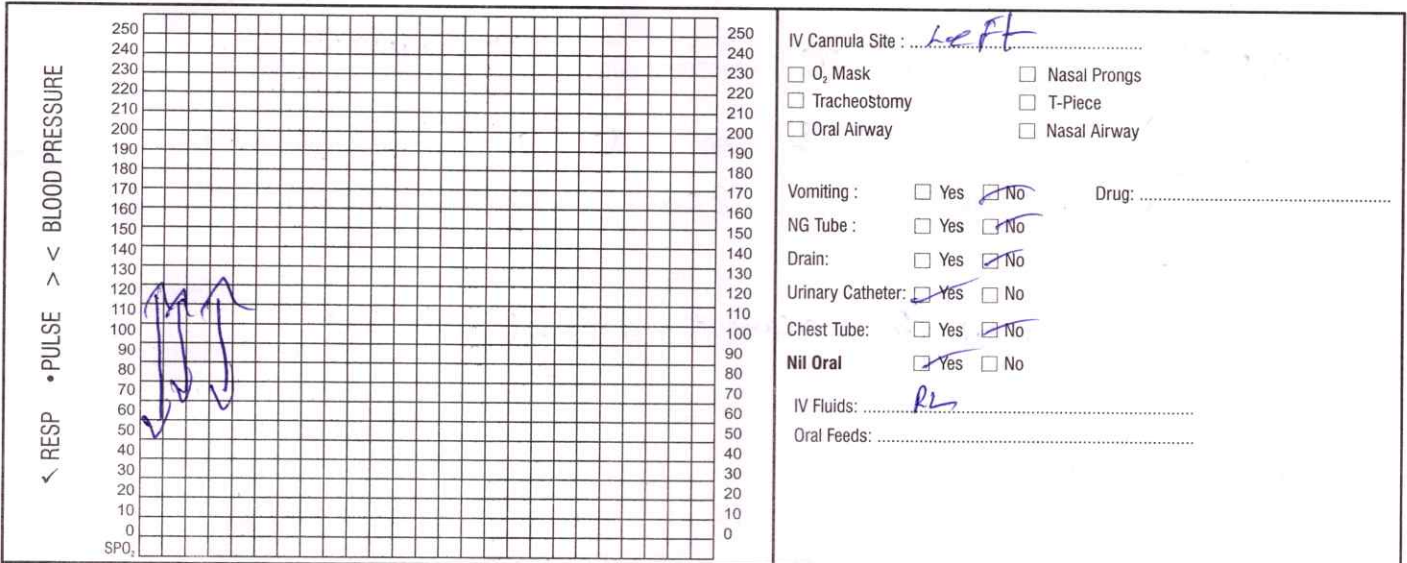
- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ ✓
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. SRINIVAS

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sadhika Time Received : 11:20 PM Time Discharged :



IV Cannula Site : Left

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids: RL

Oral Feeds:

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
18/5/26	11:20 PM	0/10	as for axon	Sadhika

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 : D.R. Srinivas

Anaesthesiologist Signature:

Date & Time: 18/5/26 11 PM

PACU Nurse Name : Sadhika

PACU Nurse Signature: Sadhika

Date & Time: 18/5/26 @ 11 PM

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 18/8/20 Time: 5.35 PM Procedure done by Dr SRINIVAS

CSE / Spinal / Epidural Position: SITTING Space: L3-L4 Technique (LOR/LOS) LOS

Depth: 4 cm Catheter at Skin: 8cm Attempts: ONE

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% Bupivacaine + 2mg/L Fentanyl

Any other issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
5:35 PM	8 ml/hr	10 ml of 0.1% Bup	-	-	116/38	70b	130	
6:00 PM	8 ml/hr	-	T10	T8	108/64	82b	124	
8:00 PM	8 ml/hr	-	T10	T8	110/70	96b	140	

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:



PATIENT TRANSFER FORM

Patient Name & UHID No. CUV-00104087 IP25-00020484 Mrs CH KRISHNA RAVALI 03-06-1994 31 Y 11 M 15 D (F) Dr. SAHITYA BAMMIDI 		Date & Time of Admission <i>18/5/26 @ 1:02 AM</i>	Date & Time of Transfer Order <i>19/5/26</i>
		Transfer Ordered by <i>DR. pooja</i>	Reason for Transfer <i>observation</i>
From Unit <i>MIC</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>1</i>	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.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sadhica</i>		Name of Person Ordered Transfer <i>DR. pooja</i>	
Patient & Clinical Records Received by : <i>Sadhica</i> <i>18/5/26 @ 9 AM</i>			
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

(3)

1777

20/10/1777
1777

1777

PATIENT TRANSFER FORM

Patient Name & UHID No. <i>MRS. Krishna Rakali</i>		Date & Time of Admission <i>18/5/26</i>	Date & Time of Transfer Order <i>18/5/26</i>
Treating Consultant Name <i>DR. Sahitya</i>		Transfer Ordered by <i>DR. Sahitya</i>	Reason for Transfer <i>EM. LSES</i>
From Unit <i>MICU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sahitya</i>		Name of Person Ordered Transfer <i>DR. pooja</i>	
Patient & Clinical Records Received by : <i>[Signature]</i>			
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

2000

USA

1000

1000

1000

1000

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name:		Age:	Gender:
UHID No:		IP No:	Date:
Time:		Diagnosis:	
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/MI		
2.	Morphine Sulphate Inj. 15mg/MI		
3.	Remifentanyl Hydrochloride Inj. 2MG		
4.	Remifentanyl Hydrochloride inj. 1MG		
Doctor Name:		Doctor Registration No:	
Signature:			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: Date:

Aadhaar No. of the Patient (Optional):

1.	Name :	Remarks		
2.	Complete postal address (with contact number, if any)			
3.	Brief description of the illness			
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any

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

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

Time:



NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name		Age	Gender
PHC No.		Date	Time
Diagnosis			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1	Paracetamol 500mg		
2	Morphine Sulphate 10mg		
3	Ramipril Hydrochloride 5mg		
4	Ramipril Hydrochloride 10mg		
Doctor Name		Doctor Registration No.	
Signature			

NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No. Date

Address No. of the Patient (Optional)

1	Name	Remarks	
2	Complete postal address (with contact number if any)		
3	Brief description of the illness		
4	Whether registered with any other registered medical practitioner / registered medical institution (If yes, details of the institution)		
5	Details of essential narcotic drug dispensed		
Date	Name of the Essential Narcotic Drug	Quantity / Impression of the patient / Patient's Address	Signature / Stamp / Remarks, if any

Dispensed by (Name & ID No.)

Received by (Name & ID No.)

Time