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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Mrs SRAVYA YELLAPRAGADA	**UHID**	FDH-00033054
Father/Guardian	Mr ashok raju linganaboina	**Age/Gender**	31 Y 7 M 17 D/ Female
Address	Myhome mangala, Kondapur, Kondapur, Hyderabad, Telangana, INDIA, 500084		
IP No	IP25-00020673	**Admission Date**	27-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

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

Diagnosis: PRIMIGRAVIDA AT 37+6 WEEKS GESTATION WITH
1. GESTATIONAL HYPOTHYROIDISM
2. K/C/O ASTHMA
3. FOR INDUICTION OF LABOUR

SPONTANEOUS VAGINAL DELIVERY DONE, DELIVERED A LIVE FEMALE BABY AT 10:58 AM, WEIGHT 2.891 KGS ON 28.05.2026

History:
LMP: 31.08.2025 Obstetric formula: Primigravida

EDD: 07.06.2026 Gestation at admission: 37+6 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History : Gestational Hypothyroid since 6+6 weeks, on tab.

Name	Mrs SRAVYA YELLAPRAGADA	UHID	RDH-00033054
IP No	IP25-00020673	Admission Date	27-05-2026

Thyronorm 12.5mcg.
K/c/o - Asthma since childhood, last episode in December 2025
Surgical History: Nil
Allergies : Nil
Family History : Mother- Hypothyroid

Antenatal Details:
Mrs. SRAVYA YELLAPRAGADA was booked to Rainbow hospital at 6+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. EFTS was low risk and NT scan at 12+4 weeks was normal, TIFFA scan at 20+6 weeks was normal. Viability scan on 04.11.2025 at 9+2 weeks showed anterior wall intramural fibroid measuring 23x24mm, not visualised on follow up scans. She is Hypothyroid since 6+6 weeks, on tab. Thyronorm 12.5mcg. USG done on 12.05.2026 showed at 36+1 weeks, SLIUF, Cephalic, Placenta anterior and high, EFW 2.531 kgs (20%) / AC 12% AFI 11.9cm with normal dopplers. She was admitted at 37+6 weeks for induction of labour.

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

Management:
Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and OS closed. 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 2 doses of PGE1. Artificial rupture of membranes was done at 1 loose finger dilatation, revealing clear liqour. As per hospital protocol she was started on IV. Augmentin 1.2gm in view of ruptured membranes. Partographic monitoring of labour was done. She progressed to full dilatation at 10:30 AM. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2

Name	Mrs SRAVYA YELLAPRAGADA	UHID	RBH-00033054
IP No	IP25-00020673	Admission Date	27-05-2026

% xylocaine solution).

Baby was delivered by Spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

*** Atonic PPH present, Managed medically with Inj. Syntocin 20 Units infusion, Inj. Methergine 0.2mg IM, Inj. Tranexamic acid 1 gram IV, Tab. Misoprostol 600mg PR**

Delivery Details:

Date : 28.05.2026
Time of Delivery: 10:58 AM
Type of Labour : Induced with PGE1
Type of Delivery: Spontaneous vaginal delivery

Baby Details:

Date : 28.05.2026
Time : 10:58 AM
Sex : Female
Weight : 2.891 kgs
Apgar : 8/9
Gestational Age: 37+6 weeks
NICU Admission: No

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. **In immediate postpartum period, she had complaints of giddiness, her BP was borderline elevated. Necessary**

Name	Mrs SRAVYA YELLAPRAGADA	UHID	HBH-00033054
IP No	IP25-00020673	Admission Date	27-05-2026

management was done. CBP was sent and showed, Hb - TLC- and Platelets-

Further her BP was monitored and was normal.

Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. 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 03.06.2026 (9am-9pm) after food.
2. Tab. Pan 40mg once daily (8am) till 03.06.2026 before breakfast.
3. Tab. Acton - OR thrice daily till 03.06.2026 (9am-2pm-9pm) after food.
4. Tab. Lyser-D twice daily till 03.06.2026 (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. Betadine ointment and solution for local application.
8. Nip care ointment for local application.
9. To do S.TSH after 6 weeks.

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).

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 Consultation) after one week on 05.06.2026 with prior appointment.

Review with **Dr. PUJITHA DEVI SURANENI**, after one week on 05.06.2026

Name	Mrs SRAVYA YELLAPRAGADA	**UHID**	RDH-00033054
IP No	IP25-00020673	**Admission Date**	27-05-2026

at postnatal clinic with prior appointment.

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

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 Rainbow Nanakramguda or 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. Pooja

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

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

Rainbow Children's Hospital

BirthRight by 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 : IP25-00020673 **Admit Date** : 27-May-2026 **Admit Time** : 08:03 PM **UHID** : FDH-00033054

Patient Details :

Patient Name	: Mrs SRAVYA YELLAPRAGADA	**Age**	: 31 Y 7 M 16 D
Guardian	: Mr ashok raju linganaboina	**DOB**	: 11-10-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Myhome mangala, Kondapur Kondapur Hyderabad Telangana INDIA 500084	**Phone No**	: 8919477586/ 8919477586
		E-mail	: sravyaysk@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr ashok raju linganaboina **Relationship** : W/O

Contact Address : **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

Bal

7pm

ACTIVITY RECORD FOR BILLING

Name: Mrs. Sravya

UHID No : FDH -00033054 IP No : ------- FDH-00033054 IP25-00020673 Mrs SRAVYA YELLAPRAGADA 11-10-1994 31 Y 7 M 16 D (F) Dr. PUJITHA DEVI SURANENI

Pujitha Dept : OBGY.

Date of Admission : 27/5/26 Tir harge : ---------- Time: ----------

Room / Bed No : ---------- Ward : llable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	7pm	mcu	ward	
29/5/26	11:00 AM	ward	Billing	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. vaibhavi	28/05/26	17ua	neha
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/26	NST – (1)	7129 ✓	[signature]
28/5/26	NST – (2)	7130 ✓	[signature]
28/5/26	NST – (3)	7134 ✓	
28/5/26	NST – (4)	7135 ✓	[signature]
28/5/26	NST – (5)	7136 ✓	
28/5/26	NST (6)	7195 ✓	
	NST – 7	7196 ✓	
28/5/26	GRBS – 92mg/dl (9:40 Am)	8744 ✓	
	NST – 8	7197 ✓	
	NST – 9	7198 ✓	
	NST – 10	7199 ✓	
	NST – 11	7200 ✓	Bhagya
28/5/26	NST – 12	7201 ✓	
	NST – 13	7202 ✓	
	CBP –	8734 ✓	
	ECG	7203 ✓	
	GRBS – 94 mg/dl C.C. Sushasloni 28/5/26 @ 1:45pm		
		8746 ✓	Bhagya
	Cross check done by majula	C/C by	Suma 29/05/26 @9:38Am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Cardiac monitor	28/5/26	28/5/26	1385	Bhagya
	Infusion pump	10:38 Am	6pm.		

Cross check done by Manjula

C.c by Lucy
29/05/26
@ 9:35am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	Iv placement	(1)	1086	[illegible]
			C.C. Sushoslani	28/5/2 1:40 pm
			c by [illegible]	
				29/05/26 @9.31 am

ANY OTHER INFORMATION

* ~~Enema given @ 7AM~~
* ARM done at 8 am.
* op file handover to attended [illegible]

Date : 28/5/26. Time : 8:?AM. Prepared By : Santosha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Santosha	MICU		

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/7/26 Time: 9:2

Origin: Delhi Height: 165 Weight: 107 BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: -

Diagnosis: Primi @ 37.6 weeks @ Hypothyroid for Rx

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: P. Sindhu

Name: Sravya

Date & Time: 29/7/26 9:3

Dietician's

Signature:

Name: Dhani

Date & Time: 29/7/26 9:2

DIETARY NOTES

Date	Time	Notes	Sign
29/1/26	9:30 am	Normal diet to contd	[signature]

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

1

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi ⓒ 37+6 wks GA ⓒ Hypothyroidism Anterior Intramural fibroid ⓒ Asthama, for ROL			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/5/26 N	28/5/26 M	28/5/26 E	28/5/26 N		
	Medical Condition (Any special condition to be noted):	–	ROL				
	Diet:	N/D	LD	N/D	N/D		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.2°c	36.5°C	36°C	36°C		
	Res:	22	20	20	20		
	SpO_2:	99	100	99%	100%		
	Pulse:	77	88	85	86		
	BP:	112/65	132/88	130/85	131/86		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	0/10	0/10	0/10	0/10		
	Pain Score:	0/10	0/10	0/10	0/10		
	Skin Integrity	Good	Good	Good	Good		
Recommendations	Safety Needs:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–		
	Others Specify:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	N/D	LD	N/D	N/D		
	Critical Lab Test / Values:		–				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		–	– Bhavana				
Handed Over By Name :		Gowthami	Bhagya	Ankitha	Ankitha		
Signature / ID :		[signature]	[signature]	[signature]	[signature]		
Date:		27/5/26	28/5/26	28/5/26	29/5/26		
Time:		@ 8pm	@ 8am	@ 2pm	@ 8am		
Taken Over By Name :		Bhagya	Renuka	Ankitha			
Signature / ID :		[signature]	[signature]	[signature]			
Date:		28/5/26	28/5/26	28/5/26			
Time:		@ 8am	@ 2pm	@ 8pm			

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/25 @ 5:30 PM

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: Came for D&C.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pujitha

Time Notified: @ 8pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
K/C/O · Asthma-Child C. Hypothyroidism.	Nil	Yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 3/8/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: D&C

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P 2121 ..... L ..... A .....

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 Hypothyroidism, Asthma

Vital Signs / Measurements: Temp: 36.2°C HR: 99 RR: 20

BP: 110/70 mmHg Weight: 107 kgs Height: 165 BMI: —

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

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score 0/125 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score 0/23 (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: ..... Santhosha .....

Orientation not given Reason: ..... - .....

Nurse Signature: .....

Nurse Name: ..... Santhosha .....

Date & Time: 27/5/26 @ 8:30 pm

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for IOL

LMP: 31/8/25 EDD: 7/6/26
Corrected EDD: GA: 37w 6d.

Obstetric Formula: PRIMI.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric History: Spontaneous conception
Booked at 6+3 wks
eFTS - (N)
NT - 12+4 - Normal
TIFFA - 20+2 wks - Normal

Obstetric Examination

Fundal Height: TG

Present Pregnancy Record:

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

4/11/25 9w2d scan - Anterior wall fibroid 23x24mm intramural.

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

G. Hypothyroidism (125 mcg)
Fibroid uterus (Ant wall) [2.5x2.4cm]

Per Speculum Examination

Draining: ☐ Present ☑ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ ~~Long~~ ☐ Partially effaced ☐ Effaced

Os: Closed closed Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 165 cm
Weight: 107 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination: (N)
Consciousness: (N) Pallor: (-)
Icterus: (-) Edema: (-)
Temp: 97.2°F PR: 86bpm
BP: 110/70 mmHg DTR: (+)
CVS: (N) RS (N)
Liver/Spleen: (N) Urine Output: -

DIAGNOSIS

primi @ 37+6 wks G.A @ G. Hypothyroidism @ Anterior intramural fibroids (23x24mm) @ H/O Asthma for IOL.

(P.T.O)

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Family History:	Surgical History:
mother – Hypothyroid	—
Medical History:	**Medication History:**
G. Hypothyroidism :: 6+6 wM K/c/o Asthma :: childhood last episode dec – 2025	T. Thyronorm 12.5 mcg
Plan of Care:	**Investigations:**
1) Admission 2) IV fluids 3) Consent 4) Part Preparation 5) Enema @ 6am 28/5/26. 6) IV-access. 7) W/f progression of labor. 8) W/f bleeding PV 9) FHR – monitoring 10) Trace CBP., PT/INR, . 11) T. Misoprostol 50mcg 12 Am. 25mcg 4 Am	Dt: Hb – 11.9 PCV – 2.98 TLC – 12860 PLT – 2.98. Dt: BGT: O +ve. Dt: 15/10/25 HbsAg, HCV, VDRL, HIV – NR. Dt: 12/5/26 SLIUF ; placenta – Ant, high GA – 36w1d Pres:– Cephalic EFW – 2.5kg (20%) AFI – 11.9cm. Dopp – (N)

Doctor Name: [signature]

Signature: Dr. Achala.

Date & Time: 27/5/26; 7:30pm.

Consultant Name: Dr. PUJITHA

Signature:

Date & Time: 27/5/26 7:30 pm

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

1

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 12:00Am	↓, IOL	Adv
		1. T. misoprostol 25mcg kept p/V
	G.c fair	
	Afebrile	2. w/f pOL, contractions, FHR
	Bp=110/70mmHg	
	PR=86bpm	3. (m) vitals inform SOS
	Spo2=100%@RA	
	p/A=ut ≃ TG	
	cephalic, relaxed	Ramya
	FHS(+) 148bpm	
NST reactive	p/V= Cx long	
	os closed	
		Adv
28/5/26 4:00Am	↓, IOL	1. 2nd of T. misoprostol 25mcg
	G.c fair	kept p/V
	Afebrile	2. w/f pOL, contractions,
	Bp=100/70mmHg	FHR
	pR=86bpm	3. (m) vitals inform SOS
	Spo2= 100%@RA	
	p/A=ut ≃ TG	
NST reactive	cephalic relaxed	
	FHS(+) 146bpm	
	p/V= Cx long	Ramya
	os closed	

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8:00 Am	↓ IOL G.C fair Afebrile BP = 110/60 mmHg PR = 84 bpm SpO2 = 100% @RA P/A = ut ≈ TG, cephalic, irritable FHS ⊕ P/V = Cx - long OS : 1 F loose PPVx station -3 ARM done liquor clear.	Adv 1. Continue NST monitoring 2. w/f PDL, contractions, FHR 3. (?) vitals ondensy
NST : reactive		[signature]
28/5/26 8:30 Am	NST - Equivocal → left lateral → IV RL @ 100 ml/hr → O2 by mask. ↓ NST improved.	[signature]

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	c/o by Dr. Sujatha	
10 Am		Adv
	c/o pain Abdomen	
	a/c pt c/c	1) left lateral position
	Afebrile	2) IORL PF
	PR - 82bpm	3) O2 inhalation
	BP - 120/70 mmHg	4) w/f contractions
	SPO2 97% RA	5) w/f progress of labour
NST	PA - Ut contrac 3/30"/10min	6) If NST doesn't
Equivocal	FHR (+)	improved, plan Em LSCS
	PV Cx well effaced	in v/o Non-Reassuring NST
	os 3cm (4) dilated	7) Informed
	PPV x st-3	
		Sd/-
	Couple counselled regarding Non-Reassuring NST,	
	and requirement of Em. LSCS if NST doesn't improve.	
		Sd/-
10:30 Am	— c/o pushing sensation	
		Adv
	PA Ut contrac (+)	1) w/f contractions
	FHR (+)	2) w/f POL / fetal descent
	PV - Cx well effaced	3) Monitor vitals
	os fully dilated	4) Informed
	PPV x st +1	Sd/-

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 12:45pm	PNVD-0	Adv 1) NORMAL DIET + ORAL FLUIDS. 2) FOLLOW DRUG CHART 3) MONITOR VITALS 4) PERINEAL CARE 5) ENCOURAGE 2nd hr SBF 6) W/O Active bleeding PR 7) Inform SO 8) CBP after 4hours. Dwd
	GC pt c/c Afebrile PR- 89bpm BP- 130/88mmHg SPO2- 98% c RA PA Ut ® well O/E- BWM	
28/05/26 12:55PM	c/o dizziness	c/s by Dr. PUJITHA / Dr. SWEETA Adv 1) IORL FF 2) Monitor vitals every 15 min 3) R/A bleeding after 30min 4) TO do CBP. 5) Inf TO do ECG 6) Inform SO Dwd
ECG WNL	ac/fair Afebrile PR 88bpm BP 100/60mmHg SPO2 97% c RA PA Ut ® well O/E- NAD	

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

EDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order	
28/09/26	PR	BP	SPO2	complaints	Med
1:10pm	95bpm	115/74mmHg	98% RA	c/o back ache.	—
1:20pm	102bpm	112/74mmHg	99% RA	—	—
1:30pm	84 bpm	123/79 mmHg	98%	—	—
1:40pm	87bpm	125/95mmHg	100%	—	—
1:50pm	83bpm	120/78 mmHg	98%	—	—
2pm	90 bpm	129/80 mmHg	99%	—	—
2:10pm	87bpm	119/72 MMHg	100%	—	—
2:20pm	90bpm	121/80 MMHg	99%	—	—
2:30pm	82 bpm	127/88 mmHg	100%	—	—
2:40pm	83 bpm	122/81 mmHg	100%	—	—
2:50pm	100 bpm	127/78 mmHg	97%	—	—
3pm	101 bpm	127/77 mmHg	99%	—	—
3:10pm	104 bpm	124/90 mmHg	99%	—	—
3:20pm	100 bpm	118/82 mmHg	98%	—	—
3:30pm	111 bpm	98/82 mmHg	99%	—	—
3:40pm	115 bpm	118/87 mmHg	98%	—	—
3:50pm	103 bpm	123/75 mmHg	97%	—	—
4pm	97 bpm	130/77 mmHg	97%	—	—
4:10pm	96 bpm	123/67 mmHg	98%	—	—
4:20pm	95 bpm	123/81 mmHg	97%	—	—
4:30pm	97 bpm	128/77 mmHg	99%	—	—
4:40pm	110 bpm	110/86 mmHg	98%	—	—
4:50pm	95 bpm	121/82 mmHg	99%	—	—
5pm	101 bpm	122/97 mmHg	99%	—	—
5:10pm	100 bpm	119/87 mmHg	97%	—	—
5:20pm	104 bpm	113/85 mmHg	99%	—	—
5:30pm	93 bpm	124/74 mmHg	98%	—	—

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26		
	PR BP	SpO2 Complaints medicine
5:40pm	91 b/m 125/74 mm Hg	98% — —
5:50pm	87 b/m 123/80 mm Hg	99% — —
6 pm		
6:10pm		
6:20pm		
6:30pm		
6:40pm		
6:50pm		
7pm		
7:10pm		
7:20pm		
7:30pm		
7:40pm		
7:50pm		
8pm		

EDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026 6:30pm		Adv
	O-PND.	
Baby-M/S	GC/fair	1) Normal diet + Plenty of oral fluids
	Afebrile	2) Drugs as charted.
	PR-84bpm	3). Perineal care
	BP-129/78mmHg.	4) Monitor vitals
Hb. 10.9g/dl.	SPO2-98% on RA.	5). CBF 2nd hrly
	P/A-Ut ® well.	6). Monitor vitals 2nd hrly
	P/v -NAB	7) Inform SOS
		8) Shift to room.
		Hall
29/5/2026 6am.	O-PND-1	Adv
	GC/fair	1) Normal diet + POF
	Afebrile	2). Drugs as charted
	PR-79bpm	3) Perineal care
Baby-M/S.	BP-124/73mmHg.	4) Monitor vitals
M ✓	P/A-Ut ® well	5) CBF 2nd hrly
	P/v -NAB.	6) Monitor vitals 4th hrly
		7) Inform SOS
		8) Plan for discharge. Hall

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	Tab. Thyronorm	12.5mcg	P.O	OD	27/5/26	☐ C ☑ ~~DC~~
2	TAB. CIVOGEN	Heb	PO	OD	27/5/26	☐ C ☑ ~~DC~~
3	TAB. SHELCAL	1+b	PO	OD	27/5/26	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. K. Ramya

Date & Time : 27/5/26 8:00 pm

Nurse Name & Signature: Santhosha

Date & Time : 27/5/26 @ 8pm

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

FDH-00033054 IP25-00020673

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 27/5/26 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 .... Signature ....

Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

REGULAR PRESCRIPTIONS

Weight: 107kgs Ward: MICU

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	BD	28/5/26

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

Additional Instructions:

Time	28/5	29/5
8AM	X	Deepika Ankita
8pm	[signature]	

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	OD	28/5/26

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

Additional Instructions:

Time	29/5
6AM	Deepika Ankita

Daily Doctor's Endorsement by a Sign

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	TID	28/5/26

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

Additional Instructions:

Time	28/5	29/5
6AM	X	Deepika Ankita
2pm	X	
10pm	2pm [signature]	

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	BD	28/5/26

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

Additional Instructions:

Time	28/5	29/5
7AM	X	Deepika Ankita
2pm	X	
10pm	Deepika Ankita	

Daily Doctor's Endorsement by a Sign

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: 01

REGULAR PRESCRIPTIONS

Weight 10.7 kgs Ward MICU

DRUG : Syp. DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	PO	HS	28/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/5 — 10pm accepted

DRUG : BETADINE OINT

Dose	Route	Frequency	Start Dt.
	L/A	BD	28/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/5 — 10am X — 10pm 8pm Survey

DRUG : BETADINE LOTION

Dose	Route	Frequency	Start Dt.
	L/A	BD	28/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 28/5 — 10am X — 10pm 8pm Survey

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: 02

REGULAR PRESCRIPTIONS

Weight 107kgs Ward MICU

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 ....

IDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Weight 107 kgs Ward. MLU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	12:00AM	T-MISOPROSTOL	50mcg.	PV		Nadhiya Nadhiya
28/5/26	4:00Am	T. misoprostol	25mcg	PV		
28/5/26	8.30	Inj. AUGMENTIN	1.2gm	IV		
28/5/26	10AM	Iv ONDANSETRON	4mg	IV		Bhagya
28/5/26	10.58 AM	Iv SYNTOCINON	10U	IM		Bhagya
28/5/26	11AM	Iv TRANEXEMIC ACID	1gram	IV		Vijaya Panan
28/5/26	11:30 Am	Iv CARBETOCIN	100mg	IV		Subhan Vijaya
28/5/26	12:03 pm	Iv METHERGINE	0.2mg	IM		Bhagya DR. Pooja
28/5/26	11:40 Am	Iv PARACETAMOL	1gram	IV		Subhan Vijaya

EDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

I.V. FLUIDS CHART

Weight. 107kgs Ward. MICU

		nposition of I.V. Fluid ., 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	11AM	RL	IV	FF			28/5		
28/5/26	10AM	10 RL	IV	100ml/hr			28/5		
28/5/26	10.55 AM	Inj SYNTOCINON 20U in 10RL	IV	FF			28/5		
28/5/26	12.50 PM	10 RL	IV	FF			28/5		
28/5/26	2PM	10RL	IV	FF			28/5		
28/5/26	5.40 PM	10 RL	IV	100ml			28/5/26		

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

Name :	I.P. No.	Weight(kg)	Sheet No.
		107kgs	03

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
28/3/26	11:20 AM	T. MISOPROSTOL	600mg	PR	[signature]	Bhagya [signature]
28/3/26	11:20 AM	JUSTIN SUPPOSITORIES	1 SUPP	PR	[signature]	Bhagya [signature]

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 16 D (F)
Dr. PUJITHA DEVI SURANENI

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

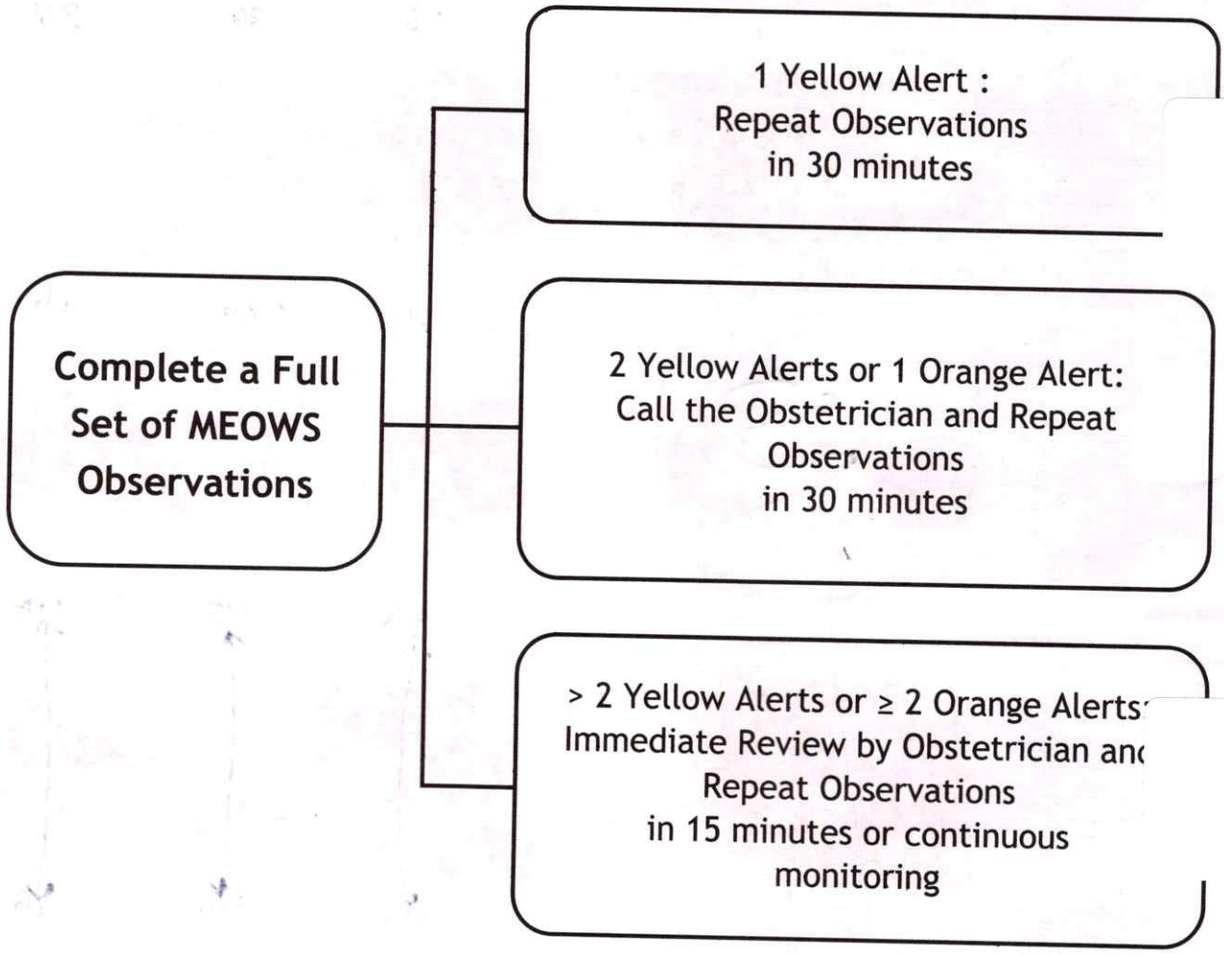
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early warning Observation Score Chart - Obstetrics

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

27/10/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20													20				26				26			20
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
														99				99				99			99
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37													36				36				36			36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80													86				86				86			80
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90													126				113				127			122
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90													79				76				86			76
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													A				A				A			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30													>				>				>			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													N				N				N			
	Heavy / Foul																								
Liquor	Clear / Pink													C				C				C			
	Green																								
TOTAL YELLOW SCORES														0				0				0			
TOTAL ORANGE SCORES														0				0				0			
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

28/5/26

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

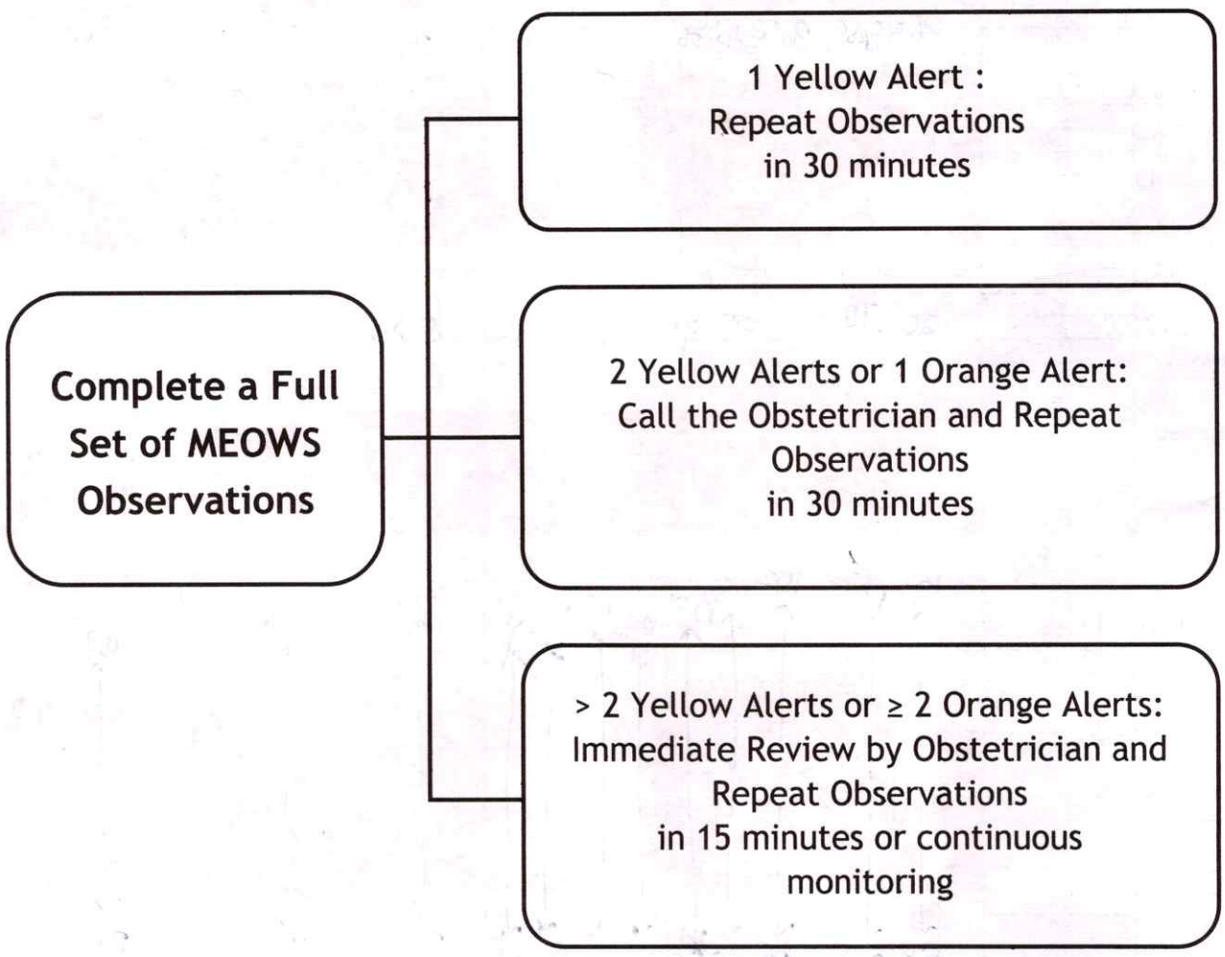
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

28/5/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		20	20	20	20	20	21	21	20	21			20			20				20				20
	0 - 10																								
Saturations	94 - 100 %		99	100	99	98	100	99	97	99	99			99%			98%				99%				100
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		36.5	36.6	36.5	36.5	36.6	36.5	36.5	36.5	36.5			36.4			36.7				36.6				36.6
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100												119												
	90																								
	80		88	90		95	90	101	97	101	95			85			86				87				
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		133	132		142	115	129	127	130	122	121		126			106				102				100
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80		88	80		60	79	80	77	97	97	87		74			66				72				75
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		A	A		A	A	A	A	A	A			A			A				A				A
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓	✓		✓	✓	✓	✓	✓	✓			✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		N	N		N	N	N	N	N	N			N			N				N				N
	Heavy / Foul																								
Liquor	Clear / Pink		C	C		C	C	C	C	C	C			C			C				C				C
	Green																								
TOTAL YELLOW SCORES			0	0		0	0	0	0	0	0			0			0				0				0
TOTAL ORANGE SCORES			0	0		2	0	0	0	0	0			0			0				0				0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

29/05/26

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

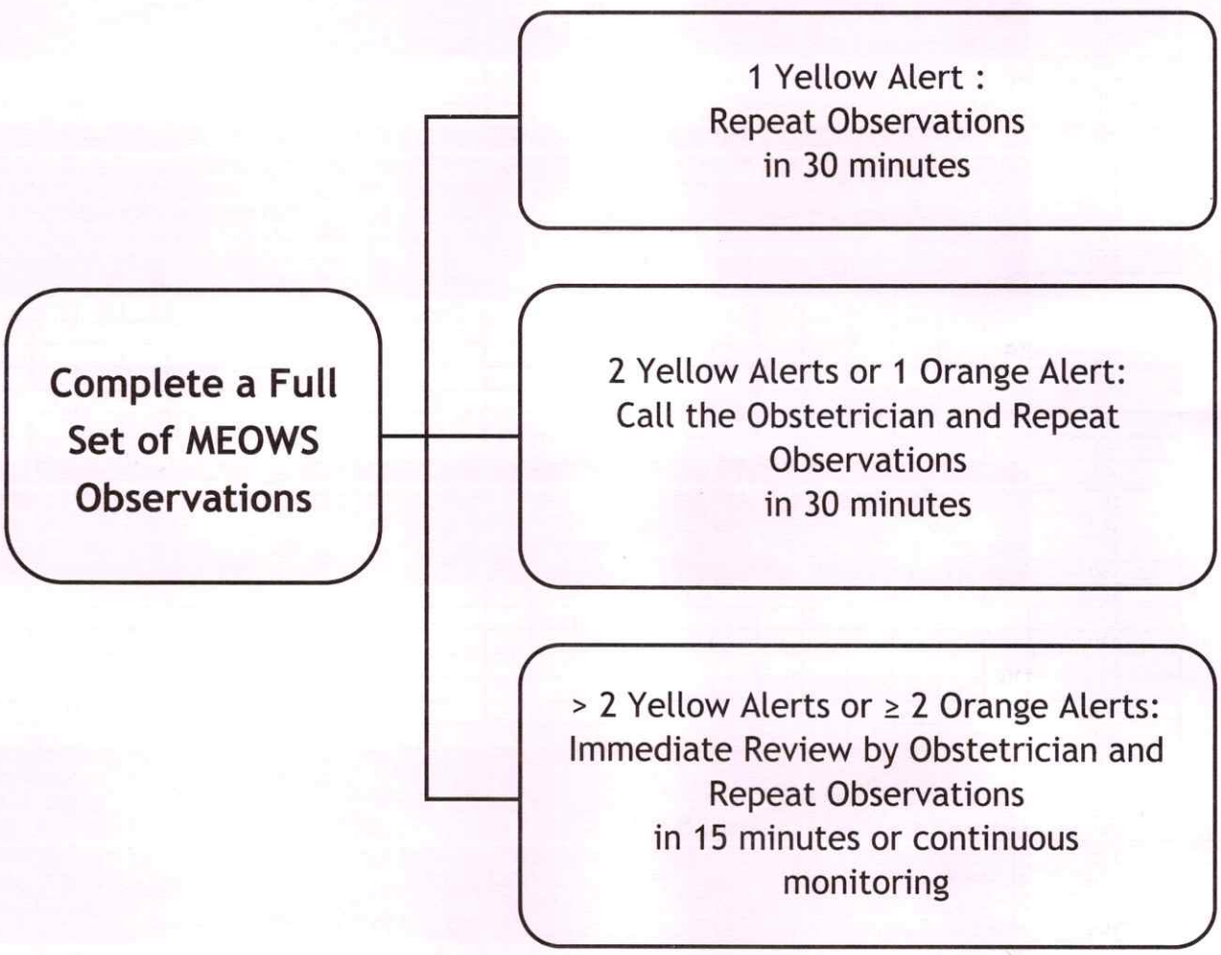
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20																								
	0 - 10																									
Saturations	94 - 100 %	99																								
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°C	40																									
	39																									
	38																									
	37																									
	36	36																								
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	99																								
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110																								
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	78																								
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	A																								
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓																								
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	N																								
	Heavy / Foul																									
Liquor	Clear / Pink	C																								
	Green																									
TOTAL YELLOW SCORES		0																								
TOTAL ORANGE SCORES		0																								
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

54 IP25-00020673
A YELLAPRAGADA
31 Y 7 M 16 D (F)
A DEVI SURANENI

27/5/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – ~~N.G~~	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
27/5/26	08:00 pm		H2O 100ml								0	
	09:00 pm		Nothing								0	
	10:00 pm										0	
	11:00 pm		H2O								0	
28/5/26	12:00 am	RL	100ml	100ml							0	
	01:00 am			100ml							0	
Total Intake :		100ml				**Total Output** M-0 U-2						
28/5/26	02:00 am		H2O	–							0	
	03:00 am		100ml	–							0	
	04:00 am			–							0	
	05:00 am			–							0	
	06:00 am		H2O	–							0	
	07:00 am		100ml	–							0	
Total Intake :		100ml				**Total Output :** M – 0 U – 2						

Total 24 hrs. Intake	600ml	Total 24 hrs. Output	M-1 U-2

FDH-00033054 IP25-00020673
Mrs SRAVYA YELLAPRAGADA
11-10-1994 31 Y 7 M 17 D (F)
Dr. PUJITHA DEVI SURANENI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

28/5/26

FLUID CHART

Sheet No. : 02

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5/26	08:00 am	RL	H2O 100ml	100ml	NO	NO	NO	NO	NO		0	
	09:00 am	RL		100ml						✓	0	
	10:00 am	RL		100ml							0	
	11:00 am	RL		FF							0	
	12:00 pm	02 4LPM		FF							0	
	01:00 pm	RL	ORS 200ml	FF	NO	NO	NO	NO	NO	1:50pm 50ml	0	
Total Intake : 1600 ml						Total Output : U-1 50ml						
	02:00 pm	RL	H2O 200ml	100ml	NO	NO	NO	NO	NO		0	
	03:00 pm	RL		100ml							0	
	04:00 pm	RL		100ml							0	
	05:00 pm	RL	H2O 300ml	100ml						✓	0	
	06:00 pm	RL		100ml							0	
	07:00 pm				NO	NO	NO	NO	NO		0	
Total Intake : 500ml						Total Output : U=1 M=0						
	08:00 pm	H2O	200ml	NO	NO	NO		NO	NO		0	
	09:00 pm										0	
	10:00 pm						✓			✓	0	
	11:00 pm	H2O	200ml								0	
	12:00 am										0	
	01:00 am	H2O	100ml	NO	NO	NO		NO	NO	✓	0	
Total Intake : 500ml						Total Output : U=2 M=1						
	02:00 am	H2O	100ml	NO	NO	NO	NO	NO	NO		0	
	03:00 am										0	
	04:00 am										0	
	05:00 am	H2O	200ml							✓	0	
	06:00 am										0	
	07:00 am	H2O	200ml	NO	NO	NO	NO	NO	NO		0	
Total Intake : 500ml						Total Output : U=1 M=0						

Total 24 hrs. Intake	U=3100ml

Total 24 hrs. Output	U=5 M=1

Mrs. Sravya

BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery | Rainbow® Children's Hospital It takes a lot to treat the little.

Labour Record

LABOUR

Labour : Spont ☐ IOL-PGE1 ☑ (2 doses) E2 ☐ Others ☐

Indications for IOL-Accel : ☑ None ☐ Oxytocin

Memb. Repture Type : ☐ SROM ☐ PROM ☑ ARM (IFloor)

Presentation : ☑ Vertex ☐ Breech ☐ Others

DELIVERY DETAILS

Anesthesia : ☑ None ☐ Epidural

Non-epi : ☑ Local ☐ Spinal ☐ General

Del. Type : ☑ SVD ☐ Asst. Breech ☐ Twins

AVD : ☐ Outlet ☐ Low Forceps ☐ Ventouse

☐ Trail of Forceps

Indications : ....

Application, Locking & Traction : ....

Duration of Instrumentation : ....

No. of Pulls : ....

Catheterised : ☐ Yes ☑ No

Type : ☑ Foleys ☑ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used : ....

DURATION OF LABOUR

1st Stage : –

2nd Stage : 1 hr 20 min

3rd Stage : 30 min

Duration of Active Pushing : 30 min

No. of VE'S : 5

INTRA PARTUM COMPLICATIONS

Meternal : ☐ None ☐ Pyrexia ☐ HTN ☐ Others

Liquor : ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord : –

Shoulder Dystocia : ☐ Yes ☑ No

STAGE III

Placenta : ☑ Normal ☐ Abnormal ☐ RP Clots

☑ CCT ☐ Retained ☐ MRP

PPH : ☑ Atonic ☐ Traumatic ☒ None

managed c̄ Inj SYNTOCINON 20U injun

Lacerations : Inj Methergine 0.2mg IM ; Inj TRAPIC 1gram iv

Cervical : T. MISOPROSTOL 800mcg PR

Perineal : Episiotomy

Prophylaxis : ☑ Syntocinon ☐ Prostodin

Blood Loss : ≃ 600ml

Blood Transfusion : ....

Other Details (if any) : –

Rectal Examination : mucosa intact

BABY DETAILS

Gender : female

Weight : 2.891 kg

APGAR : 8, 9

Date and Time Delivery : 28/5/26, 10:58 Am

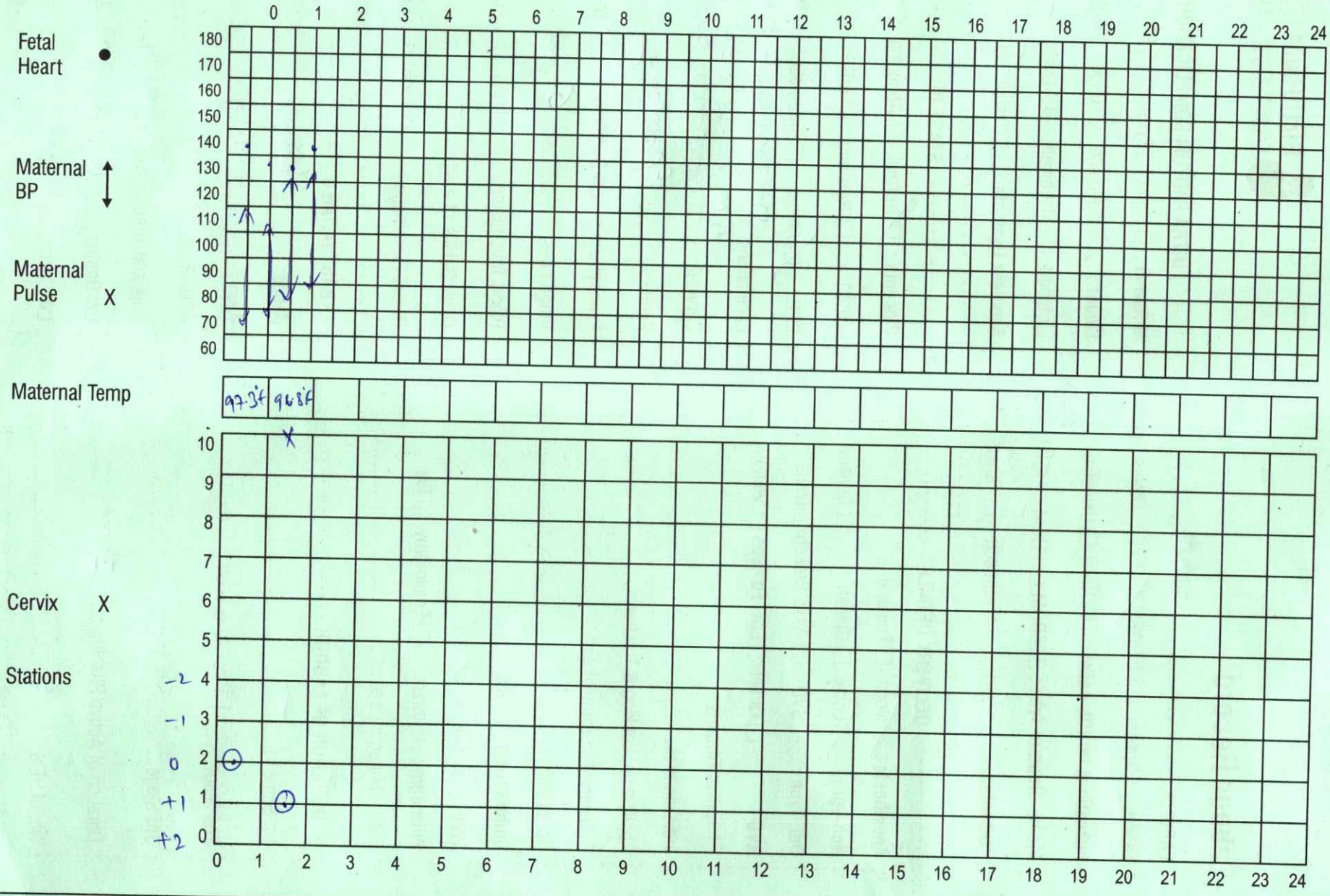
LW Doctor : Dr. Prajitha, Dr. Swetha

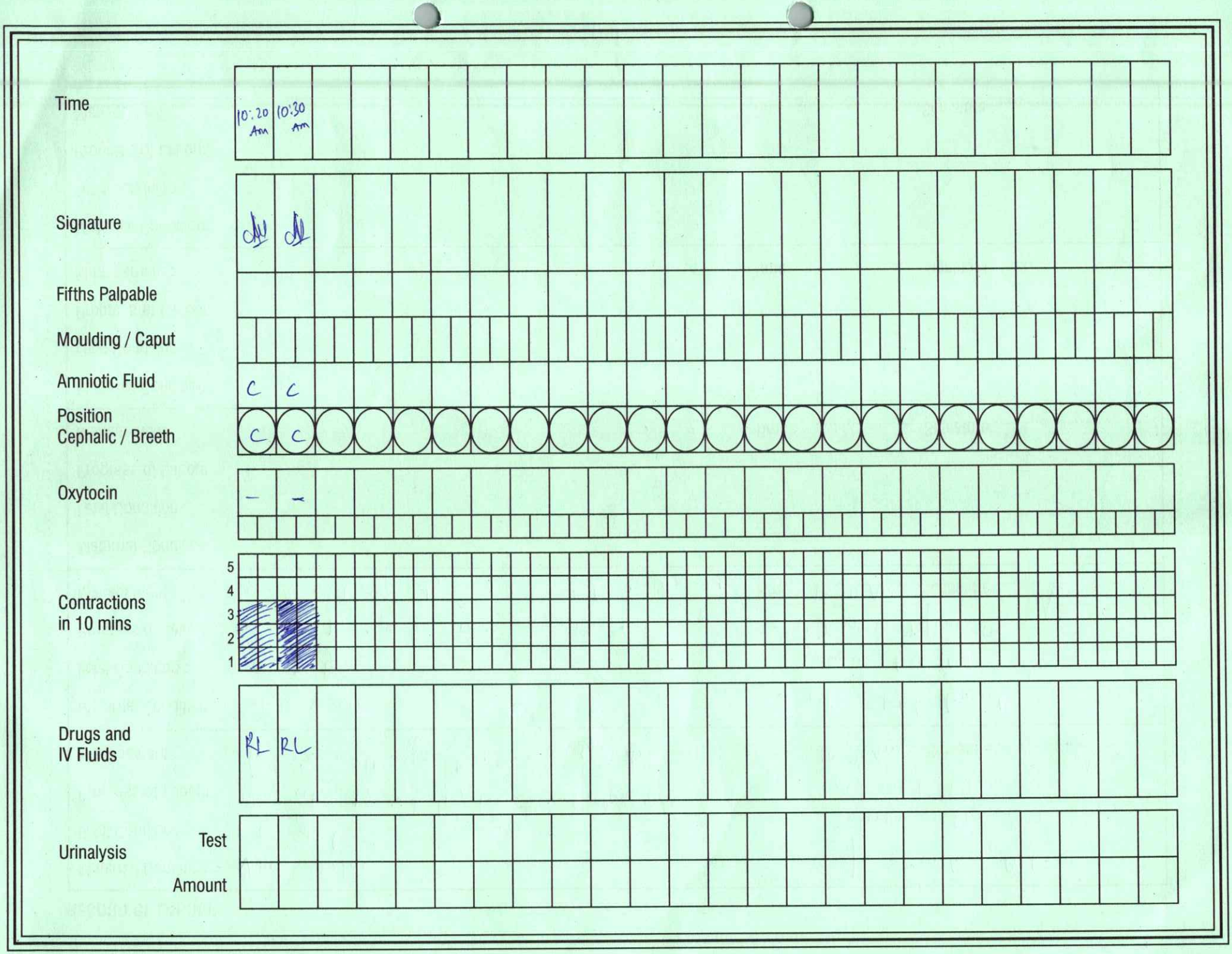
LW Sister : Bhagya.

PARTOGRAPH

Name : Mrs. Sharanya ..... Obstetric Formula : Primi ..... Blood Group Type : O+ve

Memb. Repturned : ☐ SROM ☒ PROM ☒ ARM Risk Factors : .....




Time
10:20 Am
10:30 Am
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
C
C
Position
Cephalic / Breeth
C
C
Oxytocin
–
–
Contractions in 10 mins
5
4
3
2
1
Drugs and IV Fluids
RL
RL
Urinalysis
Test
Amount

RECORD OF LABOUR

Maternal Condition : Vitals stable
Fetal Condition : FHS - good.
Progress of Labour : P/A - ut ~ TG, cephalic, FHS (+), contractions (+)
Management : P/v - Cx - well effaced, OS - 8 cm, 0 station

- w/f contractions, POL
- continue FHR (N)
- (N) vitals Inform SOS.

Time : 10:20 Am Signature : [signature]

Maternal Condition : vitals stable
Fetal Condition : FHS - 134 bpm
Progress of Labour : P/A - ut ~ TG, cephalic, FHS (+), contractions (+)
Management : P/v - Cx - well effaced, OS - fully dilated, station +1

- w/f fetal descent.
- continue FHR (N)
- (N) vitals Inform SOS.

Time : 10:30 Am Signature : [signature]

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :

Time : ..... Signature : .....

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :

Time : ..... Signature : .....

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :

Time : ..... Signature : .....

ANTENATAL RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Antenatal No. 6929/FD/25

Reg. No : ADH-33054

Consultant : Dr. PDS

PERSONAL DETAILS

Name : MRS. Sreavya.Y Age: 31 Date of Birth _____ Education : _____

Occupation : _____ Phone No. : 8919477586 Mobile : _____

Husband's Name _____ Age _____ Education : _____ Occupation: _____

Address : _____

Mobile : _____ E-mail Id : _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
Primi gravida	Corrected EDD 11/06/26

HISTORY

Year of Marriage : 1 years

Menstrual History : Previous Periods — Regulare

Consanguinity : NCM

Contraception :

LMP 31/8/25 EDD Corrected EDD 11/6/26

OBSTETRIC FORMULA

Gravida Para Live Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History : Asthama

Family History : M. HTN

Surgical History : Nil

Allergies : Nil

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife O +ve Husband 15/10/25 ICT 15/10/25

VDRL NR HIV NR HbSAg NR TSH 3.54 GCT 86 / 147 / 113

HCV - NR

ROUTINE INVESTIGATIONS

Date	GA Weeks	Investigations	Report
15/10/25		RBS - 84 Hb% - 10.4 RBC - 4.37 PLT - 3.64 WBC - 10.90	
28/2/26		HB - 11.8 WBC - 14100 PC - 2.6 [illegible]	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report

Tetanus Toxoid : 1st dose inj. Flu 30/1/26 2nd dose inj. TT. 30/1/26

inj. T. dap

FETAL EVALUATION

ULTRASONOGRAPHY

1/12/25 First Trimester	SLFC 12+4 wks / NT - 1.20mm / CRL - 32.0mm / UAD (N)									
30/1/26 TIFFA	SLFC 20weeks / BPP - 69% / EFW 37% / AC - 38% / FHR-161 P-(H) CRL - 33.8 / UAD-(N)									
	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan 20/3/26	2/1/26	28+1	GS	C	1160	32%	Ac - 20%	17.5	A.H	D (N)
17/4/26 ~~20/3/26~~		32+1	GS	C	1966	47%	AC - 47%	12.9	A.H	D (N)
15/5/26		36+1	GS	C	2531	20%	AC - 26%	11.9	A.H	D (N)
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
1/12/25		DFTS	D-Syndrome	Negative

Name : _____ Corrected EDD : _____ Parity _____

SYSTEMIC EXAMINATION

Height 165 cm — CVS _____

Weight : 91 kg — Respiratory System : N

BMI : N — Breasts : _____ Thyroid : _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
1/12/25	91 kg	129/96	12+4	N	FP - E	(+)	L	–	21/2/26
2/1/26	93.7	124/90	17+1	N	FP E	(+)	L	–	30/1/26
30/1/26	97.9	110/78	20 wks TID	N	FP E	(+)	L	–	27/2/26
~~27/2/26~~	102.3	102/76	25	N	FP E	(+)	L	–	20/3/26
20/3/26	102.7	129/78	28+1	N	FP E	(+)	L	–	3/4/26
3/4/26	104	~~117~~/78	30	N	FP E	(+)	L	–	17/4/26
17/4/26	104	121/76	32+1	N	FP E	(+)	L	–	15/5/26
15/5/26	106.2	123/79	36+1	N	FP E	(+)	L	–	

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery : _____

Type of labour : Spontaneous

Induction : Indication _____

Method - PGE 1 ☐ PGE 2 ☐

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

Indication : _____

Caesarean section : Emergency ☐ Elective ☐

Indication : _____

SALIENT FEATURES :

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

Postpartum Period : _____

_____

_____

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
FDH-00033054 IP25-00020673 Mrs SRAVYA YELLAPRAGADA 11-10-1994 31 Y 7 M 16 D (F) Dr. PUJITHA DEVI SURANENI Dr. pujitha	27/5/26 @ 8:03PM	28/5/26 @
	Transfer Ordered by Dr. Harshini	Reason for Transfer observation
From Unit MICU	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR Renuka	Dr. Harshini

Patient & Clinical Records Received by : Bhavya 28/5/26 7:30R

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

28.05.2026 13:10:42

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

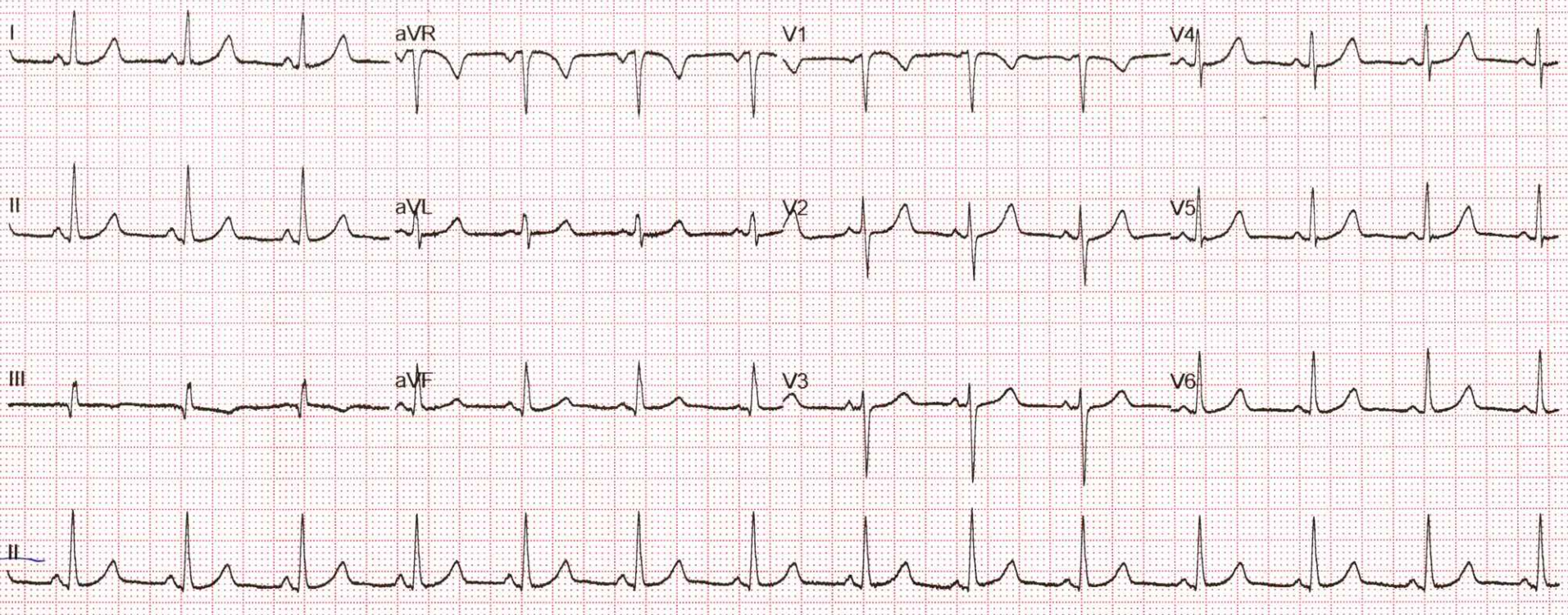
82 bpm
– / – mmHg

Mrs. Sravya

QRS	72 ms
QT / QTcBaz	376 / 439 ms
PR	106 ms
P	88 ms
RR / PP	726 / 731 ms
P / QRS / T	24 / 43 / 30 degrees

Sinus rhythm with short PR
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-150 Hz 50 Hz 4x2.5x3_25_R1 1/1

MICRO MED