Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Mrs RUCHITA AGARWAL	**UHID**	MAH-00354820
Father/Guardian	Mr VIRAT	**Age/Gender**	36 Y 0 M 17 D/ Female
Address	.., Hi Tech City, Hyderabad, Telangana, INDIA, 500081		
IP No	IP25-00020479	**Admission Date**	17-05-2026
Ref Doctor	Self		
Discharge Date	20.05.2026		

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

Diagnosis: PRIMIGRAVIDA AT 37+1 WEEKS GESTATION
1. IVF CONCEPTION
2. GESTATIONAL HYPOTHYROID
3. UMBILICAL ARETERY INCRESED RESISTNACE
4. FOR INDUCTION OF LABOUR.

EMEREGENCY LSCS DONE, IN VIEW OF NON-PROGRESSION OF LABOUR, DELIVERED A LIVE FEMALE BABY AT 11:25 AM, WEIGHT 2.595 KGS ON 18.05.2026.

History:
LMP: 30.08.2025

Obstetric formula: Primigravida

EDD: 06.06.2026

Gestation at admission: 37+1 weeks

Name	Mrs RUCHITA AGARWAL	**UHID**	MAH-00354820
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Obstetric History:
G1 - Present pregnancy, IVF conception.

Medical History: Gestational hypothyroidism since 28+4 weeks, on Tab. Thyronorm 25mcg.
Surgical History: Laparoscopic Appendectomy in 2013.
Allergies : Nil
Family History : Father- HTN

Antenatal Details:
Mrs. RUCHITA AGARWAL was booked to Rainbow hospital at 13+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. EFTS showed low risk for chromosomal abnormalities, NT scan at 13 weeks was normal, TIFFA scan at 21 weeks was normal, Fetal Echo at 23 weeks normal. She was diagnosed with Gestational hypothyroid since 28+4 weeks on Tab. Thyronorm 25mcg. USG done on 15.05.2026 showed SLIUF at 36+6 weeks, cephalic, placenta anterior and high, EFW 2816grams (32%) / AFI 11cm, AC 46% with Umbilical artery PI 97% with PEDF, MCA- normal, DV is increased. She was admitted at 37+1 weeks for induction of labour.

Investigations: Enclosed.
Blood group & Typing - "B" 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 3 doses of PGE1. Artificial rupture of membrances done at 1-2 cms dilatation revealing clear liqour. Further augmentation was done by oxytocin infusion. Repeat Vaginal examination

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done after 4 hours 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 spinal 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 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details :
Date : 18.05.2026
Time of Delivery: 11:25 AM
Type of Delivery: Emergency LSCS
Indication : Non-progression of labour
Analgesia : Spinal

Baby Details:
Date : 18.05.2026

Name	Mrs RUCHITA AGARWAL	UHID	MAH-00354820
IP No	IP25-00020479	Admission Date	17-05-2026

Time : 11:25 AM
Sex : Female
Weight : 2.595 kgs
Apgar : 8/9, 9/10
Gestational Age: 37+1 weeks
NICU Admission: No.

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

Advice:

1. Tab. 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. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 24.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.
8. **To do Sr. TSH after 6 weeks.**

We urge all of you to read the postpartum book thoroughly. It contains useful

Name	Mrs RUCHITA AGARWAL	UHID	MAH-00354820
IP No	IP25-00020479	Admission Date	17-05-2026

advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 28.05.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU after one week on 28.05.2026 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.

Name	Mrs RUCHITA AGARWAL	**UHID**	MAH-00354820
IP No	IP25-00020479	**Admission Date**	17-05-2026

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

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

Consultant:
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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 : IP25-00020479 **Admit Date** : 17-May-2026 **Admit Time** : 06:46 PM **UHID** : MAH-00354820

Patient Details :

Patient Name	: Mrs RUCHITA AGARWAL	**Age**	: 36 Y 0 M 16 D
Guardian	: Mr VIRAT	**DOB**	: 01-05-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: .. Hi Tech City Hyderabad Telangana INDIA 500081	**Phone No**	: 9987693892/ 8056130441
		E-mail	: na123@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr VIRAT **Relationship** : Husband

Contact Address : .. Hi Tech City Hyderabad Telangana INDIA 500081 **Phone No** : / 8056130441

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

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SURGERY DETAILS

Date : 18/5/2026

Patient Name: mrs. Ruchitha Agarwal Date of Birth: ..... Age: 36yrs.

Gender: female Ward : OT UHID No.: .....

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

Name of the Surgery : EMCS

Time in : 10:15 AM Time Out : 12:15 PM

		NAME	AMOUNT
1.	Surgeon	: Dr. Himabindu	.....
2.	Anaesthetist	: Dr. Srinivas	.....
3.	Assistant Surgeon	: Dr. Harshini	.....
4.	OT Technician	: Br. Anil	.....
5.	Circulating Nurse	: Sr. Sreeja	.....
6.	Assistant Nurse	: Sr. madhuvani, Br. srinivas.	.....

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 576795/97 Order by: Baby

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Mrs RUCHITA AGARWAL
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Dr. HIMABINDU ANNAMRAJU

Spinal — Em-LSCS

CONSUMABLES OF OT

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Circulating staff :........................ Technician : RAMBABU Date : 18/5/26 Time :........................

Anaesthesia Disposables	Qty Issued	Qty Used
ET tube		
LMA		
ECG leads : A / P / N		5
HME filter : A / P / N		
Syringes : 10 cc		3
05 cc		3
02 cc		3
01 cc		
Cautery plate : A / P / N		1
IV set		
RL		2
NS : 10ml / 100ml / 500ml / 1000ml		1
BIOXAMEE (?)		2
PILCAE (?)		1
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 25g/ Spinal Needle 22		1
Bupivacaine 0.25%		
Bupivacaine 0.25%(Heavy)		1
Antibiotics		
MEPUR/Themicas (?)		1
Suppositories		
Anamol : 80mg / 250mg / 170 mg		
Supridol : 100mg		1
Justin : 12.5 mg / 25mg / 100mg		1
Tab. Misoprost : 200mg		

Surgical Disposables	Qty Issued	Qty Used
~~Major Pack~~ LSCS		1
Sutures		
2347		2
2762		1
Gloves 6½ + 6½ (SL)		3+2
7		2
Surgical blade #22		1
NG tube		
Cautery pencil		1
Koochies		
Ointments		
Suction Catheter		
Cap, Mask		
Gauze Pack		4
Mop Pack		2
Steri~~strip~~ Zone		1
Underpad		2
Draw sheet		
Abgel		
Foleys catheter		
Urobag		
Chest Drainage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		1
Plastic Bed Sheet		
Betadine Solution 100ml		2
Microshield		
Cotton Balls		
Latex Gloves		20
Ramdione Scrub		
Saral		

Disposables (Baby Side)	Qty Issued	Qty Used
Inj Vit.K		1
Cord Clamp		1
Suction Catheter #8		1
Feeding Tube		
Vaccum Suction Set		1
Surgical Gloves 6½		2
Gauze Pack		2
Syringe 1ml / 2ml		2
Surgical Blade # 20		2
Koochies (S)		1
Underpad		1
Baby side 576794		
D/A →		4
New mompad →		1

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 576708/094TECH 576791(NSG) Ordered by : ....

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

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ACTIVITY RECORD FOR BILLING

Name: ---------- MAH-00354820 IP25-00020479 Mrs RUCHITA AGARWAL 01-05-1990 36 Y 0 M 16 D (F) Dr. HIMABINDU ANNAMRAJU ----------

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

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/05/26	11:04AM	MICU	OT	Nalini
18/5/26	12:30PM	OT	MICU	Sanjya
18/5/26	6:30pm	MICU	331	Sushmita

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. vaishavi harne	19/5/26	7561	Bhavane
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/5/26	NST — ①	5956	B
17/5	NST — ②	5966	
18/5/26	NST — ③	5967	
18/5/26	NST — ④	6101	
18/5/26	NST — 5	6103	
18/5/26	NST — 6	6104	[illegible]
	K. Sony 19/05/2026		
		c/c by [illegible] 18/5/26 6pm	
19/5/26	NHA	7212	Bhavana
	Cross checked Harshini Sri 20/5/26 1:49pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/5/26	Cardiac monitor	12:30 pm	18/5/26 4:30 pm	6180	Nalu
18/5/26	Infusion pump				
	K. Sona 19/05/2026			d/c by Jenny	
				18/5/26 6:10 pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/5/26	IV placement	~~64~~ (1)	6447	[signature]
18/5/26	Foleys catheterization	(1)	6779	
18/5/26.	PAC (IP)	(1)	6778	[signature]
	K. Soni 19/05/2026		ck by	[signature] 18/5/26 6:08 PM

ANY OTHER INFORMATION

Enema given at 5:30 Am.
ARM done at 6 Am
OP file handed over to pt. attendant. [signature]

Date : 17/5/26 Time : 6:46 PM Prepared By: [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	B MICU		

331- Ruchita

Physiotherapy Consult

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

CONSULTATION FORM

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Doctor Name : VAIBHAVI HARNE

Date : 19/5/26 Hour : 6:15

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

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

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

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

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a secc

diagnosis: POST PARTUM EXS

Signature: M

Report of Findings and Reegmmendations :

Adv / seen for:

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

VH RPT

Consultant :

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

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

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PTC029914

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Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/5/26 Time: 9:30 am

Origin: Delhi Height: 160 Weight: 75.3 BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☑ ~30 kg/m²

Food Allergies: —

Diagnosis: primi at 37.1 wks for LSCS

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: .....

Name: Ruchitha

Date & Time: 19/5/26 9:30 am

Dietician's

Signature: .....

Name: Bhavi

Date & Time: 19/5/26 9:30 am

DIETARY NOTES

Date	Time	Notes	Sign
19/5/20	9:3m	Soft diet ō oral Lian	[illegible]

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL (F)
01-05-1990 36 Y 0 M 16 D
Dr. HIMABINDU ANNAMRAJU

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi at 37+1wk GA c̄ IVF Conception c̄ G. Hypothyroid umb art [illegible] referred for [illegible]

Any Infection: ☐ Yes ☐ No ☑ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Date / Shift	17/5 E	17/5 N	18/5 M	18/5/26 E	19/5/26 N	19/05/26 M
BACKGROUND						
Medical Condition (Any special condition to be noted):	–	–	–	NA	EM. LSCS	EM. LSCS
Diet:	N/D	N.D.	N/D	NBM	S/D	S/D
ASSESSMENT						
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	—	RA	RA.	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	36°C	36.1°C	97.8°F	98.6°F	98.7°F	98.2°F
Res:	20/mt	20	20	18	20	19
SpO_2:	98%	99%	99%	98%	98%	96%
Pulse:	92/mt	72	76	78	76	72
BP:	120/70	111/72	112/76	118/[illegible]	115/75	116/72
LOC:	Conscious	Conscious	conscious	Conscious	conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	Good	Good	Good.	Good	Good	Good
Recommendations						
Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	—	NA	NA.	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	—	N.D.	N.D	NBM	S/D	S/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	Non Dependent	dependent.	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—			Ankitha.		
Handed Over By Name :	[illegible]	Debankana	Nithya	[illegible]	[illegible]	Laxmi
Signature / ID :	[signature]	020811	[signature]	020941	[signature]	[signature]
Date:	17/5	18/5/26	18/5	18/5/26	19/5/26	19/05/26
Time:	7PM	8am	@ 2pm.	@ 8pm	@ 8AM	at 2PM
Taken Over By Name :	Debankana	Nithya	[illegible]	[illegible]	Laxmi	Bhavana.
Signature / ID :	020811	[signature]	020941	[signature]	[signature]	[signature]
Date:	17/5/26	18/5	18/5/26	18/5/26	19/05/26	19/5/26
Time:	8pm	@ 8AM	@ 2pm	@ 8PM	@ 8AM	2PM

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Prime at 37+weeks GAC IVF conception c HYPOthyroid unb restar for IOL				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: EM.LSCS				Post OP Day:			
BACKGROUND	Date / Shift	19/5/26 E	19/5/26 P	20/5/26 M				
	Medical Condition (Any special condition to be noted):	–	–	–				
	Diet:	N/D	N/D	N/D				
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:	986	98	98.6				
	Res:	20	20	20				
	SpO_2:	99	99	100%				
	Pulse:	80	78	78				
	BP:	120/70	118/80	110/70				
	LOC:	conscious	conscious	conscious				
	Fall Risk Score:	0/10	0/10	0				
	Pain Score:	0/10	0/10	0				
	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):	dependent	dependent	dependent				
Post Operative Procedure Special Orders:								
Handed Over By Name :		Sharma	subhra	Lavgha				
Signature / ID :		[signature]	[signature]	20/5/26				
Date:		19/5/26	20/5/26	2pm				
Time:		8pm	@8Am					
Taken Over By Name :		subhra	Lavgha					
Signature / ID :		[signature]	[signature]					
Date:		19/5/26	20/5/26					
Time:		@8pm	8pm					

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/5/26 at 6:46 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: Admitted for POL

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Swetha

Time Notified: 6 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
C. Hypothyroidism	Lap Appendectomy - 2013	—

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 30/8/2025

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

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 — L — A —

Previous LSCS: .....

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: 36.6 C HR: 92/m RR: 20/m

BP: 120/70 mmHg Weight: 75.3 Height: ..... BMI: .....

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

(P.T.O.)

Patient Sticker

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..... (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 ...family.....

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 .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: 17/5/2026 at 6.57PM

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
admitted for IOL

Obstetric Formula: Primigravida

Obstetric Hostory:
I - IVF conception
- registered @ 13+2 wks
- Had regular ANCs

Present Pregnancy Record:
- EFTS - low risk; NT @ 13wk - (N)
- TIFFA scan @ 21 wk - (N)
- Fetal ECHO @ 23 wk - (N)
- Growth scan @ 28+2 - (N)

RISK FACTORS:
- Umb. Art doppler ↑ed resistance PI - 97%
- IVF conception
- Hypothyroid

Height: 160 cm 2.56
Weight: 75.3 kg BMI 29
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: c/c
Pallor: –
Icterus: –
Edema: –
Temp: –
PR: 92 bpm
BP: 120/70
DTR: –
CVS: –
RS: –
Liver/Spleen: –
Urine Output: –

LMP: 30/08/25
EDD:
Corrected EDD: 06/06/26
GA: 37+1 wk

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: at term

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: ________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination N/D

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed ✓ Dilated ________
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida at 37+1 wk GA c̄ IVF conception c̄ hypothyroid
Umb. Art ↑ed resistance for IOL

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Family History:

F-HTN

Surgical History:

2013 - laparoscopic Appendicectomy

Medical History:

Hb/o g. Hypothyroid : 28+4wk

Medication History:

on T. Thyronom 25mg

Plan of Care:

- Admit
- Consent
- Pads preparation
- NST
- Secure IV canula
- Monitor vitals
- WY contractions
- WY progress of labour
- T. MISOPROSTOL 50mcg PV

Investigations:

BGT - B+ve

HIV
HBsAg
HCV
VDRL
| MR

13/5/26 - Hb - 12.5 g/dl
WBC - 5.86
Plt count - 1.6

15/05/26

SLIUF | 36+6wk | cephalic |
Placenta - Anti, high |
AFI - 11cm
EFW - 2816g (32%)
AC - 46%
Fetal dopplers -
Umb. Art PI - 97%
MCA - (N)

Doctor Name: Dr. B. SUSTHA
Signature: Susitha
Date & Time: 17/05/26; 6pm

Consultant Name: Dr HIMABINDU
Signature:
Date & Time: 17/05/26; 6pm

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/26 11pm	c/o by or swelte	
		Adv
	Gc pt ok	1) T. MISOPROSTOL 25mcg
	Afebrile	pv - 2nd dose kept
	PR 87bpm	2) NST
	BP-110/70mmHg	3) MONITOR VITALS
	SPO2 97/ERA	4) w/f contractions
	PA ut contraction	5) w/f POL
	FHR (+)	6) sos/pms
	Pv Cx long	owes
	os closed	
18/5/26 3Am	Gc pt ok	
	Afebrile	Adv
	PR 88bpm	1) T. MISOPROSTOL 25mcg
	BP-120/70mmHg	pv - 3rd dose.
	SPO2 97/ERA	2) NST
	PA ut contraction 2-3/10"/mm	3) MONITOR VITALS
	FHR (+)	4) w/f contractions.
	Pv Cx long	5) w/f POL
	os 1F dilated	6) sos/pms
	PPV x st-3	owes

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26.	c/s by Dr. Swetha	
	Ac pt c/o	Adv
	Afebrile	1) NST
	PR 88bpm	2) Inj CEFOTAXIME 1gram
	BP-120/70mmHg	3) Inj SYNTOCINON 10U in
	SPO2 97% RA	10RL @ 6ml/hr & titrate.
	PA ut contrac 2/30"/10min	4) MONITOR VITALS
	FHR ⊕	5) W/4 contractions.
	PV Cx 30% effaced	6) W/4 POL
	1.5cm long	7) Infusion
	os 1F dilated	Owes
	PPI/x st-3	
	ARM done	
	clear LR ⊕	
	c/s/b Dr. Himabindu	
10AM	Couple counselled regarding PV findings and option for further trial vs Em LSCS given i/v/o NPOL and couple opted for LSCS	
		Adv-
	PV - Cx - long	- NBM
	os - 1f	- Consent
	Station -3	- PAC
		- shift to OT as advised.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 12:30Am	POD-0	Adv
	G.C fair	1. NBM x 4 hours
	Afebrile	2. IVF as per Anaes
	BP = 100/70mmHg	3. Drugs as charted
	PR = 86bpm	4. W/F BPV
	SpO2 = 100% on RA	6. Strict I/O charting
Baby m/s	P/A = Soft	7. Monitor vitals inform SOS
	P/V = NAB PV	
	U/O = 200ml	
	emptied	[signature]
18/5/26 4:30pm	POD-0	Adv
	GC fair	1) Oral sips → liquid diet
	Afebrile	2) Plenty of oral fluids
	PR_ 89bpm	3) Drugs as charted
Baby - m/s	BP - 110/71mmHg	4) W/F BPV, I/O
	SpO2 - 100% on RA	5) Monitor vitals
	P/A - Ut (R) well	6) Inform SOS.
	P/V - NAB	7) TED stocking.
	U/O - 150ml	
Can be shifted to room		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 7pm	POD 0	Adv
	a/c fair	- soft diet at 8pm
	afebrile	- plenty of oral fluids
	BP - 110/80mmHg	- drip as charted
baby NS	PR - 84bpm	- inj BPV
	SpO₂ - 99% @RA	- in bed ambulation
	P/A UPW	- TED stockings
	P/V - NAD	- foley remove after 24hr
	U/O - 200ml, adequate clear	- @ vitals
		- informed
		[signature]
18/5 7pm	POD I	Adv
	a/c fair	- soft diet
	afebrile	- plenty of oral fluids
baby NS	BP - 112/84mmHg	- drip as charted
	PR - 84bpm	- inj BPV
	SpO₂ - 99% @RA	- ambulation / EBF
U - yet to void M	P/A - UPW	- TED stockings
	P/V NAD	- vitals
		- informed
- motion - Dulcolax for MR		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 3pm	POD-1	Adv
	G.C fair	1. Ambulation
	Afebrile	2. plenty of oral fluids
	BP=100/60mmHg	3. Normal diet
	PR=84bpm	4. Drugs as charted
	SpO2=100%@RA	5. W/F BPV
Baby NMS	P/A = UPeW	6. (M) vitals intensive
	P/V=NABPV	7. EBF 2nd hrly
U ✓		
F ✓		
M ✓		
		[signature]
19/5/26 7pm	POD-1	Adv
	G.C fair	1. Ambulation
	Afebrile	2. plenty of oral fluids
	BP=110/80mmHg	3. Normal diet
	PR=86bpm	4. Drugs as charted
	SpO2=100%@RA	5. W/F BPV
Baby NMS	P/A = UPeW	6. (M) vitals intensive
	P/V=NABPV	7. EBF 2nd hrly
U ✓		
F ✓		
M ✓		
		[signature]

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

(P.T.O)

MAH-00354820 IP25-00020479
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o low milk supply	Adv
20/8/26	POD-2	
	GC/afebrile	1) Normal diet
	PR- 132 bpm	2) Plenty of oral fluids
	BP- 96/70 mm Hg	3) Drugs as charted
Baby m/s	SpO2- 98% on RA	4) W/F BPV
vv	P/A- Ut @ R well	5) Monitor vitals
fv	P/v - NAB	6) Inform SOS
mv		7) EBF / Ambulation.
Dc today		
1pm		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	13/5/26					
Time						
Hb	12.5					
PCV	37.4					
RBC	4.1					
WBC	5.86					
N/L						
Platelets	1.60					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BeiT	B+ve					
HIV						
HBsAg	Negative					
Anti HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☑ 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: ..... Shifted to: .....

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	OD	17/5	☐ C ☑ DC
2	T. CALCIUM	1	Po	OD	17/5	☐ C ☑ DC
3	T. MULTIVITAMIN	1	Po	OD	17/5	☐ C ☑ DC
4	T. THYRONORM	25mcg	Po	OD	17/5	☐ 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 B SWETHA Swetha

Date & Time : 17/05/26 : 6pm

Nurse Name & Signature: Naik

Date & Time : 17/5/26 : 7pm

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

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DRUG CHART

Date of Admission: 17/5/26 Drug Allergies: NIL ☑ 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 ....

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REGULAR PRESCRIPTIONS

Weight. 78.3kg Ward. M.W

VERIFIED

DRUG : Inj CEFOTAXIME				Date / Time	18/5	19/05
Dose	Route	Frequency	Start Date			
1g	IV	BD	18/5	6:30 AM	X	Sivi Subha
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				6:30 pm		
Daily Doctor's Endorsement by a Sign						

Stop — Dr. Reddy

DRUG : Inj PANTOPRAZOLE				Date / Time	19/05
Dose	Route	Frequency	Start Date		
40mg	IV	OD	18/5	6AM	Sivi Subha
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Stop — Dr. Reddy

DRUG : Inj TRANEXEMIC ACID				Date / Time	18/05	19/05
Dose	Route	Frequency	Start Date	11:30AM		
1g	IV	TID	18/5			
Name & Signature of the Doctor Starting the Drugs:				7pm	Puri Ankita	
Additional Instructions: × 3 doses				3AM	X	Sivi Subha
Daily Doctor's Endorsement by a Sign						

Stop 19/5

DRUG : T. PARACETAMOL				Date / Time	18/05	19/5	20/5
Dose	Route	Frequency	Start Date	6AM	X	Sivi Subha	Sivi Subha
1gm	P/O	TID	18/5				
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)				2pm	X	Sangeeta	Sangeeta
				10pm	Sivi Subha	Sivi Subha	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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Weight. 75.3kg Ward. MFCU

	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
17/05/26	7pm	T. MISOPROSTOL	50mcg	PV	[signature]	[signature]
17/5	11pm	T. MISOPROSTOL	25mcg	PV	[signature]	[signature]
18/5	3Am	T. MISOPROSTOL	25mcg	PV	[signature]	[signature]
18/5	6:30Am	Inj CEFOTAXIME	1gram	IV	[signature]	[signature]
18/5	10Am	Inj PANTOPRAZOLE	40mg	IV	[signature]	Nalini [signature]
18/5	10Am	Inj METOCHLOPRAMIDE	10mg	IV	[signature]	Nalini [signature]
18/5	12.10 PM	SUPP. DICLOFENAC	100mg	P/R	[signature]	[signature]
18/5	12.10	SUPP. TRAMADOL	100mg	P/R	[signature]	[signature]

Patient Sticker

I.V. FLUIDS CHART

Weight. .... Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/5	7AM	1Ⓞ RL ē 10 Ⓤ Synto	IV	6ml/hr		[signature] / [signature]	18/5	[signature]	[signature] / [signature]
18/5	11.00	RL	IV	200/hr	[signature]	[signature] / [signature]	18/5		[signature] / [signature]
18/5	4PM	1 Ⓞ RL	IV	100ml/hr		[signature]	18/5		[signature] / [signature]

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

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

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REGULAR PRESCRIPTIONS

Weight 75.3kg Ward MLW

Sheet No: ....

DRUG : T. PCM				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 : T. DICLOFENAC				Date / Time	18/05	19/5	19/5
Dose	Route	Frequency	Start Dt.				
50mg	P/O	TID	18/5	7Am	X		
Name & Signature of the Doctor Starting the Drugs: (Dr. SRINIVAS)				2PM	X		
				11PM	8pm		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Inj CLEXANE				Date / Time	18/05	19/5
Dose	Route	Frequency	Start Dt.			
40mg	SC	OD	18/5	10PM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: After 8hrs x (10days)						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB. CEFIXIME-O				Date / Time	20/5
Dose	Route	Frequency	Start Dt.		
200mg	PO	BD	19/5	8Am	
Name & Signature of the Doctor Starting the Drugs:				8pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

VERIFIED

VERIFIED

Docu. No. : RCH /FRM / CLINICAL / 108

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

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VERIFIED

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 75.3 kg Ward MICU

DRUG : TAB. PANTOPRAZOLE				Date / Time	20/5
Dose	Route	Frequency	Start Dt.		
40mg	PO	OD	19/5/2…	6AM	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]					
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

(P.T.O.)

…/CLINICAL/108

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

17/5/2026
D1

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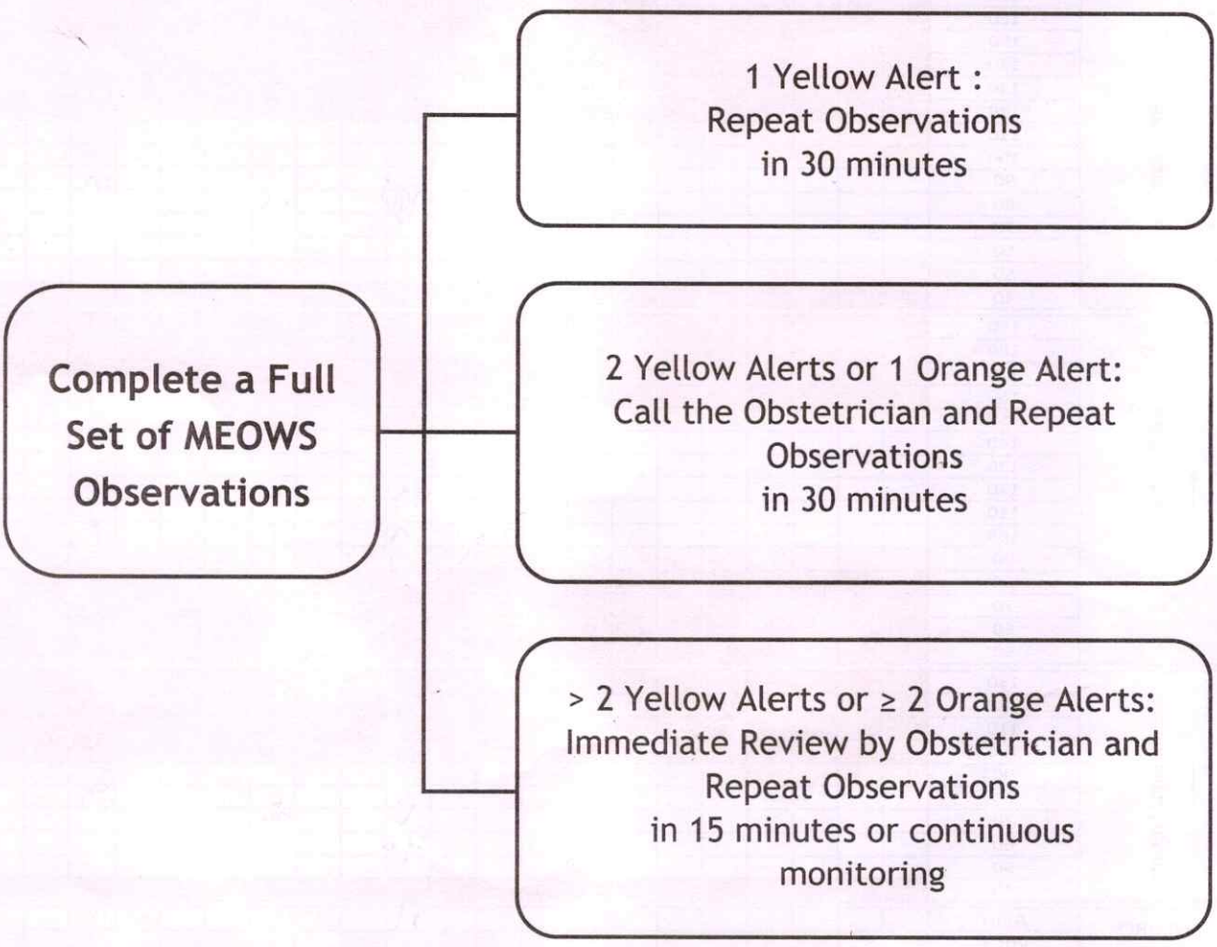
Early Warning Observation Score Chart - Obstetrics

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			20				20				20	
	0 - 10																									
Saturations	94 - 100 %													99			98				97				97	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37													36.8			36.6				36.8				36.6	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80													98bt			75				89				78	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120													120			118				113				112	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70													70			74				85				82	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert													A			A				A				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			0				0				0	
TOTAL ORANGE SCORES														0			0				0				0	
Nurse Initial														HP			D				D				D	

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

18/5/26 (2)

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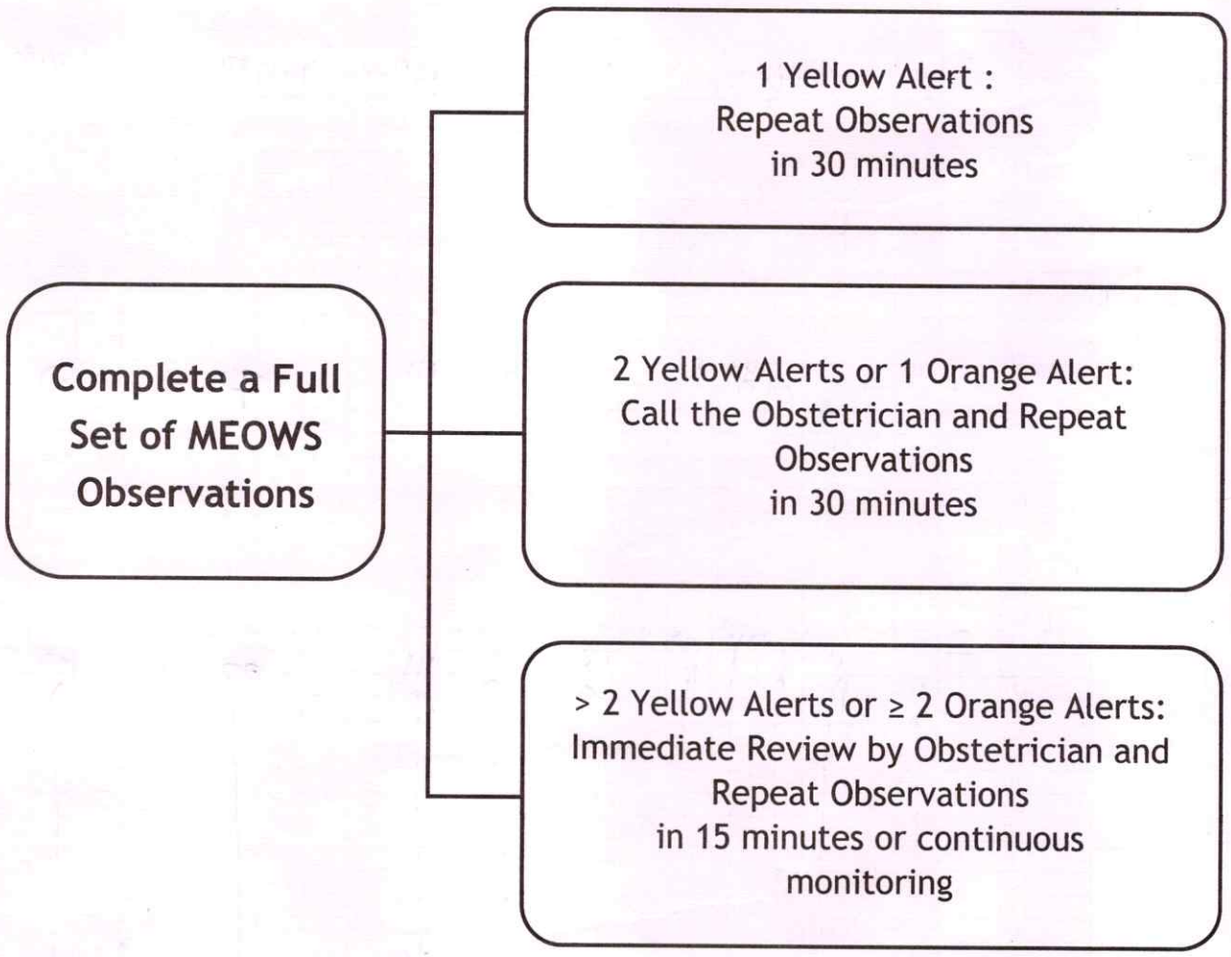
Early Warning Observation Score Chart - Obstetrics

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

Parameter	Range	8	9	10	11	12	1	2	3	4	5	6	7
Date													
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20		22	23	24	23		18		18		20
Saturations	94 - 100 % / < 94 %	98		99	98	96	98		99		99		99
Administered O_2 (L/min.)													
Temp°c	40 / 39 / 38 / 37 / 36 / 35 / < 35	36°		96.8°	97.8°	96.8°	97.6°		36		36		36°C
Heart Rate	170 … 40	78		70	69	80	87		75		82		84
Systolic Blood Pressure ↑	190 … 50	110		106	110	110	108		118		116		115
Diastolic Blood Pressure ↓	130 … 40	80		65	70	70	85		78		76		75
NEURO RESPONSE [✓]	Alert / Voice / Pain / Unresponsive	A		A	A	A	A		A		A		A
URINE mls / hour	> 30 / < 30	✓		✓	✓	✓	✓		✓		✓		—
Proteinuria	Protein + + / Protein > + +												
Lochia	Normal / Heavy / Foul	[illegible]		N	N	N	N		N		N		N
Liquor	Clear / Pink / Green			C	C	C	C		C		C		C
TOTAL YELLOW SCORES		0		0	0	0	0		0		0		0
TOTAL ORANGE SCORES		0		0	0	0	0		0		0		0
Nurse Initial		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		[illegible]		[illegible]

Parameter	Range	8	9	10	11	12	1	2	3	4	5	6	7
Date													
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10				20				21				20
Saturations	94 - 100 % / < 94 %				99				99				99
Administered O_2 (L/min.)													
Temp°c	40 / 39 / 38 / 37 / 36 / 35 / < 35				37°C				36.9°C				36°C
Heart Rate	170 … 40				74				80				67
Systolic Blood Pressure ↑	190 … 50				92				100				95
Diastolic Blood Pressure ↓	130 … 40				65				69				60
NEURO RESPONSE [✓]	Alert / Voice / Pain / Unresponsive				A				A				A
URINE mls / hour	> 30 / < 30				✓				✓				✓
Proteinuria	Protein + + / Protein > + +												
Lochia	Normal / Heavy / Foul				N				N				N
Liquor	Clear / Pink / Green				C				C				C
TOTAL YELLOW SCORES					0				0				0
TOTAL ORANGE SCORES					0				0				0
Nurse Initial					[illegible]				[illegible]				[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

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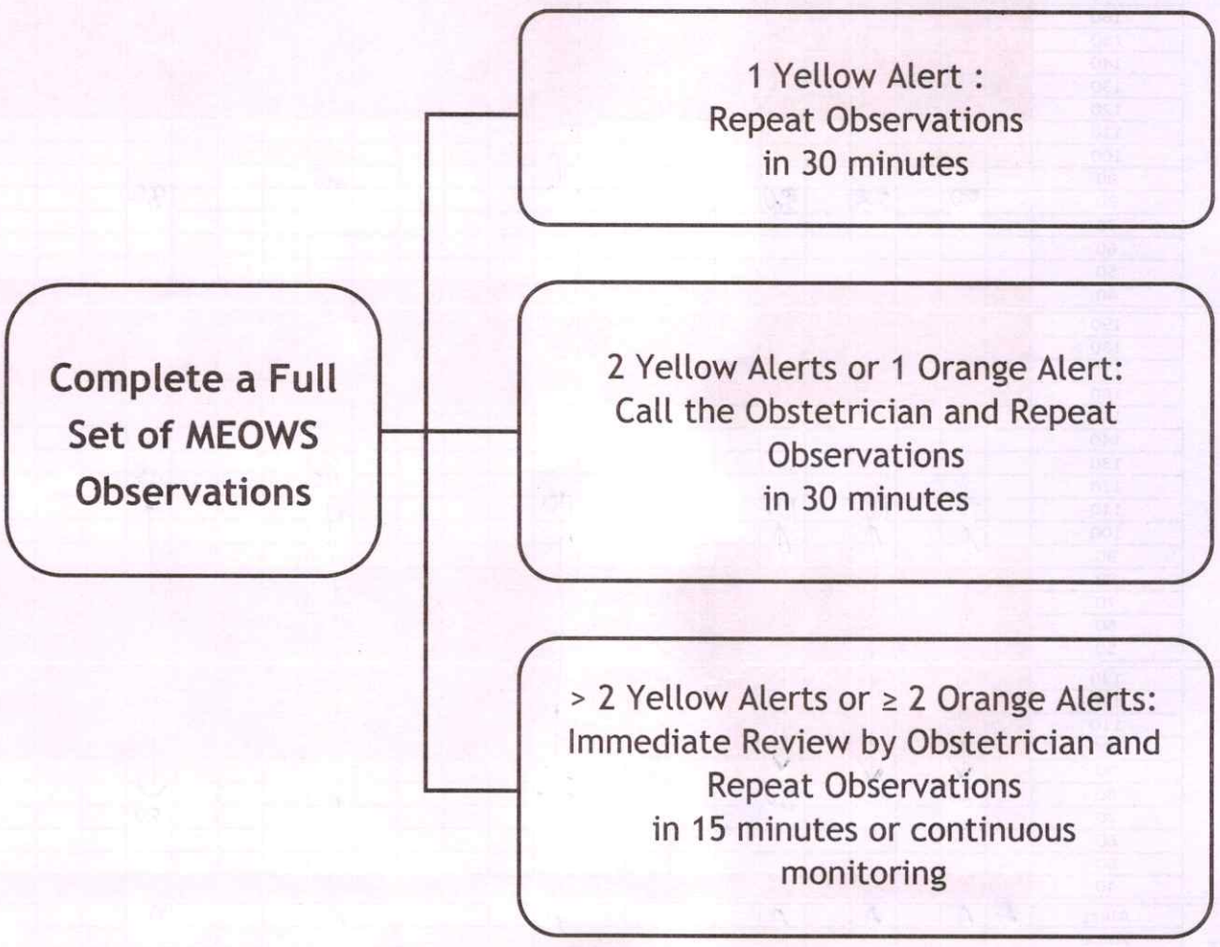
Early Warning Observation Score Chart - Obstetrics

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

19/5/26	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		19		20					20					22				20				20
	0 - 10																								
Saturations	94 - 100 %		97		99		96					99					99				99				98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36°C		36.3°C		37°C					36					96				97.2				96.8
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90											76													
	80		80		83		80										82				86				
	70																								72
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																115				115				
	110		110		106		107					110													140
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80		80		75		80					76					78				80				80
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	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
	Heavy / Foul																								
Liquor	Clear / Pink		C		C		C					C					C				C				C
	Green																								
TOTAL YELLOW SCORES			0		0		0					0					0				0				0
TOTAL ORANGE SCORES			0		0		0					0					0				0				0
Nurse Initial			[illegible]		[illegible]		[illegible]					[illegible]					[illegible]				[illegible]				[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 18 D (F)
Dr. HIMABINDU ANNAMRAJU

20/5/26

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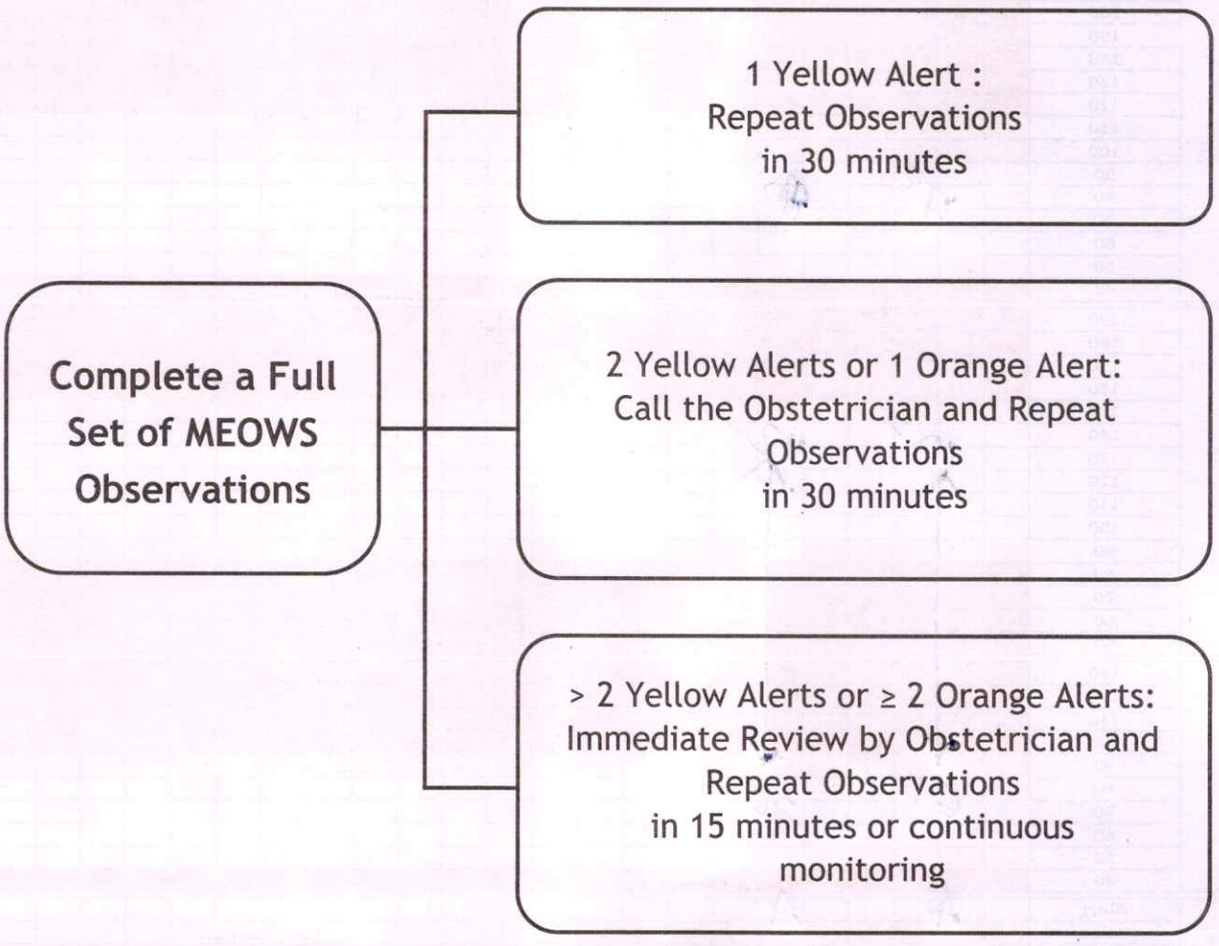
Early Warning Observation Score Chart - Obstetrics

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					20																	
	0 - 10																									
Saturations	94 - 100 %			97%					100%																	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36			98.6					98.6																	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			78					80																	
	70																									
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130				107				112																	
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80				61				70																	
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			A					A																	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			✓					✓																	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			N					N																	
	Heavy / Foul																									
Liquor	Clear / Pink			C					C																	
	Green																									
TOTAL YELLOW SCORES				0					0																	
TOTAL ORANGE SCORES				0					0																	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

17/5/2026

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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.

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 :**						
17/5/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm									✓	0	
	07:00 pm		water 100ml								0	
Total Intake :			100ml			**Total Output :**				U-1 Time Passed		
17/5/26	08:00 pm		NBM								0	
	09:00 pm		water 100							✓	0	
	10:00 pm										0	
	11:00 pm		H_2O 100ml							✓	0	
	12:00 am										0	
	01:00 am		H_2O 100ml							✓	0	
Total Intake :			300 ml			**Total Output :**				U-3		
	02:00 am		H_2O 200ml								0	
	03:00 am									✓	0	
	04:00 am										0	
	05:00 am		H_2O 100ml							✓	0	
	06:00 am						✓				0	
	07:00 am		H_2O 100ml							✓	0	
Total Intake :			400ml			**Total Output :**				U-3 , M-1		

Total 24 hrs. Intake	800ml	Total 24 hrs. Output	U-7 , M-1

MAH-00354820 IP25-00020479
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19/5/26

FLUID CHART

Sheet No. : 1

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
	08:00 am											
	09:00 am			100ml								
	10:00 am			100ml								
	11:00 am	RL	NBM	100ml	–	–	–	–	–	–	0	
	12:00 pm	RL	NBM	100ml	–	–	–	–	–	200ml	0	
	01:00 pm			100ml								
Total Intake : 500ml						**Total Output :** Nil						
	02:00 pm	RL	N	100ml	–	–	–	–	–	100ml	0	
	03:00 pm	RL	B	100ml	–	–	–	–	–	–	0	
	04:00 pm	RL	M	100ml	–	–	–	–	–	–	0	
	05:00 pm	RL		100ml	–	–	–	–	–	–	0	
	06:00 pm	RL	Soup 100ml	100ml	NO	NO	NO	NO	NO	200ml	0	
	07:00 pm	RL		100ml	NO	NO	NO	NO	NO	50ml		
Total Intake : 600ml						**Total Output :** 250ml NO						
	08:00 pm			NO	NO	NO	NO	NO	NO		0	
	09:00 pm	H_2O	200ml								0	
	10:00 pm										0	
	11:00 pm	H_2O	100ml							300ml	0	
	12:00 am										0	
	01:00 am	H_2O	200ml	NO	NO	NO	NO	NO	NO		0	
Total Intake : 500 ml						**Total Output :** U-300ml, M-						
	02:00 am			NO	NO	NO		NO	NO		0	
	03:00 am	H_2O	200ml				✓			500ml	0	
	04:00 am										0	
	05:00 am	H_2O	100ml								0	
	06:00 am										0	
	07:00 am	H_2O	200ml	NO	NO	NO		NO	NO	200ml	0	
Total Intake : 500 ml						**Total Output :** U -700ml, M-1						

Total 24 hrs. Intake	2100 ml	Total 24 hrs. Output	U - 1450ml, M-1

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 17 D (F)
Dr. HIMABINDU ANNAMRAJU

19/5/26

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : (3)

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
			Mouth	I.V	N.G							
	08:00 am			NO	NO	NO		NO	NO		0	
	09:00 am	H_2O	200ml				✓			✓	0	
	10:00 am										0	L
	11:00 am	H_2O	200ml				✓			✓	0	
	12:00 pm						✓			✓	0	
	01:00 pm	H_2O	200ml	NO	NO	NO		NO	NO		0	
Total Intake :		600ml				**Total Output :** U→3, M-1						
	02:00 pm			NO	NO	NO	NO	NO	NO		0	
	03:00 pm	H_2O	200ml							✓		
	04:00 pm										0	Bhavna
	05:00 pm	H_2O	100ml							✓		
	06:00 pm			NO	NO	NO	NO	NO	NO		0	
	07:00 pm	H_2O	200ml							✓		
Total Intake :		500ml				**Total Output :** U=2 M=0						
	08:00 pm			NO	NO	NO	NO	NO	NO		0	
	09:00 pm	H_2O	200ml							✓	0	
	10:00 pm										0	S
	11:00 pm	H_2O	200ml							✓	0	
	12:00 am										0	
	01:00 am	H_2O	100ml	NO	NO	NO	NO	NO	NO		0	
Total Intake :		500ml				**Total Output :** U=2 M=0						
	02:00 am			NO	NO	NO	NO	NO	NO		0	
	03:00 am	H_2O	100ml							✓	0	
	04:00 am										0	
	05:00 am	H_2O	100ml							✓	0	S
	06:00 am										0	
	07:00 am	H_2O	100ml	NO	NO	NO	NO	NO	NO		0	
Total Intake :		300ml				**Total Output :** U=2 M=0						

Total 24 hrs. Intake	1900ml	Total 24 hrs. Output	U-9 M-0

MAH-00354820 IP25-00020479
Mrs RUCHITA AGARWAL
01-05-1990 36 Y 0 M 18 D (F)
Dr. HIMABINDU ANNAMRAJU

20/5/26

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H_2O	100ml	NO	NO	NO		NO	NO	✓	0	
	09:00 am										0	
	10:00 am	H_2O	100ml								0	
	11:00 am											
	12:00 pm		200ml	NO	NO	NO		NO	NO		0	
	01:00 pm	H_2O									0	
Total Intake :		400 ml				**Total Output :**				U-1	0	M-0
	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	

PATIENT TRANSFER FORM

OT

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MRS. Ruchitha Agarwal.	18/5/2026. @	18/5/2026 @. 12:30 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Himabindu.	Dr. Srinivas.	Post op care.
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
24	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sreeja. @ 12:30pm	Dr. Srinivas.

Patient & Clinical Records Received by : Nadeem

Date & Time of Patient Received : 18/05/26 @ 12/30pm.

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	18/5/26 @ 6:46 pm	18/5/26 @ 5:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Bindu	Dr. Pooja	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	331	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
18/5/26	Dr. Pooja

Patient & Clinical Records Received by : Ankitha 18/5/26

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

5766411.

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MRS. RUCHITA AGARWAL		Age: 36Y	Gender: FEMALE
UHID No: MAH-00354820	IP No: 01020479.	Date: 18/05/2026	Time: 10:07 AM
Diagnosis: PRIMI. 37th G.A ? IVF CONCEPTION			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	–	
3.	Remifentanil Hydrochloride Inj. 2MG	–	
4.	Remifentanil Hydrochloride inj. 1MG	–	

Doctor Name: SRINIVASA RAO K   Doctor Registration No: 75578

Signature: [signature]

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 01020479   **Date:** 18/05/2026

Aadhaar No. of the Patient (Optional): ....

		Remarks
1.	Name : MRS. RUCHITA AGARWAL	
2.	Complete postal address (with contact number, if any)	HI TECH CITY. HYDERABAD. TELANGANA. INDIA. [illegible]
3.	Brief description of the illness	L.S.C.S
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
18/05/2026	FENTANYL	ONE		

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

Received by (Name & ID No.): Lavanya (010474)   Signature: [signature]

Time: 10:15 pm

Docu. No: RCH / FRM / CLINICAL / 133

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: _____ Age: _____ Gender: ☐ Male ☐ Female

UHID No: _____ OP/IP No: _____ Date & Time: _____

Diagnosis: _____

PRESCRIPTION DETAILS (Tick any one of the following)

S.No	Drug Name	Dosage	Remarks
1	Fentanyl Citrate Inj. 50mcg/Ml		
2	Morphine Sulphate Inj. 15mg/Ml		
3	Pentamtanil Hydrochloride Inj. 2MG		
4	Pentamtanil 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: _____

Address No. of the Patient (Optional): _____

Name	Complete postal address (with contact number, if any)	Brief description of the illness	Whether registered with any other registered medical practitioner / recognized medical institution (If yes details of the recorded)	Details of essential Narcotic drug dispensed			Remarks
				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: _____ Date: _____

Page 1 of 2 – CLINICAL FORM

(+)

F/GYNE/08

ANTENATAL RECORD

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Antenatal No. 6923/AD/25

Reg. No: MAH!- 00354820

Consultant : Dr.: Himabindu.A

PERSONAL DETAILS

Name : Mrs.- Ruchita Agarwal Age: 35y Date of Birth 1/5/1990 Education : ______

Occupation : ______ Phone No. : ______ Mobile : ______

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

Address : ______

Mobile : ______ E-mail Id : ______

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
Po to IVF. FET(...)	Corrected EDD 6/6/26 primi c gravida-I

HISTORY

Year of Marriage :

Menstrual History : Previous Periods

Consanguinity : -NCM

Contraception : I.V.F

LMP 30/8/25 EDD

Corrected EDD 6/6/26

OBSTETRIC FORMULA

Gravida I Para Live Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
			primi c gravida - I I.V.F conception booked by @ (13+0/7 wks)				

Medical History : — Nil

Family History : /

Surgical History : Lap- Appendix

Allergies : /

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife 04/12/25 B (+ve) Husband ICT

VDRL 04/12 HIV NR 04/12 HbSAg NR HCV - NR 04/12 TSH 2.65 GCT FBS - 70, 1st hr 119, 2nd hr 98.

ROUTINE INVESTIGATIONS

Date	GA Weeks	Investigations	Report
04/12/25 HB - 12.94 RBC - 4.24 TC - 5.54 PLT.C. - 160 FBS - 70.58 VD - 50.96 HBA1C - 5.1 Serum, creatinine - 0.57 CUE - (N)		ao: Khosidh Rpt: 16/12 Ch - ve 15/1/26 C/S - (NR)	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
16/3 Hb - 10.9 g/dl WBC - 6130 Plt Count - 1.53 lakhs/cumm S.TSH - 4.36 mIU/ml 19/3 Vit-D - 55.4 B12 - 1964			13/5/26 HB - 12.5 WB - 5.86 Plt 1.6 CUE - (N) PC - 10-15 Epi - 4-5 TSH - 3.14

Tetanus Toxoid : 1st dose 24/1/26. 2nd dose ✓ fu vac

FETAL EVALUATION

ULTRASONOGRAPHY

First Trimester	SLFC 13wks / FHR - 149 bpm / CRL - 69.2 / NT - 1.9 mm CXL - 36mm / UAD - ND									
24/1/26 TIFFA	SLFT 21+0 wk / Efw - 387g - 41% / AC - 51% / CXL - 34.3 mm Pl - a.h UAD - Normal									
	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
2/3/26 Growth scan 3/4/26		26+2	GS	C	952	49%	AC - 21%	(N)	a.h	D - (N)
		30+6	GS	C	1,59g	28%	AC 32%	21.9	A-h	D - (N)
	24/4/26	33+6	GS	C	2286	42%	AC - 59%	20.2	a.h	D (N)
29/12/25 Others (N) f.echo.	SLF / 17+2				FAS, 147 bpm, Anterior.					

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	SLFC 13+2 wk	FTS	Down syndrome screen negative	

Name : Ruchitha Agarwal Corrected EDD : 6/6/26 Parity Primi

SYSTEMIC EXAMINATION

Height 160cms CVS

Weight : @ Respiratory System : @

BMI : Breasts : Thyroid :

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
1/12/25	63	104/82	13+2 wks			scan.			1/1/26.
29/12/25	66.8	112/80	17+2	[illegible]		scan			20/1/26.
24/1/26	68.9	110/73	21+0 wks			scan.			14/2/26.
19/2/26	70.1	112/73	24+5 wks			✓			16.3.26.
18/3/26	73kg	116/75	28+4 wks			✓			1/4/26 – 4/4/26
13/4/26	74.4	113/73	30+6 wks						
24/4/26	75.2	107/68	33+6 wks			scan.			11/5/26.
15/5/26	75.3	121/86	36+6 wks						

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 : _____

_____

_____

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Ruchita Agarwal Age: 36y Sex: F UHID.No :

Date: 13/5/26 Time: 10.55 AM Proposed Operation: Emerg USG

Diagnosis: Primi / 32wks / NPOL

B.P / CRT: 120/70 H.R: 86 Weight: 75 ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.5	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.6	Na:	Dir. Bill:	Blood group: B +ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : —

RESP : Diabetes : —

CNS : } Nothing significant

Renal :

Hepatic / GE : Physical Activity: >4METS

Others : Hypothyroid (+)

Past Anaesthetic History: 6y Appendicectomy GA

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3F Mentohyoid Distance: 6F Neck: (N) Teeth: (N)

Lungs : BAE (+)

Heart: S1S2 (+)

CNS: NAD

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (+) Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

.....

.....

.....

Signature: Name: DW SHA

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: 8 hrs
Physical Status: ☑ Patient Identified	✓ ☐ Consent Present	✓ ☐ Chart Reviewed

H.R: 102/m	B.P / CRT: 118/74	SpO_2: 99%	R.R: 20/m	Last Feed: 9:00

Pre-OP Diagnosis: Primi c̄ 37 weeks Operation: EMLSCS Date: 18/5/..

Surgeon: Dr. Himabindu Anaesthesiologist: Dr Srinivas Technician: Anil

TIME	11:15	11:45	12:15	
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
Inj. Carbetocin	100µg			
Inj. Tranexamic acid	1gm			
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$	–	–	–	–
ECG	NSR	NSR	NSR	NSR
Temperature				
Urine Output				
Fluids / Blood	RL			

Antibiotic

Suppository

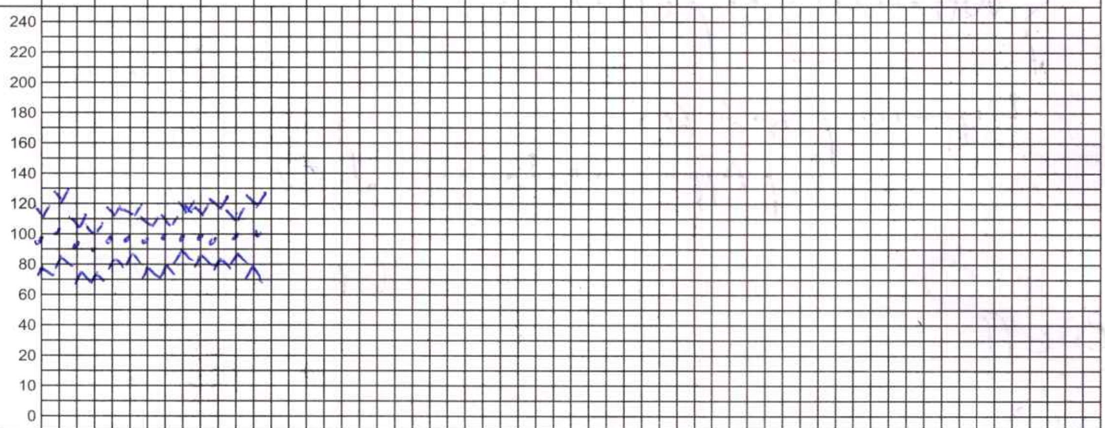
Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (Rt) UL
☐ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: SUPINE
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☑ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☑ Cling Film ☐ QH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:15 Am.
OP Start: ...
OP End: ...
Leave OR: 12-15 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ...
☐ ART: ...
☑ IV: (Lt) Hand 18 G
☐ IV: ...
☐ IV: ...

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ...

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ...
☑ Spinal ☐ Epidural ☐ Caudal
Others: ...
Position: SITTING
Site: L3-L4
Needle Size: 25G Depth: ...
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 2 ml of 0.5%
Bolus: Bupivacaine heavy + 5mcg Fentanyl
Infusion: ...
Block Level: T6
Comments: ...

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr SRINIVAS
Signature of the Doctor: [signature]

Patient Sticker

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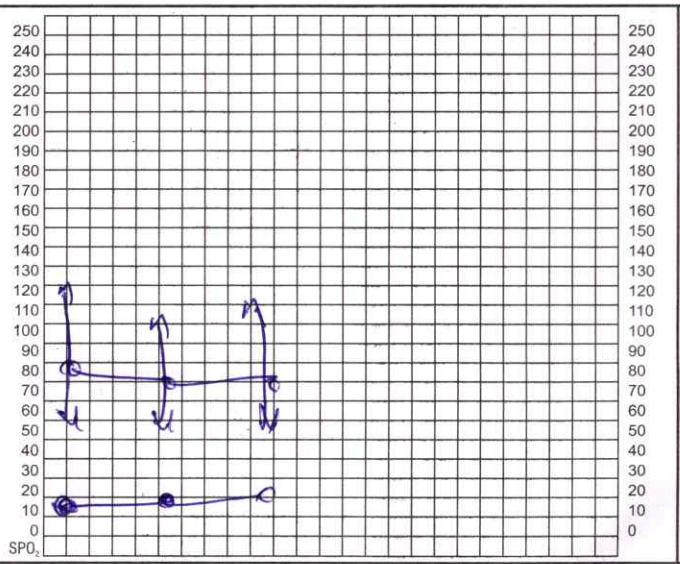
POST-ANAESTHESIA CARE UNIT RECORD

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



IV Cannula Site : .....

- ☐ O_2 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: NS @ 75ml/hr
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

As per Axow

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : DR Srinivas
Anaesthesiologist Signature: .....
Date & Time: 18/05/26

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: 18/5/26

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : RUCHITA Age : 36 Y Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: .....

Anaesthesiologist : DR SUBRAMANYAM

Operative procedure planned : EMERGENCY CESAREAN

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 arid 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 Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : HEADACHE SHIVERING ITCHING

Comments : .....

- 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 RUCHITA the above mentioned operation / Diagnostic / Therapeutic procedures EMERGENCY CESAREAN

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 anesthesia.

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 : Ruchita Agarwal

Name : MRS. RUCHITA

Relationship with Patient: (SELF)

Date & Time : 18/05/26

~~Witness~~ :

Signature : .....

Name : MR. VJ RAI

Date & Time : 18/05/26

Doctor (who is taking the consent) :

Signature : .....

Name : ICU 7A

Date & Time : 18/5/26. 11.00 am

Patient Sticker

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: Dr. Himabindu	Date of Delivery: 18/5/2026
Assistant Surgeon: Dr. Harshini	Time of Delivery: 11:25 AM
Anaesthetist's Name: Dr. Srinivas	Gender of Baby: female.
Type of Anaesthesia: ↓ SA	Weight of Baby: 2.595 kgs
Neonatologist: Dr. pradeep.	AGPAR Score: 7/10, 9/10
Scrub Nurse: Sr. madhuvani, Br. Srinivas	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: NPOL

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: Emergency LSCS ↓ SA

Post Operative Diagnosis: 0-POD

Peri-Operative Complications:

Amount of Blood Loss: 400ml. Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other .....
Cervical Dilatation: ..... cm

5th Palpable: .....
Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No
Urine: ☐ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal. ..... Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal
Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ..... 1-0 vicryl. ..... Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture

Sheath Closure: ..... 1-0 vicryl ..... Suture

Fat Closure: ☑ Yes ☐ No ..... 2-0 rapid vicryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... 2-0 rapid vicryl. ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 1 days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☑ Post-op Antibiotics ☐ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☑ Yes ☐ No

Post-Operative Notes: .....

NBM x 4hrs
IV fluids as per ANON
Drugs as rotated
W/F BPV, Ilo
Monitor vitals
Tyom SO

Doctor Name: Dr Himalinder
Doctor Signature: Rack for Dr Himalinder

Date & Time: 18/5/26 @ 12:20 pm