

DISCHARGE SUMMARY

Name	Mrs AKSHITA AGARWAL	UHID	MAH-00351844
Father/Guardian	Mr MR SACHIN AGARWAL	Age/Gender	34 Y 5 M 16 D/ Female
Address	~, Kokapet, Hyderabad, Telangana, INDIA, 110005		
IP No	IP25-00020450	Admission Date	15-05-2026
Ref Doctor	Self		
Discharge Date	17.05.2026		

Consultants :

Dr. KONDURU LAXMI

MBBS, DGO, DNB, Gynec

Consultant-Obstetrician, Gynaecologist and Surgeon
Specialist in High-Risk Pregnancy.

Diagnosis: G2P1L1 AT 36+5 WEEKS GESTATION WITH PREVIOUS LSCS FOR ELECTIVE LSCS + BILATERAL TUBECTOMY.

ELECTIVE LSCS + BILATERAL TUBECTOMY DONE, IN VIEW OF PREVIOUS LSCS, DELIVERED A LIVE MALE BABY AT 08:32 AM, WEIGHT 2.838 KGS ON 15.05.2026.

History:

LMP : 27.08.2025

Obstetric formula: G2P1L1

EDD : 07.06.2026

Gestation at admission: 36+5 weeks

Obstetric History:

G1 - 2023 / LSCS (Ind: NPOL) / Female / B. Weight 2.9kgs / A&H.

G2 - Present pregnancy Spontaneous conception.



Name	Mrs AKSHITA AGARWAL	UHID	AH-00351844
IP No	IP25-00020450	Admission Date	15-05-2026

Medical History: Nil

Family History : Mother- HTN + Allergic Bronchitis
Father- DM

Surgical History: LSCS in 2023

Allergies : Allergic Bronchitis in pregnancy.

Antenatal Details:

Mrs. AKSHITA AGARWAL was booked to Rainbow hospital at 36+5 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan & FTS done at 13+2 weeks was normal, TIFFA at 20+6 weeks was normal. Inj. Betnesol 12mg IM given on 05.05.2026, Inj. Orofer 3 doses at 35 weeks on alternate days. USG done on 14.05.2026 showed at 36+4 weeks, SLIUF, cephalic, placenta, posterior and high, AFI 11.4cm, EFW 2870 grams (43%) with normal doppler. She was admitted at 36+5 weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.

Blood group & Typing - "A" Rh positive.

Management: Course in hospital:

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

Surgery Notes:

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby



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delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Patient was shifted out of theatre to post operative recovery room.

- * **Floating head , Head delivered by Vectis.**
- * **Manual removed of placenta done.**
- * **B/L Tubectomy done.**

Delivery Details:

Date : 15.05.2026
Time of Delivery : 08:32 AM
Type of Delivery : Elective LSCS + B/L Tubectomy
Indication : Previous LSCS
Analgesia : Spinal

Baby Details:

Date : 15.05.2026
Time : 08:32 AM
Sex : Male
Weight : 2.838 KGS
Apgar : 8/9, 9/10
Gestational Age: 36+5 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



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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(Cefixime) 200mg twice daily till 21.05.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 21.05.2026 (8am-2pm-10pm) after food
3. Tab. Lyser -D 1 tablet twice daily till 21.05.2026 (9am-9pm) after food.
4. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 21.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Tab Zincovit 1 tab daily once for 1 month(2pm) after lunch.
8. Nebasulf Powder for local application.

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

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 22.05.2026 with prior appointment.

Review with **Dr. KONDURU LAXMI**, after one week on 22.05.2026 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.



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

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

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 8121039515 at Financial District just dial one toll free number - 18002122.

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

Registrar/Resident/C.M.O

Consultants :

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MAH-00351844 IP25-00020450
Mrs AKSHITA AGARWAL
29-11-1991 34 Y 5 M 16 D (F)
Dr. KONDURU LAXMI



SURGERY DETAILS

Date : 15/5/26

Patient Name: Mrs. Akshita Date of Birth: Age: 34y

Gender: female Ward: OT UHID No: MAH-00351844

Date of Surgery: 15/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Et. hsc + Bil. tubectomy

Time in : 8:15 Am Time Out : 9:15 Am

	NAME	AMOUNT
1. Surgeon	Dr. K. laxmi	
2. Anaesthetist	Dr. Shiny	
3. Assistant Surgeon	Dr. Vidya	
4. OT Technician	Br. Suresh	
5. Circulating Nurse	Br. Subhadup	
6. Assistant Nurse	Sr. Rajini, Br. Buddha	

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

K. Laxmi
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 5739/4014 Order by: Anas

100-100000

URGENT DETAILS

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CONSUMABLES OF OT

EL-LSEST
 BTL

Originating staff Technician : NAVYA Date : 15/05/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major-Pack <u>LSES</u>		<u>01</u>	Inj Vit.K		<u>01</u>
LMA			Sutures <u>2347</u>		<u>03</u>	Cord Clamp		<u>01</u>
ECG leads : A / P / N		<u>03</u>	<u>2762</u>		<u>1</u>	Suction Catheter #8		<u>01</u>
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		<u>04</u>				Vaccum Suction Set		<u>01</u>
05 cc		<u>03</u>	Gloves <u>6 1/2, 7</u>		<u>3+2</u>	Surgical Gloves <u>6 1/2, 7</u>	<u>2</u>	<u>02</u>
02 cc		<u>02</u>				Gauze Pack <u>(1x5)</u>		<u>02</u>
01 cc						Syringe 1ml / 2ml		<u>01</u>
Cautery plate : A / P / N			Surgical blade #22		<u>01</u>	Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil		<u>01</u>	<u>Underpad</u>		<u>1</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>Perinaze</u>		<u>1</u>
<u>BIOKAMIC</u>		<u>02</u>	Ointments					
<u>RILIDOL</u>		<u>01</u>	Suction Catheter					
<u>Fentanyl</u>		<u>03</u>	Cap, Mask					
<u>Morphine</u>		<u>01</u>	Gauze Pack <u>(1x5)</u>		<u>04</u>	Baby 75715		
<u>Ketamine</u>			Mop Pack <u>(1x5)</u>		<u>02</u>			
<u>Propofol</u>			Steristrip					
<u>Rocuronium</u>			Underpad		<u>02</u>			
<u>Glycopyrolate</u>			Draw sheet					
<u>Myopyrolate</u>			Abgel		<u>01</u>	<u>Disposable Apron</u>		<u>04</u>
<u>Ondansetron</u>			Foleys catheter			<u>Miso prost</u>		<u>04</u>
<u>Pencan 25g/ Spinal Needle 22</u>		<u>01</u>	Urobag					
<u>Bupivacaine 0.25%</u>			Chest Drainage Catheter					
<u>Bupivacaine 0.25% (Heavy)</u>		<u>01</u>	Romodrain bag					
<u>Antibiotics</u>			Bandage					
			<u>Tegaderm</u> <u>sterizone</u>		<u>01</u>			
<u>Suppositories</u>			Ioban					
<u>Anamol : 80mg / 250mg / 170 mg</u>			Double J Stent					
<u>Supridol : 100mg</u>		<u>01</u>	Vaccum Suction set		<u>02</u>			
<u>Justin : 12.5 mg / 25mg / 100mg</u>		<u>01</u>	Plastic Bed Sheet					
<u>Tab. Misoprost : 200mg</u>			Betadine Solution		<u>02</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>20</u>			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist DR. SMINNY Nurse OT Technician AP

Order No. : 575679 (ICCH) Ordered by :

Doc. No. : RCH / FRM / GENERAL / 125
575708 / 286 /

12/20/20

MINN

CLARKSON
L. B. 20
7-20-20

CLARKSON
L. B. 20
7-20-20

CLARKSON
L. B. 20
7-20-20

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020450

Admit Date : 15-May-2026

Admit Time : 06:02 AM UHID : MAH-00351844

Patient Details :

Patient Name : Mrs AKSHITA AGARWAL

Age : 34 Y 5 M 16 D

Guardian : Mr MR SACHIN AGARWAL

DOB : 29-11-1991

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Married

Address (H) : ~ Kokapet Hyderabad Telangana INDIA
110005

Phone No : 9581652883

E-mail : na123@gmail.com

Admission Details :

Bed Type : MICU

Bed No : MICU-02

Ward Name : 4F -MICU

Room No : MICU-02

Admission Type : First Visit

Contact Details :

Name : Mr MR SACHIN AGARWAL

Relationship : W/O

Contact Address :

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. KONDURU LAXMI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

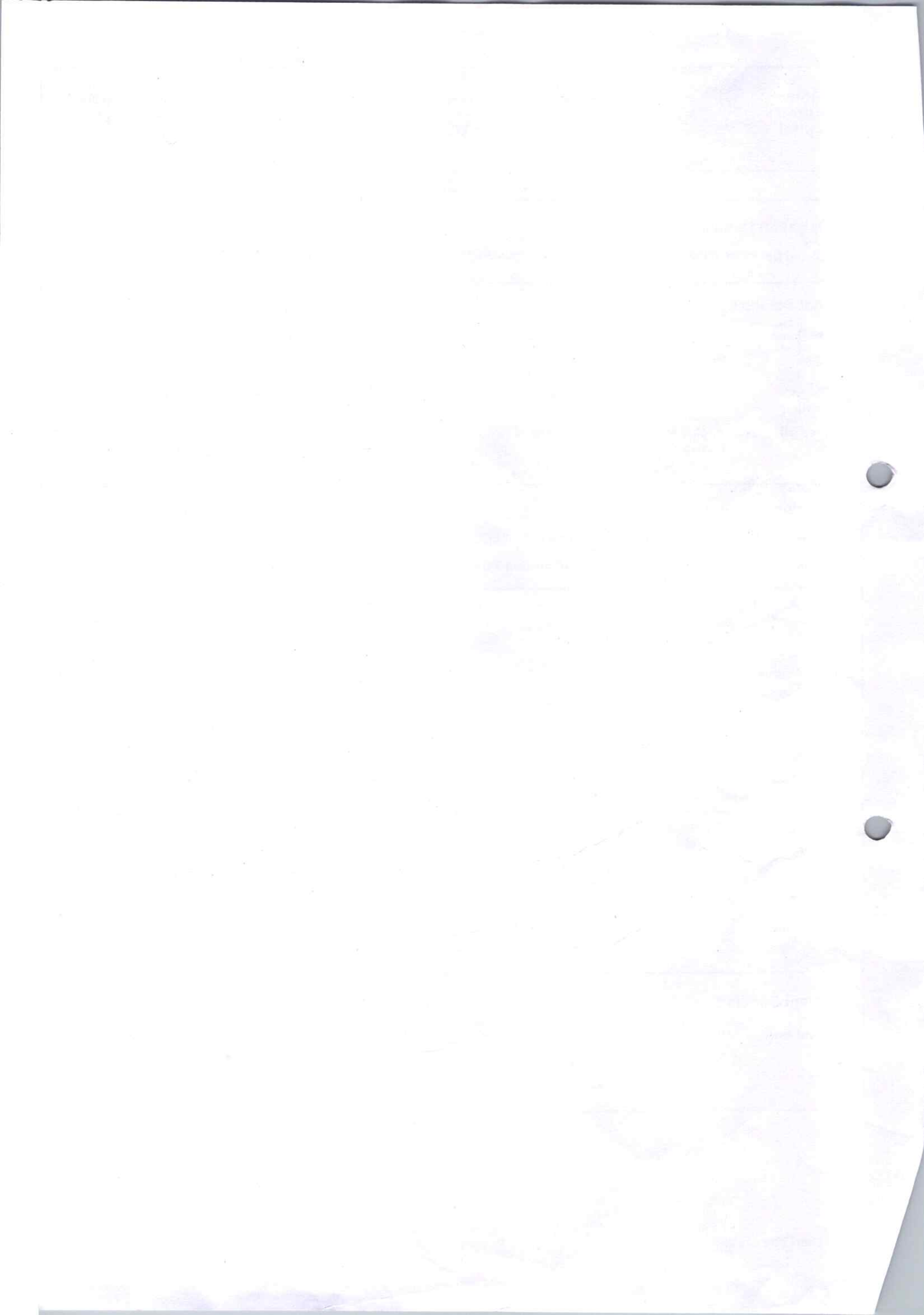
Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : FAMILY HEALTH PLAN INSURANCE
TPA LTD



MAH-00351844 IP25-00020450
Mrs AKSHITA AGARWAL
29-11-1991 34 Y 5 M 16 D (F)
Dr. KONDURU LAXMI



ACTIVITY RECORD FOR BILLING

Name: Mrs. Akshitha
 UHID No : _____ IP No : _____ Consultant : _____ Dept : _____
 Date of Admission : 15/5/26 Time : 6:02 AM Date of Discharge : _____ Time : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/26	8:05 AM	MICU	OT	Pragna
15/5/26	9:40 AM	OT	MICU	Pragna
15/5/26	11:15 PM	MICU	ward	Pragna
17/5/26	9:23 PM	ward	Billing	Suna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
15/5/26	NST - (1) BGT	• 5726 ✓ • 778 ✓	S. Bhagya
			Checked by me 15/05/26 2:30 PM
16/5/26	NHA	• 6027	Rakesh S.
			C-Logg Juma 17/05/26 B Bhama

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/5/26	IV placement PAC (OP)	①	5591	Bhagya
15/5/26	Catheterisation	①	5591	checked by Nur 15/05/26 @ 3:30 PM

col by lung
12/5/26
@ 7:00 AM

ANY OTHER INFORMATION

* pt of full green to the pt Attchd
 & Return

Date: 15/5/26 Time: 7 AM Prepared By: Bhagya

Staff Nurse Bhagya	Shift / Ward MCU	Billing Assistant	Billing Supervisor
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	15/5/26 N	15/5/26 M	15/5/26 E	15/5/26 N	16/5/26 M	16/5/26 E	
	Shift	N	M	E	N	M	E	
	Medical Condition (Any special condition to be noted):	EL-LLC	post op care	EL-LLC	EL-LLC	EL-LLC	EL-LLC	EL-LLC
ASSESSMENT	Diet:	NBM	NBM	NB	SID	SID	SID	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	36°C	36.5°C	98.3°F	98.6°F	99.4°F
		Res:	20	22	22	20	20	21
		SpO ₂ :	100	99%	98	98%	99%	99%
		Pulse:	99	86	78	98	78	79
		BP:	118/81	116/73	115/78	122/90	128/77	110/79
		LOC:	conscious	conscious	C	C	C	C
Fall Risk Score:		0/10	0/10	0/10	0/10	0	0	
Pain Score:	0/10	0/10	0/10	1/10	0	0		
Skin Integrity	Good	Good	good	good	good	good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NBM	NBM	NBM	SID	SID	SID	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:								
Handed Over By Name :		Bhagy	Sadhica	Madhuri	Daksh	Lakshmi	Juna	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		15/5/26	15/5/26	15/5/26	16/5/26	16/5/26	16/5/26	
Time:		@ 8 AM	@ 2 PM	@ 8 PM	@ 8 AM	@ 8 PM	@ 8 PM	
Taken Over By Name :		Sadhica	Madhuri	Daksh	Lakshmi	Juna	Daksh	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		15/5/26	15/5/26	15/5/26	16/5/26	16/5/26	16/5/26	
Time:		@ 8 PM	@ 2 PM	@ 8 PM	8 AM	2 PM	@ 8 PM	

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	16/5/26						
	Shift	N.						
	Medical Condition (Any special condition to be noted):							
	Diet:	N/D						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.3 F					
		Res:	21					
		SpO ₂ :	98%					
		Pulse:	110					
		BP:	118/75					
		LOC:	C					
		Fall Risk Score:	0/10					
	Pain Score:	1/10						
	Skin Integrity	good						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent							
Post Operative Procedure Special Orders:								
Handed Over By Name :		Dalana						
Signature / ID :		[Signature]						
Date:		17/5/26						
Time:		08:30						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 13/5/26 @ 6:02 AM

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 EL-LSC Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Janmi
 Time Notified: @ 6 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
		<u>Yes</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary</p>
---	--	---

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: 36.5c HR: 99 RR: 20
 BP: 118/81 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others
Above information given to patient
Name of Person Orientation was given to: husband
Orientation not given Reason:

Nurse Signature: Bhagya
Nurse Name: M
Date & Time: 15/5/20
(C)



Pa



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

admitted for EL USG

LMP: 27/8/25

EDD:

Corrected EDD: 7/6/26

GA: 36th wks

Obstetric Formula: G2P1L1

Menstrual History: Regular: Yes No

Obstetric History:

G1 - 2023, ♀, 2.9kg, USG (RPOZ)

G2 - P.P, Spont. conception

Obstetric Examination

Fundal Height: T9

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Present Pregnancy Record:

Booked at 36th wks

NT at 13th wks - (N), FTS - (N)

Head Fifths Palpable: _____

RISK FACTORS: T1FFA at 20th - (N)

FHS: Normal Tachy Brady Absent

prev USG

Per Speculum Examination ND

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination ND

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: _____ cm

Weight: 75.8 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: -

Icterus: - Edema: -

Temp: 97.3 F PR: 100 bpm

BP: 118/88 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L1 @ 36th wks GA @ prev USG for ELUSG + BTL



<p>Family History: M - HTN, Allergic Bronchitis F - DM</p>	<p>Surgical History: LSCS - 2023</p>
<p>Medical History: Allergic Bronchitis in preg.</p>	<p>Medication History: Inj Betnesol 12mg IM given on 5/5/26 Inj. onfer - 3 doses at 35wks on alt days.</p>
<p>Plan of Care: Admission Informed consent part preparation secure IV cannula NST PAC Infom OT/Anesth/pediatrician. Trace B/G/T Check blood availability</p>	<p>Investigations: D/G/T - A+ve Viral markers - NR CBP - Hb - 10.3 (14/5/26) WBC - 9690 PLT - 2.41 USG (14/5/26): SLIUF @ 36 wks,^{ty} cephalic, placenta - P/H AFI - 11.4 cm EFW - 2870g (43%) Doppler - (N).</p>

Doctor Name: Dr. Anusha
Signature:
Date & Time: 15/5/26, 7am.

Consultant Name: Dr. Lakshmi
Signature:
Date & Time:



①

Apr 12-8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/25 9:30 pm	<u>POD-0</u> - GE fair - afebrile Bl - 110/80 mmHg PR - 70 bpm SpO ₂ - 99% on RA PLA - well PLV - NAB U/O - 300ml (emptied) u/d	<u>Adv</u> - NSM 6 hrs - fluids as per ACON - deep as charted - w/f BPR, No charty - early ambulation by 7pm - @ vitals - Inform SOS
15/5/26 3:40 pm	<u>POD-0</u> GE fair Afebrile PR - 70 bpm BP - 110/80 mmHg SpO ₂ - 99% on RA PLA - UT(R) well PLV - NAB U/O - 500ml in 6 hrs clear	<u>Adv</u> 1) Oralsips → liquid diet 2) Drugs as charted. 3) Plenty of oral fluids 4) W/F BPR, I/O 5) foleys removal t/m @ 6am 6) Early ambulation by 7pm 7) Monitor vitals 8) 1 st soft diet @ 8pm 9) Inform SOS 10) EBF

Baby mts

Shift to room if tolerating liquids

slat

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL (F)
 29-11-1991 34 Y 5 M 16 D
 Dr. KONOURU LAXMI

PROGRESS NOTES AND DOCTOR'S ORDER

D & Time	Progress Notes	Doctor's Order
<p>15/5/26 <u>7:00pm</u></p> <p><u>Baby m/s</u></p>	<p><u>POD-0</u></p> <p>G.C fair</p> <p>Afebrile</p> <p>BP=110/70mmHg</p> <p>PR=86bpm</p> <p>SPO2=100% @ RA</p> <p>PIA=clear</p> <p>PIV=normal</p> <p>U/O=300ml clear</p>	<p><u>Adm</u></p> <ol style="list-style-type: none"> In bed Ambulation plenty of oral fluids soft diet 8pm Drugs as charted w/f Spv, I/O charting F.R 6AM Tm CSF 2nd hole Ⓜ vitals uniform <p><i>[Signature]</i></p>
<p>16/5/26 <u>7:10AM</u></p> <p><u>Baby m/s</u></p> <p>get to void</p> <p>F=2</p> <p>m/d</p>	<p><u>POD-1</u></p> <p>no pain abdomen</p> <p>G.C fair</p> <p>Afebrile</p> <p>BP=120/70mmHg</p> <p>PR=119bpm</p> <p>SPO2=100% @ RA</p> <p>PIA=URW</p> <p>PIV=normal</p>	<p><u>Adm</u></p> <ol style="list-style-type: none"> In bed Ambulation plenty of oral fluids normal diet Drugs as charted w/f Spv, I/O CSF 2nd hole Ⓜ vitals uniform <p><i>[Signature]</i></p>

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL 34 Y 5 M 16 D (F)
 Dr. KONDURU LAXMI



CLINICAL NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/20 9:00 AM	c/s to Dr. Lakshmi ↓ I. T. MONTAG - L.C. post	
16/5/20 11:15 AM	c/s by Dr. Lakshmi O/E - ue f	
	PHA - soft BS +	K - Stop IV fluids - Ambulation
		- Normal diet - TB. TAXIM D 12 th day
		- TB. PAN D 12 th day
		- TB. PCM 1gm 6 th day
		- TB. LYSEN D 12 th day
		- Cap. ZEVI D OD

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL
 29-11-1991 34 Y 5 M 16 D (F)
 Dr. KONDURU LAXMI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 2pm	<p><u>Pop I</u> cc for ajeht BP - 110/80 mmHg PR - 84 SpO₂ 99% @ RA ple vaw nr - NRS</p>	<p><u>Adv</u> - @ diet - plenty of oral fluids - disp as charted - wj SRV - analgesia / ERG - @ milk - Supp ser</p>
M +		ndb
16/5 2pm	<p><u>Pop I</u> cc for ajeht BP - 110/80 mmHg PR - 84 SpO₂ 99% @ M ple vaw N - NRS</p>	<p><u>Adv</u> - @ diet - plenty of oral fluids - disp as charted - wj SRV - analgesia / ERG - @ milk - Infuse</p>
M +		ndb

MAH-00351844 IP25-00020450

Mrs AKSHITA AGARWAL

29-11-1991 34 Y 5 M 16 D (F)

Dr. KONDURU LAXMI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/10/26 7 AM	POD - 2 LSCS	
	Pt Stable	
	PR - 80/m	Rx
	BP - 110/70mmHg	- Reg diet
	SpO2 - 98% on RA	- Ambulation
	P/A - Soft	- Plenty of liquidity
	at we LWR	- Follow drey chart
	NO ETO BPV	- EBF
	Baby mother	- vitals 6 hourly
	u ✓	- EBF
	f ✓	- LSCS
	m ✓	- Plan dls as per
		Package
		Durgai

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL
 29-11-1991 34 Y 5 M 16 D (F)
 Dr. KONDURU LAXMI



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	<u>T. Felca</u>	<u>1tab</u>	<u>PO</u>	<u>OD</u>	<u>14/5/16</u>	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Anusha

Date & Time: 15/5/16, 7am

Nurse Name & Signature: Sr. Bhagya

Date & Time: 15/5/16 @ 7pm

10/1/78

10/1/78

10/1/78

10/1/78

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10/1/78

12/2/78

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL
 29-11-1991 34 Y 5 M 16 D (F)
 Dr. KONDURU LAXMI



DRUG CHART

Date of Admission: 15/5/16 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY: Name

REGULAR PRESCRIPTIONS

Weight. Ward. *mkw*

DRUG : T. PARACETAMOL				Date Time	15/5	16/5	17/5													
Dose	Route	Frequency	Start Date	12AM	X	X	X													
1gm	P/O	TID	15/05																	
Name & Signature of the Doctor Starting the Drugs:				6AM	X	X	X													
Additional Instructions:				12pm	X	X	X													
Daily Doctor's Endorsement by a Sign				6pm	X	X	X													

DRUG : T. TRAMADOL				Date Time																
Dose	Route	Frequency	Start Date																	
100mg	P/O	TID	15/05																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. DICLOFENAC				Date Time																
Dose	Route	Frequency	Start Date																	
50mg	P/O	TID	15/05																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Ij CEFOTAXIME				Date Time	15/5	16/5															
Dose	Route	Frequency	Start Date	8AM	X	X															
1g	IV	BD	15/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED

VERIFIED



Sheet No: 01

REGULAR PRESCRIPTIONS

Weight Ward MICU

VERIFIED

VERIFIED BY: Name Signature

DRUG : IN PANTOPRAZOLE Date/Time 16/5

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>15/5</u>

Name & Signature of the Doctor Starting the Drugs: ndj

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : P CEPXIME Date/Time 16/05 17/5

Dose	Route	Frequency	Start Dt.
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>16/5</u>

Name & Signature of the Doctor Starting the Drugs: ndj

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : P PANTOPRAZOLE Date/Time 16/5 17/5

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>16/5</u>

Name & Signature of the Doctor Starting the Drugs: ndj

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : P LYSERD Date/Time 16/05 17/5

Dose	Route	Frequency	Start Dt.
<u>1tab</u>	<u>PO</u>	<u>BD</u>	<u>16/5</u>

Name & Signature of the Doctor Starting the Drugs: ndj

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

Sheet No: 07

REGULAR PRESCRIPTIONS

Weight Ward M/W

ADMITTED

VERIFIED BY: Name Signature

DRUG : <u>CAP 2 IN COGIT</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>1 tab</u>	<u>PO</u>	<u>OD</u>	<u>16/5</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
				<u>ndyc</u>																
				<u>3pm</u>	<u>3:30pm</u>	<u>para</u>														
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																				

MAH-00351844 IP25-00020450
 Mrs AKSHITA AGARWAL
 29-11-1991 34 Y 5 M 16 D (F)
 Dr. KONDURU LAXMI



Weight. Ward. *mlw*

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

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
VARIABLE DOSE				
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
Start Date	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
15/5/26	8 AM	Ij LEFOTAXIME	1 gm	IV	<i>[Signature]</i>	Bhargava
15/5/26	7:55 AM	Ij PANTOPRAZOLE	40mg	IV	<i>[Signature]</i>	Bhargava
15/5/26	7:55 AM	Ij NETOLCHLOPRAMIDE	10mg	IV	<i>[Signature]</i>	Bhargava
15/05/26	8:34 AM	INT CARBETOXIN	100mcg	IV	<i>[Signature]</i>	Navage
15/05/26	8:40 AM	INT TRANEXEMIC ACID	1gm	IV	<i>[Signature]</i>	Navage
15/05/26	9:30 AM	SUP TRAMADOL	100 mg	P/R	<i>[Signature]</i>	Navage
15/05/26	9:30 AM	SUP DELOFENAC	100mg	P/R	<i>[Signature]</i>	Navage
15/5/26	12 PM	Ij PARACETAMOL	1g	IV	<i>[Signature]</i>	Sachin
15/5/26	9 PM	Ij Tramadol	50 mg	IV	<i>[Signature]</i>	Duggal

16/5/26 12 AM Ij Pen. 1gm IV

VERIFIED BY: *[Signature]*



I.V. FLUIDS CHART

Weight. Ward. **mlw**

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
15/5/26	7 AM	10 plain RL	IV	100ml hly		Bhargava M	15/5/26		Bhargava Narasimha
15/5/26	8:40 AM	RINGER LACTATE	IV	FF	S	Bhargava Narasimha	15/5/26		Sadhika Jaya
15/5/26	1:30 PM	10 RL plain	IV	100 ml/h		Sadhika Jaya	15/5		Sadhika Jaya

Signature

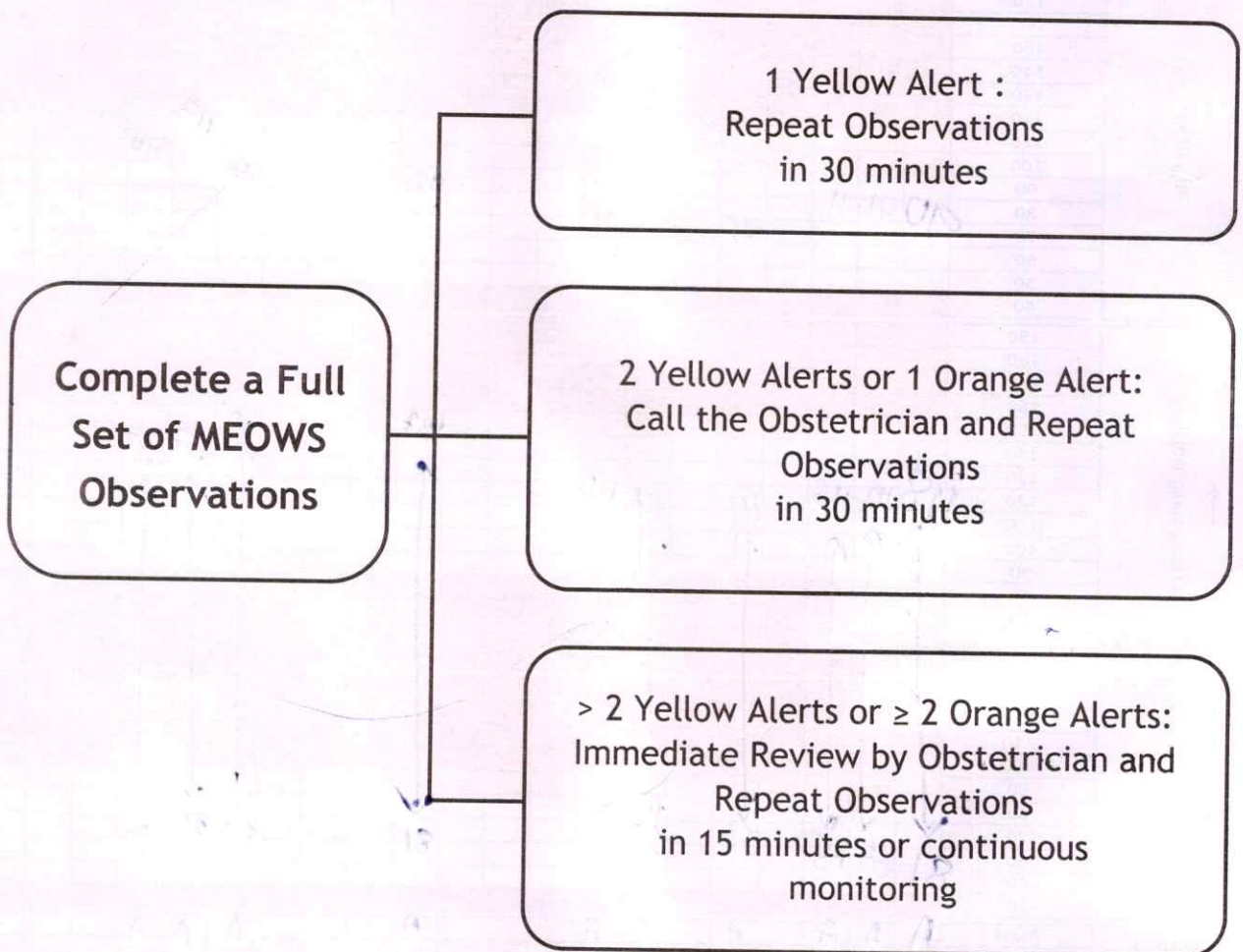
VERIFIED BY : Name

Handwritten notes on the left side of the page, including the word "Page" and other illegible scribbles.

Main body of handwritten text, appearing as a list or series of notes, with some faint red markings.

Lower section of handwritten text, continuing the list or notes, with some red markings and a small diagram or sketch.

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00351844

IP25-00020450

Mrs AKSHITA AGARWAL

29-11-1991

34 Y 5 M 18 D (F)

Dr. KONDURU LAXMI

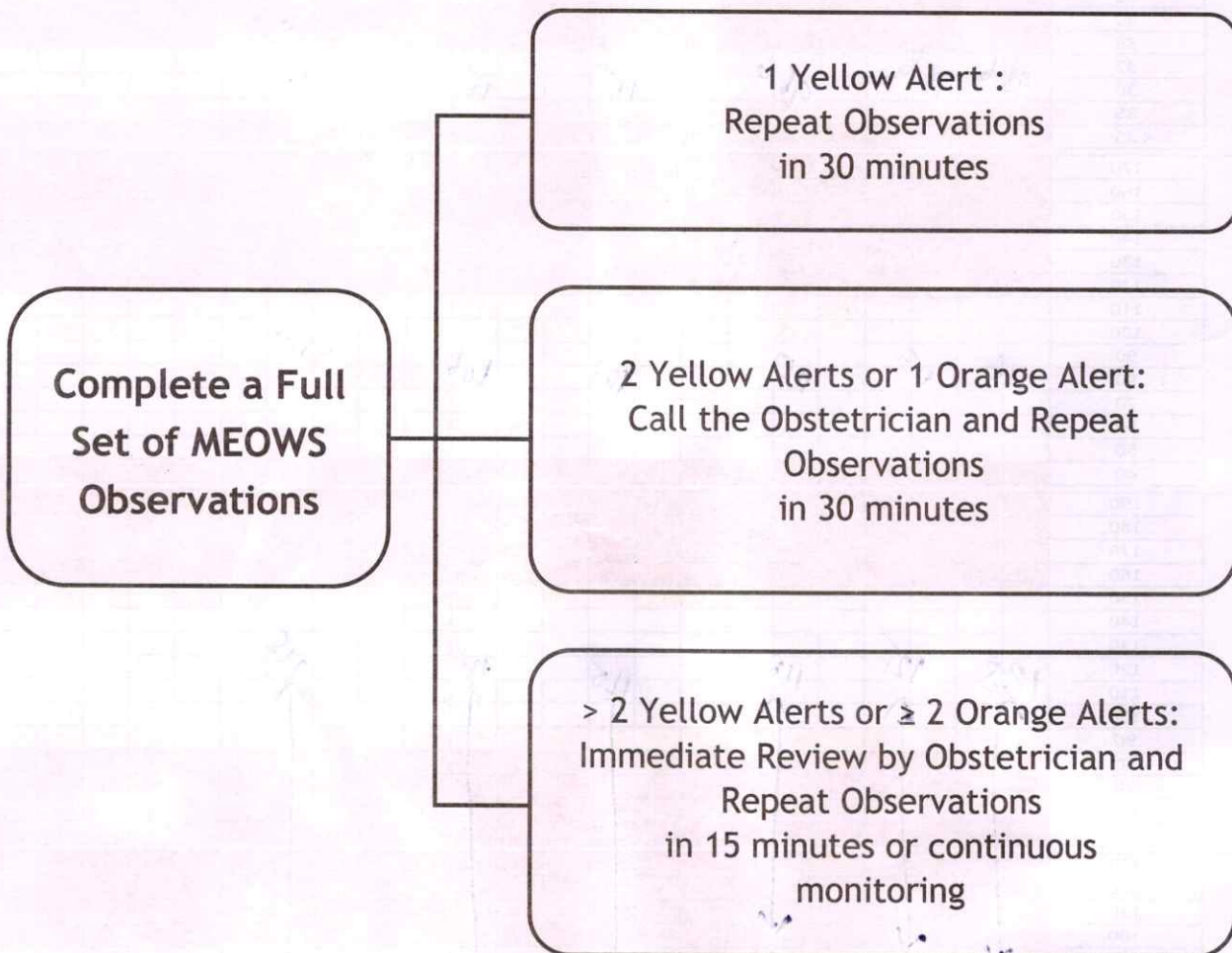


Warning Observation Score Chart - Obstetrics

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

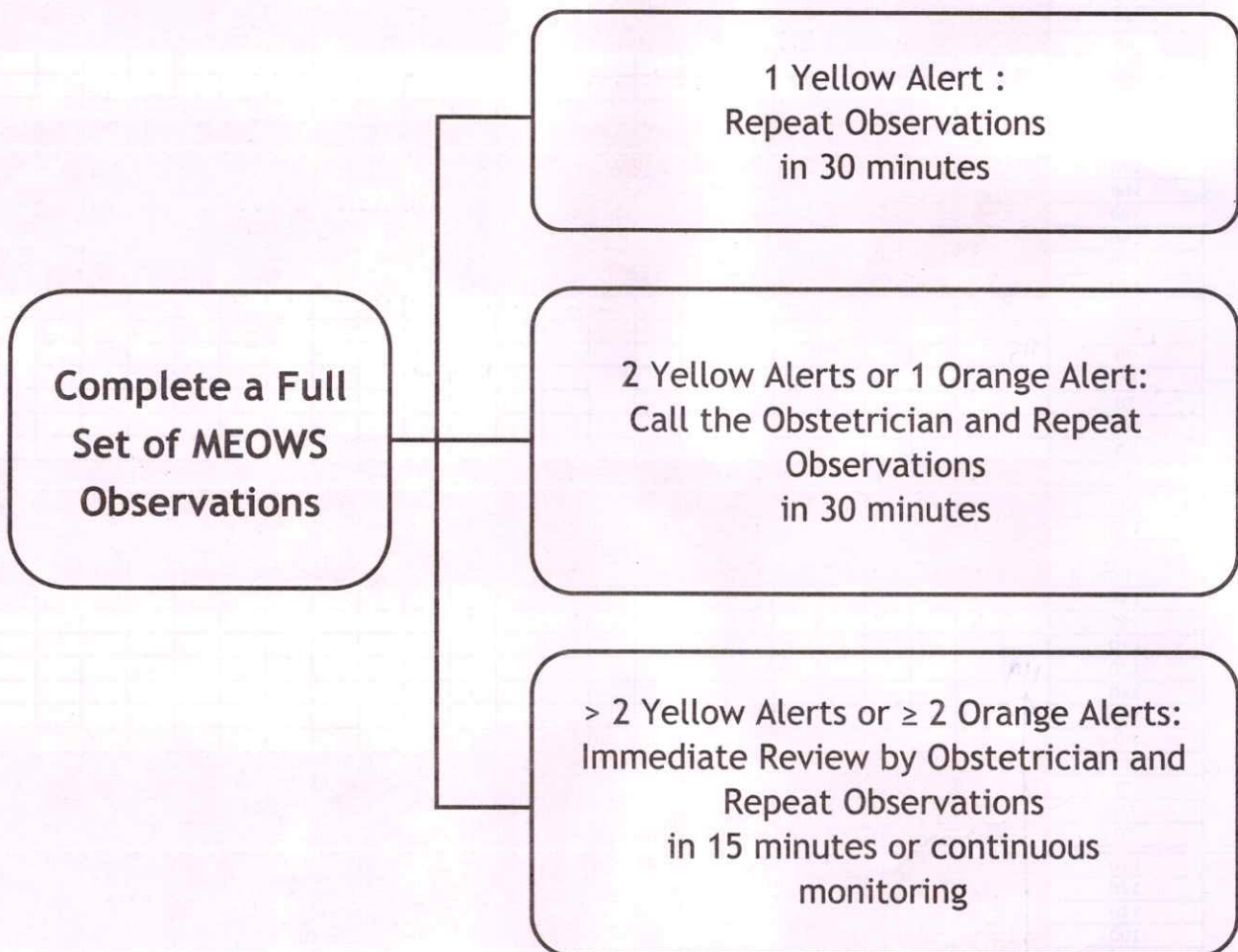
Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	20	20			20				20				20					20						20	
	0 - 10																									
Saturations	94 - 100 %	98	100			98.1				98				99					98%						100	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36	98.6	98.6			98.6				98				98						98.2						98.2
	35																									
35																										
< 35																										
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									102
	90																									
	80	116	113			110				103				106						110						
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	128	125			118				115				113						110						126
	110																									
	100																									
90																										
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80																										
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	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	
	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		b	b			a			y				v						v						b	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 01

15/8/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
15/8/26						No						0	Sadhana
	08:00 am	RL	NBM	100ml	No	No	No	No	No			0	
	09:00 am	RL	NBM	FF								0	
	10:00 am	RL	NBM	FF						300ml (OT)		0	
	11:00 am	RL	NBM	100ml								0	
	12:00 pm	RL	NBM	100ml								0	
01:00 pm			RL	NBM	100ml	No	No	No	No	No		0	Sadhana
Total Intake : 1100ml						Total Output : 300ml							
	02:00 pm	RL	NBM	100ml	No	No	No	No	No	200ml		0	Sadhana
	03:00 pm	RL		100ml								0	
	04:00 pm	RL	H ₂ O	100ml								0	
	05:00 pm	RL	H ₂ O	100ml								0	
	06:00 pm	RL	H ₂ O	100ml								0	
	07:00 pm	RL	H ₂ O	100ml	No	No	No	No	No	800ml		0	
Total Intake : 800ml						Total Output : U = 1000ml M = 0							
	08:00 pm	H ₂ O	800ml	No	No	No	No	No	No			0	
	09:00 pm											0	
	10:00 pm	H ₂ O	100ml									0	
	11:00 pm											0	
	12:00 am	H ₂ O	100ml									0	Sadhana
	01:00 am			No	No	No	No	No	No	500ml		0	
Total Intake : 300ml						Total Output : U = 500ml M = 0							
	02:00 am			No	No	No	No	No	No			0	
	03:00 am	H ₂ O	200ml									0	
	04:00 am											0	
	05:00 am											0	
	06:00 am	H ₂ O	200ml									0	Sadhana
	07:00 am			No	No	No	No	No	No	200ml		0	
Total Intake : 400ml						Total Output : U = 700ml M = 0							

Total 24 hrs. Intake 2900ml

Total 24 hrs. Output U = 2500ml M = 0

16/05/26

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O 100ml	NO	NO	NO	NO	NO	NO	NO	NO	0	
	09:00 am	H ₂ O 200ml									0	
	10:00 am										0	
	11:00 am	H ₂ O 100ml									0	
	12:00 pm										0	
	01:00 pm	H ₂ O 200ml	NO	NO	NO	NO	NO	NO	NO	NO	0	
Total Intake :			2400ml			Total Output :					U=1	M=0
	02:00 pm		NO	NO	NO	NO	NO	NO	NO	NO	0	
	03:00 pm	H ₂ O 200ml									0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	H ₂ O 200ml									0	
	07:00 pm										0	
Total Intake :			600ml			Total Output :					U=1	M=0
	08:00 pm		NO	NO	NO	NO	NO	NO	NO	NO	0	
	09:00 pm	H ₂ O 200ml									0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am	H ₂ O 200ml				NO				NO	0	
	01:00 am		NO	NO	NO	NO	NO	NO	NO	NO	0	
Total Intake :			400ml			Total Output :					U=1	M=1
	02:00 am		NO	NO	NO	NO	NO	NO	NO	NO	0	
	03:00 am	H ₂ O 200ml									0	
	04:00 am										0	
	05:00 am										0	
	06:00 am	H ₂ O 200ml									0	
	07:00 am		NO	NO	NO	NO	NO	NO	NO	NO	0	
Total Intake :			400ml			Total Output :					U=0	M=0
Total 24 hrs. Intake		1600ml										
Total 24 hrs. Output		U=4, M=1										

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: AKSHITA AGARWAL Age: 35 years Sex: Female UHID.No:
 Date: 14/5/2026 Time: 6:40pm Proposed Operation: Elective Lscs.
 Diagnosis: G.P.L, @ 37 weeks @ previous Lscs.
 B.P / CRT: 110/70 H.R: Weight: 76 Kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>10.5</u>	Glucose: <u> </u>	Protein: <u> </u>	HIV: <u> </u>	X-Ray: <u> </u>
PCV: <u> </u>	Urea: <u> </u>	Alb: <u> </u>	HBS Ag: <u> </u>	ECG: <u> </u>
WBC: <u> </u>	Creat: <u> </u>	Total Bill: <u> </u>	HCV: <u> </u>	2D Echo: <u> </u>
Plate: <u> </u>	Na: <u> </u>	Dir. Bill: <u> </u>	Blood group: <u> </u>	Stress/Angio: <u> </u>
PT: <u> </u>	K: <u> </u>	LDH: <u> </u>	T3: <u> </u>	Other: <u> </u>
PTT: <u> </u>	Ca++: <u> </u>	Alk phos: <u> </u>	T4: <u> </u>	
INR: <u> </u>	Mg++: <u> </u>	Amylase: <u> </u>	TSH: <u> </u>	
	Cl -: <u> </u>	SGOT/SGPT: <u> </u>		

Allergies: NIL

Medical History: CVS :

RESP : Diabetes :
 CNS : Nothing significant
 Renal : no H/o fever/cold/cough.
 Hepatic / GE : Physical Activity: >4 METS.
 Others :

Past Anaesthetic History: H/o previous Lscs @ 18A, 2023, U/E.

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3 finger Mentohyoid Distance: >3fb Neck: (N) Teeth:
 Lungs : B/LAE @ clear.
 Heart: S2
 CNS:

Pregnant: Yes No NA Venous Access Site : Spine Exam for regional :

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL Water / ORS 2 Hours
Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

- DO Cbp, PT, INR, S. creatinine
- LFT
- H.W, HBSAg, A.C.U.
- Renew @ Reports

Signature: [Signature] Name: Dr. S. Kishan

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No **Fasting Status:** Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 116 bpm B.P / CRT: 127/86 SpO₂: 100% R.R: 16 bpm Last Feed: > 6 hrs

Pre-OP Diagnosis: G.2.P.4. 37 wks. 2 prev dcs Operation: Elective dcs Date: 15/05/26

Surgeon: Dr. Kanchuri laxmi Anaesthesiologist: DR. MOHAN / DR. SHINY Technician: Navya

TIME	N ₂ O / AIR / O ₂ LPM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
8:15			<u>Dig carbide 100mcg IV</u>				
9:15 AM			<u>Dig Tranexemic acid 1gm IV</u>		<u>Sup Tramadol 100mg PR</u>		
					<u>Sup Diclofenac 100mg PR</u>		
						<u>250 ml</u>	

LAB Values

ABG

GRBS

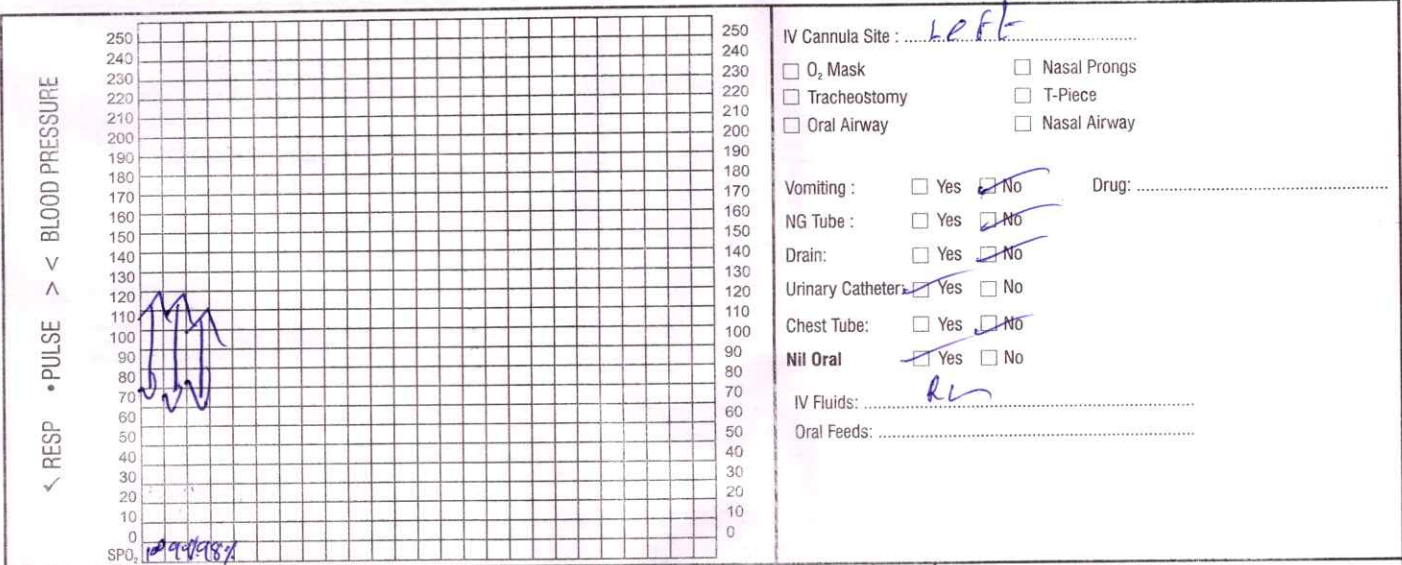
Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>RUL</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FIO ₂ Monitor <input type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>SUPINE</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input checked="" type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>8:15 AM</u> OP Start: <u>↓</u> OP End: <u>↓</u> Leave OR: <u>9:15 AM</u> Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>RUL 18G</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: <u>SITTING</u> Site: <u>L3-L4</u> Needle Size: <u>25G Quincke</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin cm Drug Name & Conc: <u>0.5% Bupivacaine heavy</u> <u>2cc + 25mcg Fentanyl</u> Bolus: Infusion: Block Level: <u>T4</u> Comments: Transportation to <input checked="" type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name of the Doctor: <u>DR SHINY</u> Signature of the Doctor: <u>[Signature]</u>
---	--	--	---

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sadhika Time Received : 9:40 AM Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
15/5/26	10AM	0/10	as for axon	Sadhika

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : D.P. Shiny

Anaesthesiologist Signature:

Date & Time: 15/5/26 @ 9:40 AM

PACU Nurse Name : Sadhika

PACU Nurse Signature: Sadhika

Date & Time: 15/5/26 @ 9:40 AM

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

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker



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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

Patient Name : AKshita Agarwal Age : 35yrs Gender : Male Female

UHID NO: Surgeon Name: Dr. Lakshmi

Anaesthesiologist : Dr. Kuska

Operative procedure planned : Elective Uter

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

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 AKSHITA Agarwal the above mentioned operation / Diagnostic / Therapeutic procedures Elective Uter

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 anaesthesiologist 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 : Akshita

Name : MRS. AKSHITA

Relationship with Patient: SELF

Date & Time : 15/5/26 ; 7:15 AM

Witness :

Signature : Sachin

Name : SACHIN

Date & Time : 15/05/2026 7:15 AM

Doctor (who is taking the consent) :

Signature : Dr. S. Lohan

Name : Dr. S. Lohan

Date & Time :

MAH-00351844 IP25-00020450
Mrs AKSHITA AGARWAL
29-11-1991 34 Y 5 M 16 D (F)
Dr. KONDURU LAXMI



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. K. Lakshmi	Date of Delivery: 15/5/26
Assistant Surgeon: Dr. Vidya	Time of Delivery: 8:32 AM
Anaesthetist's Name: Dr.	Gender of Baby: Male
Type of Anaesthesia: SA	Weight of Baby: 2.838 kgs
Neonatologist: Dr. Shaswanti	AGPAR Score: 8/9
Scrub Nurse: Sr. Rishini, Br. Buddha	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2L4 @ 36+5 weeks @ previous ces for elective ces + B/L

Elective

Emergency

Indication: Previous ces.....

Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: Knief to rectus:

CTG Description: Reactive.....

If there was a delay give the reasons:

Surgical Procedure: POD-0 Elective ces + B/L tubectomy

Post Operative Diagnosis: POD-0 Elective ces + B/L tubectomy.

Peri-Operative Complications: Floaty head Head delivered by vectis

Manual removal of placenta done

B/L tubectomy done

Amount of Blood Loss: ~ 600ml

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: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinned out Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

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

Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal

Cord Appearance: Cord around the neck Yes No

Appearance of placenta: Cavity explored Yes No

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

Uterine Closure: One Layer Two Layers } Suture

Peritoneal Closure: Pelvic Abdominal None } Suture

Sheath Closure: } Suture

Fat Closure: Yes No } Suture

Skin Closure: Subcuticular Mattress } Suture

Vaginal Evacuated Yes No

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in days Await instructions

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

Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:

- NBM 6hrs
 - fluids as per order
 - deep an analgesia
 - W/S/M
 - No charts
 - vital
 - response

Dr. Laxmi

Doctor Name: Dr. N. Reddy

Doctor Signature: N. Reddy

Date & Time: 15/5/2020, 9:30 am

DT.

**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

575610

Patient Name:	Mrs. AKSHITA AGARWAL	Age:	244	Gender:	FEMALE
UHID No:	MH-00351844	IP No:	25-00020450	Date:	15/5/26
Time:	7:51 AM				
Diagnosis:	LSCS				
PRESCRIPTION DETAILS (Tick only one of the following)					
S.No	Drug Name	Dosage	Remarks		
1.	Fentanyl Citrate Inj. 50mcg/ML	100mcg	-		
2.	Morphine Sulphate Inj. 15mg/ML	-	-		
3.	Remifentanyl Hydrochloride Inj. 2MG	-	-		
4.	Remifentanyl Hydrochloride inj. 1MG	-	-		
Doctor Name:	Dr. S. HODIA		Doctor Registration No:	36844	
Signature:					

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: IP 25 - 00020450 Date: 15/5/26

Aadhaar No. of the Patient (Optional):

1.	Name :	Mrs. AKSHITA AGARWAL	Remarks	
2.	Complete postal address (with contact number, if any)		KOKAPET HYD. T.G. INDIA 110005	
3.	Brief description of the illness		LSCS.	
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed		FENTANYL CITRATE.	
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
15/5/26	FENTANYL CITRATE	ONE	Akshita	-

Dispensed by (Name & ID No.): Bhargava (018784) Signature: Rik

Received by (Name & ID No.): Anurupa (016435) Signature: Anurupa

Time: 7:58 AM

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

07

Patient Name: Mrs. K. S. ...
 Date: 12/15/10
 Doctor: [Signature]

PRESCRIPTION DETAILS (fill in only if the following)

S.No.	Drug Name	Dosage	Remarks
1	Remifentanyl Hydrochloride Inj. 2MG	100mcg	
2	Remifentanyl Hydrochloride Inj. 1MG		
3	Morphine Sulfate Inj. 10mg/ml		
4	Fentanyl Citrate Inj. 50mcg/ml		

Doctor Name: [Signature]
 Doctor Registration No.: [Number]

NARCOTIC DISPENSING FORM
APPENDIX 4 - FORM NO. 3E

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


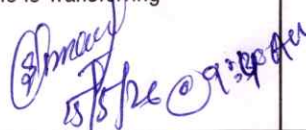
Patient Registration No.: 123456789
 Date: 12/15/10
 Address of the Patient (Optional):

Sl. No.	Date	Name of the Essential Narcotic Drugs	Quantity	Signature of Patient's Attorney	Signature of Dispensing Physician	Remarks, if any
1	12/15/10	Remifentanyl Hydrochloride Inj. 2MG	100mcg	[Signature]	[Signature]	
2						
3						
4						
5						

Dispensed by (Name & ID No.): [Signature]
 Received by (Name & ID No.): [Signature]
 Date: 12/15/10

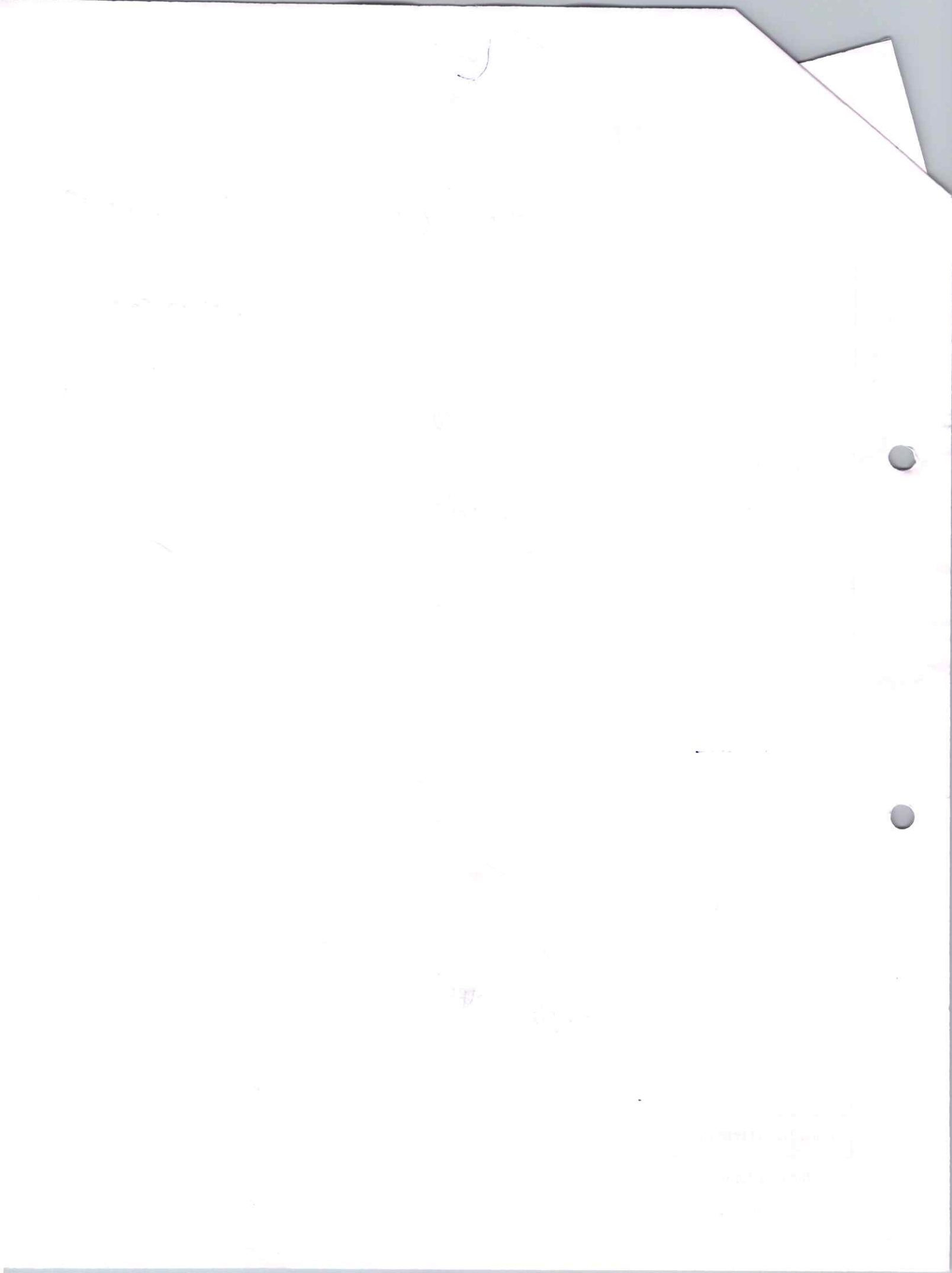
OT

PATIENT TRANSFER FORM

Patient Name & UHID No. MAH-00351844 IP25-00020450 Mrs AKSHITA AGARWAL 29-11-1991 34 Y 5 M 16 D (F) Dr. KONDURU LAXMI 		Date & Time of Admission 15/05/26 @ 6:2 AM	Date & Time of Transfer Order 15/05/26 @ 9:40 AM
		Transfer Ordered by Dr. Lakshmi	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <u>29</u>	Number of Imaging Films op file - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Subhadeep 		Name of Person Ordered Transfer Dr. Lakshmi	
Patient & Clinical Records Received by : Sadhika			
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



①

PATIENT TRANSFER FORM

Patient Name & UHID No. MAH-00351844 IP25-00020450 Mrs AKSHITA AGARWAL 29-11-1991 34 Y 5 M 16 D (F) Dr. KONDURU LAXMI  Dr. Lam	Date & Time of Admission 15/5/26 @ 6:02 AM	Date & Time of Transfer Order 15/5/26 8:05 AM
	Transfer Ordered by Dr. Anusha	Reason for Transfer ELUCS
From Unit MLW	To Unit OI	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

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

NA

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Sr. Bhagya	Name of Person Ordered Transfer Dr. Laxmi
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Patient & Clinical Records Received by :
Bhadda

Date & Time of Patient Received :

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

③

1. 1941

2. 1942

3. 1943

4. 1944

5. 1945

6. 1946

7. 1947

8. 1948

9. 1949

10. 1950

PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission	Date & Time of Transfer Order 15/05/26 @ 4:15pm
Treating Consultant Name		Transfer Ordered by DR Harshini	Reason for Transfer Observation
From Unit NICU	To Unit ward		Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30	Number of Imaging Films 1 of 4		Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name		Quantity
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring SC Nalwa		Name of Person Ordered Transfer DR Harshini	
Patient & Clinical Records Received by :		Nalwa 15/5/26 @ 4:30PM	
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

