DISCHARGE SUMMARY

Name	Mrs MOUNIKA REDDY BETHI	**UHID**	MAH-00384611
Father/Guardian	Mr P NARAYANA REDDY	**Age/Gender**	32 Y 7 M 21 D/ Female
Address	E1408 Aparna Sarovar Zenith Nallagandla, Kondapur, Hyderabad, Telangana, INDIA, 500084		
IP No	IP25-00020482	**Admission Date**	17-05-2026
Ref Doctor			
Discharge Date	20.05.2026		

Consultant:
Dr. VARALAKSHMI NANDYALA,
MBBS,M.S, MRCOG
Consultant-Obstetrician and Gynaecologist
Reg. No : 44799

Dr.Vasudha Lagadapati
MBBS,MS,FMAS
Consultant-Obstetrician and Gynaecologist
71881

Diagnosis: G3A2 AT 39 WEEKS GESTATION WITH K/C/O ASD WITH H/O POST SEPTAL RESECTION FUNDAL PERFORATION FOR INDUCTION OF LABOUR.

EMERGECNY LSCS DONE, IN VIEW OF NON-PROGRESSION OF LABOUR, DELIVERED A LIVE MALE BABY AT 10:31 AM, WEIGHT 3.319 KGS ON 18.05.2026.

History:
LMP : 17.08.2025 Obstetric formula: G3A2

Name	Mrs MOUNIKA REDDY BETHI	UHID	MAH-00384611
IP No	IP25-00020482	Admission Date	17-05-2026

EDD : 24.05.2026 Gestation at admission: 39 weeks

Obstetric History:
G1 - 2022 - Unwanted pregnancy at 6 weeks - MERPC.
G2 - 2024 (Feb) - Biochemical pregnancy.
G3 - Present pregnancy, Spontaneous conception.

Medical History: K/c/o ASD diagnosed in 2024 not on any medication.
Surgical History: 2024(Nov) Laparoscopy + Hysteroscopy + Septal resection (Fundal perforation of 5mm)
Allergies : penicillin
Family History : Father- HTN + DM & Mother- HTN.

Antenatal Details:
Mrs. MOUNIKA REDDY BETHI was booked to Rainbow hospital at 6+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan at 13+1 weeks was normal, EFTS- low risk,. History of recurrent urinary tract infections in 1st trimester , managed medically. TIFFA scan at 21+1 weeks was normal. Serial growth scans were done, which were normal. USG on 04.05.2026 showed at 37+1 weeks, SLIUF, Cephalic, AFI 17.2cm, Placenta posterior and high, EFW 2980 grams (42%), AC 40% with fetal dopplers normal. She was admitted at 39 weeks for induction of labour.

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

Management:
Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus relaxed, cervix was soft, minimally effaced and 1cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of

labour. Labour induced with 2 doses of PGE1. Spontaneous rupture of membranes happened at 2 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 2 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. Repeat examination showed same findings. Couple counselled regarding the Pv findings and explained the need of Emergency LSCS in view of non progression of labour and couple consented for the same.

She was decided for emergency C- section in view of Non-progression of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:
Under Epidural anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 400 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
* **Baby delivered by forceps.**
* **Dimpling at fundus noted, thinning of uterine wall at previous**

uterine perforation site noted.

Delivery Details :
Date : 18.05.2026
Time of Delivery: 10:31 AM
Type of Delivery: Emergency LSCS
Indication : Non-progression of labour.
Analgesia : Epidural

Baby Details:
Date : 18.05.2026
Time : 10:31 AM
Sex : Male
Weight : 3.319 kgs
Apgar : 8/10, 9/10
Gestational Age: 39 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 (cefixime) 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.

Name	Mrs MOUNIKA REDDY BETHI	UHID	MAH-00384611
IP No	IP25-00020482	Admission Date	17-05-2026

3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 24.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg once daily till 24.05.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (10am) for three months after 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.

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 27.05.2026 with prior appointment.

Review with **Dr.Vasudha Lagadapati** , after one week on 27.05.2026 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

Name	Mrs MOUNIKA REDDY BETHI	UHID	MAH-00384611
IP No	IP25-00020482	Admission Date	17-05-2026

parenting, when and how to obtain emergency care etc also have been explained by doctor ....

Patient/ Attender

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

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

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

Consultant:
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71881

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

EP

SURGERY DETAILS

Date : 18/05/26

Patient Name: Mrs. Mounika Date of Birth: 27/09/1993 Age: 32Y

Gender: F Ward : OT UHID No.: MAH-00384611

Date of Surgery: 18/05/26 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 10:15 AM Time Out : 11:15 AM.

		NAME	AMOUNT
1.	Surgeon	DR. VARALAKSHMI / Dr. Vasudha	
2.	Anaesthetist	DR. USHA	
3.	Assistant Surgeon	/	
4.	OT Technician	Br. Anil	
5.	Circulating Nurse	Sr. Sreeja	
6.	Assistant Nurse	Sr. Parvathi	

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

(Dr. Varalakshmi)
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 57765/66 Order by: ....

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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

GIDVRAC
Em-Lses

CONSUMABLES OF OT

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

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		02	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / P / N		3	2762		02	Suction Catheter #8		1
HME filter : A / P / N			2347		02	Feeding Tube #6		1
Syringes : 10 cc		3				Vaccum Suction Set		1
05 cc		3	Gloves 6½, 7		3+3	Surgical Gloves 6½		2
02 cc		3				Gauze Pack		2
01 cc						Syringe 1ml / 2ml		2
Cautery plate : A / P / N		1.	Surgical blade 22		01	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		1
RL		2	Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Underpad		1
BIOXAMEC		2	Ointments					
RILIEVE		1.	Suction Catheter					
Fentanyl			Cap, Mask			Baby side 576767		
Morphine			Gauze Pack		4			
Ketamine			Mop Pack		2			
Propofol			Steristrip 30ml					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag			D/A →		3
Antibiotics			Bandage					
LOXEADR		1	Tegaderm			New mom pad →		1
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		1	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon: Dr Varalakshmi Anaesthesiologist Nurse OT Technician

Order No. : 576721/224 TECH 576763 (189) Ordered by : ....

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

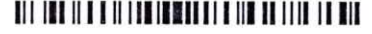
Rainbow Children's Hospital | BirthRight by Rainbow

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 : IP25-00020482 **Admit Date** : 17-May-2026 **Admit Time** : 09:03 PM **UHID** : MAH-00384611

Patient Details :

Patient Name	: Mrs MOUNIKA REDDY BETHI	**Age**	: 32 Y 7 M 20 D
Guardian	: Mr P NARAYANA REDDY	**DOB**	: 27-09-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: E1408 Aparna Sarovar Zenith Nallagandla Kondapur Hyderabad Telangana INDIA 500084	**Phone No**	: 9652354087/ 9652354087
		E-mail	: Narayan.reddy125@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU-06 **Ward Name** : 4F -MICU

Room No : MICU-06 **Admission Type** : First Visit

Contact Details :

Name	: Mr P NARAYANA REDDY	**Relationship**	: Husband
Contact Address	: E1408 Aparna Sarovar Zenith Nallagandla Kondapur Hyderabad Telangana INDIA 500084	**Phone No**	: / 9652354087

Signature

Doctor Details :

Doctor Name	: Dr. VARALAKSHMI NANDYALA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	: Dr. VASUDHA LAGADAPATI		

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

Obs.

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Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

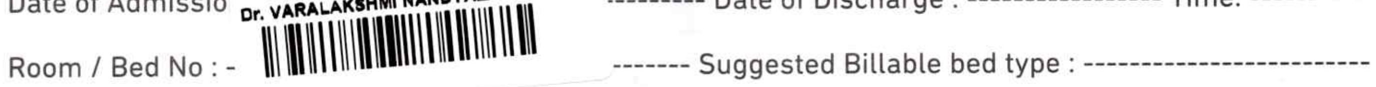
Name: Mrs B. MOUNIKA REDDY

UHID No : MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

Consultant : Dept :

Date of Admission : Date of Discharge : Time:

Room / Bed No : Suggested Billable bed type :



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	10:17 AM	MICU	OT	[signature]
18/5/26	11:20 pm	OT	MICU	[signature]
18/5/26	5:20 pm	MICU	ward	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Vaibhavi Harne	19/5/26	77174	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/5/26	CBP, PT/APTT	7525	[illegible]
17/5/26	NST — (1)	5961	
18/5/26	NST — (2)	5962	
18/5/26	NST — (3)	5963	
18/5/26	NST — (4)	6050	
18/5/26	NST — (5)	6051	
18/5/26	NST — (6)	6052	[illegible]
18/5/26	NST — (7)	6053	
18/5/26	NST — (8)	6054	
18/5/26	NST — (9)	6055	
18/5/26	NST — (10)	6056	
	C. Checked by [illegible] 18/5/26 @ 2PM		
19/5/26	NHA	7253	[illegible]
	Cross checked by Sr. Geeta 20/5/26 @ 12pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/5/26	Infusion pump	8am	3pm	6674	[signature]
"	Epidural pump	7:30am	10:17 AM		
"	Cardiac Monitor	7:30am	3pm		

18/5/26

C/c by [signature] 18/05/26 2:51pm

checked by [signature] 20/5/26 @12pm

Wors

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/5/26	I/v placement	01	6475	[signature]
"	PAC (IP Basic)	01	6673	
"	Catheterization	01	6672	[signature]

C. checked by [illegible] 18/5/26 @ 2PM

Cross checked by [illegible] 20/5/26 @ 12pm

ANY OTHER INFORMATION

* Enema given.
* Op files given to the patient Attender

Date : 17/5/26 Time : 9pm Prepared By : Subhashini

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Subhashini	MICU		

210 - Mountée

Physiotherapy Consult

Ref. No. : F/RW/CONS.F

CONSULTATION FORM

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Doctor Name : VAIBHAVI HARNE

Date : 19/5/26 Hour : 3:15

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 seco diagnosis: POST PARTUM EXS

Signature:

Report of Findings and Recommendations :

Adv / seen for

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

VH
RPT

Consultant :

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

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

www.rainbo

CIN: ...85110TG1998PTC029914

210

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 19/10/26 Time: 9.30

Origin: Pulia Height: 163 Weight: 84 BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: G3A2 at 39 weeks for Del

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic
☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

✓ Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: [signature]

Name: Mounika

Date & Time: 19/10/26 9.30

Dietician's

Signature: [signature]

Name: Dhani

Date & Time: 19/10/26 9.12

DIETARY NOTES

Date	Time	Notes	Sign
19/0/26	9:30	Soft diet ō [illegible]	[signature]

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/8/26 @ 9PM

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: c/o IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Swetha

Time Notified: 8:45 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission

Gynecology Assessment: ☐ Not Applicable

Menstrual History: ....

Onset of Menarche: ....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: ....

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 2 P .... L .... A 1

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: 97.6 HR: 82 RR: 20b/m

BP: 112/86 Weight: 85kgs Height: 162cms 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 ....Mounika Reddy........

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

Orientation not given Reason: ....—........

Nurse Signature: ....[signature]........

Nurse Name: ....Susheelini........

Date & Time: ....17/5/26 @ 9:20pm........

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

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

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Your Right to a Safe Delivery

IP ... FOR OBSTETRICS

Presenting Complaints
admitted for IOL

Obstetric Formula: G3A2

Obstetric Hostory:
I - 2022 - Unwanted prg - MERPC
II - 2024, Feb - Biochemical pregnancy.
III - PP - conceived spontaneously.

Present Pregnancy Record:
registered 6+4 wk GA
- ETO - low risk; NT c 13+1 - (N)
- TIFFA scan @ 21+1 wk - (N)
- growth scan c 31+1 wk - (N)

RISK FACTORS:

- ASD

Height: 163 cm

Weight: 84 kg

Allergies: Penicillin

Breast: ☑ Normal ☐ Abnormal

General Examination:

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

LMP: 17/8/25 EDD:

Corrected EDD: 24/5/26 GA: 39 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

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced — soft, min effaced

Os: Closed ________ Dilated 1 cm

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: high up ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

G3A2 at 39 wk GA c k/c/o ASD c hlo

for IOL

Docu. No. : RCH /FRM / CLINICAL / 087

Patient Sticker

Family History:	Surgical History:
F - HTN, DM M - HTN	2024; NOV - laparoscopy + Hysteroscopy + septal Resection (Fundal perforation) (5mm)

Medical History:	Medication History:
K/c/o ASD :: Aed c 2024	→ not on any medication.

Plan of Care:	Investigations:
- Admit - Consent - Parts preparation - NST - secure IV cannula - Monitor vitals - W4 contractions - W4 progress of labour. - T. MISOPROSTOL 25mcg @ 9:30pm PV	BGT - O+ve HIV, HBsAg, HCV, VDRL - NR 21/3 - Hb - 11.4g/dl WBC - 10,300 Plt count - 2,63,000 4/5/26 SLIUF | 37+1 wk | cephalic | AFI - 17.2cm Placenta - Ant, high EFW - 2980g (42%) AC - 40% Fetal dopplers (N)

Doctor Name: Dr Bhuvana

Signature: [signature]

Date & Time: 17/05/26; 8:30pm

Consultant Name: Dr VARALAKSHMI / Dr VASUDHA

Signature: [signature] (Dr. Vasudha)

Date & Time: 17/5/26; 8:30pm

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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	
1:30 AM		Adv
	c/c pt c/c	
	Afebrile	1) NST
	PR- 88bpm	2) MONITOR VITALS
	BP- 110/70mmHg	3) T. MISOPROSTOL 25mcg
	SpO2- 97% @RA	2nd dose - p/v
	PA- Ut irritable	4) MW4 contractions
NST reactive	FHR ⊕	5) W4 Progress of labour
	P/v- Cx-30% effaced	6) Inform SS
	os- 1cm dilated	Swetha
	PPV at high up	
18/5/26	c/o spontaneous rupture of membranes	
2:30 Am	c/o leaking PV	
	c/c pt c/c	Adv
	Afebrile	1) Inj CEFOTAXIME 1gram IV
	PR 88bpm	2) Enema
	BP-120/70mmHg	3) NST
	SpO2 97% @RA	4) MONITOR VITALS
	PA - Ut contrac ok	5) W4 contractions
	FHR ⊕	6) Inform SS
	PV Cx 50% effaced	Swetha
	os 2cm dilated	
	PPV at -3	
	clear liq ⊕	

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/3/26	Us by Dr Swetha	
6Am		Ad
	acpt uc	1) NST
	Afebrile	2) MONITOR VITALS
	PR-84bpm	3) Inj Synto 5U in 10RL
	BP-112/72mmHg	@ 6ml/hr
	SpO2 99% RA	4) W/f contractions
	P/A Ut contra 2-3/30"/10min	5) W/f POL
	FHR⊕	6) Inform SOS
	P/v Cx 50% effaced	7) Epidural counselling.
	os 2cm dilated	
	PPV x st-3	
		[signature]
18/3/26		Adv
8:45AM	↓IOL, ↓ Epidural.	
	GC fair	1) NST monitoring
	Afebrile	2). W/f contractions, POL
	PR-78bpm	3) Inj Oxytocin 5U in 10RL
	BP- 118/86mmHg	titrate accordingly
	SpO2 - 98% on RA	4) Monitor vitals
	P/A - Ut≈TG, contracting	5) Inform SOS
	FHR⊕.	
	CTG- Reactive.	[signature]
	P/v - Cx-50% effaced	[signature]
	Os 2cm dilated.	
	PPV x station: -3	(Dr Varalakshmi)

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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
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Dr. VARALAKSHMI NANDYALA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:20 Am	c/s/b Dr. Varalakshmi	
	P/V - G - 50% effaced	
	os - 2cm dilated.	
	Station -3.	
	Couple counselled regarding the findings and explained the need for Em LSCS i/v/o NPOL & couple opted for the same	
		Adv:-
		- PAC
		- Foleys catheterisation
		- Shift to OT
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	POD-0	Adv
11:20pm	GC-fair	- NBM x 4hrs
	Afebrile	- Fluids as per AXON
	PR-86bpm	- Drugs as charted
	BP-110/80mmHg	- w/f active bpv
Baby w/s	P/A-UKew	- (M) vitals Infom SOS
	P/v-NAB	
	U/O = 100ml	
	emptied in OT	
18/5/26		Adv
3:40pm	POD-0	
	GC fair.	1) NBM oral sips → liquid diet
	Afebrile	2) Plenty of oral fluids
	PR-74bpm	3) Drugs as charted
	BP-126/80mmHg	4) W/F BPV, F/O
	SpO2-98% on RA	5) Monitor vitals
Baby-M/S	P/A-Ut (R) well	6) Foleys removal t/m @ 6am
	P/v-NAB	7) Soft diet @ 8pm
Shift to room if tolerating liquids	U/O-250ml in 4hrs	8) Infom SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Adv
18/5 7pm	POD-0	- soft diet at 8pm
	a/c fair	- plenty of oral fluids
	afebrile	- diet as charted
	BP - 112/70 mmHg	- w/f SIV
baby NS	PR - 80bpm	- I/O charts
	SpO_2 - 99% @RA	- foley removal tom 6am
	P/A UNW	- in bed ambulate
	PV NAD	@ will
	U/O -	- Injections
		noted by geeta @ 9pm on 18/5
19/5 7am	POD-I	
	a/c fair	Adv
	afebrile	- soft diet
V ✓ M ✓	BP - 110/80 mmHg	- plenty of oral fluids
Baby NS	PR - 80bpm	- diet as charted
	SpO_2 99% @RA	- w/f SIV
	P/A UNW	- ambulate/ BSP
	PV NAD	- @ will
		- Injections
		noted by Smitha @ 8am 19/5

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~18/5~~ 19/5 10AM	POD-I.	Adv.
	Pt vomiting	
	c/o epigastric pain	- Ⓐ diet
		- Syp GAVISCON
	O/E - PR - 76	7ml
Anti-emetic	BP - 112/70.	Stat
	P/A - Slight distension	- Inj PARACETAMOL
V/MV	~~At~~ BS(+)	1pm e
	Incision - WC	12pm.
	UE AWNC	
		EBF
	Diclofenac instead of oral	Ambulation
	~~Dulcolax~~ suppository - 3pm	Watch urinary
	IV PCM → 12 noon	
	Dulcolax at 6pm	
	suppository	
		Noted by Arpita on 19/5 @ 10:30AM.
	(Dr. Varalakshmi)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 3:15pm	POD-1	
	GC-fair	Adv
	Afebrile	- (N) diet
	PR - 80bpm	- Plenty of oral fluids
Baby M/S	BP - 118/76 mmHg	- Drugs as charted
	P/A - UPW	- w/f active bpm
UV	P/V - NAB	- Ambulation / ESF
MV		- (M) vitals inform SOS
		[signature]
		Noted by Arpita on 19/5 @ 3:15 pm.
19/5/26		Adv Ambulation
7:00pm	POD-1	1. Normal diet
	G.C fair	2. plenty of oral fluids
	Afebrile	3. Drugs as charted
	Bp-100/60mmHg	4. c/f bleeding p/v
	PR: 88bpm	5. ESF 2nd day
Baby m/s	SpO2: 100%@RA	6. (M) vitals inform SOS
	p/A: UPW	7. Syrup cuphalac 15ml
UV	P/V: NABPV	at bed time.
MV		[signature]
		Noted by Arpita on 19/5/26 @ 7pm.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o 2 episodes of vomiting	
20/5/26	POD-2.	Adv
7am.	G/c fair	
	Afebrile	1) Normal diet
Baby - m/s	PR - 74 bpm	2) Plenty of oral fluids
	BP - 110/74 mmHg	3). Drugs as charted
	SpO2 - 98% on RA	4) W/F BPV
F ✓	P/A - Ut (R) well, soft	5). CBF
M ✓	D/v - NAB distension.	6). Monitor vitals
		7) T. Dulcolax 2 tabs P/R stat
		[signature]
		noted by Arpita on 20/5/26 @ 8:20 AM.
20/5/26	POD - 2	
	[illegible]	Adv
10 AM.	no further episode of vomiting	Avoid spicy & fried food
	P/A - soft distension, [illegible]	(a) diet
Dulcolax supp 2		[illegible]
kept @ 8:30 AM		BBF
		ambulation
		[illegible]
		Inform after [illegible] [signature]

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

(P.T.O)

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	17/5/26					
Time						
Hb	11.1					
PCV	33.6					
RBC	3.52					
WBC	12.68					
N/L						
Platelets	234.					
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	16.4/1.04					
APTT	29.4					
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						
BGT	O+ve					
HIV	NR.					
HBSAG						
HCV						

Culture and Sensitivities : ....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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ICATION RECONCILIATION FORM

Drug Allergies: Penicillin ☐ 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: LW Shifted to: 210

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						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. BSWETHA swetha

Date & Time : 17/5/26; 8:30PM

Nurse Name & Signature: [signature] Sireesha

Date & Time : 17/5/26 @ 8:30pm

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

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DRUG CHART

Date of Admission: 19/3/26 Drug Allergies: Pencillin ☐ 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 ....

Patient Sticker

REGULAR PRESCRIPTIONS

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

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab PARACETAMOL				Date / Time	19/5/2015	
Dose	Route	Frequency	Start Date	12am	[illegible]	[illegible]
1gm	ORAL	QID	18/5			
Name & Signature of the Doctor Starting the Drugs: [signature]				6am	[illegible]	[illegible]
Additional Instructions:				12pm	[illegible]	
				6pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG : Tab TRAMADOL				Date / Time
Dose	Route	Frequency	Start Date	
100mg	ORAL	TID	18/5	
Name & Signature of the Doctor Starting the Drugs: [signature]				STOP
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Tab - DICLOFENAC				Date / Time	18/5	19/5	20/5
Dose	Route	Frequency	Start Date	7am		[illegible]	[illegible]
50mg	ORAL	TID	18/5				
Name & Signature of the Doctor Starting the Drugs: [signature]				3pm			
Additional Instructions:				11pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign					[illegible]	[illegible]	[illegible]

VERIFIED

VERIFIED

Patient Sticker

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

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.	

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/05	9:30pm	T. MISOPROSTOL	25mcg	PV	[signature]	Subhashini
18/5	1:30AM	T. MISOPROSTOL	25mcg	PV	[signature]	[signature]
18/05	2:30Am	Inj CEFOTAXIME	1gram	IV	[signature]	[signature]
18/5	10AM	Inj CEFOTAXIME	1g	IV	[signature]	[signature]
18/5	10AM	Inj PANTOPRAZOLE	40mg	IV	[signature]	[signature]
18/5	10 AM	Inj METOCLOPRAMIDE	10mg	IV	[signature]	[signature]
18/5	10.30 Am	INJ CARBETOCIN	100 µg	IV	[signature]	[signature]
18/5	10.50 Am	INJ TRANEXAMIC ACID	1 gm	IV	[signature]	[signature]
18/5	11.10 AM	SUPP TRAMADOL	100 mg	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
18/5/26	8:20 AM	I1 SYNTOCINON 5U	IV	6ml/hr		[signature] [signature]	18/5/26		[signature] [signature]
18/5/26	9AM	RL	IV	FF		[signature] [signature]	18/5/26	[signature]	[signature] [signature]
18/5	11.00 AM	RINGERLACTATE	IV	100 ml/h	[signature]	[signature] [signature]	18/5		[signature] [signature]

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept..................... Ward.................

DRUG : Inj CEFOTAXIME

Date: 18/5, 19/5

Dose	Route	Frequency	Start Dt.
180M	IV	BD	18/5/16

Time: 10AM, 10PM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj PANTOPRAZOLE

Date: 19/5

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	18/5/16

Time: 6AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. TAXIM

Date: 19/5, 20/5

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	19/5

Time: 10AM, 10PM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : C. PAN

Date: 20/5

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	18/5

Time: 6AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

VERIFIED
VERIFIED
VERIFIED

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept..................... Ward................

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

VERIFIED VERIFIED

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Name:	I.P. No.	Weight(kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
18/5/24	4pm	Inj - pcm	1gm	IV		Jayan / Sarfuraj
19/5	12pm	Inj PARACETAMOL	1gm	IV	[signature]	Geeta
19/5	10:30am	Syp GAVISCON	7ml	P/O	[signature]	Sangeeta
19/5	3:25PM	DICLOFENAC supp.	1tab	PR	[signature]	Geeta
20/5	8:25AM	DULCOLEX supp	2tab	PR	[signature]	Durga
20/5	1am	Inj. pan	40mg	IV		Swetha
20/5	1am	Inj. ondem	2mg	IV		Swetha
20/5	10AM	Syp GAVISCON	7ml	P/O	[signature]	Durga

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

17/5/26

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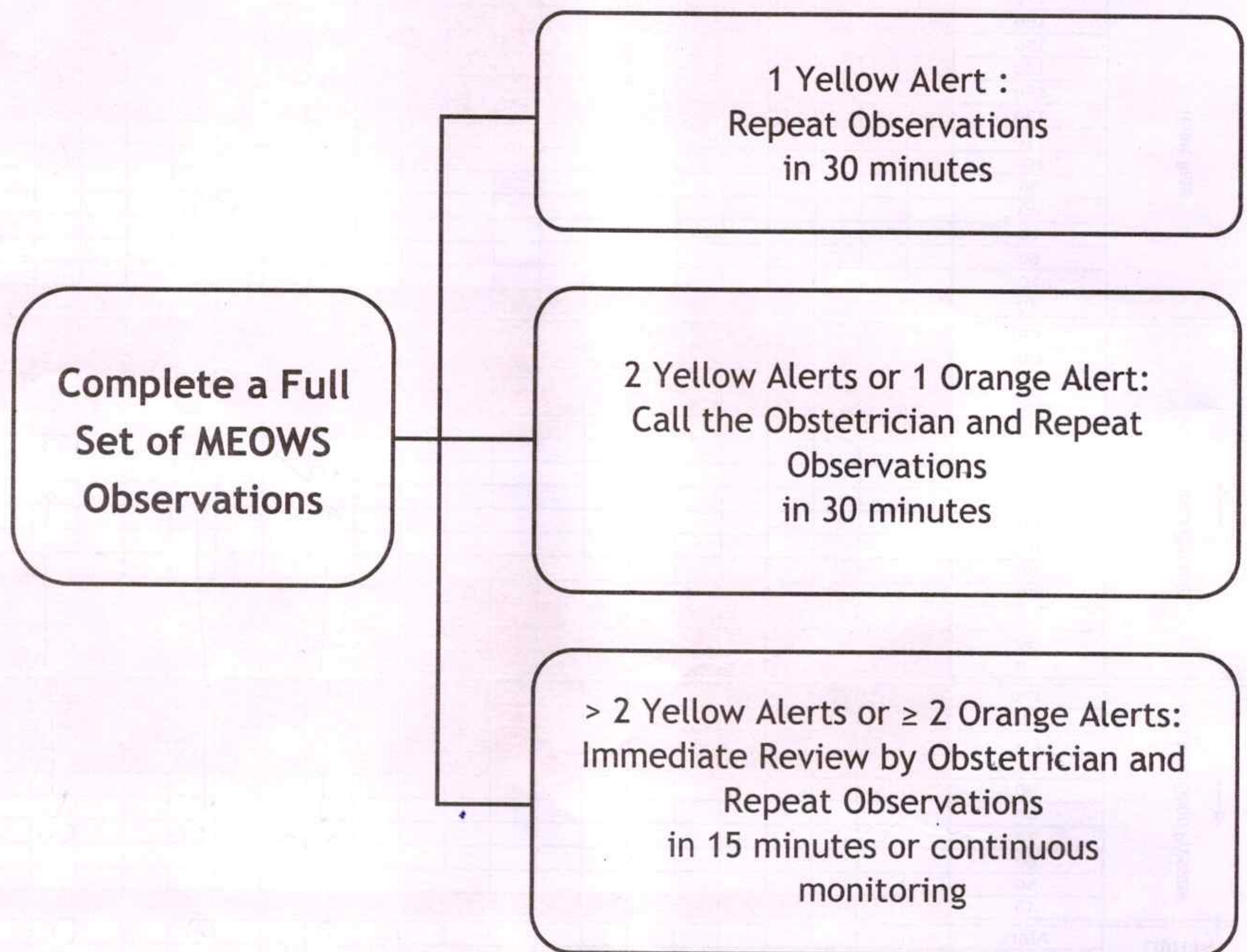
Early Warning Observation Score Chart - Obstetrics

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														18			20			18			18	
	0 - 10																								
Saturations	94 - 100 %														99			99			99			99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36														36.9°c			36.6			36.[illegible]			36°c	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																				80				
	90														92									90	
	80																	82							
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																				132			120	
	130														112			122							
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70														72			80			80			92	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert														A			A			A			A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30														✓			✓			✓			✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal														-			-							
	Heavy / Foul																								
Liquor	Clear / Pink														-			-			-				
	Green																								
TOTAL YELLOW SCORES															0			-			0			0	
TOTAL ORANGE SCORES															0			-			0			0	
Nurse Initial															[illegible]			[illegible]			[illegible]			[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

(2)

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

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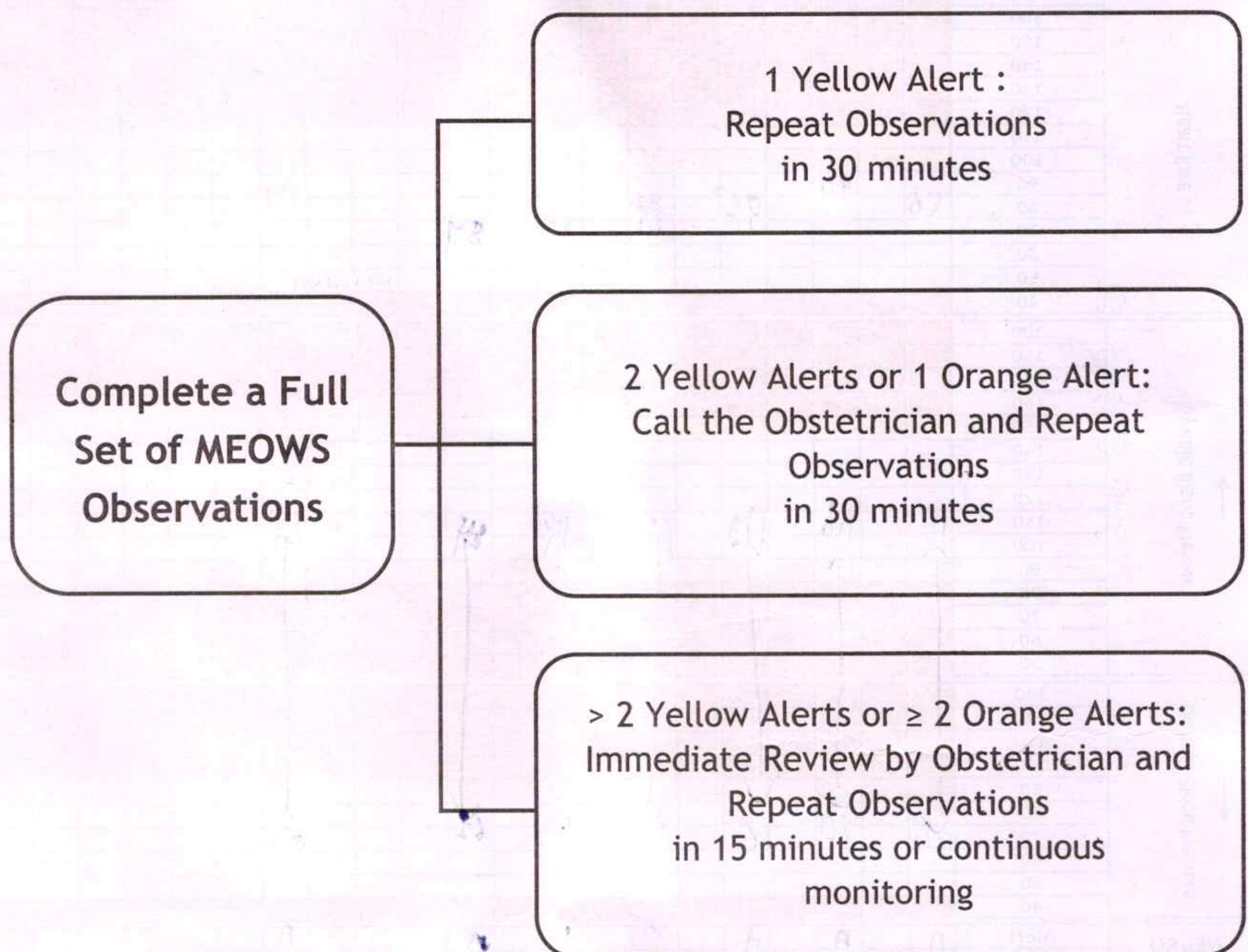
Early Warning Observation Score Chart - Obstetrics

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

18/5	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		18		20		20				20								19	
	0 - 10																								
Saturations	94 - 100 %	100		98		100		99		99		99				100%								99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37 / 36	36°c		36°c		98°F		36.5c		36.5c		36.5c				98.6°F								97.2°F	
	35																								
	< 35																								
Heart Rate	170 – 120																								
	110 – 100																								
	90 – 50	86		90		88		88		84		84				89								74	
	40																								
Systolic Blood Pressure ↑	190 – 160																								
	150																								
	140 – 100	118		116		118		115		110		115				110								112	
	90																								
	80 – 50																								
Diastolic Blood Pressure ↓	130 – 100																								
	90																								
	80 – 50	74		80		76		[illegible]		[illegible]		82				72								70	
	40																								
NEURO RESPONSE [✓]	Alert	A		A		A		A		A		A				A								A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	C		C		L		C		C		L				–									
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N		N		N		N		N		N				–								–	
	Heavy / Foul																								
Liquor	Clear / Pink	C		C		L		C		C		C				–								–	
	Green																								
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]	



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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

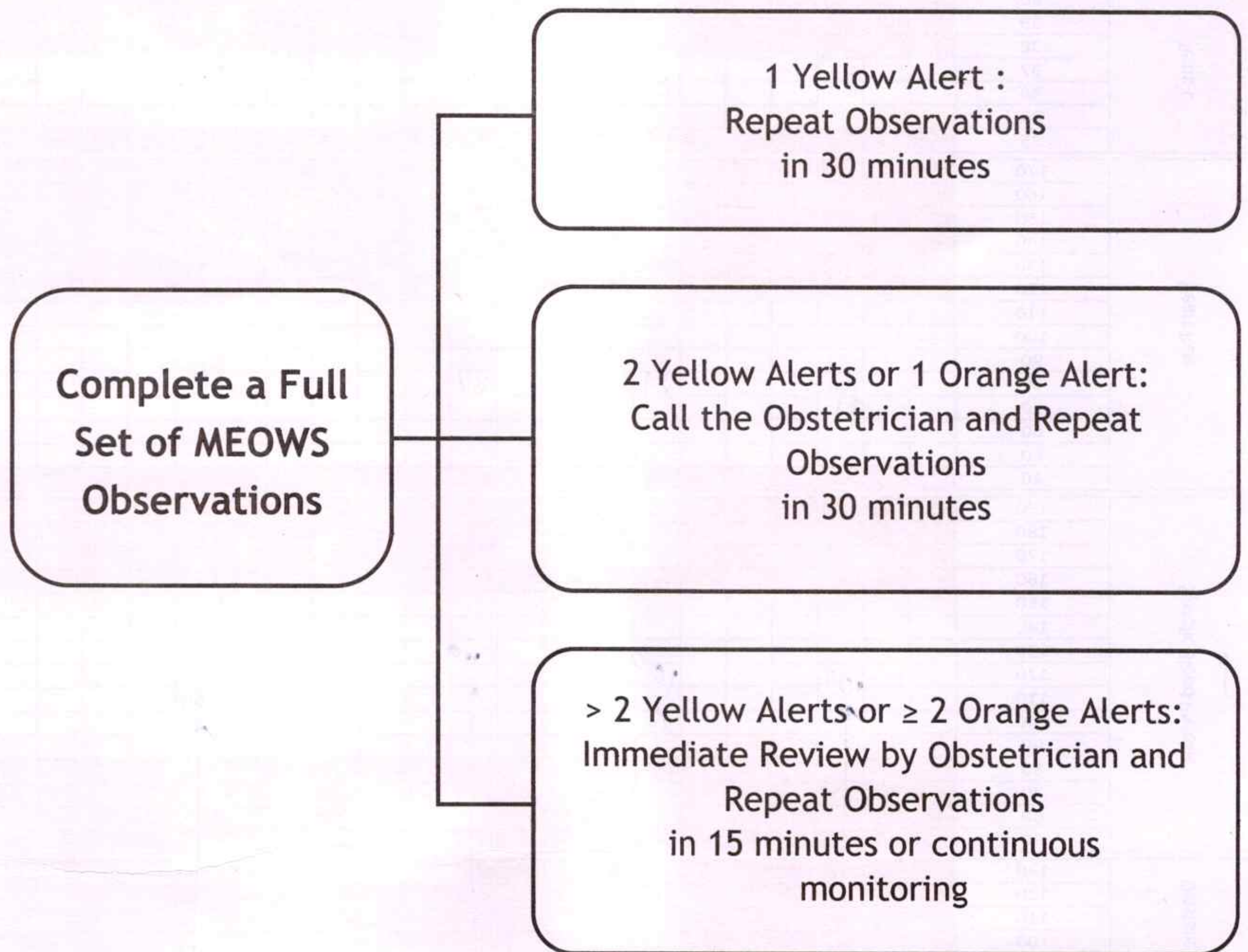
(3)

Early Warning Observation Score Chart - Obstetrics

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

19/8	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						19						20	
	0 - 10																								
Saturations	94 - 100 %			98%				99%				100%						99%						100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			98.2°F				98.4°F				98°F						97°F						97.2°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							81				82						78						82	
	70			71																					
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											119													
	110			102				109																117	
	100																	108							
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			71				72										72						85	
	60											82													
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			A				A				A						A						A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				–				–						–						–	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N				N				N						–						–	
	Heavy / Foul																								
Liquor	Clear / Pink			C				C				C						–						–	
	Green																								
TOTAL YELLOW SCORES				0				0				0						0						0	
TOTAL ORANGE SCORES				0				0				0						0						0	
Nurse Initial				[illegible]				[illegible]				[illegible]						[illegible]						[illegible]	

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 22 D (F)
Dr. VARALAKSHMI NANDYALA

(4)

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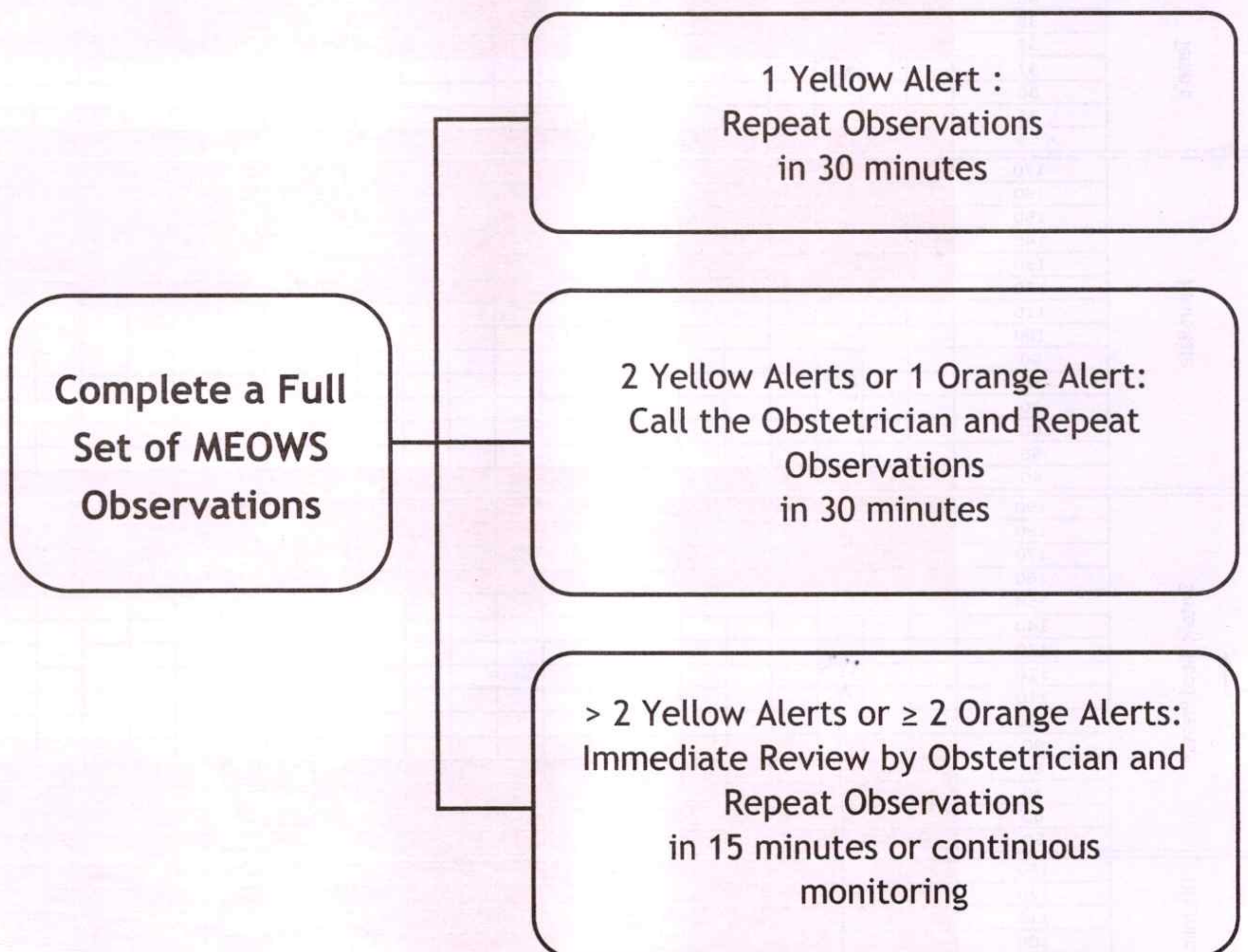
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

20/5	Date																								
	Time	8	9	(10)	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			20																					
	0 - 10																								
Saturations	94 - 100 %			100%																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			98°F																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82																					
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			113																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			74																					
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			A																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N																					
	Heavy / Foul																								
Liquor	Clear / Pink			C																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				d																					

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

17/5/26

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.

		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm										0	[signature]
	09:00 pm		H2O 200ml							✓	0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am		H2O 200ml							✓	0	
	01:00 am									✓	0	
Total Intake : 400ml						Total Output :						
	02:00 am		H2O 200ml							✓	0	[signature]
	03:00 am									✓	0	
	04:00 am										0	
	05:00 am		H2O 100ml							✓	0	
	06:00 am						✓			✓	0	
	07:00 am		H2O 100ml								0	
Total Intake : 400ml						Total Output :						

Total 24 hrs. Intake	800 ml		Total 24 hrs. Output	7-U.

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

18/5/26

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	RL		FF							0	
	09:00 am	RL	Juice 200ml	FF						Empty 400ml	0	
	10:00 am	RL		FF	–	–	–	–	–		0	[illegible]
	11:00 am	RL	N	100ml	–	–	–	–	–	OT 200ml	0	[illegible]
	12:00 pm	RL	B	100ml						Empty	0	
	01:00 pm	RL	M	100ml							0	
Total Intake :		800ml				**Total Output :**				600ml		
	02:00 pm										0	
	03:00 pm		H2O 200ml	–	–	–	–	–	–	✓	0	
	04:00 pm			–	–	–	–	–	–	Empty 300ml	0	
	05:00 pm		H2O 200ml	–	–	–	–	–	–		0	[illegible]
	06:00 pm		H2O 200ml							100ml	0	
	07:00 pm										0	
Total Intake :		300ml				**Total Output :**				300ml (E)		
	08:00 pm	Soft diet	H2O								0	
	09:00 pm		100ml							500ml	0	[illegible]
	10:00 pm	H2O	100ml								0	
	11:00 pm			No	No	No	No	No	No		0	
	12:00 am	H2O	100ml							500ml	0	
	01:00 am										0	
Total Intake :		300ml				**Total Output :**				1000ml		
	02:00 am										0	
	03:00 am	H2O	100ml							300ml	0	
	04:00 am				No	No	No	No	No		0	
	05:00 am	H2O	100ml							200ml	0	
	06:00 am										0	
	07:00 am	H2O	100ml							200ml		
Total Intake :		350ml				**Total Output :**				900ml		

Total 24 hrs. Intake	1550ml

Total 24 hrs. Output	2600ml .VI;MI

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

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

18/5.

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	200 ml									
	09:00 am	H2O	100 ml									
	10:00 am	H2O	100 ml		NO	NO	NO	NO	NO	✓	0	
	11:00 am											
	12:00 pm	inj. pcm		100 ml								
	01:00 pm	H2O	100 ml							✓		
Total Intake : 600 ml						Total Output : U-2, M-0						
	02:00 pm	H2O	200 ml							✓		
	03:00 pm	H2O	200 ml									
	04:00 pm			NO	NO	NO	NO	NO	NO	✓	0	
	05:00 pm	H2O	200 ml									
	06:00 pm	H2O	100 ml									
	07:00 pm	H2O	200 ml							✓		
Total Intake : 900 ml						Total Output : U-3, M-0						
	08:00 pm	~~Soft diet~~	H2O 100 ml								0	
	09:00 pm									✓	0	
	10:00 pm	H2O	200 ml		NO				NO		0	
	11:00 pm			NO		NO	NO	NO			0	
	12:00 am	H2O	100 ml							✓	0	
	01:00 am							✓			0	
Total Intake : 400 ml						Total Output : V1; U2; M0						
	02:00 am										0	
	03:00 am	H2O	100 ml									
	04:00 am										0	
	05:00 am			NO	NO	NO	NO	NO	NO		0	
	06:00 am	H2O	100 ml							✓	0	
	07:00 am										0.	
Total Intake : 200 ml						Total Output : U1; M0						

Total 24 hrs. Intake	2100 ml

Total 24 hrs. Output	U8; V1

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 22 D (F)
Dr. VARALAKSHMI NANDYALA

20/5

FLUID CHART

Sheet No. : 9

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				Output						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									✓		
	09:00 am	H_2O	200ml									
	10:00 am			nil		nil		nil	nil		0	[illegible]
	11:00 am				nil							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 20 D (F)
Dr. VARALAKSHMI NANDYALA

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3A2 at 39 week GA c H/O ASD c H/O four DOL

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure: IOL

Post OP Day:

BACKGROUND Date / Shift	17/5/26 N	18/5/26 M	18/5/26 E	18/5 N	19/5 M+E	19/5 N
Medical Condition (Any special condition to be noted):	IOL			EM.LSCS	EM-LSCS	EM.LSCS
Diet:	ND	LD	LD	NB	ND	N/D
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	36.5°	36°C	36.5°C	97F	98.2°F	97.6F
Res:	21	20	20	19	20	19
SpO_2:	98%	100	99%	100%	99%	99%
Pulse:	85	88	85	92	81	76
BP:	110/60	118/80	115/62	102/70	109/72	117/79
LOC:	conscious	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	0/10	0/10	0/10	0/15	0/10	0/15
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	post partum exercises.	postpartum exercise
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:		LD	LD	Soft diet	N/D	N/D
Critical Lab Test / Values:	—		—			
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—			—	Nil	nil
Handed Over By Name :	Subhashini	[illegible]	Santhoshe	Smitha	Arpita	Smitha
Signature / ID :	[signature]	018577	[signature]	[signature] 017155	[signature]	[signature]
Date:	17/5/26	18/5/26	18/5/26		19/5/26	20/5
Time:	8AM	@8PM	8pm		@8pm.	@8am
Taken Over By Name :	[illegible]	Santhoshe	Smitha	Arpita	Smithi	
Signature / ID :	018577	[signature]	[signature] 017155	[signature]	[signature] 017155	
Date:	18/5/26	18/5/26	@ 8pm	19/5	@8pm	
Time:	@8Am	8pm	18/5	@8AM.	19/5	

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: MOOPIKA REDDY BETHI Age: 32Year Sex: Female UHID.No : ....

Date: 18/5/2026 Time: 7:00AM Proposed Operation: LABOUR EPIDURAL ANALGE

Diagnosis: G3A2 c̄ 39weeks GA c̄ K/c/o ASD c̄ #

B.P / CRT: 137/92 mmHg. H.R: .... Weight: 84kgs. ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 11.4g%	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 10,300	Creat:	Total Bill:	HCV: NR	2D Echo:
Plate: 2.63lakhs/cu	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: penicillin ⊕

Medical History: CVS : K/c/o ASD ⊕ Diagnosed :- 2024 october not on any Medication

Diabetes :

RESP :

CNS : Nothing significant

Renal : NO H/o fever/cold/cough.

Hepatic / GE :

Physical Activity: >4METS.

Others :

Past Anaesthetic History: laparoscopy + hysteroscopy + septal Resection :- 2024. GA, U/E

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3 finger Mentohyoid Distance: >3fb Neck: (N). Teeth:

Lungs : B/L AE ⊕ clear

Heart: S1S2

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:

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: [signature] Name: Dr. S. Jeshan.

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

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No — Fasting Status: 6 hrs

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 102/min B.P / CRT: 128/76 SpO_2: 99 RA R.R: 16/min Last Feed: 17/5

Pre-OP Diagnosis: G3A2 / 29 wks Operation: Emergency LSCS Date: 18/5/26

Surgeon: Dr. Varalakshmi Anaesthesiologist: Dr. Rekha Technician: Ravi

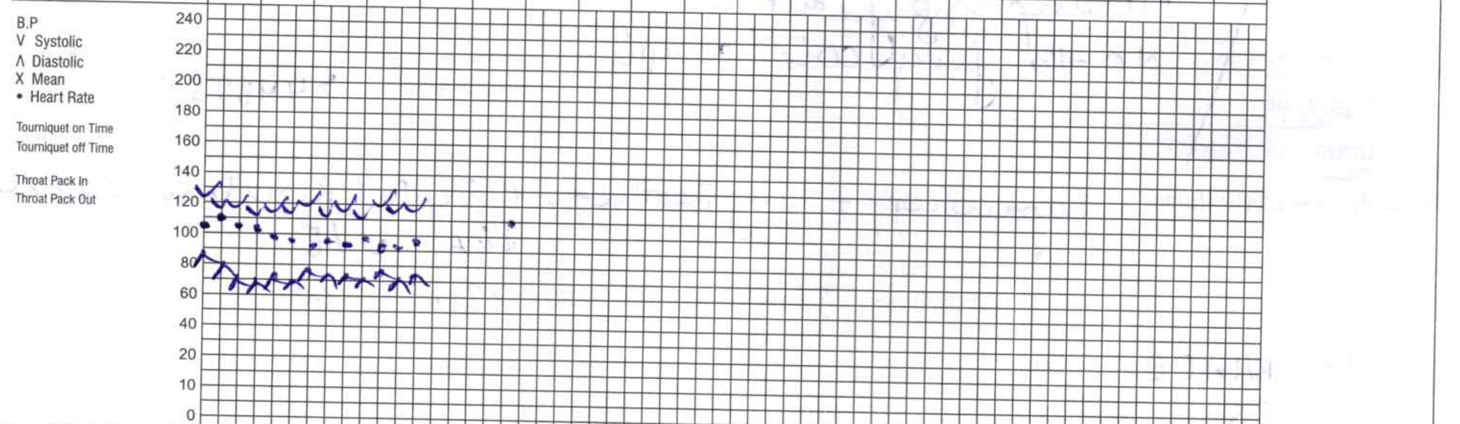
TIME	10.15AM	11.45	11.15AM
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs: Inj Carbetocin 100μg			
FIO_2 / SaO_2	99	100	99 99
$ETCO_2$			
ECG	3 leads SR	SR	SR SR
Temperature			
Urine Output			
Fluids / Blood	RL	RL	

Antibiotic

Suppository

Blood Loss

NOTES



LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: RUL
☐ 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 ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other

Times:
Anaes Start: 10.15AM
OP Start: ↓
OP End: 11.15AM
Leave OR: ....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: LUL
☐ 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: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 14ml of 2% Lignocaine CAd
Bolus: ....
Infusion: ....
Block Level: T4
Comments: ....

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

Name of the Doctor: Rekha
Signature of the Doctor: Rekha

Patient Sticker

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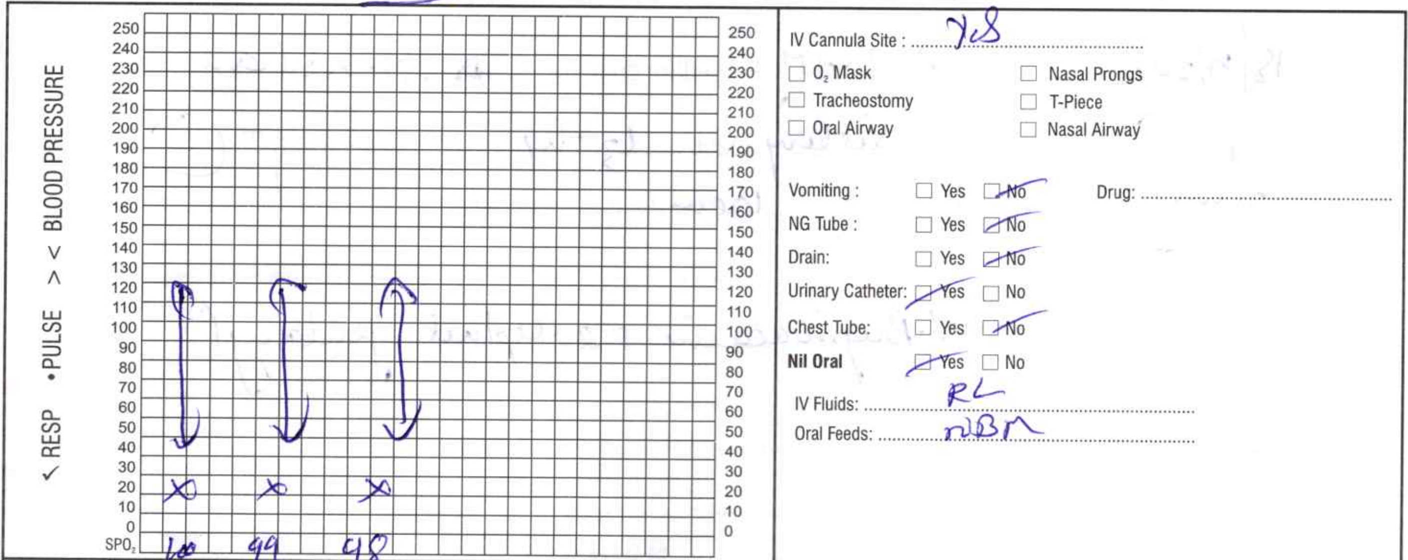
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ......Vidya....... Time Received : .....11:20 AM..... Time Discharged : ....



IV Cannula Site : ......Y.S......

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

Vomiting : ☐ Yes ☑ No Drug: ....
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No

IV Fluids: ......RL......
Oral Feeds: ......NBM......

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	MINUTES 60	MINUTES 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
			ASBP PLUM	

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

esthesiologist Name : ......Dr. Usha......

hesiologist Signature: ....

me: ......18/5/26......

e Name : ......[signature]......

Signature: ......[signature]......

...... 18/5/26 ......

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

Transferred to Unit by (PACU): ....

Date & Time: ....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 18/5/2026 Time: 7:30AM Procedure done by Dr. S. Mohan

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

Depth: 5cm Catheter at Skin: 10cm Attempts : 1

Parasthesia : Yes/No (No circled) if yes details : ...

Solution Composition : 0.1% Bupivacaine + 2 mcg/ml fentanyl

Any other issues :

a) ...

b) ...

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
7:40AM	–	1% lignocaine + Adr 3ml	T_{10}	T_{10}	122/95	73 bpm	144.	comfortable.
8:00AM	8ml/hr	–	T_{10}	T_{10}	106/68	78	142	comfortable

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

Catheter Removed by and Tip Inspected : [signature] (Dr. SRINIVAS)

Patient Satisfaction : ...

Discharge /Shifting ordered by

Doctor Signature: ...

Doctor Name: ...

Date and Time : ...

Patient Sticker

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Varalakshmi; Dr. Varsha	Date of Delivery: 18/05/26
Assistant Surgeon: Dr. Anusha	Time of Delivery: 10:31 AM
Anaesthetist's Name: Dr. Usha	Gender of Baby: Male
Type of Anaesthesia: SA	Weight of Baby: 3.319 kgs
Neonatologist: Dr. Pradeep	AGPAR Score: 8/10, 9/10
Scrub Nurse: Sr. Parvathi	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: Reassuring

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

Surgical Procedure: Emergency lower segment cesarean section

Post Operative Diagnosis: POD - Olsis

Peri-Operative Complications: Baby delivered by forceps.
Dimpling at fundus noted; Thinning of uterine wall at previous uterine perforation site noted.

Amount of Blood Loss: 600-700 ml. | Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other ....

5th Palpable: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Caput: ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No

Cervical Dilatation: .... cm

Fetal Position: ....

Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Urine: ☐ Clear ☐ Blood Stained

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

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

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

Cord Appearance: .... (N) .... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: .... (N) .... Cavity explored ☑ Yes ☐ No

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

---

Uterine Closure: ☐ One Layer ☑ Two Layers ....No 1 vicryl........ Suture

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

Sheath Closure: ....No 1 vicryl........ Suture

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

Skin Closure: ☑ Subcuticular ☐ Mattress .... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

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

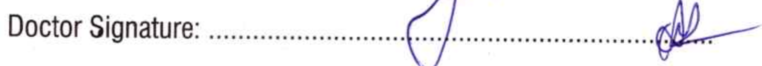
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

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

Post-Operative Notes:

1) NBM x 4hrs
2) Fluids as per AXON
3) Drugs as charted
4) w/f active bpv
5) (M) vitals Inform SOS

Doctor Name: Dr. Varalakshmi

Doctor Signature: 

Date & Time: 18/5/26, 12pm.

PATIENT TRANSFER FORM

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MAH-00384611 IP25-00020482
Mrs MOUNIKA REDDY BETHI
27-09-1993 32 Y 7 M 21 D (F)
Dr. VARALAKSHMI NANDYALA

	Date & Time of Admission	Date & Time of Transfer Order
	17/5/26 @	18/5/26 @

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Varalakshmi	Dr. Anusha	EM LSCS

From Unit	To Unit	Information to Attendant
MIW	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
OP file (1)		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
Dr. Vinaya	Dr. Anusha

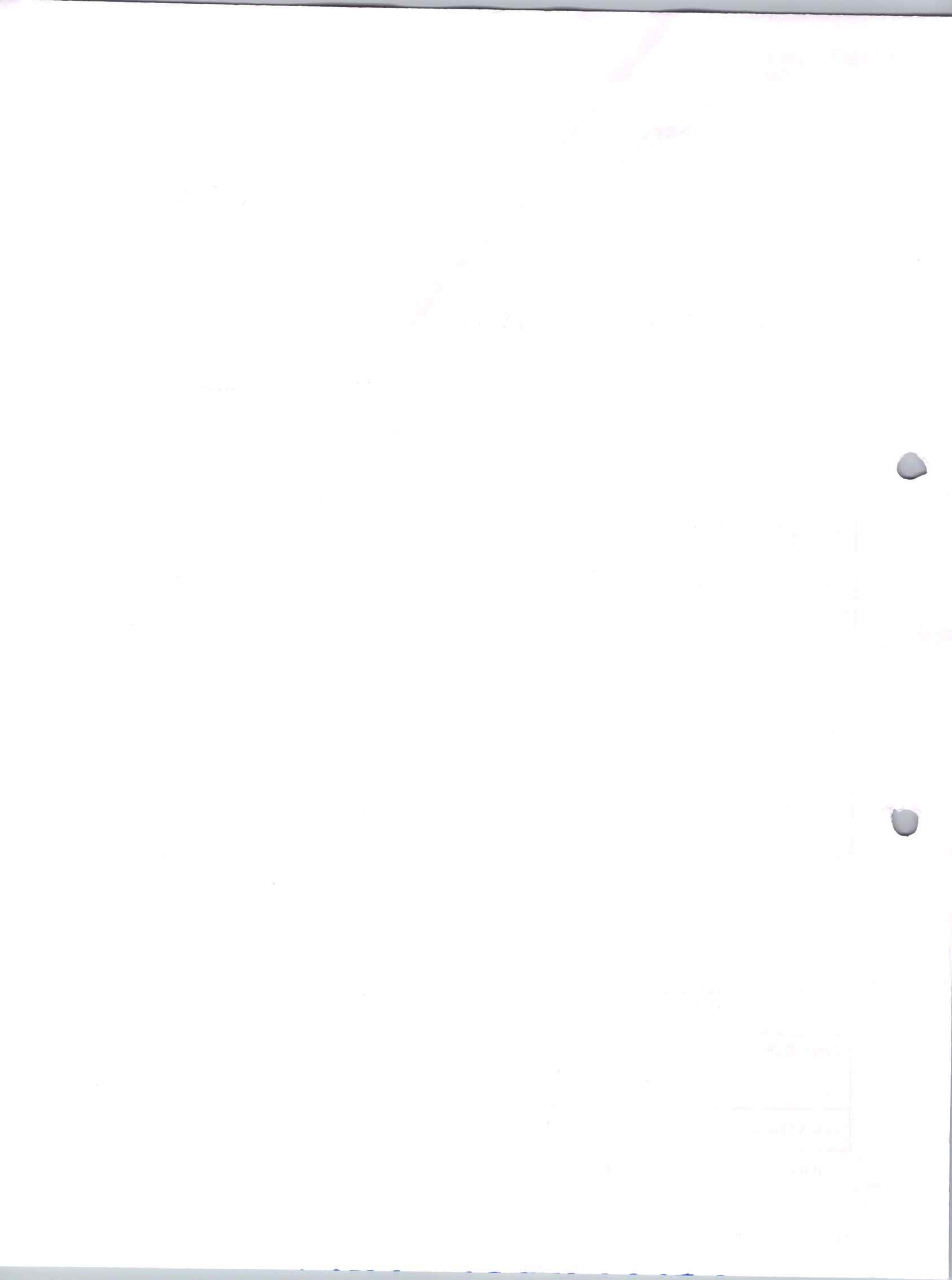
Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @ 10:00 AM

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

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

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



PATIENT TRANSFER FORM

(OT)

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Moumika reddy	17/5/2026 @ 9:3pm	18/5/2026 @ 11:20AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. ~~Usha~~ Varalaxmi	Dr. Usha	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**
25	1 op file	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 (signature) @11:20AM	Dr. Usha.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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

PATIENT TRANSFER FORM

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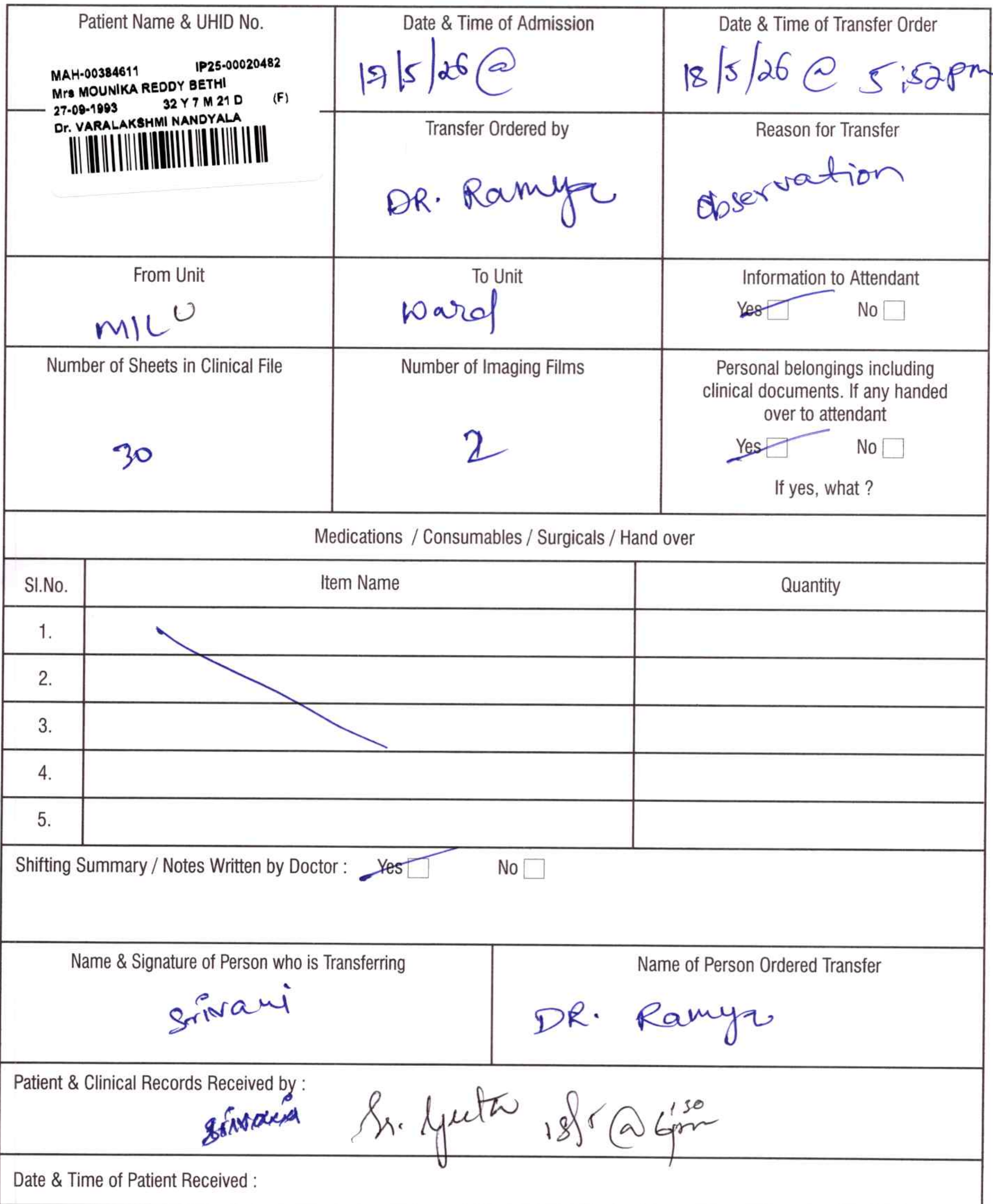

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
MAH-00384611 IP25-00020482 Mrs MOUNIKA REDDY BETHI 27-09-1993 32 Y 7 M 21 D (F) Dr. VARALAKSHMI NANDYALA	17/5/26 @	18/5/26 @ 5:52pm
	Transfer Ordered by	**Reason for Transfer**
	DR. Ramya	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Ward	~~Yes~~ ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	2	~~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
Srivani	DR. Ramya

Patient & Clinical Records Received by : Srivani Sr. Geeta 18/5 @ 6:30pm

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

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

6523

Patient Name: [illegible]		Age: 32 Y	Gender: Female
UHID No: [illegible]	IP No: [illegible]	Date: [illegible]	Time: 7:30 AM
Diagnosis: [illegible]			
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.	Remifentanil Hydrochloride Inj. 2MG	-	-
4.	Remifentanil Hydrochloride inj. 1MG	-	-

Doctor Name: [illegible] Doctor Registration No: 36840

Signature: [signature]

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

IP Registration No: [illegible] Date: [illegible]

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

		Remarks
1.	Name : [illegible]	
2.	Complete postal address (with contact number, if any)	[illegible]
3.	Brief description of the illness	[illegible]
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	Inj Fentanyl

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
[illegible]	Inj Fentanyl	One	[signature]	
-				

Dispensed by (Name & ID No.): [illegible] Signature: [signature]

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

Time: 7:31 Am

Docu. No: RCH / FRM / CLINICAL / 133

Rainbow Children's Hospital

BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name:		Age:	Gender:
UHID No:	IP No:	Date:	Time:
Diagnosis:			

PRESCRIPTION DETAILS

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

A. Reg. No. of the Patient (Optional): ....

1.	Name		Remarks
2.	Complete postal address (with contact number, if any)		
3.	Brief description of the illness		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recourse)		
5.	Details of essential Narcotic drug dispensed		

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb impression of the patient / Patient Attender	Remarks, if any

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

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

Date:

F/GYNE/08

ANTENATAL RECORD

Antenatal No. 16531/S/25

Reg. No : 384611

Consultant : Dr VL

PERSONAL DETAILS

Name : Mounika Reddy B Age: 32 Date of Birth 27/9/1993 Education :

Occupation : FASHION DESIGNER Phone No. : 974022154 Mobile : 9652354087

Husband's Name NARAYAN REDDY P Age 34 Education : MBA Occupation: ASS DIRECTOR

Address : E1408, APARNA SAROVAR ZENITH, NALLAGANDLA, South, HYD.

Mobile : E-mail Id :

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G3A2 K/c/o - ASD	Corrected EDD 24/5/26 Complete uterine septum ? 3 Nov 2024 Hysteroscopic septal resection done → fundal perforation ⊕

HISTORY

Year of Marriage : 3yrs Menstrual History : Previous Periods Regular

Consanguinity : NCM Contraception :

LMP 17/8/25 EDD Corrected EDD

OBSTETRIC FORMULA

Gravida Para Live Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G1	2022	—	Unwanted — MLERPC				
G2	2024 feb	—	Biochemical pregnancy				
G3	PP	—	Sp. Conception.	Prev ANC's @ Cloudnine Dr. Rajya Reddy			

Medical History : ASD (under followup c̄ Dr. Suresh startHosptl) Family History :

Surgical History : Laparoscopy + Hysteroscopy + Septum Resection (fundal perforation) 20/11/24 @ Genesis fertility Centre (Dr. Narmada) Allergies :

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife O+ve Husband ICT

VDRL NR HIV NR HbSAg NR TSH 2.200 (1/10/25) 6/2/26 GCT 80/131/113

9/10/25 ROUTINE INVESTIGATIONS HCV-NR

Date	GA Weeks	Investigations	Report
1/10/25		1/10/25	
Hb-12.1		CUE-	PC-6-8
WBC-7600			EC-3-4
PH-3.20		RBS-84	
PT-11.1		5/11/25	
INR-1.00		HbA1c-	5.1%
APTT-26.5		Vit D-	31.2

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
5/11/25		27/11/25	
Vit B12-	1002	ESR-	100
U C/S-E.Coli		28/11/25	
27/11/25		Urine c/s-	Citrobacter Koseri
Hb-11.2		1/12/25	
WBC-9040		Urine c/s -	E. Coli
PH-	2.81	5/1/26-Urine c/s	-No growth

Tetanus Toxoid : 1st dose Inj. TT 2nd dose Inj. TdAP 9/3/26

16/10/25 - SLF c̄ 8+3 | CRL-19.4mm | FHR-177bpm

FETAL EVALUATION

ULTRASONOGRAPHY 1/10/25 - SLF c̄ 6+1 | CRL-4.2mm | FHR-127bpm | Acute peri G-sac Hemorrhage - 5.7mm

First Trimester	17/11/25 SLF c̄ 13+1 wks | NT- 2.00mm | NB - present CXL- 33.0 mm | UAD - (N)
TIFFA	12/1/26 SLF c̄ 21+1 | 427gms (62%) | Ac- 60% | PL- PH | Cx-3.5cm UAD-(N) | No structural defects.

	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan										
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
		FTS -	Negative.	

ANTENATAL RECORD

Antenatal No. ____________________

Reg. No :

Consultant :

PERSONAL DETAILS

Name : ______________________________ Age: ________ Date of Birth ____________ Education : ____________

Occupation :______________________ Phone No. : ______________________ Mobile : ______________

Husband's Name ____________________________ Age________ Education : __________ Occupation: ____________

Address : ____

Mobile : __________________________________ E-mail Id : ______________________________

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
	Corrected EDD

HISTORY

Year of Marriage :

Menstrual History : Previous Periods

Consanguinity :

Contraception :

LMP EDD Corrected EDD

OBSTETRIC FORMULA

Gravida Para Live Abortions

OBSTETRIC HISTORY

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

Medical History :

Family History :

Surgical History :

Allergies :

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife O +ve Husband ICT

VDRL HIV HbSAg TSH GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Investigations	Report
20/3/26		31/3/26	
CUE – (N)		UC/S – No growth	
Hb – 11.4		17/4/26	
WBC – 10300		PLBS – 90	
pH – 2.63			

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report

Tetanus Toxoid : 1st dose__________ 2nd dose__________

FETAL EVALUATION

ULTRASONOGRAPHY

First Trimester										
TIFFA										
	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan	23/3	31+1	G.S.	B	1558	46%	AC – 21%	18.8	PH	Doppler (N)
	4/5	37+1	G.S	C	2,980	42%	AC – 40%	17.2	PH	Doppler – (N)
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT

Name : Mounika Reddy B Corrected EDD : 24/5/26 Parity G3A2

SYSTEMIC EXAMINATION

Height ______ CVS ______

Weight : ______ Respiratory System : ______

BMI : ______ Breasts : ______ Thyroid : ______

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
9/10/25	68.2	97/60	7+4	-	-	+			
Viability scan → 15th/16th Oct									
16/10/25	67.4	108/60	8+3	-	-	+	-	-	
Adv → Double marker + NT scan									
17/11/25	68.5	109/68	13+1	→	NT scan - (N)				15/12/25
1/12/25	69.8	108/71	15+1	~	FP +	+	✓	-	
6/12/25	69.6	108/67	15+6		FP+	+	✓	-	20/12/25
20/12/25	71	111/72	17+6	~	FP+	+	✓	-	
Anomaly scan - 12th Jan									
12/1/26	73.5	111/70	21+1	~	MTAS - (N)				9/2/26
9/2/26	76.5	104/67	25+1	~	FP+	+	✓	-	9/3/26
9/3/26	79	111/65	29+1	~	FP+	+	✓	-	23/3/26 Growth scan
23/3/26	80.2	109/76	31+1	~	Br ↓	+	✓	-	6/4/26
6/4/26	81.3	109/78	33+1	~	FP +	+	✓	-	20/4/26
20/4/26	81.5	113/74	35+1	~	Ceph	+	✓	-	4/5/26 Growth scan

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice
1/5/26	84 kgs 122/79	37^{+1}	~ Ceph↓ FM- Good	FHS-Good VE →	11/5/26 Cx long, Os - Tip of finger Vx at -2cm
6/5/26	84kgs 114/78	37^{+3}	~ Ceph↓ FM-Good	Greenish discharge (+) FHS-Good	
11/5/26	84.2 118/75	38^{+1}	~ Ceph↓ FM- Good	FHS-Good VE → Cx long,	14/5/26 Os tip of finger Vx at -2cm
14/5/26	84 120/80	38^{+4}	~ Ceph↓ FM-Good	FHS-Good VE →	Cx 1" long, 1F, Vx at -2cm

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 : ______________