

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020658 Admit Date : 27-May-2026 Admit Time : 07:02 AM UHID : FDH-00025512

Patient Details :

Patient Name	: Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	Age	: 30 Y 5 M 26 D
Guardian	: Mr RAMA CHANDRA RAO S	DOB	: 01-12-1995
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: flat no: 5067, MVV city, PM palem, Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 530041	Phone No	: 9704023275/ 7981255025
		E-mail	: SLAKSHMISUARNASRI@GMAIL.COM

Admission Details :

Bed Type	: MICU	Bed No	: MICU-05	Ward Name	: 4F -MICU
Room No	: MICU-05	Admission Type	: First Visit		

Contact Details :

Name	: Mr RAMA CHANDRA RAO S	Relationship	: Husband
Contact Address	: flat no: 5067, MVV city, PM palem, Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 530041	Phone No	: 9704023275


Signature

Doctor Details :

Doctor Name	: Dr. MANASA BADVELI	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD

FDH-00025512 IP25-00020658
 Mrs SRI LAKSHMI SUVARNA SRI
 01-12-1995 30 Y 5 M 26 D (F)
 Dr. MANASA BADVELI



SURGERY DETAILS

Date : 24/5/26

Patient Name: Mrs. Sri. Lakshmi Suvarna Date of Birth: Age:

Gender: Female Ward : OT-2 UHID No.:

Date of Surgery: 27/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective LSCS

Time in : 10:10 Am

Time Out : 11:10 Am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Manasa</u>
2. Anaesthetist	<u>Dr. Osha</u>
3. Assistant Surgeon	<u>Dr. Swetha</u>
4. OT Technician	<u>Sr. Subhalini</u>
5. Circulating Nurse	<u>Sr. Vaishali</u>
6. Assistant Nurse	<u>Sr. Parvathi</u>

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 20839/840

Order by: Aman

SURVEY DETAIL

10/1/20

10/1/20

10/1/20

10/1/20

10/1/20

10/1/20

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10/1/20

10/1/20

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10/1/20

10/1/20

Special Equipment

Special Equipment

10/1/20

10/1/20

10/1/20



EL LSCS

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty		
	Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack <i>LSCS</i>		01	Inj Vit.K		01	
LMA			Sutures			Cord Clamp		01	
ECG leads : A PTN		03	2347		03	Suction Catheter		01	
HME filter : A / P / N			2364		01	Feeding Tube			
Syringes : 10 cc		05				Vacuum Suction Set		01	
05 cc		05	Gloves <i>6 1/2, 7</i>		4+2	Surgical Gloves		02	
02 cc		05				Gauze Pack		02	
01 cc						Syringe 1ml / 2ml		01	
Cautery plate : A / P / N		01	Surgical blade <i>22</i>		01	Surgical Blade # 20		01	
IV set			NG tube			Koochies (S)		01	
RL		02	Cautery pencil		01	<i>underpad.</i>		01	
NS : 10ml / 100ml / 500ml / 1000ml			Koochies						
<i>Biligid</i>		01	Ointments						
<i>Syringe</i>		01	Suction Catheter						
Fentanyl			Cap, Mask						
Morphine			Gauze Pack		04	Baby 580784			
Ketamine			Mop Pack		02				
Propofol			Steristrip		02				
Rocuronium			Underpad		02				
Glycopyrolate			Draw sheet						
Myopyrolate			Abgel		01				
Ondansetron			Foleys catheter <i>NO:1A</i>		01				
Pencan 25g/ Spinal Needle 22		01	Urobag		01				
Bupivacaine 0.25%			Chest Drainage Catheter						
Bupivacaine 0.25% (Heavy)		01	Romodrain bag			<i>Div aprons</i>		03	
Antibiotics			Bandage			<i>Misoprost</i>		04	
Suppositories			Tegaderm						
Anamol : 80mg / 250mg / 170 mg			Ioban			<i>New mompad</i>		01	
Supridol : 100mg		01	Double J Stent						
Justin : 12.5 mg / 25mg / 100mg		01	Vacuum Suction set		01				
Tab. Misoprost : 200mg			Plastic Bed Sheet			<i>D/W roml</i>		05	
			Betadine Solution		02				
			Microshield						
			Cotton Balls						
			Latex Gloves		20				
			Ramdione Scrub						
			Saral						

Surgeon

Anaesthesiologist

Nurse

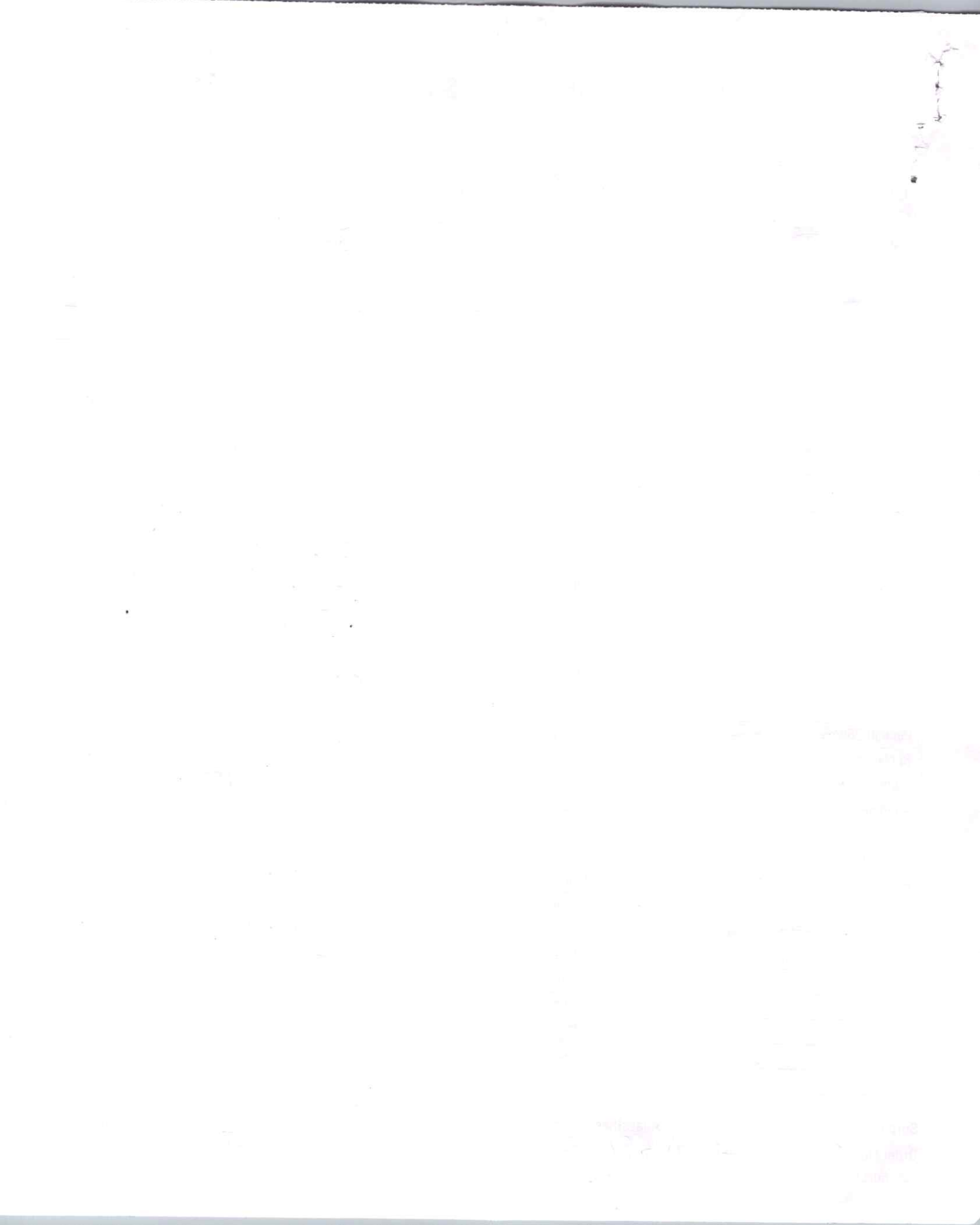
OT Technician

Order No. : *580782 (NSG) 580794*

Ordered by : *Pawalty*

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

(Tech)



DISCHARGE SUMMARY

Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
Father/Guardian	Mr RAMA CHANDRA RAO S	Age/Gender	30 Y 5 M 26 D/ Female
Address	flat no: 5067, MVV city , PM palem,, Pothinamallayapalem, Visakhapatnam, Andhra Pradesh, INDIA, 530041		
IP No	IP25-00020658	Admission Date	27-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultant:

Dr. Manasa Badveli

MBBS,MS,MRCOG (UK),FCG(USA),FMAS,FIAOG

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon.

88518

Diagnosis :

PRIMIGRAVIDA WITH 37+2 WEEKS GESTATION WITH IVF CONCEPTION FOR ELECTIVE LSCS

ELECTIVE LSCS DONE IN VIEW OF MATERNAL REQUEST, DELIVERED A LIVE FEMALE BABY AT 10:21 AM ON 27.05.2026 WEIGHING 3.192 KG

History:

LMP: 08.09.2025

Obstetric formula: PRIMIGRAVIDA

EDD: 15.06.2026

Gestation at admission: 37+2 weeks



Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
IP No	IP25-00020658	Admission Date	27-05-2026

Obstetric History:

G1 - Present pregnancy, IVF conception.

Medical History: Nil

Family History : Nil

Surgical History: Laparoscopic Ovarian Cystectomy - 2025 February

Allergies : Nil

Antenatal Details:

Mrs SRI LAKSHMI SUVARNA SRI BIRUDA was booked to Rainbow hospital at 12+5 weeks of gestation. She had regular antenatal checkups and investigations as advised. H/o recurrent UTI in first trimester, urine culture showed E coli and klebsiella, was managed with oral antibiotics. NT scan and FTS at 12+5 weeks was normal. Early anomaly scan at 17+1 weeks was normal. Detailed TIFFA scan at 21 weeks was normal. Following growth scans were normal. Scan done on 11.05.2026 showed, SLIUG, at 35 weeks, cephalic, placenta anterior and high, AFI - 16.7cm, EFW - 2647 gm, 56% AC - 43% with normal dopplers. She had an uneventful antenatal period. She was admitted at 37+2 weeks for EL.LSCS.

Investigations: Enclosed.

Blood group : "B" 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.



Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
IP No	IP25-00020658	Admission Date	27-05-2026

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. 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. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Highly vascular LUS, Left uterine artery ligation done
Placenta delivered spontaneously and complete
Hemostasis secured**

Delivery Details:

Date : 27.05.2026
Time of Delivery : 10:21 am
Type of Delivery : Elective LSCS
Indication : Maternal Request
Analgesia : Spinal

Baby Details:

Date : 27.05.2026
Time : 10:21 AM
Sex : Female
Weight : 3.192 kg
Apgar : 8,9
Gestational Age: 37+2 weeks
NICU Admission: No

Post-Operative Notes: She was closely monitored. Her vital signs remained



Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
IP No	IP25-00020658	Admission Date	27-05-2026

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

Advice:

1. Tab. Taxim O 200mg twice daily till 02.06.2026 (9am-9pm) after food.
2. Tab. Calpol (Paracetamol 500mg) 2 tablets thrice daily till 02.06.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 02.06.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (10am) for three months after breakfast.
5. Tab. Shelcal XT (Elemental Calcium 500mg, vitamin D3 2000 IU) once daily (2pm) till breast feeding after food.
6. 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 04.06.2026 with prior appointment.

Review with **Dr. MANASA BADVELI**, after 1 weeks on 04.06.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Cesarean Section Care of the wound:



Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
IP No	IP25-00020658	Admission Date	27-05-2026

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, 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.

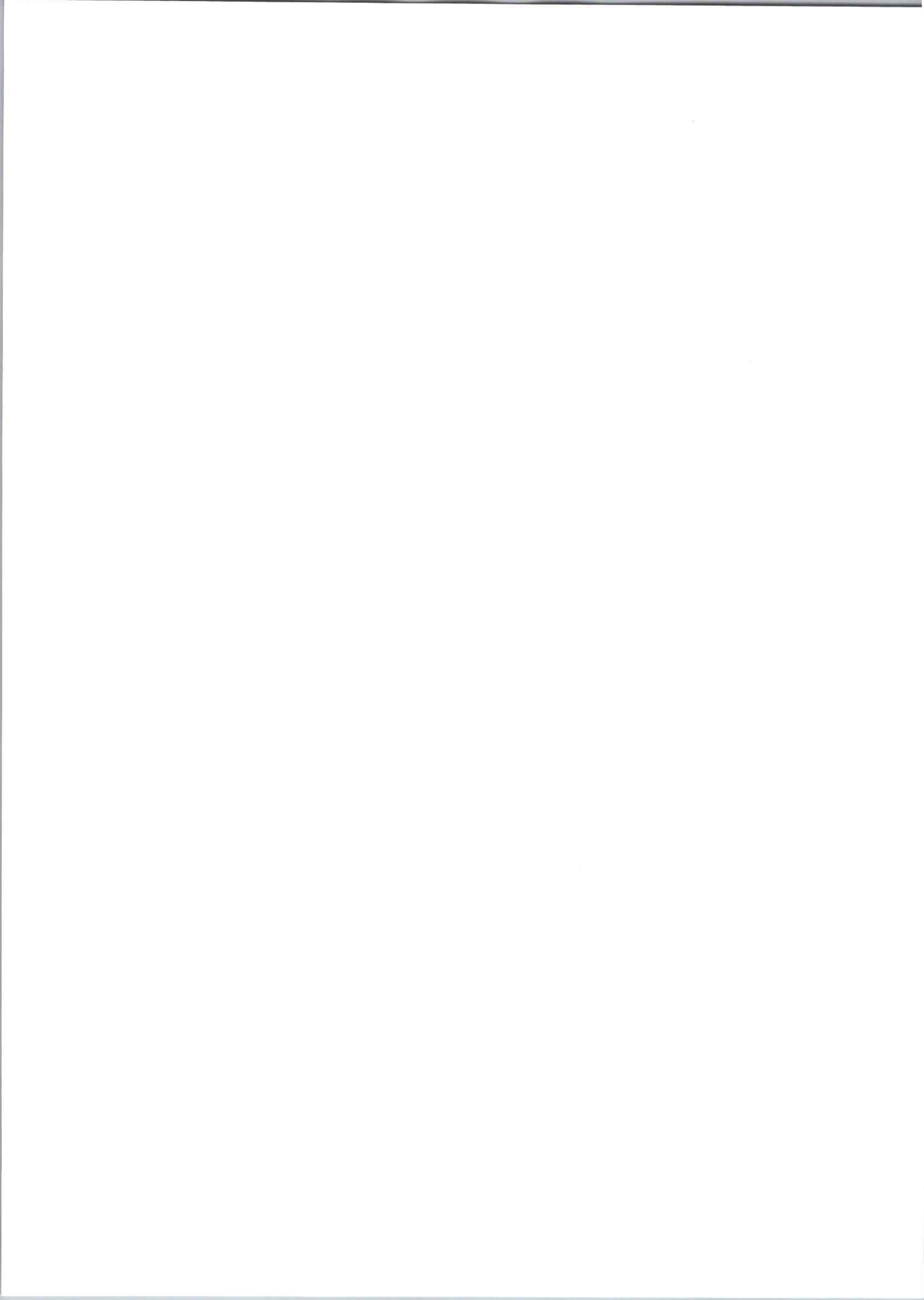
You can also take appointments at any time by going online to our website www.rainbowhospitals.in

Dr. Manasa
Registrar/Resident/C.M.O


Dr. Manasa Badveli
MBBS,MS,MRCOG (UK),FCG(USA),FMAS,FIAOG
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon.
88518



Name	Mrs SRI LAKSHMI SUVARNA SRI BIRUDA	UHID	FDH-00025512
IP No	IP25-00020658	Admission Date	27-05-2026



ACTIVITY RECORD FOR BILLING

Name: ----- **FDH-00025512** **IP25-00020658**
Mrs SRI LAKSHMI SUVARNA SRI
01-12-1995 **30 Y 5 M 28 D** (F)
 UHID No : ----- **Dr. MANASA BADVELI** Consultant : ----- Dept : -----
 Date of Admission : -----  ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	9:45AM	MICU	OT	Mani
27/5/26	11:30AM	OT	MICU	Vatshali
27/5/26	4:30pm	MICU	ward	Sushma
29/5/26	11:16 AM	ward	Billing	S. Neha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi hame	28/5/26	1507	Bhavana
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

e. Chy Subha 29/5/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Cardiac Monitor	11:30AM	27/5	80877	[Signature]
27/5/26	Infusion Pump	11:30AM	4PM	80877	[Signature]
 c.c. by Subha 27/5/26 					
 c.c. by [Signature] 27/05/26 2PM 					
 c.c. done by Neha 					

FDH-00025512 IP25-00020658
 Mrs SRI LAKSHMI SUVARNA SRI
 01-12-1995 30 Y 6 M 26 D (F)
 Dr. MANASA BADVELI



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Manasa</i>	Date of Delivery: <i>27/5/26</i>
Assistant Surgeon: <i>Dr. Swetha</i>	Time of Delivery: <i>10:21 AM</i>
Anaesthetist's Name: <i>Dr. Usha</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>SA</i>	Weight of Baby: <i>3.192 kgs.</i>
Neonatologist: <i>Dr. Kalyan</i>	AGPAR Score: <i>8/10 9/10</i>
Scrub Nurse: <i>Sr. Parvathi</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency Indication: *Maternal Request*

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: *ELECTIVE LSCS*

Post Operative Diagnosis: *P1L1 EPOD-0 of EL-ULS*

Peri-Operative Complications: *1) Highly vascular ULS (+); Hemostasis secured.
 2) Placenta delivered by catand spontaneously & was complete*

Amount of Blood Loss: *850ml* 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 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: 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 No. 1 VICRYL Suture
 Peritoneal Closure: Pelvic Abdominal None No. 1 VICRYL Suture
 Sheath Closure: No. 1 RAYON VICRYL Suture
 Fat Closure: Yes No No. 1 RAYON VICRYL Suture
 Skin Closure: Subcuticular Mattress No. 1 RAYON VICRYL 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: 1) NBM x 4hrs
 2) IVF as per AXON
 3) FOLLOW PAIN CHART
 4) MONITOR VITALS
 5) STRICT I/O CHARTING
 6) W/S Active bleeding R
 7) 9/10/20

Doctor Name: Dr. MANASA Doctor Signature: *[Signature]* Dr. MANASA
 Date & Time: 27/05/26, 11:30 Am

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00025512 IP25-00020658 Mrs SRI LAKSHMI SUVARNA SRI 01-12-1995 30 Y 5 M 26 D (F) Dr. MANASA BADVELI 		Date & Time of Admission 27/5/26	Date & Time of Transfer Order 27/5/26 @ 4:30 PM
From Unit MCW		Transfer Ordered by Dr. Preena	Reason for Transfer Observation
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 100 file	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 		Name of Person Ordered Transfer Dr. Preena	
Patient & Clinical Records Received by : Bhavani 27/5/26 4:35 PM			
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



TRANSFER FORM

Date of Transfer 8/12/12 @ 11:00 AM	Date of Admission 8/12/12	Patient Name [Faded]
From [Faded]	To [Faded]	Room No. [Faded]
Referring Physician [Faded]	Receiving Physician [Faded]	Referring Hospital [Faded]
Referring Department [Faded]	Receiving Department [Faded]	Referring Doctor [Faded]
Referring Doctor [Faded]	Receiving Doctor [Faded]	Referring Hospital [Faded]
Referring Hospital [Faded]	Receiving Hospital [Faded]	Referring Doctor [Faded]
Referring Doctor [Faded]	Receiving Doctor [Faded]	Referring Hospital [Faded]
Referring Hospital [Faded]	Receiving Hospital [Faded]	Referring Doctor [Faded]
Referring Doctor [Faded]	Receiving Doctor [Faded]	Referring Hospital [Faded]
Referring Hospital [Faded]	Receiving Hospital [Faded]	Referring Doctor [Faded]
Referring Doctor [Faded]	Receiving Doctor [Faded]	Referring Hospital [Faded]


If the transfer order is a Consultation then it is not valid unless placed in the space in the message mentioned below.

Transfer Order No. [Faded]

Date & Time of Patient Transfer: [Faded]

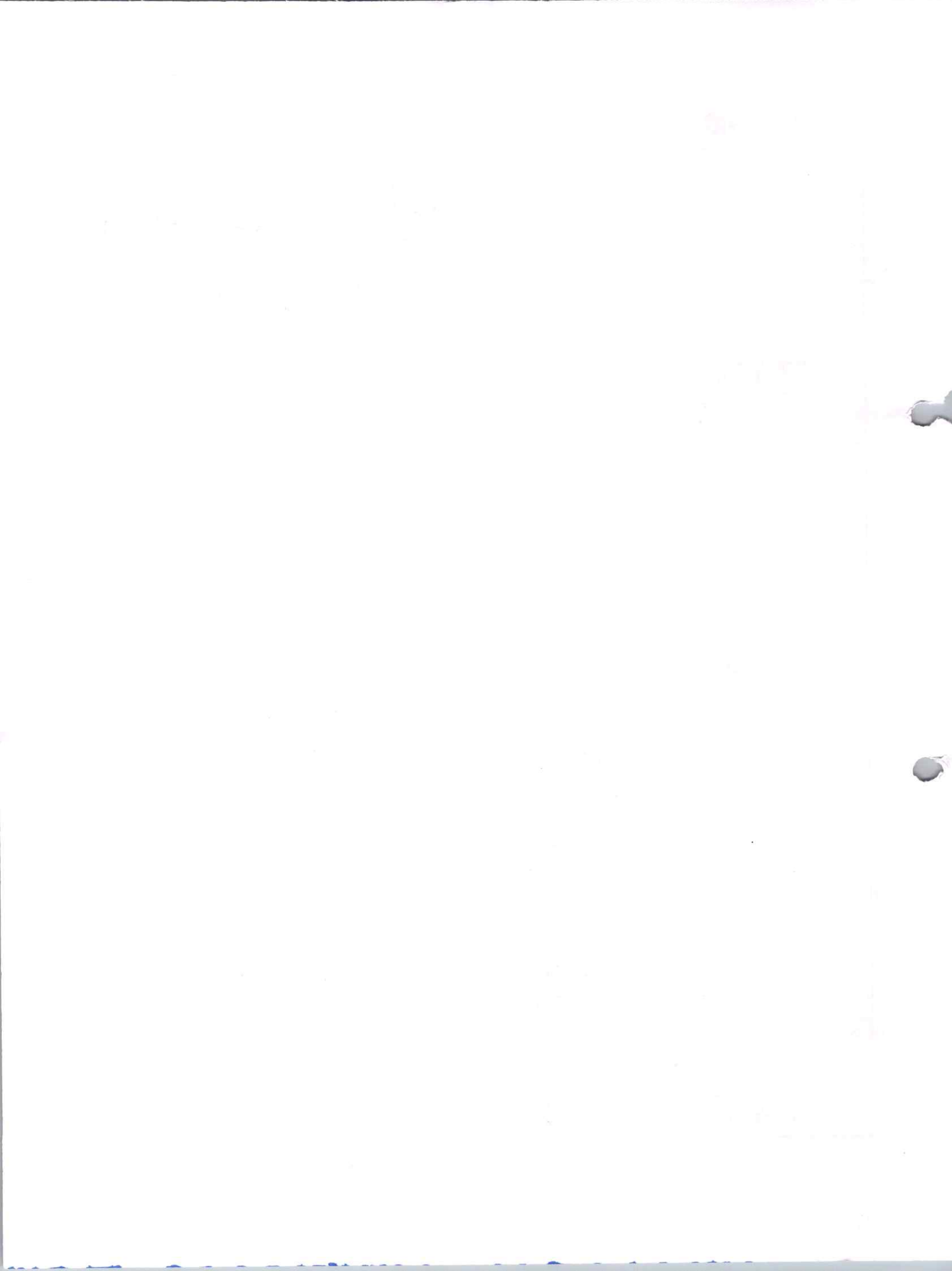
Date & Time of Doctor's Report: [Faded]

PATIENT TRANSFER FORM


Patient Name & UHID No. FDH-00025512 IP25-00020658 Mrs SRI LAKSHMI SUVARNA SRI 01-12-1995 30 Y 5 M 26 D (F) Dr. MANASA BADVELI		Date & Time of Admission 27/5/26 at 7:01 AM	Date & Time of Transfer Order 27/5/26 at 9:45 AM
		Transfer Ordered by Dr. Manasa	Reason for Transfer EL-LCP
From Unit MTEW	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	2yr Paxlon	2gm	
2.	2yr Pan	10mg	
3.	2yr Peenorm	10mg	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Manasa 018568		Name of Person Ordered Transfer Dr. Manasa.	
Patient & Clinical Records Received by : Vaishali			
Date & Time of Patient Received : 27/5/26 . 9:45 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



PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00025512 IP25-00020658 Mrs SRI LAKSHMI SUVARNA SRI 01-12-1995 30 Y 5 M 26 D (F) Dr. MANASA BADVELI		Date & Time of Admission 27/5/26 @ 7:02 AM	Date & Time of Transfer Order 27/5/26 @ 11:30 AM
		Transfer Ordered by Dr. Usha	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 25	Number of Imaging Films OP-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 type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Manasa Badveli		Name of Person Ordered Transfer Dr. Usha	
Patient & Clinical Records Received by : Manasa Badveli			
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

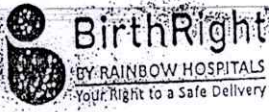


326 - Sri Lakshmi

Physiotherapy Consult

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

CONSULTATION FORM



Doctor Name : VAIBHAVI HARNE

Date : 28/5/26 Hour : 3:15

Hospital :

Type of Referral : Emergency (within one hr.)

Urgent (within 6 hrs.) Non-Urgent (within 24 hr.)

Referred for : Opinion Co-Management

Transfer of care

Date : Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:
POST PARTUM EXS.

Signature: _____ M

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

1
VH
RHR

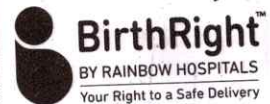
Consultant :

Name : VAIBHAVI HARNE Signature : VH Date & Time :

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

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FDH-00025512 IP25-00020658
Mrs SRI LAKSHMI SUVARNA SRI
01-12-1995 30 Y 5 M 26 D (F)
Dr. MANASA BADVELI



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:30

Origin: Quez Height: 165 Weight: 85.8 BMI: ~26 kg/m² ~28 kg/m² ~30 kg/m²

Food Allergies: _____

Diagnosis: primi @ 27 weeks In EL. Gen

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: B. Rani

Name: Sri Lakshmi

Date & Time: 28/5/26 9:30

Dietician's

Signature: [Signature]

Name: [Name]

Date & Time: 28/5/26 9:30



(C)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:20 AM	POD-0 Rt leg joint gynecica BP - 110/55 mmHg PR - 70/min SpO ₂ - 99% @ ea UA - uterine @ well no wound swelling PL - NABPV U/O - 200ml emptied mot	A - NBM - 4hrs - IVF as per AXON - Drugs as directed - Monitor vitals (BPV) urine output - Wt pain abdomen / vomiting / distension - Inform (SB) - CBP on 28/5/26 @ 6 AM Jm
27/5/26 3:30 PM	POD-0 Rt leg joint gynecica BP - 128/80 mmHg PR - 70/min SpO ₂ - 99% @ ea UA - uterine @ well no wound swelling PL - NABPV U/O - 100ml clear	L - Sips of oral fluids → liquid diet - Soft diet from 5:30 PM - Drugs as directed - Monitor vitals (BPV) urine output - Wt pain abdomen / vomiting / distension - CBP on 28/5/26 @ 6 AM - H/E on 28/5/26 @ 6 AM - Inform (SB) - Shift to room Jm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Clo pain abdomen	
27/5/26 1:30PM	O-POD GC fair Afebrile PR-78bpm BP-126/72mmHg	-Adv 1) soft diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPR
Foleys inserted FV ✓	P/A - ut (R) well P/V - NAB	5) Monitor vitals 6) PO send CBP @ 6am-28/5/26 7) Foleys removal @ 6am-28/5/26 8) Inform SOS
		fba
28/5/26 6am	Podt. of st-UCS.	
	GC fair Vital stable - PR-86 - BP-112/80 P/A - ut R well P/V - NAB.	Rx: 1) Diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPR 5) Monitor vitals 6) Inform SOS.
UFM - Pained fetus Baby - m/s.		D
	Trace CBP	

FDH-00025512 IP25-00020658
 Mrs SRI LAKSHMI SUVARNA SRI
 01-12-1995 30 Y 5 M 26 D (F)
 Dr. MANASA BADVELI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	POD-2	Adv
6am	G/C fever	1) Normal diet
	Afebrile	2) Plenty of oral fluids
	PR- 74 bpm	3) Drugs as charted
Pctg m/s.	BP- 108/74 mmHg	4) w/f BPV
	P/A-UT (R) well	5) Monitor vitals
	soft distension ⊕	6) P. Dulcolax 2 tabs P/R stat
mx	P/v - NAB	7) Tylenol SOS
		8) Plan for discharge <i>Sal</i>

FDH-00025512 IP25-00020658
 Mrs SRI LAKSHMI SUVARNA SRI
 01-12-1995 30 Y 5 M 28 D (F)
 Dr. MANASA BADVELI



REGULAR PRESCRIPTIONS

Sheet No: Weight Ward

DRUG : <u>Jaj ENOXAPARIN</u>				Date Time	<u>27/5</u>	<u>28/5</u>														
Dose	Route	Frequency	Start Dt.																	
<u>1mg</u>	<u>sc</u>	<u>OD</u>	<u>27/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> <u>10pm Deepika Subhan Deepika Subhan</u>																
Additional Instructions:				<u>@ 10pm x 10 days.</u>																
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>Tab: TRAMADOL</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>100mg</u>	<u>ORAL</u>	<u>TID</u>	<u>27/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> <u>STOP</u> <u>27/5</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>T. CEPHRIME</u>				Date Time	<u>28/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>28/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> <u>10pm Deepika Subhan</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>T. PANTOPRANOL</u>				Date Time	<u>29/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>29/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> <u>6am Deepika Subhan</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

FDH-00025512 IP25-00020658
 Mrs SRI LAKSHMI SUVARNA SRI
 01-12-1995 30 Y 5 M 26 D (F)
 Dr. MANASA BADVELI



DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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)

VERIFIED BY : Name Signature

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:																					



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : IV CEFOTAXIME Date/Time 27/5 28/5

Dose	Route	Frequency	Start Date
<u>2gram</u>	<u>IV</u>	<u>BD</u>	<u>27/05</u>

Name & Signature of the Doctor Starting the Drugs: Sweet

Additional Instructions: 10AM X Pui's Racheana
10PM Despit's Subhan
Stop Andy 28/5

Daily Doctor's Endorsement by a Sign

DRUG : IV PANTORAZOLE Date/Time 28/5

Dose	Route	Frequency	Start Date
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: Sweet

Additional Instructions: 8AM Despit's Subhan
Stop Andy 28/5

Daily Doctor's Endorsement by a Sign

DRUG : Tab PARACETAMOL Date/Time 28/5 29/5

Dose	Route	Frequency	Start Date
<u>1gm</u>	<u>ORAL</u>	<u>QID</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: Kelha

Additional Instructions: 6AM Despit's Subhan
12AM Despit's Subhan
12PM Pui's Racheana
6PM SORAB Thala

Daily Doctor's Endorsement by a Sign

DRUG : Tab DICLOFENAC Date/Time

Dose	Route	Frequency	Start Date
<u>50mg</u>	<u>ORAL</u>	<u>TID</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: Kelha

Additional Instructions: STOP

Daily Doctor's Endorsement by a Sign 27/5



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	9:30am	Inj CETOXIME	1g	IV	e	Maalo vijay
27/5/26	9:30am	Inj PANTOPRAZOLE	40mg	IV	e	Maalo vijay
27/5/26	9:30am	Inj MECLIZAPRINE	10mg	IV	e	Maalo vijay
27/5	10:21 AM	INTRARETICIN	100mg	IV	e	Maalo vijay
27/5	10:40 AM	INTRANEAXOMIC 200	1gm	IV	e	Maalo vijay
27/5	11:05 AM	SUPP TRAMADOL	100mg	PR	e	Maalo vijay
27/5	11:05 AM	SUPP DICLOFENAC	100mg	PR	e	Maalo vijay
27/5	9pm	Inj PARACETAMOL	1gm	IV	e	Sushma
27/5	7:30pm	Inj Tramadol	50mg in 100ml NS	IV	e	Sushma

29/5 6:30am P Dulcolax 2 tabs P/R Page: 3/4 Deepika (P.T.O) Subbar

Signature

VERIFIED BY: Name

