

DISCHARGE SUMMARY

Name	Mrs POTHUGANTI MADHAVI P	UHID	FDH-00041476
Father/Guardian	Mr PANDURANGA REDDY	Age/Gender	29 Y 11 M 1 D/ Female
Address	hno1-11 post mailarbedaram pally vikarabad, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020415	Admission Date	12-05-2026
Ref Doctor	Self		
Discharge Date	15.05.2026		

Consultant:

Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697.

Diagnosis: PRIMIGRAVIDA AT 38 WEEKS GESTATION WITH OI CONCEPTION FOR INDUCTION OF LABOUR.

EMERGENCY LSCS DONE, IN VIEW OF NON-PROGRESSION OF LABOUR, DELIVERED A LIVE FEMALE BABY AT 03:00 PM, WEIGHT 2.993 KGS ON 13.05.2026.

History:

LMP: 23.08.2025

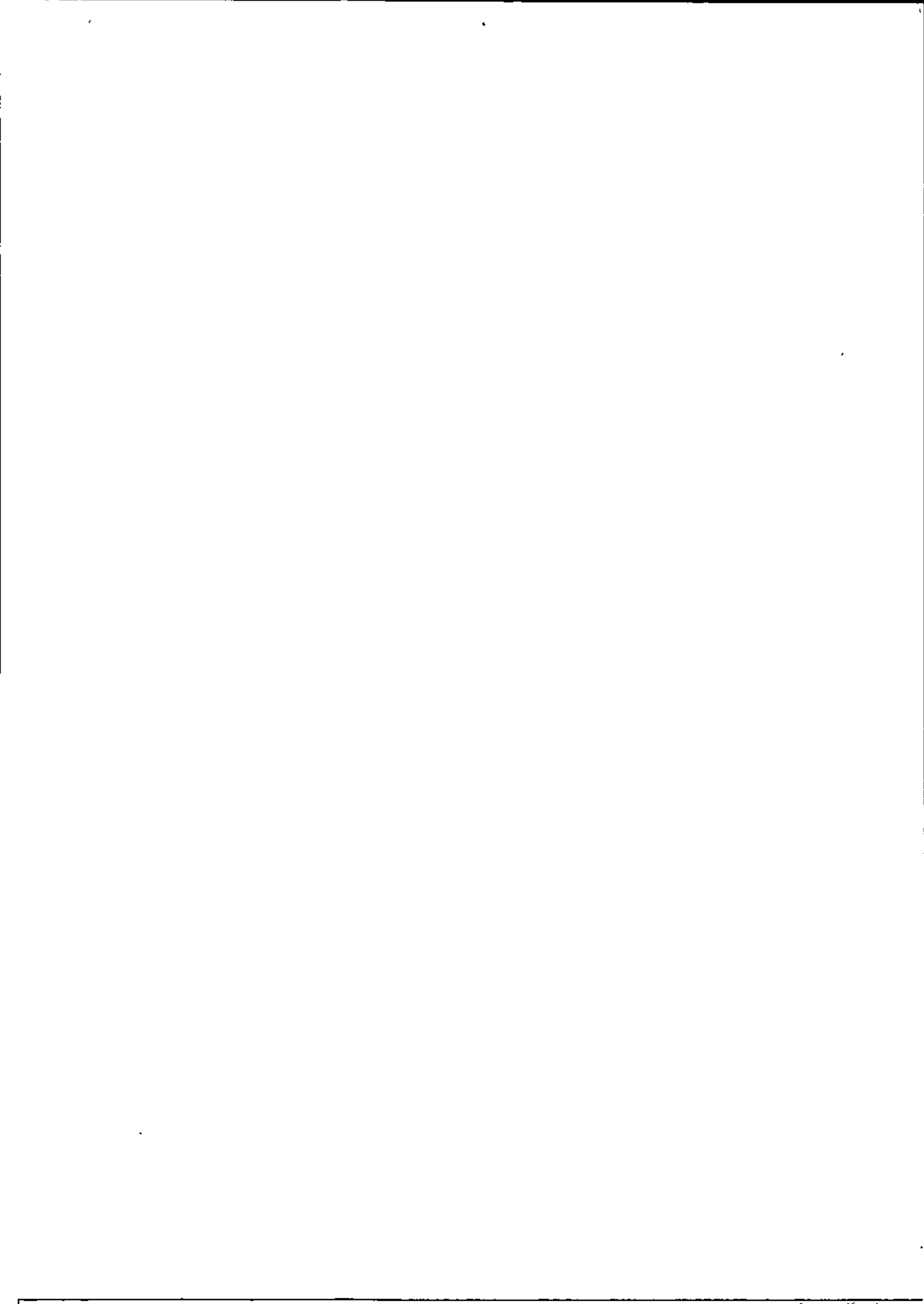
Obstetric formula: Primigravida

EDD: 26.05.2026

Gestation at admission: 38 weeks

Obstetric History:

G1 - Present pregnancy, OI conception.



Name	Mrs POTHUGANTI MADHAVI P	UHID	EPH-00041476
IP No	IP25-00020415	Admission Date	12-05-2026

Medical History: Nil
Surgical History: Nil
Allergies : Nil
Family History : Mother- HTN

Antenatal Details:

Mrs. POTHUGANTI MADHAVI P was booked to Rainbow hospital at 23+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan done at 13+1 weeks was normal, Risk of FGR 1 in 120, TIFFA scan normal at 21 weeks. H/o recurrent urinary tract infections monitored closely and managed medically. USG done showed at 36+1 weeks, SLIUF, Cephalic, Placenta posterior and high, EFW 2674(33%), AFI 12.9cm, AC 28% with normal doppler. She was admitted at 38 weeks induction of labour.

Investigations: Enclosed.

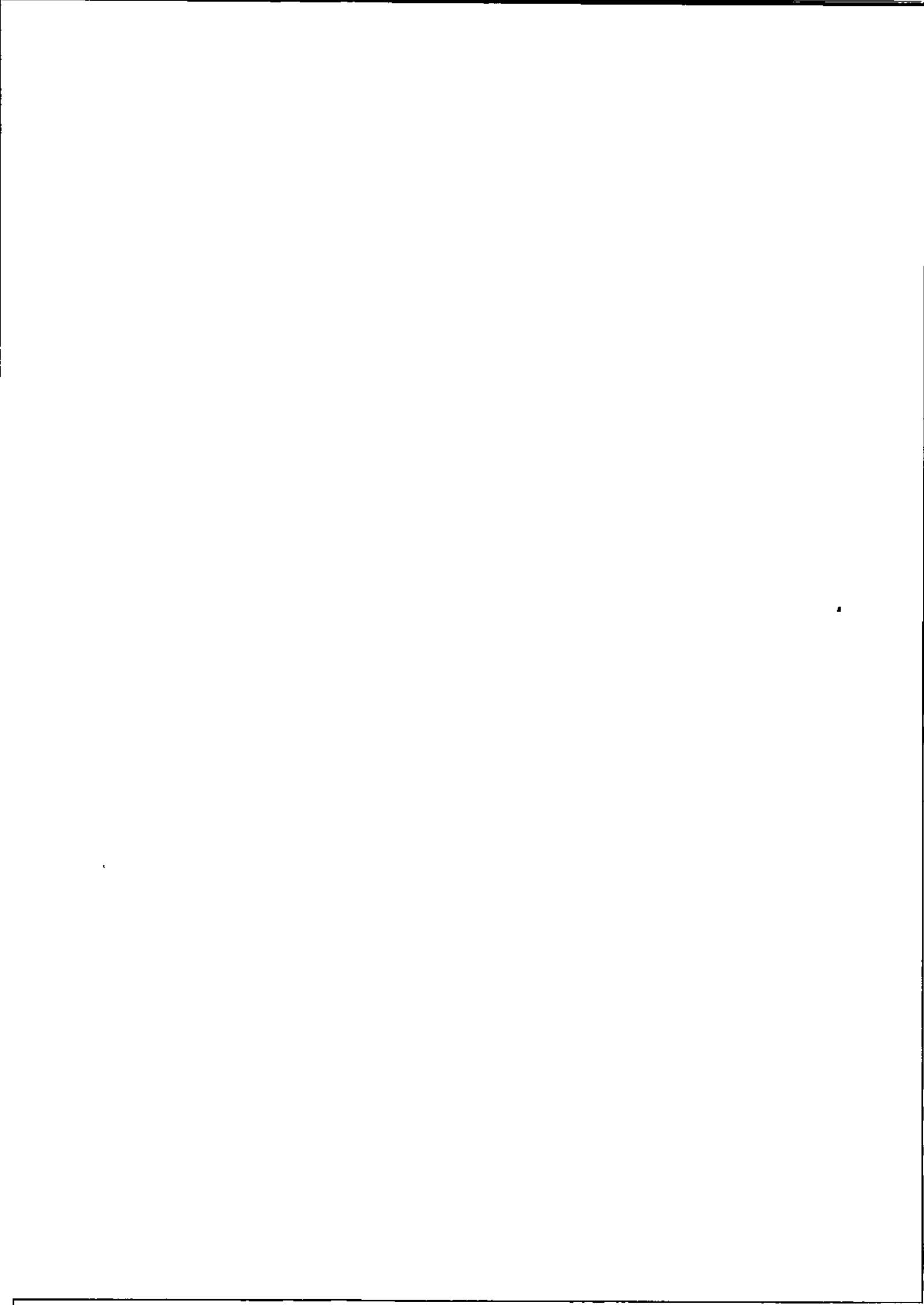
Blood group & Typing - "A" Rh positive.

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1cm long posterior and tip of finger 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 1 doses of PGE1. Artificial rupture of membranes done at 1 cms dilatation revealing clear liquor. 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 2-3 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion.

Couple counselled regarding the findings & need for emergency LSCS has been explained I/v/o NPOL. Couple consented for the same.



Name	Mrs POTHUGANTI MADHAVI P	UHID	PDH-00041476
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Hence, She was decided for emergency C- section in view of Non -progression of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

Under 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.

Delivery Details :

Date : 13.05.2026
 Time of Delivery: 03:00 PM
 Type of Delivery: Emergency LSCS
 Indication : Non-progression of labour
 Analgesia : Epidural

Baby Details:

Date : 13.05.2026
 Time : 03:00 PM
 Sex : Female
 Weight : 2.993 Kgs

Name	Mrs POTHUGANTI MADHAVI P	UHID	FDH-00041476
IP No	IP25-00020415	Admission Date	12-05-2026



Apgar : 8/10, 9/10
 Gestational Age: 38 weeks
 NICU Admission:

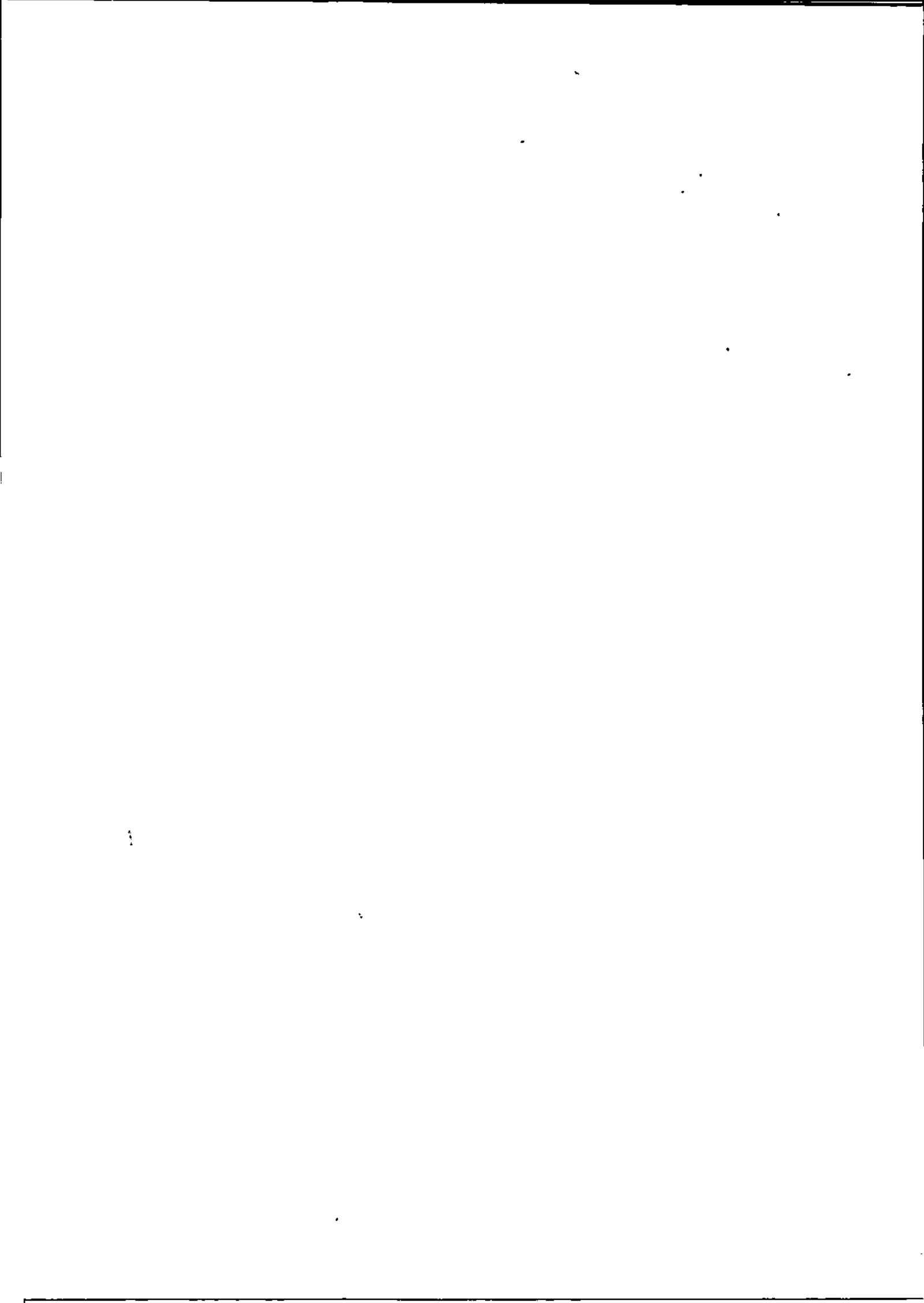
Post-Operative Notes: She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On inspection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

Advice:

1. Tab. Taxim O 200mg twice daily till 19.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 19.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 19.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 19.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.

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 20.05.2026 with prior appointment.



Name	Mrs POTHUGANTI MADHAVI P	UHID	FDH-00041476
IP No	IP25-00020415	Admission Date	12-05-2026

Review with Dr. HIMABINDU ANNAMRAJU after one weeks on 20.05.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

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

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

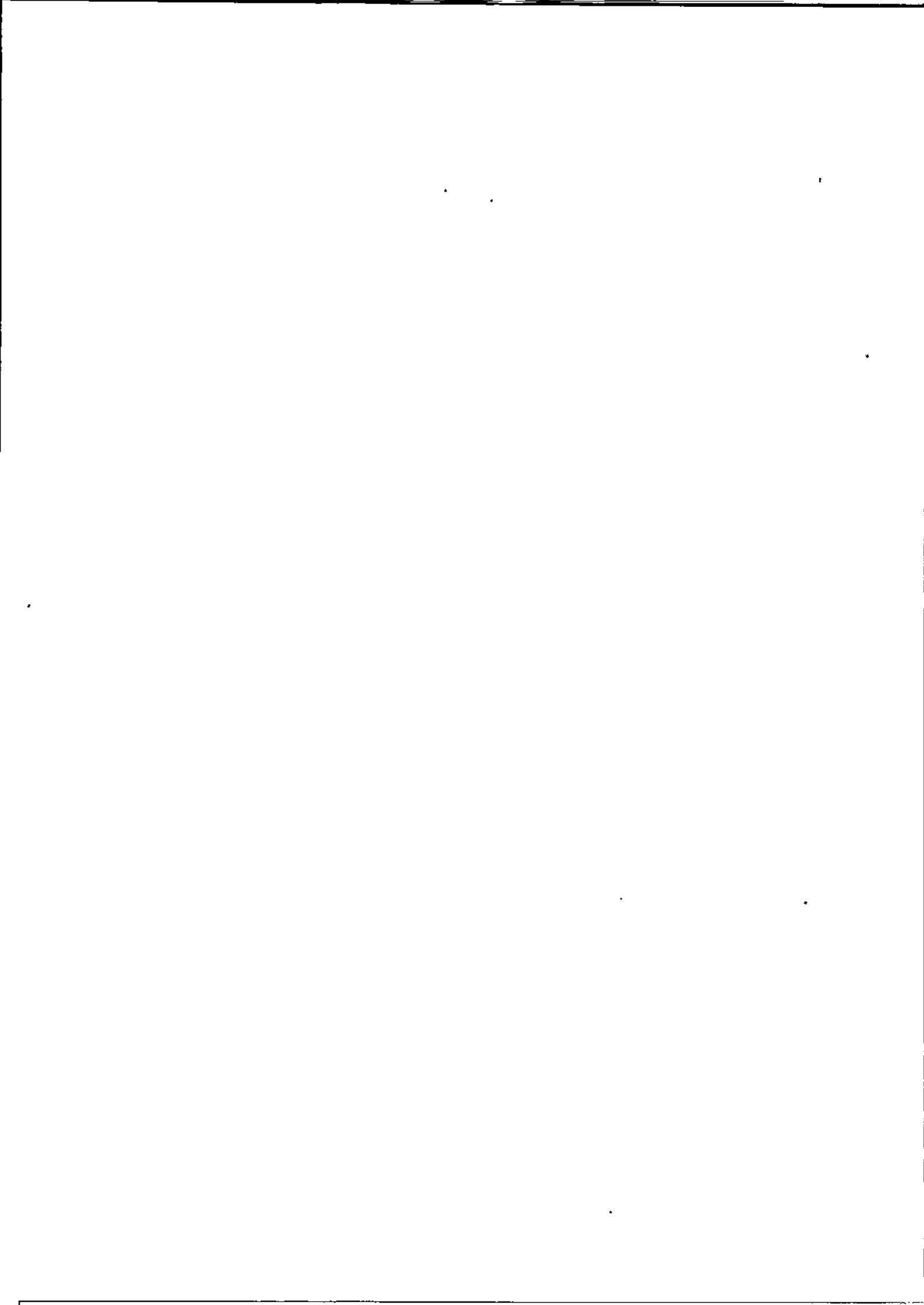
The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor

Patient/ Attender

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

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


Registrar/Resident/C.M.O



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Consultant:

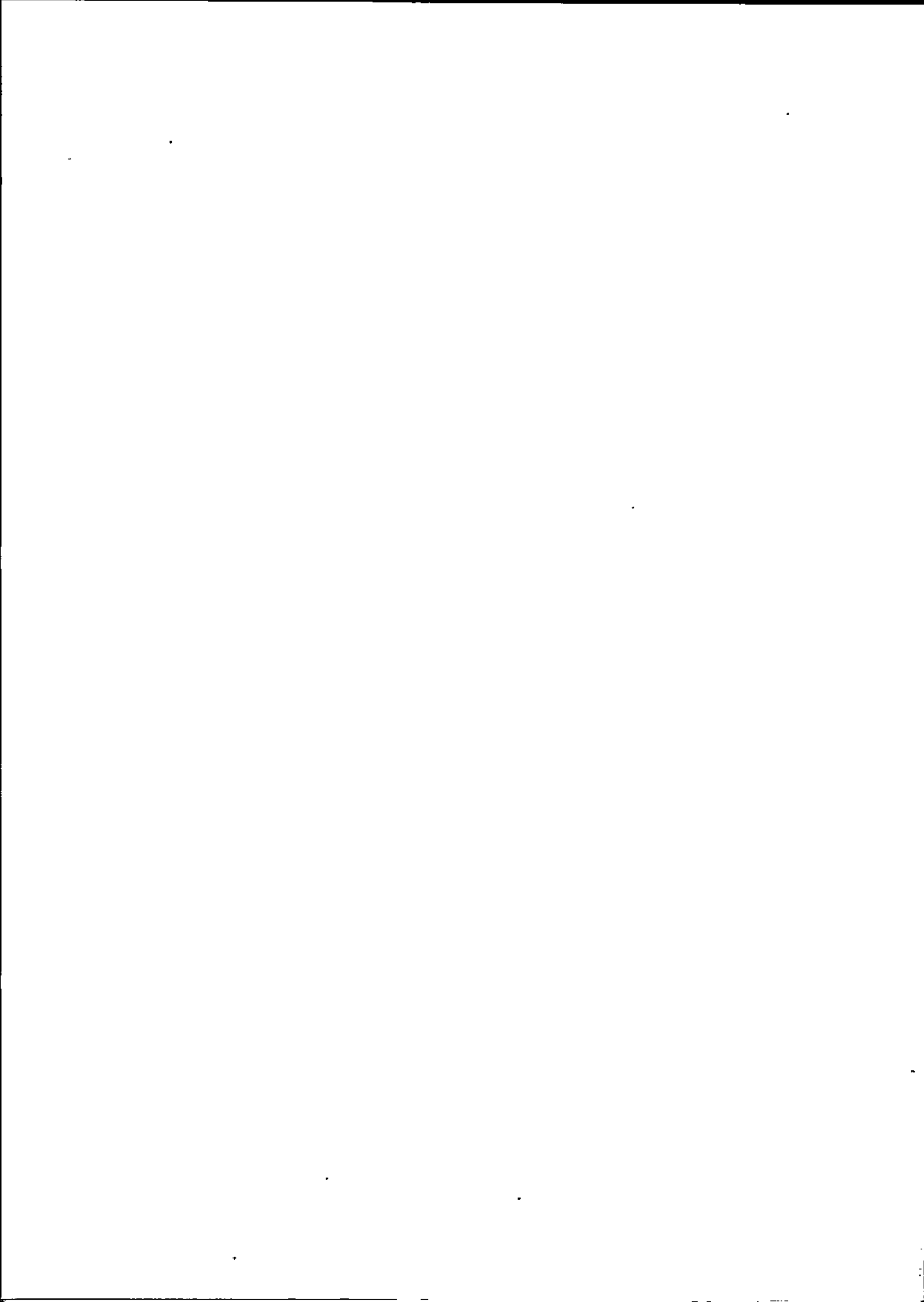
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FDH-00041476 IP25-00020415
Mrs POTHUGANTI MADHAVI P
13-06-1996 29 Y 10 M 30 D (F)
Dr. HIMABINDU ANNAMRAJU



SURGERY DETAILS

Date : 13/5/26

Patient Name: Mrs. Madhavi Date of Birth: Age: 29Y

Gender: Female Ward: OT. UHID No.: FDH-00041476

Date of Surgery: 13/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Emus

Time in : 2:40 PM

Time Out : 3:40 PM

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr.	
4. OT Technician	Sr. Nanya	
5. Circulating Nurse	Sr. Vaithale	
6. Assistant Nurse	Br. Amar	

- 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: 75038/5039

Order by: 



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EPIDURAL
CONSUMABLES OF OT



Circulating staff Technician : PRASHANTH Date : 13/05/2026 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LCS</u>		<u>01</u>	Inj Vit.K		<u>01</u>
LMA			Sutures			Cord Clamp		<u>01</u>
ECG leads : A/P/N		<u>03+02</u>	<u>2342</u>		<u>02</u>	Suction Catheter		<u>01</u>
HME filter : A/P/N			<u>282</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc ✓		<u>03</u>				Vaccum Suction Set		<u>01</u>
05 cc ✓		<u>03+02</u>	Gloves <u>6 1/2 F</u>		<u>04+01</u>	Surgical Gloves <u>6 1/2</u>		<u>02</u>
02 cc ✓		<u>02</u>	<u>6 1/2 - 6 1/2</u>		<u>02</u>	Gauze Pack		<u>02</u>
01 cc						Syringe 1ml/2ml		<u>01</u>
Cautery plate : A/P/N		<u>01</u>	Surgical blade <u>#22</u>		<u>01</u>	Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		
RL ✓		<u>02</u>	Cautery pencil		<u>01</u>			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>BIOXMIC</u>		<u>03</u>	Ointments					
<u>MINI SPIKE</u>		<u>01</u>	Suction Catheter					
<u>Fentanyl RILINDOL</u>		<u>01</u>	Cap, Mask					
Morphine			Gauze Pack <u>1X5</u>		<u>04</u>			
Ketamine			Mop Pack <u>1X5</u>		<u>03</u>			
Propofol			Steristrip <u>score</u>		<u>01</u>			
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate ✓		<u>01</u>	Draw sheet					
Myopyrolate			Abgel		<u>01</u>			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg ✓		<u>01</u>	Vaccum Suction set		<u>01</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <u>100ml</u>		<u>02</u>			
<u>MIGAR</u>		<u>01</u>	Microshield					
			Cotton Balls					
<u>LOT 5 Adhony</u>		<u>01</u>	Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon

Order No. : 575309

Doc. No. : RCH / FRM / GENERAL 125

Anaesthesiologist

DR. USHA

Nurse

Hanumanth

OT Technician

Ordered by :



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ADMISSION SHEET

Registration Details :



Admission No : IP25-00020415 Admit Date : 12-May-2026 Admit Time : 07:09 PM UHID : FDH-00041476

Patient Details :

Patient Name : Mrs POTHUGANTI MADHAVI P Age : 29 Y 10 M 29 D
Guardian : Mr PANDURANGA REDDY DOB : 13-06-1996
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : hno1-11 post mailarbedaram pally vikarabad Phone No : 9000019352/
Hyderabad Hyderabad Telangana INDIA E-mail :
500001

Admission Details :

Bed Type : MICU Bed No : MICU-07 Ward Name : 4F -MICU
Room No : MICU-07 Admission Type : First Visit

Contact Details :

Name : Mr PANDURANGA REDDY Relationship : Husband
Contact Address : Phone No :

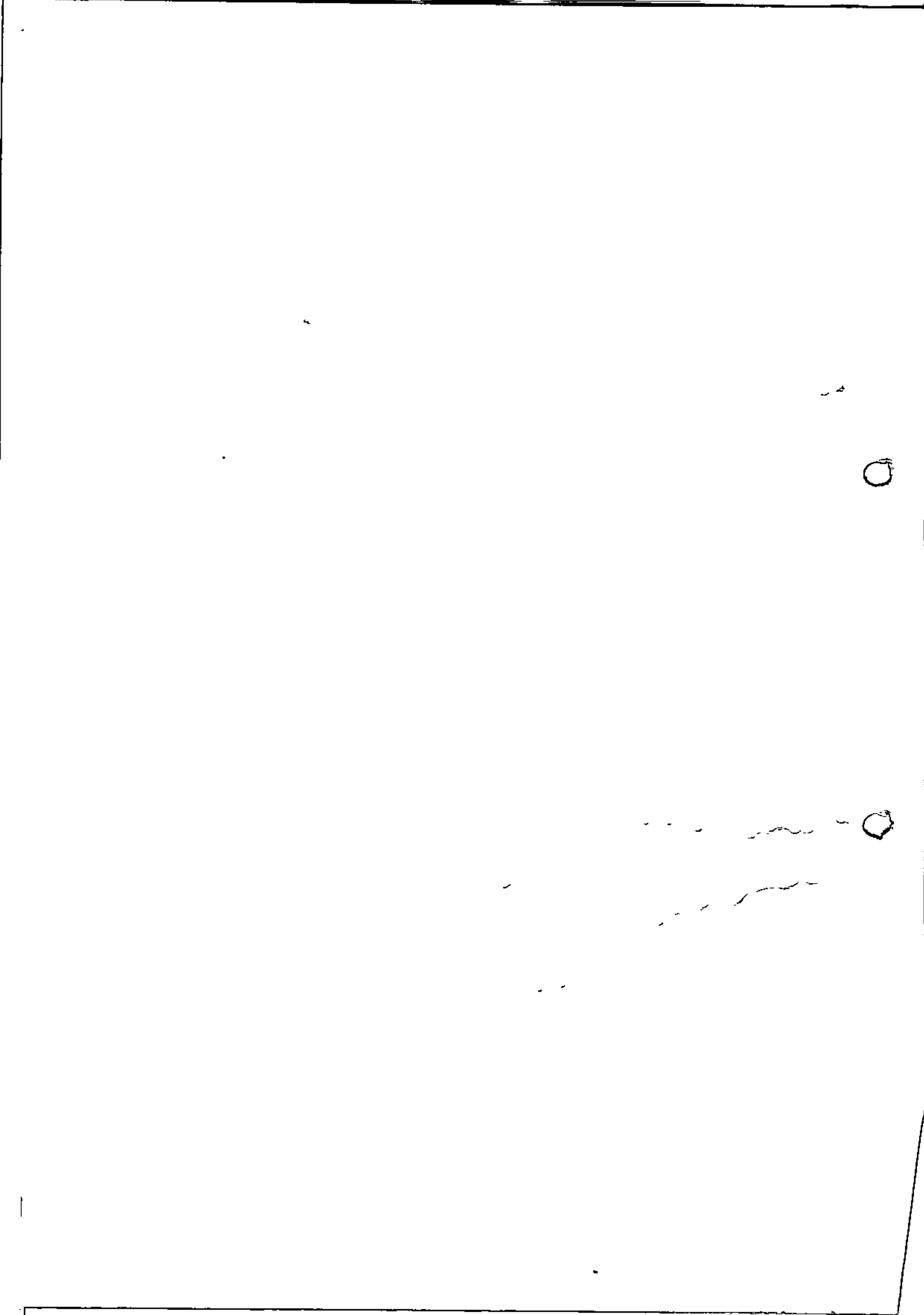
P. Madhavi
Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD



ACTIVITY RECORD FOR BILLING

FDH-00041476 IP25-00020415
Mrs POTHUGANTI MADHAVI P
13-06-1996 29 Y 10 M 29 D (F)
Dr. HIMABINDU ANNAMRAJU



Name: ----- Mrs. Madhavi -----

UHID No : ----- IP No : ----- Cor. ----- Dept: -----

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	2-40pm	MICU	OT	Anitha
13/5/26	4:00pm	OT	MICU	vaishali
13/5/26	@-11pm	MICU	floor	PC
15/5/26		ward	Billing	Subhas

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
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6.				
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PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/5/26	IV placement	①	4540 ✓	Dr. Renuka
13/5/26	PAC IP	1	4780 ✓	Anita
	catheterization	1	4781 ✓	
<p><i>ctc by [Signature] 13/05/26 7PM</i></p>				

ANY OTHER INFORMATION

* A +ve Blood Availability in Ayush.
 * Enema given at 5:40 AM
 * ARM done at 6 AM
 op file handedover to attendant.

Date: 12/5/26 Time: 7PM Prepared By: Madhavi Srivani

Staff Nurse Srivani	Shift / Ward MICU	Billing Assistant	Billing Supervisor
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ESTIMATION SLIP

Date: 28/3/20 UHID / IP No.: FDH-00001476 SI No. 3586 319
 Name of Patient: M.H. P. madhavi Age: 30yrs Gender: Female
 Father's / Husband's Name: Mr. Pandu Bengerdy / Occupation: Corporate
 Address: Agd / UTKarabed Phone: 900009352 Email: _____
 Procedure / Plan: 1st Delivery KVD / LSC EDD/Dps: 25th may
 MODE OF PAYMENT: SELF TPA: GIPSA: Vfda OTHER: oriental
 TARIFF INFORMATION: Dr. Himabindu

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward <u>P+1</u>	<u>80000</u>	<u>90,000</u>
Private Room <u>P+1</u>	<u>90,000</u>	<u>1,00,000</u>
Super Deluxe Room		
Suite Room		
Package includes → (Package starts from the time of admission)	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for: <u>2 day lghy</u>	Length of Stay for: <u>3 day lghy</u>
	Pharmacy up to <u>9000</u>	Pharmacy up to <u>12000</u>
	Investigations up to <u>2500</u>	Investigations up to <u>3000</u>
Others		<u>cap / int</u>

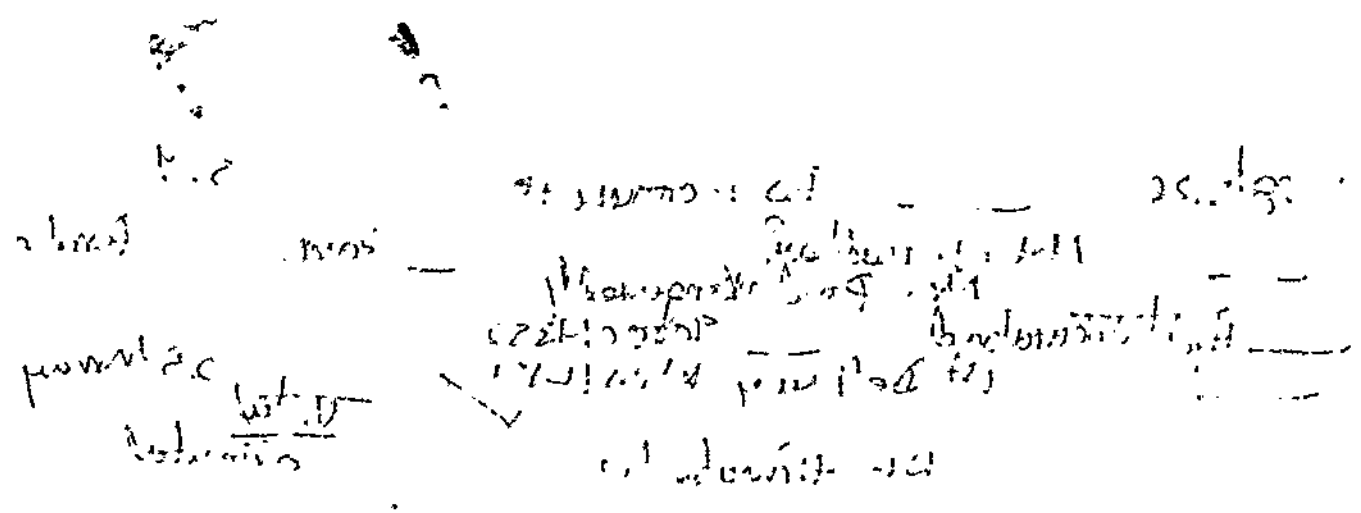
Neonatologist Charges: Covered Not Covered Epidural / Entonox: Covered Not Covered
 Initial Minimum Deposit: 10k Mother 20k Baby 10k extra

- REMARKS:
- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - Proportionate difference of bill amount is applicable in case the patient opts for category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
 - Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, specialty consultations, etc. 10k → 30k to 35k → Not covered
 - In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm
 - For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.
 - Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable. Next medicals → 22k to 25k
 - Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
 - Tariffs are subject to revision
 - Kindly check your billing status on day to day basis at IP Billing Department.
 - Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

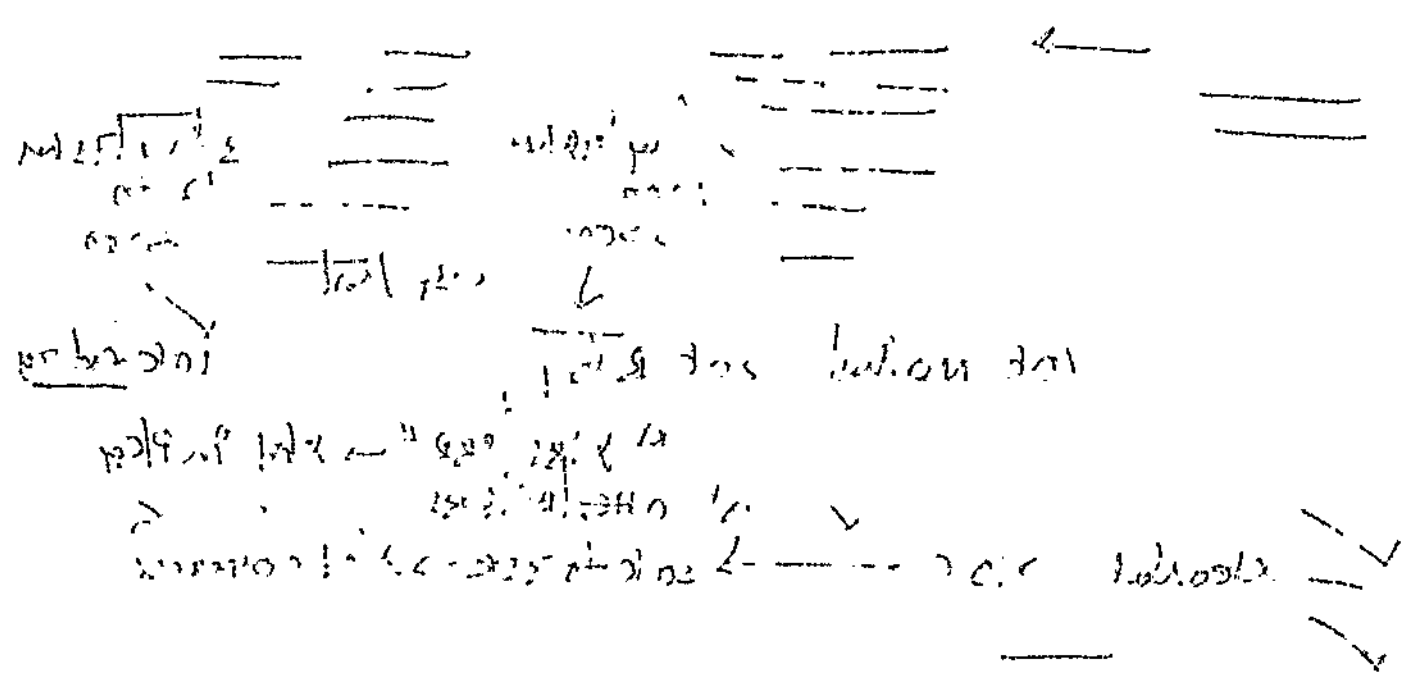
DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

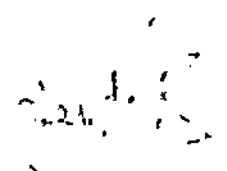
P. Madhavi Signature of the Client
 _____ Signatory Relationship
 _____ Signature of the financial Counselor



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Management - Department



Management

FDH-00041476 IP25-00020415
Mrs POTHUGANTI MADHAVI P
13-06-1996 29 Y 10 M 30 D (F)
Dr. HIMABINDU ANNAMRAJU

Patie



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>13/5/26</u>
Assistant Surgeon: <u>Dr. Hasmitha</u>	Time of Delivery: <u>3:00pm</u>
Anaesthetist's Name: <u>Dr. Usha</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>Epidural</u>	Weight of Baby: <u>2.993</u>
Neonatologist: <u>Dr. Sravanthi</u>	AGPAR Score: <u>8/10 9/10</u>
Scrub Nurse: <u>Br. Anur</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency Indication: NIPOL

Urgency

Immediate Threat to life of woman or fetus

Maternal or fetal compromise not immediately life threatening

No maternal or fetal compromise but needs early delivery

Delivery timed to suit woman and staff

Decision time: Knief to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency LSCS + Epidural.

Post Operative Diagnosis: 0-POD

Peri-Operative Complications:

Amount of Blood Loss: 400ml.

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other
Cervical Dilatation: cm
5th Palpable:
Fetal Position:
Station: -3 -2 -1 0 +1 +2
Moulding: None + ++ +++
Caput: + ++ +++
Meconium: None + ++ +++
Bladder Catheterized: Yes No
Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: *Normal* Cord around the neck Yes No
Appearance of placenta: *Normal* Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

Uterine Closure: One Layer Two Layers *1-0 vicryl* Suture
Peritoneal Closure: Pelvic Abdominal None Suture
Sheath Closure: *1-0 vicryl* Suture
Fat Closure: Yes No *2-0 rapid vicryl* Suture
Skin Closure: Subcuticular Mattress Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter: Yes No Remove in *1* days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No


Post-Operative Notes:
..... *NBM x 4 hrs*
..... *IV fluids as per AXON*
..... *Drugs as charted*
..... *b/f BPV, SLO*
..... *Monitor vitals*
..... *Inform IO*

Doctor Name: *Dr. Himabinda*

Doctor Signature: *[Signature]* (for Dr. Himabinda)

Date & Time: *13/5/26 @ 4pm*

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00041476 IP25-00020415 Mrs POTHUGANTI MADHAVI P 13-06-1996 29 Y 11 M 0 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 12/5/20 @ 7:49 pm	Date & Time of Transfer Order 13/5/20 @ 11 pm
Dr. Himabindu		Transfer Ordered by Dr. pooja	Reason for Transfer observation
From Unit micu	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/	/	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Renuka 13/5/20 @ 11 pm		Name of Person Ordered Transfer Dr. pooja	
Patient & Clinical Records Received by : Sharma 13/5/20			
Date & Time of Patient Received : 13/5/20			

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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PATIENT TRANSFER FORM



FDH-00041476 IP25-00020415 Mrs POTHUGANTI MADHAVI P 13-06-1996 29 Y 10 M 29 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 12/5/20 @ 7:09 pm	Date & Time of Transfer Order 13/5/20 @ 2:40 pm
Treating Consultant Name DR. Himabindu.	Transfer Ordered by DR. Himabindu.	Reason for Transfer Surgery / EM - LSCJ	
From Unit MICU	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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring SR. Anitha	Name of Person Ordered Transfer DR. HIMABINDU		
Patient & Clinical Records Received by : vaethale			
Date & Time of Patient Received : 13/5/20			


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

150

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PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00041476 IP25-00020415 Mrs POTHUGANTI MADHAVI P 13-06-1996 29 Y 10 M 30 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission 12/5/26 @ 7:09 PM	Date & Time of Transfer Order 13/5/26 @ 4 PM
		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 No

Name & Signature of Person who is Transferring Vaishale	Name of Person Ordered Transfer 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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Admitted for
 Safe confinement

LMP: 23/8/26 EDD:
 Corrected EDD: 26/5/26 GA: 38 wks

Obstetric Formula: *primi*
O.I. conception
 Obstetric History: *booked at 23+4*

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: *T9*

NT - 13th wk - normal
PPH - risk of FGR 1 in 20
 Present Pregnancy Record:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

HFFA - Normal at 21 wks

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

*21/11 → Klebsiella
 19/12 → Klebsiella
 15/1/26 = E.Coli
 24/2 - Klebsiella*
Recurrent urinary tract infection
*O.I. conception (last episode 11/3/26
 28th wks)*

148 bpm

Per Speculum Examination *not done*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed *Tip* Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *1.62* cm

Weight: *57.4* kg

Allergies: _____

Breast: Normal Abnormal

General Examination: *c/c/c*

Consciousness: *c/c* Pallor:

Icterus: Edema:

Temp: *Afebrile* PR: _____

BP: _____ DTR: _____

CVS: *S2 ⊕* RS *BAE ⊕*

Liver/Spleen: _____ Urine Output: _____

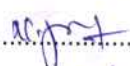
DIAGNOSIS

primi @ 38 wks @ O.I. conception for IOL

Patient Sticker

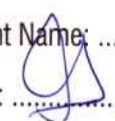
<p>Family History:</p> <p>Mother - HTN</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>—</p>	<p>Medication History:</p> <p>—</p> <p>T. Escopin 150mg → till 36 weeks</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admit 2) Secure IV access 3) part preparation 4) check all investigations 5) Admission NST 6) NST 4th hly monitoring 7) check Blood availability 8) Plan for IOL accordingly. 9) F. micristable 25mcg stat ↓ 8:00pm 	<p>Investigations: ^{Since Caesarean.}</p> <p>BGT - +ve</p> <p>Serology - Nonreactive</p> <p>24/4 Hb - 12</p> <p>WBC - 8906</p> <p>P.C - 1.77</p> <p><u>USG OBS</u></p> <p>SIUF 36+1 cephalic presentation</p> <p>placenta - posterior, high</p> <p>EFW → 33%. 2674 gms</p> <p>A.C - 28.1</p> <p>AFI - 12.9</p> <p>Doppler - normal</p>

Doctor Name: Dr. N. Praga

Signature: 

Date & Time: 12/5/26 7:30 pm

Consultant Name: Dr. HIMABINDU

Signature: 

Date & Time: 12/5/26 7:30 pm



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:00 pm	<p>O/E, pt is c/c/c,afebrile GC - Fair PR - 100/70mtg BP - 86 bpm RR - 18 SpO₂ - 100% @ RA H/C - S₁S₂ ⊕ BAE ⊕ P/A - cut = TG relaxed FHR ⊕ PIV - CX 1cm lang posterior OS - 70% activity PPV station - 3 pelvic adequate</p>	<p>Rx 1) Normal diet 2) Drugs as cleared 3) vitals monitoring 4) NST 4th hly monitoring 5) w/f contractions / pain abdomen 6) Inform ses 7) T. micropust 2mg plv kept at 8am</p>
13/5/26 10:00 pm	<p>↓ IOL G.C Fair Afebrile BP - 100/60mtg PR - 88 bpm SpO₂ = 100% @ RA P/A - cut = TG relaxed FHR ⊕ 3-4 c/15/min PIV - CX 1cm lang, post OS - 1f base PPV station - 3</p>	<p>Ade 1. w/f contractions, FHR, P/A 2. (M) vitals inform ses 3. NST 4th hly monitoring</p>

NST reactive

ngm

Reyes

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 4:00 AM	↓ IOL G.c fair Afebrile Bp=100/70 mmHg PR=88 bpm SpO ₂ =100% @ RA PIA= ut = TG, FAS (+) Cephalic 3-4c / 50 / 10 min PIV = 6x 1cm long OSIF loose NST reactive	ack 1. utF pr, (contractions), FHR 2) NST 4 th haly 3) (M) vitals status SS fem
13/5/26 6:00 AM	↓ IOL G.c fair Afebrile Bp=110/80 mmHg PR=86 bpm SpO ₂ =100% @ RA PIA= ut = TG, FAS (+) Cephalic 3 c / 15 / 10 min PIV = 6x 1cm long OSIF loose PPV station -3 Amen done	ack 1. utF pr, (contractions), FHR 2. NST 4 th haly 3. (M) vitals status SS 4. (M) Synto 100 in 10c in 500ml pr 8c / 10 5. Continues next maintenance fem

FDH-00041478 IP25-00020415
 Mrs POTHUGANTI MADHAVI P
 13-06-1996 29 Y 10 M 30 D (F)
 Dr. HIMABINDU ANNAMRAJU



(2)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 9:20 am	GC - fair Afebrile BP - 110/80 mmHg PR - 85 bpm P/A - ut - T4, P/A, contractions P/V - GC - 1 cm long OS - 2F loose -3 station	Adv - S/L POL, contractions - NST 4Hwy - Epidural counseling - vitals - Empow
11:10 AM	↓ Epidural GC - fair Afebrile PR - 85 bpm BP - 114/74 mmHg P/A - ut - T4, cephalic, FH ⊕, contractions ⊕ P/V - GC - 1 cm long OS - 2F loose -3 station	Adv - continue FHR (M) - w/f contractions / POL - Ball exercises - (M) vitals Inform SOB

ndj

ndj

3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6 4 pm	Pop - ac faw ajchl	Adv
	BP - 110/80 mmg	- N&M 4 hrs
	M - 80 bpm	- fluids as per AMR
	SpO2 - 92% @ RA	- dys as charted
	PIA u/w	- w/ sev
	PR - NAB	- No chart
	UO - 100ml, clear	- w/ vitals
		- Infomss
		ndp
<u>13/5/26</u>	<u>OPED</u>	
8 pm	Ceyair	R. Todd stockings
	Lafab	oral sips - liquid diet
Baby	PR - 86 bpm	soft diet @ 12 AM
m/s	BP - 104/68 mmHg	EBF
	SpO2 - 98%	M vitals/BPV/Ho
	PIA - ut well etc	Drugs as charted
	Soft BS (+)	Foleys removal c/m 6 AM
	plu - NAB	Shift to room
	UO - 400ml, clear	Infom sos
		↓
		↓
		Impoza

FDH-00041476 IP25-00020415
 Mrs POTHUGANTI MADHAVI P
 13-06-1996 29 Y 11 M 0 D (F)
 Dr. HIMABINDU ANNAMRAJU



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 7 Am	<u>I POD</u>	R. Todd stockings
	Cycax	Ambulation
	Lofeb	soft diet
	PR - 76bpm	oral hydration
	Bp - 86/56 mmHg	EBF
Baby mls	SpO2 - 94.1	Ⓜ vitals/Bp/HR
	p/A - uterus well Rlc soft	Drugs as charted
		Encourage to void urine
		Jufom x2
	p/v - NAB	1
	4 yet to void	2
	F x	<u>Onpoja</u>
	M x	
	<u>Adv</u> Repeat Bp ↓	
	88/56 mmHg	
	R. I O RL IV @ 150 ml/hr	
	oral hydration	
	Recheck Bp in 1 hr	
	Jufom x2	1
		2
		<u>Onpoja</u>

- Rpr - Bp
 - moisten
 - Dulcitol
 9 Am.



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 14/5/20 Time: 9:15

Origin: Durgam Height: 162 Weight: 57.4 BMI: ~26 kg/m² ~28 kg/m² ~30 kg/m²

Food Allergies: _____

Diagnosis: primi @ 38 weeks to 40

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

Diet Advised:

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

Normal Diet - Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

~~Soft Diet - Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd~~

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

Patient's / Attendant's

Signature: P. Malhar

Name: Malhar

Date & Time: 14/5/20 7:12

Dietician's

Signature: [Signature]

Name: [Signature]

Date & Time: 14/5/20 9:30



Sheet No:

REGULAR PRESCRIPTIONS

Dept.....Ward MICU

DRUG : <u>Inj TRANEXEMICACID</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>1g</u>	<u>IV</u>	<u>TID</u>	<u>13/5</u>	<u>13/5 11/30</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>3pm X</u> <u>3pm X</u> <u>11pm [Signature]</u>
Additional Instructions: <u>x 24hrs.</u>				<u>14/5 12/30</u>
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>
DRUG : <u>Inj ENOXAPARIN</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>100mg</u>	<u>S/C</u>	<u>OD</u>	<u>13/5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>14/5 12/30</u>
Additional Instructions: <u>@ 12am x 10 days.</u>				<u>14/5 12/30</u>
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>
DRUG : <u>T. CEFIXIME</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>200mg</u>	<u>P</u>	<u>OD</u>	<u>13/5</u>	<u>15/5 6am X</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>6pm</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>D. AMOXICILLIN</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>400mg</u>	<u>PO</u>	<u>OD</u>	<u>13/5</u>	<u>16/5 6am</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature

VERIFIED BY : Name

VERIFIED

VERIFIED

FDH-00041476 IP25-00020415
 Mrs POTHUGANTI MADHAVI P
 13-06-1996 29 Y 10 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU



Sheet No:

REGULAR PRESCRIPTIONS

Dept.....Ward *MW*.....

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																						

AEBLIFIED

Signature

AEBLIFIED
 VERIFIED BY: Name

FDH-00041476 IP25-00020415
 Mrs POTHUGANTI MADHAVI P
 13-06-1996 29 Y 10 M 29 D (F)
 Dr. HIMABINDU ANNAMRAJU



DRUG CHART

Date of Admission: 12/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 57.4 Ward. MW

DRUG : <u>Am CEPOTAXIME</u>				Date Time	13/5																
Dose	Route	Frequency	Start Date	6am	12/5																
1g	iv	BD	13/5	<p>Name & Signature of the Doctor Starting the Drugs: <u>ndya</u></p> <p>Additional Instructions: <u>6pm - 12/5</u> <u>15/5</u></p>																	
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. PARACETAMOL</u>				Date Time	14/5	15/5															
Dose	Route	Frequency	Start Date	6am	12/5																
1gm	ORAL	TID	13/5	<p>Name & Signature of the Doctor Starting the Drugs: <u>Relhe</u></p> <p>Additional Instructions: <u>6pm</u> <u>10pm</u></p>																	
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>T. DICLOFENAC</u>				Date Time	13/5	14/5	15/5														
Dose	Route	Frequency	Start Date	7am	12/5																
50mg	ORAL	TID	13/5	<p>Name & Signature of the Doctor Starting the Drugs: <u>Relhe</u></p> <p>Additional Instructions: <u>7am</u> <u>11am</u></p>																	
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>Am PANTOPRAZOLE</u>				Date Time	14/5	15/5															
Dose	Route	Frequency	Start Date	6am	12/5																
40mg	w	OD	13/5	<p>Name & Signature of the Doctor Starting the Drugs: <u>ndya</u></p> <p>Additional Instructions: <u>6am</u> <u>12/5</u> <u>15/5</u></p>																	
Daily Doctor's Endorsement by a Sign																					

VERIFIED

VERIFIED



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26	8:00pm	T. misoprostol	25mcg	PIV	[Signature]	[Signature]
12/5/26	6:00Am	INI-CEFOTAXIME	1gm	IV	[Signature]	[Signature]
13/5	2:30pm	LI-LEFOTAXIME	1gm	IV	[Signature]	[Signature]
13/5/26	2:30 pm	LI-RANTOPRAZOLE	40mg	IV	[Signature]	[Signature]
12/5	2:30pm	LI-METOCLOPRAMIDE	10mg	IV	[Signature]	[Signature]
13/5	9:58 pm	INS-CARBETOCIN	100mg	IV	[Signature]	Vaishal
13/5	3:05 pm	INS-METHEURIN	0.2mg	IM	[Signature]	Vaishal
13/5	3:10 pm	INS-TRANEXAMIC ACID	1gm	IV	[Signature]	Vaishal
13/5	3:35 pm	SUPP-TRAMADOL	100mg	PIE	[Signature]	Vaishal

VERIFIED BY: Name: _____ Signature: _____



I.V. FLUIDS CHART

Weight: Ward: MW.....

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
13/5/20	7:10	100ml RL	100ml/hr I.V	100ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	13/5	<i>[Signature]</i>	<i>[Signature]</i>
13/5/20	6Am	8mg SYNDOCIN 100ml RL	IV	6ml/hr	<i>[Signature]</i>	SRIVANI MOI	13/5		<i>[Signature]</i>
13/5/20	11Am	1.6 RL	IV	100ml/hr	<i>[Signature]</i>	ANIL S	13/5	<i>[Signature]</i>	<i>[Signature]</i>
13/5	3:15 pm	DANGER LACTATE	IV		<i>[Signature]</i>	<i>[Signature]</i>	13/5		<i>[Signature]</i>
14/5	10AM	RL	IV	150ml		SUMI SUN	14/5/20		SUN SUN
15/5	12AM	RL	IV	100ml/hr		DEEPA R	15/5		DEEPA <i>[Signature]</i>

VERIFIED BY: Name: Signature: *[Signature]*.....