

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020665 Admit Date : 27-May-2026 Admit Time : 01:45 PM UHID : FDH-00044961

Patient Details :

Patient Name : Mrs K KANCHANA KUMARI Age : 37 Y 0 M 11 D
Guardian : Mr dhana shekhar. p DOB : 16-05-1989
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Signature Fortius, Isnapur Hyderabad Phone No : 9885156182/ 9885156182
Hyderabad Telangana INDIA 500001 E-mail : kanch888@gmail.com

Admission Details :

Bed Type : MICU Bed No : LDR-01 Ward Name : 4F -LDR
Room No : LDR-01 Admission Type : First Visit

Contact Details :

Name : Mr dhana shekhar. p Relationship : Husband
Contact Address : Phone No : 9886518904 / 9886518904

Signature

Doctor Details :

Doctor Name : Dr. SAHITYA BAMMIDI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



DISCHARGE SUMMARY

Name	Mrs K KANCHANA KUMARI	UHID	FDH-00044961
Father/Guardian	Mr dhana shekhar. p	Age/Gender	37 Y 0 M 11 D/ Female
Address	Signature Fortius, Isnapur, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020665	Admission Date	27-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultants :

Dr. Sahitya Bammidi

MBBS, DGO, DNB, FIAOG, FMAS, FCG (USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Reg. No: 64696

Diagnosis: G3P1L1A1 AT 37+5 WEEKS GESTATION WITH 1 PREVIOUS LSCS WITH PROM FOR TOLAC.

ASSISTED (KIW) VAGINAL DELIVERY DONE, DELIVERED A LIVE MALE BABY AT 06:21 PM, WEIGHT 2.940 KGS ON 27.05.2026.

History: C/O Leaking PV since 08:30 AM on 27.05.2026.

LMP: 05.09.2025

Obstetric formula: G3P1L1A1

EDD: 12.06.2026

Gestation at admission: 37+5 weeks

Obstetric History:

G1 - 2019 - MTP in 3rd month of pregnancy i/v/o Brain anomaly - followed by D and C done.

G2 - 2021 - FT / Male / LSCS i/v/o Failed induction / B. Weight 2.8kgs / A/H. ?



Name	Mrs K KANCHANA KUMARI	UHID	FDH-00044961
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Wound infection.

G3 - Present pregnancy Spontaneous conception.

Medical History : Nil

Surgical History: LSCS in 2021 & D and C in 2019.

Allergies : Nil

Family History : Father- HTN + DM

Antenatal Details:

Mrs K KANCHANA KUMARI was booked to Rainbow hospital at 33 weeks of gestation. She had regular antenatal checkups and investigations as advised. EFTS low risk, NT scan at 13+4 weeks was normal. TIFFA at 21+3 weeks normal. USG done on 21.04.2026 showed at 32+4 weeks, cephalic, placenta posterior an high, AFI 16.2cm, EFW 2091 grams (53%) / AC 56% with normal doppler. She was admitted at 37+5 weeks with leaking P.V for TOLAC.

Investigations: Enclosed.

Blood group & Typing - "B" Rh positive.

Management:

Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was partially effaced and patulous OS 2cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for TOLAC. **High leak present artificial rupture of membranes done at 2 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 3-4 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 05:15 PM. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was



Name	Mrs K KANCHANA KUMARI	UHID	IPDH-00041961
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encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by Assisted (KIWI) vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

*** Assisted (KIWI) vaginal delivery(Ind: Poor maternal efforts).**

Delivery Details:

Date : 27.05.2026
Time of Delivery: 06:21 PM
Type of Labour : Spontaneous
Type of Delivery: Assisted (KIWI) vaginal delivery
Analgesia : Epidural

Baby Details:

Date : 27.05.2026
Time : 06:21 PM
Sex : Male
Weight : 2.940 kgs
Apgar : 7/10, 9/10
Gestational Age: 37+5 weeks
NICU Admission: No.

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice



Name	Mrs K KANCHANA KUMARI	UHID	FBIH-00044961
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given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. 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 (Cefixime 200mg) twice daily till 02.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) 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. Voveran 50 mg (Diclofenac 50mg) thrice daily till 02.06.2026 (9am-3pm-11pm) after 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 after food.
7. Betadine ointment for local application.
8. Sy. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).

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 Consultation) after one week on 04.06.2026 with prior appointment.

Review with Dr. SAHITYA BAMMIDI after one week on 04.06.2026 at



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postnatal clinic with prior appointment.

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 Rainbow Nanakramguda or 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. Pooja
Registrar/Resident/C.M.O


Consultants :
Dr. Sahitya Bammidi
MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)
Senior Consultant-Obstetrician and Gynaecologist
Laparoscopic and Aesthetic Surgeon
Reg. No: 64696



ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- FDH-00044961 IP25-00020665
 Mrs K KANCHANA KUMARI
 18-05-1989 37 Y 0 M 11 D (F)
 Date of Admission Dr. SAHITYA BAMMIDI ----- Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	10 PM	MICU	Ward	Nashwa
28/5/26	10.59	Ward	Bldg	Suna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi harne	28/5/26	1506	Bhavani
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Handwritten note in red: coby Subbar 29/5/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/5/26	IV placement	1	30694	Anitha
	catheterization	1	1083	Anitha
	pac (IP)	1	1082	Anitha
<p style="color: red;">C.C by Subbar 29/5/26</p> <p style="color: red;">Checked by New 27/05/26</p>				

ANY OTHER INFORMATION

enema given at 1:30pm

OP file given to patient attenders.

Signature
Anitha

Date: 22/5/26

Time: 1:45 PM

Prepared By: Anitha

<p>Staff Nurse SR. Anitha</p>	<p>Shift / Ward MICU</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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PATIENT TRANSFER FORM

FDH-00044961 IP25-00020665
Mrs K KANCHANA KUMARI
16-05-1989 37 Y 0 M 11 D (F)
Dr. SAHITYA BAMMIDI



Date & Time of Admission <i>27/5/25 @ 1:45 PM</i>		Date & Time of Transfer Order <i>27/5/25 @ 10 PM</i>
Treating Consultant Name <i>Dr. Sahitya</i>	Transfer Ordered by <i>Dr. Ranya</i>	Reason for Transfer <i>OBS</i>
From Unit <i>Micu</i>	To Unit <i>ICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>—</i>	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 No

Name & Signature of Person who is Transferring <i>S. Nadhira</i>	Name of Person Ordered Transfer <i>Dr. Ranya</i>
---	---

Patient & Clinical Records Received by : *Subhira*
27/5/25 @ 10 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



332- Kanchan - Physiotherapy Consult

Ref. No. F/HW/CONS.F

CONSULTATION FORM



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name: VAIBHAVI HARNE

Date: 28/5/26

Hour: 2:30

Hospital:

Type of Referral: Emergency (within one hr.)

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

Referred for: Opinion Co-Management

Date: Time: By:

Transfer of care

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

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

VH

Consultant:

Name: VAIBHAVI HARNE

Signature: _____

VH

Date & Time:

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

1000

AG 2

1000



FDH-00044961 IP25-00020665
Mrs K KANCHANA KUMARI
18-05-1989 37 Y 0 M 11 D (F)
Dr. SAHITYA BAMMIDI



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

332
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/20 Time: 9:30

Origin: Durgam Height: 156 Weight: 79.1 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: -

Diagnosis: G3PK1A1 at 37 weeks - PROM for SOLAC

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: Kanchana

Date & Time: 28/5/20 9:30

Dietician's

Signature: [Signature]

Name: Phani

Date & Time: 28/5/20 9:30



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:20pm	<p>C/S/B Dr Sahitya</p> <p>Gc - fair</p> <p>Afebrile</p> <p>PR - 78bpm</p> <p>BP - 118/74mmHg</p> <p>SpO₂ - 99% on RA</p> <p>P/A - ut = TG, irritable cephalic, FHS ⊕</p> <p>P/v - Cx 60-70% effaced Os 3-4cm dilated</p> <p>PPVx station: -3</p> <p>liquor clear</p>	<p><u>Adv</u></p> <ol style="list-style-type: none"> 1) Inj Taxim 1g iv stat 2) Inj Drotin 40mg iv stat 3) Inj Buscopan 20mg iv stat 4) NST monitoring 5) Inj Oxytocin 5u in 10RL @ 8ml/hr and titrate accordingly 6) w/f contractions, POL 7) Monitor vitals 8) Reassess after 4hrs
27/5/26 5:15pm	<p>C/S/B Dr. Sahitya man</p> <p>G.C fair</p> <p>Afebrile</p> <p>Bp: 100/80mmHg</p> <p>PR = 86bpm</p> <p>SpO₂ = 100% @ RA</p> <p>P/A = ut = TG cephalic contracting FHS ⊕</p> <p>P/v = Cx = fully effaced fully dilated</p> <p>PPVx station 0.2 +1</p>	<p><u>Adv</u></p> <ol style="list-style-type: none"> 1. continue NST monitoring 2. w/f

[Signature]

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
27/5/26	<u>PND-0</u>	
6:45pm		
	Ac-fai	Rx:
	Afebrile.	1) Regular diet
	PR - 86 bpm	2) Drugs as charted
	BP - 110/70 mmHg	3) EBF 2 nd hly.
	HCL - NAD	4) Plenty of oral fluids.
	RA - ut. retracted	5) Ambulation
	well.	6) Perineal Care.
	Pv - no active bleeding	7) w/s bleeding Pv.
		8) Infam Sol.
	Baby - active	
	motheride.	
		<i>[Signature]</i>
27/5/26	<u>PND-0</u>	
8:40pm		
	Ac-fai	Rx:
	Afebrile.	1) Regular diet
	PR - 90 bpm	2) Drugs as charted
	BP - 100/60 mmHg	3) EBF 2 nd hly
	HCL - NAD	4) Plenty of oral fluids
	RA - ut. retracted well	5) Ambulation
	Pv - no active bleeding	6) Perineal Care
		7) w/s Bleeding Pv.
		8) Infam Sol.
		9) Shift to room. <i>[Signature]</i>

Urine passed



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 6am	<u>PND-1</u>	
	<u>Vitals:</u> Cc fair Apxile. PR - 92bpm BP - 112/70 mmHg W/C NAD RA - UPW PV - NAB.	<u>Rx:</u> 1) Regular diet 2) Drgs as charted 3) SBF 2ndly 4) <u>(M) vitals</u> 5) Perinid care 6) W/SBR 7) Infusions.
	Spisitary healthy.	<i>[Signature]</i>
	Baby m/s. UFM →	
28/5 9pm	<u>PAD-1</u> Cc fair Apxile BP - 110/70 mmHg PR - 80bpm Skz 99% OMS M ✓ RA - UPW PV - NAB.	<u>Adw</u> - @ diet - plenty of oral feeds - drgs as charted - W/SBR - perinid care - ambulance / O/SF - @ W/S - Infusions

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5	<u>PND-2</u> a/c jaw Afebrile	<u>Adv</u> - Diet
<u>29/5/26</u> Baby m/s M ✓	BP - 110/50mmHg PR - 90bpm RR - 92 / min P/A - well P/W - NAB	- plenty of oral feeds - drugs as charted - w/ BPR - ambulation - perineal care - hygiene
29/5/26 Gam	<u>PND-2</u> a/c jaw Afebrile PR - 90bpm BP - 120/72mmHg P/A - ut(+) well P/W - NAB	<u>Adv</u> 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/ BPR 5) Monitor vitals 6) Perineal care 7) Doform SOS 8) Plan for discharge as per package
		<u>Adv</u>



REGULAR PRESCRIPTIONS

Weight 79 Ward mcy

Sheet No:

DRUG : BETADINE OINT				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Dt.	6am	X	Deepin Subin	Deepin Subin													
Name & Signature of the Doctor Starting the Drugs:				2pm	X	Raghu pater.														
Additional Instructions:				10pm	Deepin Subin	Deepin Subin														
Daily Doctor's Endorsement by a Sign																				

DRUG : BETADINE LOTION				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Dt.	6am	X	Deepin Subin	Deepin Subin													
Name & Signature of the Doctor Starting the Drugs:				2pm	X	Puls Rudram														
Additional Instructions:				10pm	Deepin Subin	Deepin Subin														
Daily Doctor's Endorsement by a Sign																				

DRUG : SYP DIPHALAC				Date Time	27/5	28/5														
Dose	Route	Frequency	Start Dt.	10pm	X	Deepin Subin														
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

FDH-00044861 IP25-00020665
 Mrs K KANCHANA KUMARI
 16-05-1989 37 Y 0 M 11 D (F)
 Dr. SAHITYA BAMMIDI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.9..... Ward m/cu.....

VERIFIED BY : Name Signature

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																					

DH-00044961 IP25-00020665
 Mrs K KANCHANA KUMARI
 13-05-1989 37 Y 0 M 11 D (F)
 Dr. SAHITYA BAMMIDI



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)

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. 79 kg Ward. mlc



DRUG :				Date																		
				Time																		
Dose	Route	Frequency	Start Date																			
DRUG : <u>Cefixime</u>																						
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>	<u>10am</u>																		
Name & Signature of the Doctor Starting the Drugs:																						
<u>Hed</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>PANTOPRAZOLE</u>																						
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>27/5</u>	<u>20/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																						
<u>Hed</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>PARACETAMOL</u>																						
<u>1g</u>	<u>PO</u>	<u>PO</u>	<u>27/5</u>	<u>27/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																						
<u>Hed</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

Mr. K KANCHANA KUMARI
18-05-1989 37 Y O M 11 D (F)
Dr. SAHITYA BAMMIDI



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	1 pm	Inj CEFOTAXIME	1g	iv	leaf	Bhagy ARI
27/5/26	2 pm	Inj BROTAVERINE	40mg	iv	suw	Bhagy A
27/5/26	2:05 pm	Inj HYDROURSE	20mg	iv	suw	Bhagy A
27/5	6:21 pm	Inj OXYTOCIN	10U	im	leaf	Anita Renuka
27/5	6:35 pm	Inj TRANEXEMIC ACID	1g	iv	leaf	Renuka Anita
27/5	7 pm	P. MISOPROSTOL	600mg	P/R	leaf	Anita Renuka
27/5	7 pm	supp. DICLOFFENAC	100mg	P/R	leaf	Renuka Anita

Signature

VERIFIED BY: Name

