

DISCHARGE SUMMARY

| | | | |
|------------------------|---|-----------------------|-----------------------|
| Name | Mrs SANJANA ARELLI . | UHID | FDH-00036909 |
| Father/Guardian | Mr D NITHISH | Age/Gender | 29 Y 7 M 18 D/ Female |
| Address | flat no 302 serenity shambala homes, Kapra, Hyderabad, Telangana, INDIA, 500062 | | |
| IP No | IP25-00020654 | Admission Date | 26-05-2026 |
| Ref Doctor | Self | | |
| 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.

Reg. No: 88518

Diagnosis: PRIMIGRAVIDA AT 38 WEEKS GESTATION WITH POLYHYDRAMNIOS (22.4CM) FOR INDUCTION OF LABOUR.

EMERGENCY LSCS DONE IN VIEW OF FAILURE TO PROGRESS DELIVERED A SINGLE LIVE FEMALE CHILD WEIGHING 3.386 KGS ON 27.05.2026 AT 01:00PM.

History:

LMP: 06.09.2025

Obstetric formula: Primigravida

EDD: 09.06.2026

Gestation at admission: 38 weeks

Obstetric History:



| | | | |
|-------|----------------------|----------------|--------------|
| Name | Mrs SANJANA ARELLI . | UHID | PDH-00036909 |
| IP No | IP25-00020654 | Admission Date | 26-05-2026 |

G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Nil

Surgical History: Nil

Allergies: Nil

Antenatal Details:

Mrs. SANJANA ARELLI . was booked to Rainbow hospital at 4+3 weeks of gestation. She had regular antenatal checkups and investigations as advised. Scan at 7+3 weeks showed 12 x 4mm peri sac collection noted. EFTS + NT scan at 13+1 weeks was normal. TIFFA scan at 21+3 weeks was normal. Serial growth scans were done and were normal. Scan done on 22.05.2026 showed SLIUF at 37+3 weeks gestation, cephalic, placenta - posterior, high, AFI 22.4cm (polyhydramnios) , EFW 3414grams (76%), Fetal dopplers were normal. She was admitted at 38 weeks for induction of labor.

Investigations: Blood grouping "O positive"

Management:

Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was uneffaced and 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for induction of labor. Labor induced with 3 doses of PGE1. Spontaneous rupture of membranes happened at 2cm dilatation, revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. She wanted epidural analgesia at 4-5cm dilatation, the same was sited by anesthetist. Repeat examination showed same findings with caput formation, along with late decelerations on NST. Couple explained about the above findings and need for emergency LSCS explained and they consented for the same.



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She was decided for emergency C- section in view of CPD , 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.

*** 2 loops of cord around the neck present.**

*** Long cord noted.**

Delivery Details :

Date : 27.05.2026
Time of Delivery: 01:00PM
Type of Delivery: Emergency LSCS
Indication : Cephalo-pelvic disproportion
Analgesia : Epidural

Baby Details:

Date : 27.05.2026
Time : 01:00 PM



| | | | |
|--------------|----------------------|-----------------------|-------------|
| Name | Mrs SANJANA ARELLI . | UHID | PH-00036909 |
| IP No | IP25-00020654 | Admission Date | 26-05-2026 |

Sex : Female
 Weight : 3.386Kgs
 Apgar : 8,9
 Gestational Age: 38weeks
 NICU Admission: No

Post-Operative Notes:

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

Advice:

1. Tab. Taxim O 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. Pantop 40mg twice daily till 02.06.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal xt (Elemental Calcium 500 mg, Vitamin D3 2000 IU) once daily (2pm) till breast feeding for 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 04.06.2026with prior appointment.



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Review with Dr. MANASA BADVELI after one 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:**

- 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**

| | | | |
|--------------|----------------------|-----------------------|---------------|
| Name | Mrs SANJANA ARELLI . | UHID | IP25-00036909 |
| IP No | IP25-00020654 | Admission Date | 26-05-2026 |

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

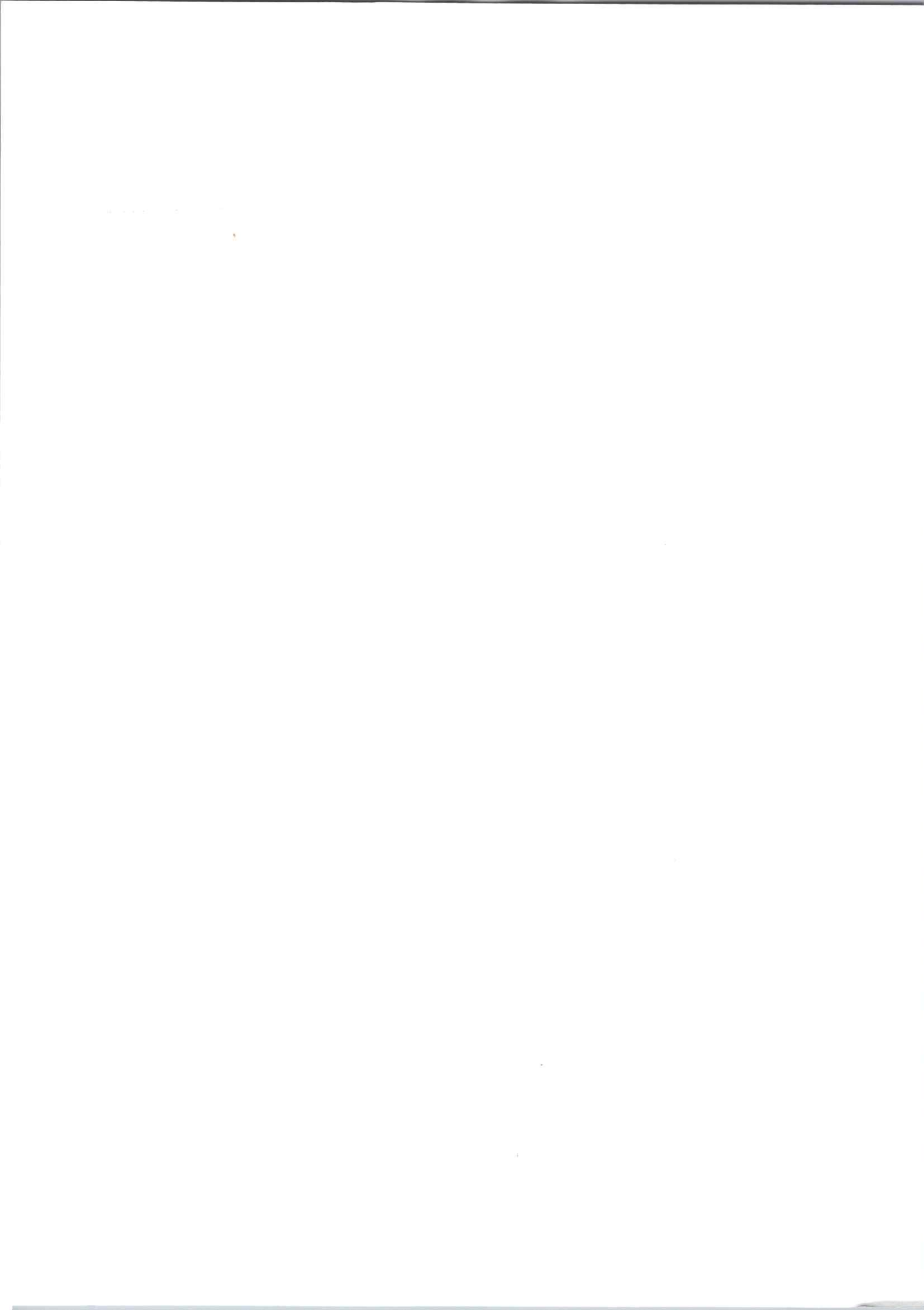
Dr. Manasa Badveli

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

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon.

88518



EDH-00036909 IP25-00020654
 Mrs SANJANA ARELLI
 29-10-1996 29 Y 7 M 18 D (F)
 Dr. MANASA BADVELI



SURGERY DETAILS

Date : 27/5/2026

Patient Name: Mrs. Sanjana Date of Birth: 9-10-1996 Age: 29 yrs.

Gender: female Ward: OT UHID No.: EDH-00036909

Date of Surgery: 27/5/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Emergency LSCS + Uterus artery ligation

Time in : 12:40pm

Time Out : 1:40pm

| | NAME | AMOUNT |
|----------------------|--------------------------|--------|
| 1. Surgeon | Dr. Manasa | |
| 2. Anaesthetist | Dr. Usha | |
| 3. Assistant Surgeon | Dr. Prema | |
| 4. OT Technician | Sr. Subhasini | |
| 5. Circulating Nurse | Sr. Sreeja | |
| 6. Assistant Nurse | Sr. Baby & Dr. Subhadeep | |

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: 581039 / 1040

Order by: Harman's Pro

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PURGE

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EM. LSCS

CONSUMABLES OF OT

Circulating Staff Technician : Date 27/5/26 Time :

| Anaesthesia Disposables | Qty | | Surgical Disposables | Qty | | Disposables (Baby Side) | Qty | |
|------------------------------------|--------|------|-------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube | | | Major Pack LSCS | | 1 | Inj Vit.K | | 1 |
| LMA | | | Sutures | | | Cord Clamp | | 1 |
| ECG leads : A / P/N | | 03 | 2347 | | 2 | Suction Catheter | | 1 |
| HME filter : A / P / N | | | 2364 | | 1 | Feeding Tube | | |
| Syringes : 10 cc | | 03 | | | | Vaccum Suction Set | | 1 |
| 05 cc | | 03 | Gloves 6 1/2 27 | 4 | 4 | Surgical Gloves 6 1/2 6 | 2 | 2 |
| 02 cc | | 03 | | | | Gauze Pack | | 2 |
| 01 cc | | | | | | Syringe 1ml / 2ml | | 1 |
| Cautery plate : A / P / N | | 01 | Surgical blade 22 | | 1 | Surgical Blade #20 | | 1 |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | 02 | Cautery pencil | | 1 | Under pad | | 1 |
| NS : 10ml / 100ml / 500ml / 1000ml | | | Koochies | | | | | |
| Poligol | | 01 | Ointments | | | | | |
| Fentanyl | | | Suction Catheter | | | | | |
| Morphine | | | Cap, Mask | | | | | |
| Ketamine | | | Gauze Pack | | 5 | | | |
| Propofol | | | Mop Pack | | 2 | | | |
| Rocuronium | | | Steristrip | | 1 | D. Aprons | | 3 |
| Glycopyrolate | | | Underpad | | 2 | | | |
| Myopyrolate | | | Draw sheet | | | NS-1000ml | | 1 |
| Ondansetron | | 01 | Abgel | | 1 | | | |
| Pencan 25g/ Spinal Needle 22 | | | Foleys catheter | | | Mito | | 4 |
| Bupivacaine 0.25% | | | Urobag | | | | | |
| Bupivacaine 0.25%(Heavy) | | | Chest Drainage Catheter | | | | | |
| Antibiotics | | | Romodrain bag | | | | | |
| Imveta | | 02 | Bandage | | | | | |
| Suppositories | | | Tegaderm | | | | | |
| Anamol : 80mg / 250mg / 170 mg | | | loban | | | | | |
| Supridol : 100mg | | 01 | Double J Stent | | | | | |
| Justin : 12.5 mg / 25mg / 100mg | | 01 | Vaccum Suction set | | 1 | | | |
| Tab. Misoprost : 200mg | | | Plastic Bed Sheet | | | | | |
| | | | Betadine Solution | | 2 | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 10 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Baby
580938

Dr. Manasa
Surgeon

Dr. ...
Anaesthesiologist

Baby, Subhadra
Nurse

OT Technician

Order No. : 80255NS9 / 580924

Ordered by : Amar

(RCH)



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020654

Admit Date : 26-May-2026

Admit Time : 08:48 PM UHID : FDH-00036909

Patient Details :

Patient Name : Mrs SANJANA ARELLI

Age : 29 Y 7 M 17 D

Guardian : Mr D NITHISH

DOB : 09-10-1996

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : flat no 302 serenity shambala homes Kapra
Hyderabad Telangana INDIA 500062

Phone No : 8121502639/

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LDR-02

Ward Name : 4F -LDR

Room No : LDR-02

Admission Type : First Visit

Contact Details :

Name : Mr D NITHISH

Relationship : Husband

Contact Address :

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. MANASA BADVELI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

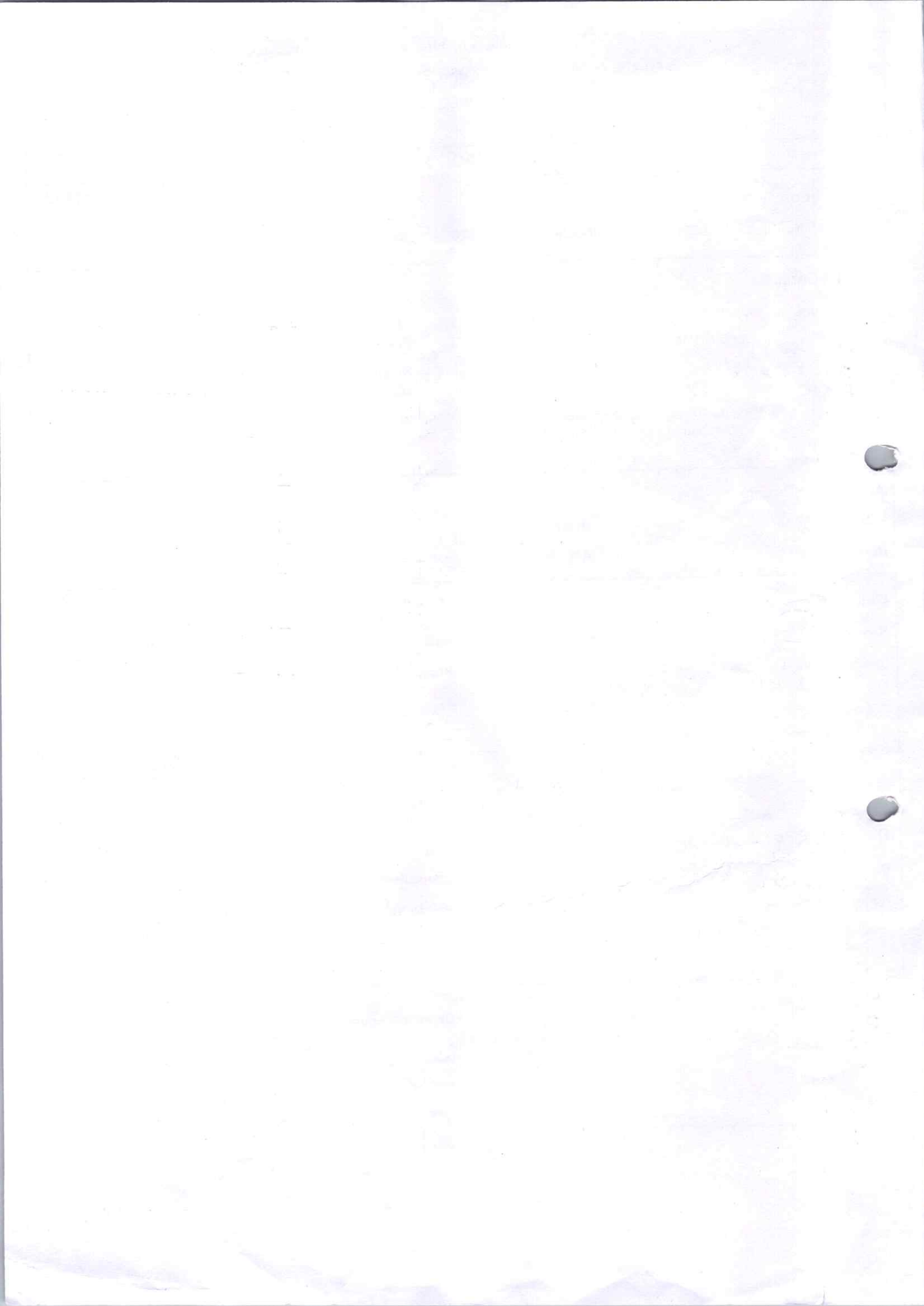
Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD





NURSING SHIFT HAND OVER FORM

| | | | | | | | | |
|--|--|--|---|---|---|---|---|---------------|
| SITUATION | Diagnosis: <i>primi @ 38wks GA for JOL</i> | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | | | |
| | Surgery / Procedure: | Post OP Day: | | | | | | |
| BACKGROUND | Date | <i>26/5/26 AM</i> | <i>26/5/26 E</i> | <i>26/5/26 N</i> | <i>28/5/26 AM</i> | <i>28/5/26 E</i> | <i>29/5/26 N</i> | |
| | Medical Condition (Any special condition to be noted): | - | - | - | - | - | - | |
| | Diet: | <i>Normal</i> | <i>NBM</i> | <i>S/D</i> | <i>S/D</i> | <i>S/D</i> | <i>M/D</i> | |
| ASSESSMENT | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Ventilation (RA, NP, NIV, VENTI): | <i>RA</i> | <i>RA</i> | <i>RA</i> | <i>R1</i> | <i>RA</i> | <i>RA</i> | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Vital Signs: | Temp: | <i>98.8F</i> | <i>36C</i> | <i>98.4F</i> | <i>98.9F</i> | <i>98.6</i> | <i>98.2F</i> |
| | | Res: | <i>20</i> | <i>20</i> | <i>20</i> | <i>21</i> | <i>20</i> | <i>20</i> |
| | | SpO ₂ : | <i>99%</i> | <i>100%</i> | <i>99%</i> | <i>99%</i> | <i>100%</i> | <i>99%</i> |
| | | Pulse: | <i>106</i> | <i>89</i> | <i>82</i> | <i>87</i> | <i>80</i> | <i>82</i> |
| | | BP: | <i>110/60</i> | <i>108/65</i> | <i>105/66</i> | <i>110/75</i> | <i>110/70</i> | <i>112/76</i> |
| | | LOC: | <i>conscious</i> | <i>conscious</i> | <i>C</i> | <i>C</i> | <i>C</i> | <i>C</i> |
| | | Fall Risk Score: | <i>0/10</i> | <i>0/10</i> | <i>0/10</i> | <i>0/10</i> | <i>0</i> | <i>0/10</i> |
| Pain Score: | <i>0/10</i> | <i>0/10</i> | <i>2/10</i> | <i>0/10</i> | <i>0</i> | <i>1/10</i> | | |
| Skin Integrity | <i>good</i> | <i>Good</i> | <i>Good</i> | <i>good</i> | <i>good</i> | <i>good</i> | | |
| Recommendations | Safety Needs: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Physiotherapy: | - | - | - | - | - | - | |
| | Others Specify: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Special Diet: | <i>ND</i> | <i>NBM</i> | <i>S/D</i> | <i>S/D</i> | <i>S/D</i> | <i>M/D</i> | |
| | Critical Lab Test / Values: | - | - | - | - | - | - | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | ADL (Dependent / Non Dependent): | <i>Dependent</i> | <i>Dependent</i> | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | <i>dependent</i> | |
| Post Operative Procedure Special Orders: | - | - | - | - | - | - | | |
| Handed Over By Name : | <i>Mani</i> | <i>Sadhika</i> | <i>Pam</i> | <i>Sune</i> | <i>laxhmi</i> | <i>Pam</i> | | |
| Signature / ID : | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | |
| Date: | <i>26/5/26</i> | <i>27/5/26</i> | <i>28/5/26</i> | <i>28/5/26</i> | <i>29/5/26</i> | <i>29/5/26</i> | | |
| Time: | <i>4PM</i> | <i>8PM</i> | <i>8PM</i> | <i>8PM</i> | <i>8PM</i> | <i>8AM</i> | | |
| Taken Over By Name : | <i>Mani</i> | <i>Pam</i> | <i>Sune</i> | <i>laxhmi</i> | <i>Pam</i> | <i>Sune</i> | | |
| Signature / ID : | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | | |
| Date: | <i>27/5/26</i> | <i>27/5/26</i> | <i>28/5/26</i> | <i>28/5/26</i> | <i>28/5/26</i> | <i>29/5/26</i> | | |
| Time: | <i>8AM</i> | <i>8PM</i> | <i>8AM</i> | <i>8PM</i> | <i>8PM</i> | <i>8AM</i> | | |


FDH-00036909 IP25-00020654
 Mrs SANJANA ARELLI
 09-10-1996 29 Y 7 M 19 D (F)
 Dr. MANASA BADVELI



NURSING SHIFT HAND OVER FORM

| | | | | | | |
|--|--|---|--|--|--|--|
| SITUATION | Diagnosis: | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | |
| | Surgery / Procedure: | Post OP Day: | | | | |
| BACKGROUND | Date | 29/5/16 | | | | |
| | Shift | M | | | | |
| | Medical Condition (Any special condition to be noted): | . | | | | |
| | Diet: | N/D | | | | |
| ASSESSMENT | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Ventilation (RA, NP, NIV, VENTI): | RA | | | | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vital Signs: | Temp: 98.3 F | | | | |
| | | Res: 21 | | | | |
| | | SpO ₂ : 98% | | | | |
| | | Pulse: 90 | | | | |
| | | BP: 100/72 | | | | |
| | | LOC: C | | | | |
| | | Fall Risk Score: 0/10 | | | | |
| | Pain Score: 0/10 | | | | | |
| | Skin Integrity: good | | | | | |
| Recommendations | Safety Needs: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Physiotherapy: | | | | | |
| | Others Specify: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Special Diet: | | | | | |
| | Critical Lab Test / Values: | | | | | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | PU Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | DVT Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADL (Dependent / Non Dependent): | Dependent | | | | | |
| Post Operative Procedure Special Orders: | | | | | | |
| Handed Over By Name : | | [Signature] | | | | |
| Signature / ID : | | [Signature] | | | | |
| Date: | | 29/5/16 | | | | |
| Time: | | @ 2pm | | | | |
| Taken Over By Name : | | | | | | |
| Signature / ID : | | | | | | |
| Date: | | | | | | |
| Time: | | | | | | |

ACTIVITY RECORD FOR BILLING

FDH-00036909 IP25-00020654 *refuse*
 N: Mrs SANJANA ARELLI .
 09-10-1996 29 Y 7 M 17 D (F)
 Dr. MANASA BADVELI
 UI  Consultant : _____ 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 |
|---------|--------|------|------|--------------------|
| 27/5/26 | 9:30pm | MICU | OT | <i>[Signature]</i> |
| 27/5/26 | 1:50PM | OT | MICU | <i>[Signature]</i> |
| 27/5/26 | 8PM | MICU | ward | <i>[Signature]</i> |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|--------------------|---------|-----------|--------------------|
| 1. | DR. Vaibhavi Harne | 28/5/26 | 1505 | <i>[Signature]</i> |
| 2. | | | | |
| 3. | | | | |
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| 9. | | | | |
| 10. | | | | |

MEDICAL EQUIPMENT (WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---------|-------------------|-----------------|--------------------|------------------------------|-------------|
| 27/5/26 | cardiac monitor | 27/5/26 | 27/5/26 | 1009 | [Signature] |
| 27/5/26 | Infusion pump | 8 AM | 7 PM | 1009 | [Signature] |
| 27/5/26 | Epidural pump | 11:30 AM | 2 PM 27/5/26 | 1009 | [Signature] |
| | | | | etc by [unclear] | |
| | | | | 27/05/26 | |
| | | | | 5 PM | |
| | | | | c. c by [unclear] | |
| | | | | 29/05/26 | |
| | | | | 9:10 AM | |

1911

1911

1911

329

DH-00036909 IP25-00020654
Mrs SANJANA ARELLI
19-10-1996 29 Y 7 M 18 D (F)
Dr. MANASA BADVELI



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/0/20 Time: 9:12

Origin: Durg Origin: Durg Height: 165 Weight: 79.5 BMI: ~26 kg/m² ~28 kg/m² ~30 kg/m²

Food Allergies: -

Diagnosis: primi at 38 weeks - polyhydramnios for 20w

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: Sagar
Name: Sagar
Date & Time: 28/0/20 9:12

Dietician's
Signature: [Signature]
Name: [Name]
Date & Time: 28/0/20 9:12

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

admitted for IOL

LMP: 6/9/25

EDD:

Corrected EDD: 9/6/26

GA: 38wks.

Obstetric Formula: *primi*

Menstrual History: Regular: Yes No

Obstetric History:

G₁ - P.P., spont. conception

Obstetric Examination

Fundal Height: *T4*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifth's Palpable: _____

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

Booked at 4⁺³ wks.

12x4mm vesic collection at 7⁺³ wks.

NT at 13⁺¹ wks - (N), FTS - low risk

RISK FACTORS: T1FFA at 21⁺³ (N)

polyhydramnios - 22.4cm at 37⁺³ wks.

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated *1 finger*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *165* cm

Weight: *77.5* kg

Allergies: *NIL*

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: -

Icterus: - Edema: -

Temp: *97.8 F* PR: *102 bpm*

BP: *118/70 mmHg* DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

primigravida at 38wks GA c polyhydramnios for IOL

Patient Sticker

| | |
|---|---|
| <p>Family History: Nil.</p> | <p>Surgical History: Nil</p> |
| <p>Medical History: Nil</p> | <p>Medication History: T. Fepla</p> |
| <p>Plan of Care: Admission Informed consent part preparation secure IV cannula NST check blood availability Send CBP, PT, APTT, INR. T. misoprostol 50mg IV at 10pm</p> | <p>Investigations: B/L/T - Otrc viral markers - NR CBP - Hb - WBC - } to be traced PLT - } USG (22/5/26): SLIUF @ 37⁺³ wks, cephalic, placenta - P/H AFI - 22.4cm EFW - 3414g (76⁺%) Dopplers - (N)</p> |

Doctor Name: Dr. Anusha
Signature: *[Signature]*
Date & Time: 26/5/26, 10pm

Consultant Name: Dr. Manasa
Signature: *[Signature]*
Date & Time: 26/5/26 10pm

| | |
|---|---|
| Pain Assessment: Pain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, complete the Pain Assessment / Reassessment Form) | |
| Vital Signs / Measurements: Temp: 98.8° F BP: 110/70 Weight: 79.5 Height: 165.15 RR: 20 HR: 101 BMI: | |
| Family History: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Liver disease <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> Seizures <input type="checkbox"/> Kidney disease | |
| Current Medication: <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes, if Yes, Fill the reconciliation form | |
| Obstetric History: G <input checked="" type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> A <input type="checkbox"/> | |
| Previous LSCS: | |
| Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: | Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: |
| Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Intertity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Past Medical History Past Surgical History Previous Hospital Admission |
| Past Medical History: Obtained From <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Medical Record <input type="checkbox"/> Other (specify) | |
| Chief Complaints: Doctor Notified on Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Doctor: Dr. Anurag Time Notified: 8:30 PM | |
| Allergies: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Blood Transfusion <input type="checkbox"/> Food <input type="checkbox"/> Other: If yes, identify: | |
| Baseline Information: Date of Admission: 26/5/26 @ 8:48 PM Admission From: <input type="checkbox"/> ER <input checked="" type="checkbox"/> OPD <input type="checkbox"/> Admission Desk <input type="checkbox"/> Others, specify Primary Language: <input checked="" type="checkbox"/> Telugu <input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Others, specify Do you require an interpreter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes if Yes specify Source of Information: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Others, specify | |

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

IP25-00020654
 Mrs SANJANA ARELLI
 09-10-1996 29 Y 7 M 17 D (F)
 Dr. MANASA BADVELI





PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
 Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected
 Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING: Calm & Cooperative Restless Depressed Agitated Confused
 Others:

Inform consultant for positive criteria

SOCIAL SCREENING:
 1. **Marital Status:** Single Married Divorced Widow
 2. **Special Habits:** **Smoker:** Yes No
Alcohol Abuse: Yes No
Drug Abuse: Yes No

Social History: Lives With *Family*

Orientation has been given regarding the following aspects:
 Call Bell in Reach: Yes No
 Waste Disposal Explained: Yes No
 Hand Hygiene Explained: Yes No
 Above information given to *patient's partner*
 Name of Person Orientation was given to:

Nurse Signature: *[Signature]*
Nurse Name: *Manu*
Date & Time: *06/15/06 @ 9pm*

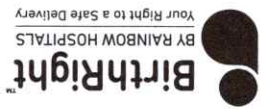
Orientation not given Reason:

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|--|
| 10pm | BP - fair Afebrile RR - 80bpm SpO2 - 100% on RA P/A - normal, no murmurs, no rales, no crackles FHR - 140bpm, regular PV - CX - 1.5cm lung, station - 3 | - T. Misoprostol 500mcg kept in - W/F contractions - NST 4th day - (NO) vitals before 5:30 Adv. |
| | ACFTM APACHE BP - 110/70mmHg RR - 80bpm SpO2 - 92% on RA P/A - normal, no murmurs, no rales, no crackles FHR - 140bpm, regular PV - CX - 1.5cm lung, station - 3 | - 1 misoprostol 500mcg kept in (and done) - W/F contractions/pain - CTG normal - (NO) vitals - responses Adv. |
| | NST - reactive ACFTM APACHE BP - 110/70mmHg RR - 80bpm SpO2 - 92% on RA P/A - normal, no murmurs, no rales, no crackles FHR - 140bpm, regular PV - CX - 1.5cm lung, station - 3 | - 1 misoprostol 500mcg kept in (and done) - W/F contractions/pain - CTG normal - (NO) vitals - responses Adv. |
| | | Adv. |

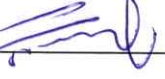
PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|---|---|
| 9/10/19 6am | c/o leading pr | Adv. |
| | AC-fair Femur RS - 76 bpm BE - 118/70 with PA - ut w/ cephalic ⁺ - (M) n/ab J/grow 805 | - Jay. cephalic 1 gm 10/10/19 - w/ contractions / 10/10 - continue ftr (M) - (M) n/ab J/grow 805 |
| | p/v - CX-30-40% effund O2 - 9F lease - 3 Gating MΘ, clear liguer | Adv. |
| | c/dt Dr. Navana | |
| | - continue CTG (M) - Keenan in 1hr. | |
| | | |
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PROGRESS NOTES AND DOCTOR'S ORDER



FDH-00036909
IP25-00020654
Mrs SANJANA ARELLI
28 Y 7 M 17 D (F)
09-10-1996
DR. MANASA BADELI

| Date & Time | Progress Notes | Doctor's Order |
|----------------------------|---|--|
| 27/12/2016 11:30 AM | Lol & Epidural also pain medicines | c/s in Mace |
| A17 - Late delivery (A) | Div. & was placed in situ (w/) 3-4 (30/10/11) | - continue NST - by Doppler stc - measure in 5 mins - with compression - pol - inform (c/s) |
| | Kx - 2 to -1 Punts to be reviewed | Punts to be reviewed |
| | Ceput (+) |  |
| 27/12/2016 | also pain medicines | couple commenced regarding the findings and need for emm explained: they consented for the |
| | c/s low | AA |
| | Aphasia | |
| | Re 84 bpm | |
| | BP-120/140 mmHg | |
| | SpO2 97/100% | |
| | RA ut conha 3-4 (30/11/11) | |
| | Fur (+) | |
| | PR CX well expanded | |
| | on 6 cm dilated | |
| | PRV nt-2 | |
| | Ceput (+) | |

PROGRESS NOTES AND DOCTORS ORDER

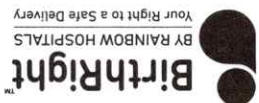
Dr. MANASA BADVELI
29-10-1996 (F)
29 Y 7 M 17 D
P25-01020554
P25-01036808
MRS. SUDHAKRANI A. P. TELI.

3

Rainbow Children's Hospital
It takes a lot to treat the little.
BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

| Date & Time | Progress Notes | Doctor's Order |
|--------------------------|---|---|
| 21/5/20 1:50pm | Pod-0 Rt leg pain Aggravated Sp - 110/70 mmHg R - 84/min SpO2 - 95% on air Pt - vitals (P) well Eucard no swelling R - NAB DV | - NAB DV x 4hr - IVF as per above - Review as advised - Monitor vital signs / etc - Eat 200gms - Insulin (50%) |
| 21/5/20 6pm | Pod-0 G-tube alprahale PR - 86 bpm BP - 110/70 mmHg HTL - NAB DV R/A - Urea / BSG ⊕ R/V - NAB DV | Adv in bed Ankleclota 1) Damp as checked 2) Oral sips of water qib 3) Monitor vitals / BP / etc 4) EAT 200gms 5) Insulin 50% |
| Shift to room | | 6) Today removed from the |

PROGRESS NOTES AND DOCTORS ORDER



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

PC-H-00136903
IPR-01201654
MID S MANJANA, A/1111
09-10-1996 29 Y 7 M 17 D (F)
DR. MANASA BADVELLI

FDH-00036909
 Mrs SANJANA ARELLI
 09-10-1996
 29 Y 7 M 17 D (F)
 DR. MANASA BADVELI



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to Safe Delivery

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Shifting to:

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|------|--|----------------|------------------------|-----------|-----------------------|--|
| 1 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: *Dr Pradyumn Reddy*

Date & Time: *26/5/26, 10 pm*

Nurse Name & Signature: *Medhina*

Date & Time: *26/5/26 @ 10 pm*

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

* C - Continue, DC - Discontinue

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DRUG CHART

Date of Admission: 26/5/26 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: | | | | | | | | | | | | | | | | | | | |

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. Ward.



| DR. | | | | Date | Time |
|--|-------|-----------|------------|----------------|-------------------------|
| Dose | Route | Frequency | Start Date | | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>Juj CEFOTAXIME</u> | | | | Date | Time |
| Dose | Route | Frequency | Start Date | 22/5 | 09/05 |
| 1gm | IV | BD | 27/5 | 6am | Deepika P.M. |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | 6pm | Stop |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>Juj PANTOPRAZOLE</u> | | | | Date | Time |
| Dose | Route | Frequency | Start Date | 22/5 | 22/5 |
| 40mg | IV | OD | 27/5 | 6am | Deepika P.M. |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | 6pm | Stop |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>T. PARACETAMOL</u> | | | | Date | Time |
| Dose | Route | Frequency | Start Date | 22/5 | 09/05 |
| 1gm | P/O | QID | 27/05 | 6am | Deepika P.M. |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
| Additional Instructions: | | | | 6pm | Stop |
| Daily Doctor's Endorsement by a Sign | | | | | |

FDH-00036909 IP25-00020654
 Mrs SANJANA ARELLI
 09-10-1996 29 Y 7 M 17 D (F)
 Dr. MANASA BADVELI



REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:

| | | | | |
|--|-------|-----------|-----------|--------------|
| DRUG : J. TRAMADOL | | | | Date Time |
| Dose | Route | Frequency | Start Dt. | |
| 100mg | P/O | TID | 27/05 | |
| Name & Signature of the Doctor Starting the Drugs: | | | | |
| DR SHINNY <i>[Signature]</i> | | | | |
| Additional Instructions: | | | | |
| | | | | |
| Daily Doctor's Endorsement by a Sign | | | | |

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|--|-------|-----------|-----------|--------------|
| DRUG : T-DICLOFENAC | | | | Date Time |
| Dose | Route | Frequency | Start Dt. | |
| 50mg | P/O | TID | 27/05 | |
| Name & Signature of the Doctor Starting the Drugs: | | | | |
| DR SHINNY <i>[Signature]</i> | | | | |
| Additional Instructions: | | | | |
| | | | | |
| Daily Doctor's Endorsement by a Sign | | | | |

| | | | | |
|--|-------|-----------|-----------|--------------|
| DRUG : T CEPAXIME | | | | Date Time |
| Dose | Route | Frequency | Start Dt. | |
| 200mg | PO | BD | 29/5 | |
| Name & Signature of the Doctor Starting the Drugs: | | | | |
| <i>[Signature]</i> | | | | |
| Additional Instructions: | | | | |
| 6pm | | | | |
| Daily Doctor's Endorsement by a Sign | | | | |

| | | | | |
|--|-------|-----------|-----------|--------------|
| DRUG : T. PANTOPRAZOLE | | | | Date Time |
| Dose | Route | Frequency | Start Dt. | |
| 40mg | PO | OD | 29/5 | |
| Name & Signature of the Doctor Starting the Drugs: | | | | |
| <i>[Signature]</i> | | | | |
| Additional Instructions: | | | | |
| | | | | |
| Daily Doctor's Endorsement by a Sign | | | | |

VERIFIED BY : Name Signature

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F: 0338931 II: 25-00020654
 09-10-1996 29 Y 7 M 17 D (F)
 Dr. MANASA BADVELI

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|----------|----------|-------------------|-----------------------------|-------|-------------|--------------------------------|
| 26/5/26 | 10pm | T. MISOPROSTOL | 50mg | PV | [Signature] | [Signature] |
| 27/5/26 | 2am | T MISOPROSTOL | 50mg | PV | [Signature] | [Signature] |
| 27/5/26 | 6:30 AM | LJUFOTAXIME | 1gm | IV | [Signature] | [Signature] |
| 27/5/26 | 8:25AM | T. MISOPROSTOL | 25mg | PO | [Signature] | [Signature] |
| 27/5/26 | 12:03pm | 2g DROTAVIRINE | 4mg | IV | [Signature] | Vijaya Srivani |
| 27/5/26 | 12:30 pm | 2g CEFOTAXIM | 1gm | IV | [Signature] | Bhagn [Signature] |
| 27/5/26 | 12:25 pm | 2g PANTOPRAZOLE | 40mg | IV | [Signature] | sniani Bhagn [Signature] |
| 27/5/26 | 12:15 pm | 2g METACLOPRAMIDE | 10mg | IV | [Signature] | sniani Bhagn [Signature] |
| 27/05/26 | 1:01 pm | 2mg CARBETOCIN | 100mcg | IV | [Signature] | Bhagn [Signature] |

Signature
Name

I.V. FLUIDS CHART

Weight: Ward:

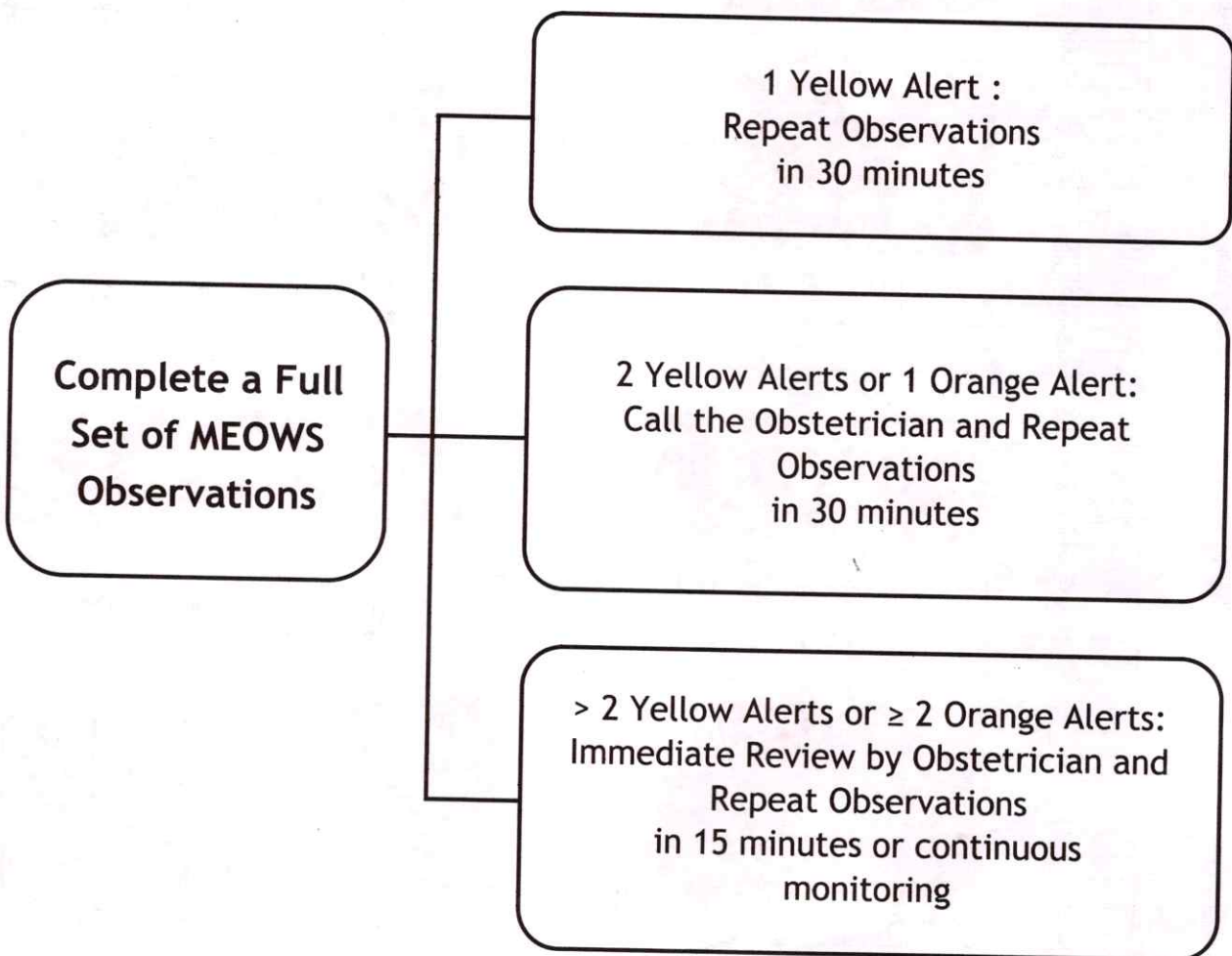


Composition of I.V. Fluid
 (mention ml/hr = Mcg/kg/min. etc)

| | | Composition of I.V. Fluid (mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|----------|----------|--|-------|--------------------|----------------|---------------|---------------------|----------------|---------------|
| 27/5/26 | 7:50 AM | 10 RL | IV | 100ml/hr | ☑ | AB | 27/5 | f | AB |
| 27/5/26 | 11:55 AM | 10 RL | IV | FF | ☑ | AB | 27/5 | ☑ | AB |
| 27/05/26 | 1:10 pm | RINGER LACTATE | IV | 500ml/hr | ☑ | AB | 27/5/26 | | Subhas |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

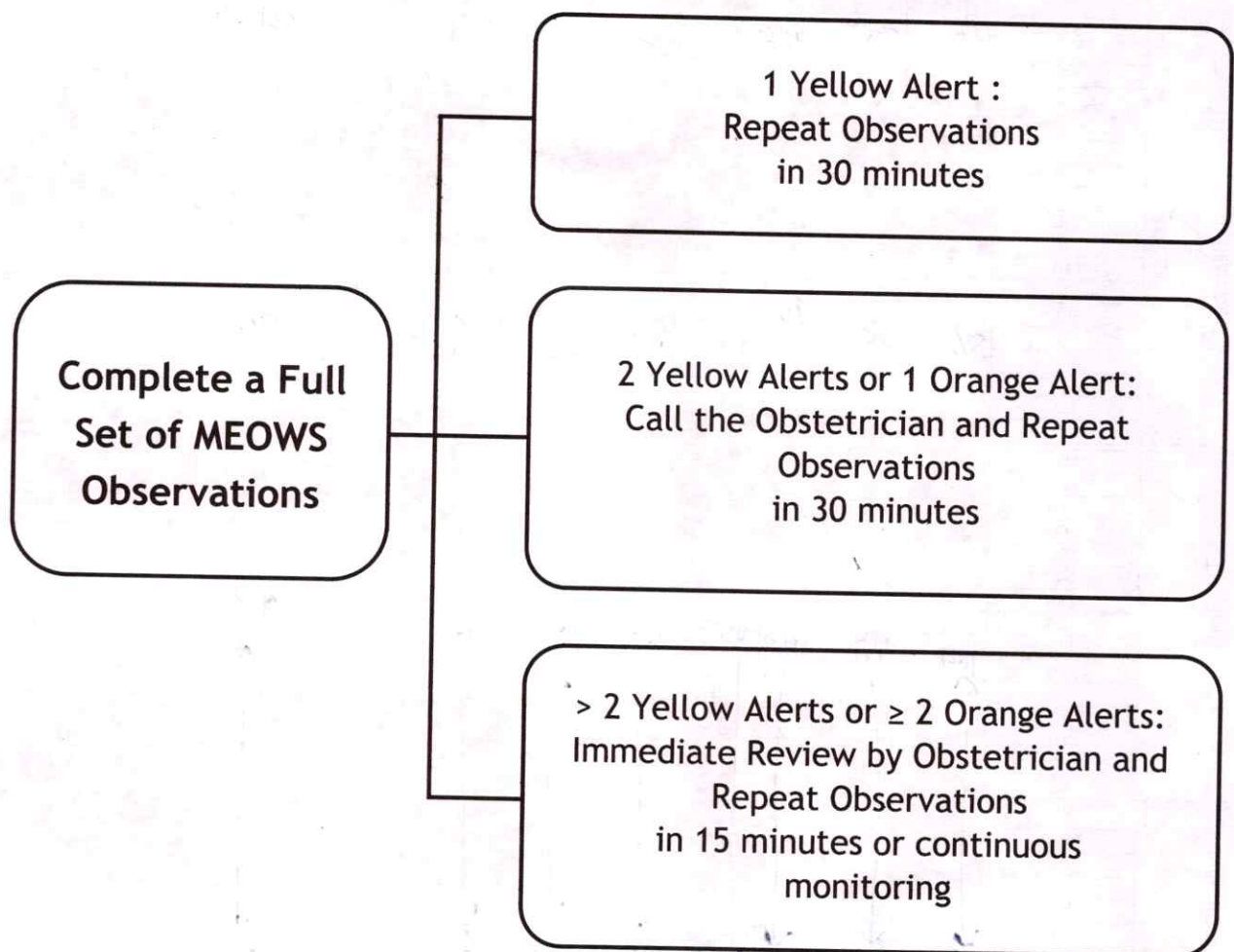
Signature
VERIFIED BY: Name

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

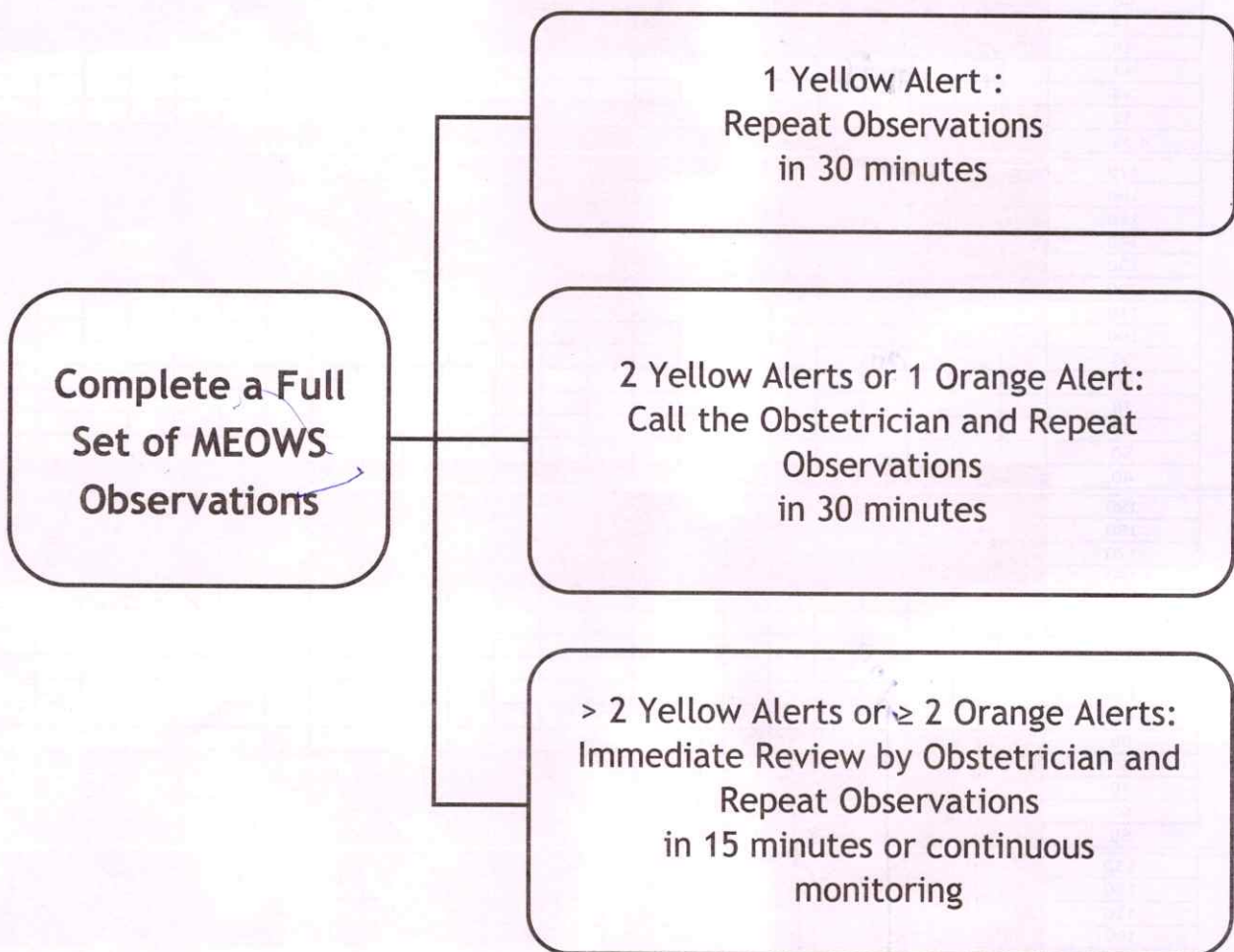
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Patient Sticker

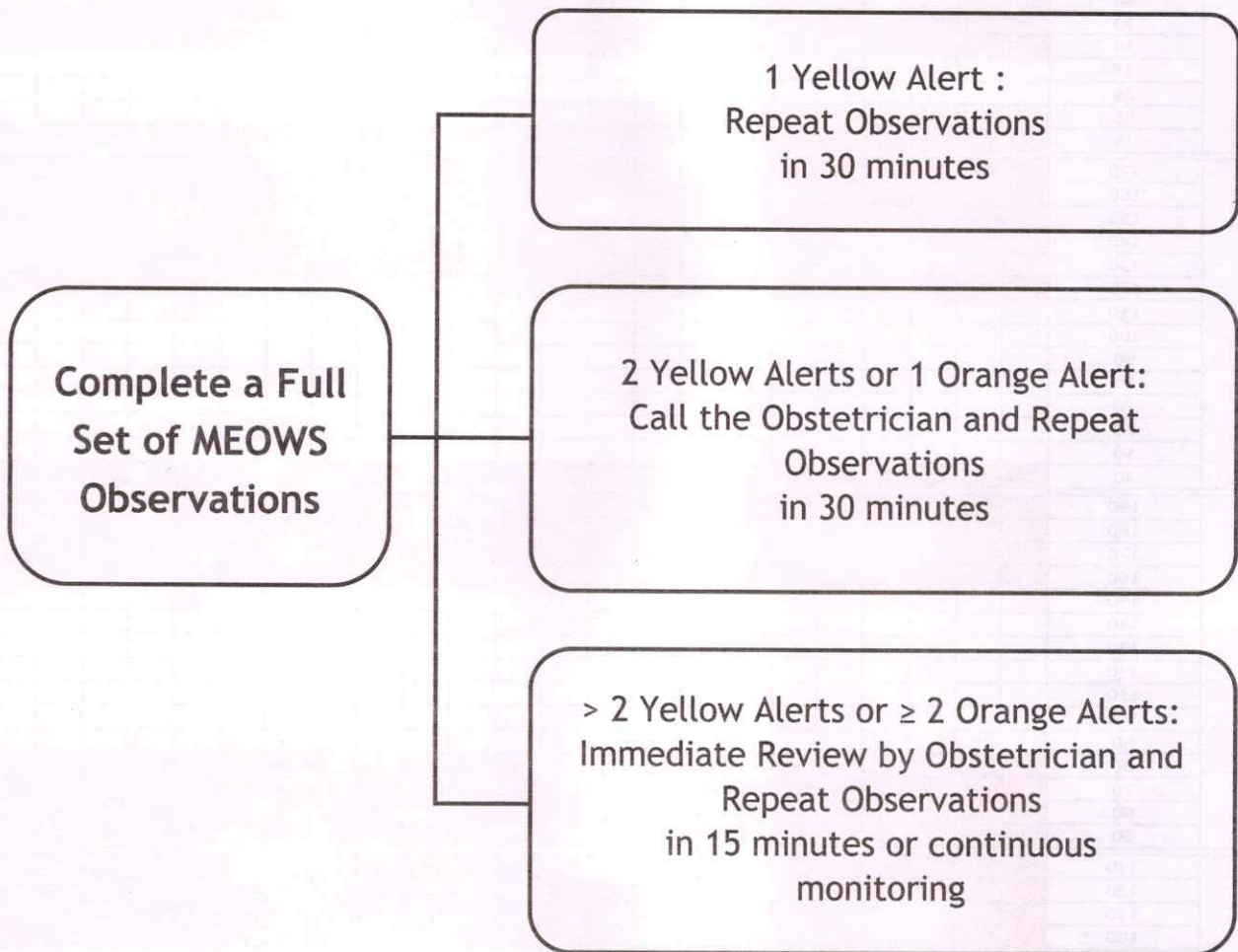


Early Warning Observation Score Chart - Obstetrics

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

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

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00036909 IP25-00020654
 Mrs SANJANA ARELLI .
 09-10-1996 29 Y 7 M 17 D (F)
 Dr. MANASA BADVELI



FLUID CHART

Sheet No. : 1

26/05/20

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------------|----------|-----------------|--------|-----|-----|--|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 26/5/20 | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | tho 100ml | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| | 10:00 pm | | | | NO | NO | NO | NO | NO | | 0 | | |
| | 11:00 pm | | | | NO | NO | NO | NO | NO | | 0 | | |
| 27/5/20 | 12:00 am | tho 200ml | | | NO | NO | NO | NO | NO | | 0 | | |
| | 01:00 am | | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | NO | NO | NO | NO | NO | | 0 | | |
| | 03:00 am | | | | NO | NO | NO | NO | NO | | 0 | | |
| | 04:00 am | tho 100ml | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| | 05:00 am | | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| | 06:00 am | tho 100ml | | | NO | NO | NO | NO | NO | | 0 | | |
| | 07:00 am | | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| Total Intake : 500ml | | | | | | Total Output : Total 5 Times passed | | | | | | | |

Total 24 hrs. Intake 500ml

Total 24 hrs. Output Total 5 Times passed



27/5/26

FLUID CHART

Sheet No. : 2

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

| Date | Time | Intake | | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|--------------------------|-------|-------|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|----------------|--|
| | | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | | |
| | 08:00 am | RL | 100ml | 100ml | - | - | - | - | - | - | 0 | } <i>pmg</i> | |
| | 09:00 am | RL | 100ml | 100ml | - | - | - | - | - | - | 0 | | |
| | 10:00 am | RL | 100ml | FF | - | - | - | - | - | ✓ | 0 | | |
| | 11:00 am | RL | | FF | - | - | - | - | - | ✓ | 0 | | |
| | 12:00 pm | RL | | FF | - | - | - | - | - | ⊙ | 0 | | |
| | 01:00 pm | RL | NBM | 100ml | - | - | - | - | - | ⊙ | 0 | | |
| Total Intake : | | 1000ml | | | | Total Output : | | | | | empty. | | |
| | 02:00 pm | RL | NBM | 100ml | - | - | - | - | - | - | 0 | } <i>empty</i> | |
| | 03:00 pm | RL | NBM | 100ml | - | - | - | - | - | - | 0 | | |
| | 04:00 pm | RL | NBM | 100ml | - | - | - | - | - | - | 0 | | |
| | 05:00 pm | RL | NBM | 100ml | - | - | - | - | - | - | 0 | | |
| | 06:00 pm | RL | NBM | 100ml | - | - | - | - | - | - | 0 | | |
| | 07:00 pm | RL | NBM | 100ml | - | - | - | - | - | EMPTY | 0 | | |
| Total Intake : | | 700ml | | | | Total Output : | | | | | 350ml | | |
| | 08:00 pm | RL | | 100ml | NO | NO | NO | NO | NO | NO | 0 | } <i>pm</i> | |
| | 09:00 pm | RL | | 100ml | | | | | | | 0 | | |
| | 10:00 pm | RL | | 100ml | | | | | | | 0 | | |
| | 11:00 pm | | | | | | | | | 500ml | 0 | | |
| | 12:00 am | HTO | 200ml | | | | | | | | 0 | | |
| | 01:00 am | | | | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | 500ml | | | | Total Output : | | | | | U - 500ml, m - 0 | | |
| | 02:00 am | | | | NO | NO | NO | NO | NO | NO | 0 | } <i>pm</i> | |
| | 03:00 am | HTO | 200ml | | | | | | | 300ml | 0 | | |
| | 04:00 am | | | | | | | | | | 0 | | |
| | 05:00 am | | | | | | | | | | 0 | | |
| | 06:00 am | HTO | 200ml | | | | | | | 400ml | 0 | | |
| | 07:00 am | | | | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | 400ml | | | | Total Output : | | | | | U - 700ml, m - 0 | | |
| Total 24 hrs. Intake | | 2600ml | | | | | | | | | | | |
| Total 24 hrs. Output | | U - 1650ml, m - 0 | | | | | | | | | | | |



FLUID CHART

Sheet No. : 3

28/05/26

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|------------------------|--------|-----|-----|--------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | | | | NO | NO | NO | NO | NO | 0 | [Signature] | |
| | 08:00 am | | | NO | NO | NO | | | | | | | |
| | 09:00 am | H ₂ O 200ml | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | H ₂ O 200ml | | | | | | | | | | | |
| | 01:00 pm | | | NO | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : 400ml | | | | | | Total Output : U-2 M-0 | | | | | | | |
| | 02:00 pm | H ₂ O 100ml | | NO | NO | NO | | NO | NO | | 0 | [Signature] | |
| | 03:00 pm | H ₂ O 200ml | | | | | | | | | | | |
| | 04:00 pm | H ₂ O 200ml | | | | | | | | | | | |
| | 05:00 pm | H ₂ O 200ml | | | | | | | | | | | |
| | 06:00 pm | H ₂ O 200ml | | NO | NO | NO | | NO | NO | | 0 | | |
| | 07:00 pm | H ₂ O 200ml | | NO | NO | NO | | NO | NO | | 0 | | |
| Total Intake : 500ml | | | | | | Total Output : U-2 M-2 | | | | | | | |
| | 08:00 pm | | | NO | NO | NO | NO | NO | NO | NO | 0 | [Signature] | |
| | 09:00 pm | H ₂ O 200ml | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | H ₂ O 200ml | | | | | | | | | | | |
| | 01:00 am | | | NO | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : 400ml | | | | | | Total Output : U-2, M-0 | | | | | | | |
| | 02:00 am | | | NO | NO | NO | NO | NO | NO | NO | 0 | [Signature] | |
| | 03:00 am | H ₂ O 200ml | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | H ₂ O 200ml | | | | | | | | | | | |
| | 07:00 am | | | NO | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : 400ml | | | | | | Total Output : U-1, M-0 | | | | | | | |

Total 24 hrs. Intake 1700ml

Total 24 hrs. Output U-7 M-02



FLUID CHART

Sheet No. : 4

29/05/20

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo- phlebitis Score | Sign. Nurse |
|-----------------------|----------|------------------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--|----------------|
| | | | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | | | NO | NO | NO | NO | NO | NO | | 0 | |
| | 09:00 am | H ₂ O 200ml | | | | | | | | 0 | | |
| | 10:00 am | | | | | | | | | 0 | | |
| | 11:00 am | | | | | | | | | 0 | | |
| | 12:00 pm | H ₂ O 200ml | | | | | | | | 0 | | |
| | 01:00 pm | | NO | NO | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | | 400ml | | | Total Output : | | | | | U=2 gm=0 | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

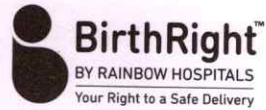
- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

| | | Intake | | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| Date | Time | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
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| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

| | |
|-----------------------------|--|
| Total 24 hrs. Intake | |
|-----------------------------|--|

| | |
|-----------------------------|--|
| Total 24 hrs. Output | |
|-----------------------------|--|

Patient Sticker



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|-----------------------|-----------------|--------|-----|-----|-----------------------|-----------------------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
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| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| | Total Intake : | | | | | | Total Output : | | | | | | |
| | 02:00 pm | | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | | |
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| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
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| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
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| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. SANSANA ARELLI Age: 29y Sex: F UHID.No: _____

Date: 27/05/26 Time: _____ Proposed Operation: LABOUR ANALGESIA

Diagnosis: primi 38 wks GA ± polyhydramnios for IOL Emergency LSCS

B.P / CRT: 118/70 H.R: 102bpm Weight: 79kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

| | | | | |
|-------------------------|----------------|-------------------|--------------------------|---------------------|
| Hgb: <u>14.0</u> | Glucose: _____ | Protein: _____ | HIV: _____ | X-Ray: _____ |
| PCV: _____ | Urea: _____ | Alb: _____ | HBS Ag: <u>NR</u> | ECG: _____ |
| WBC: <u>11,540</u> | Creat: _____ | Total Bill: _____ | HCV: _____ | 2D Echo: _____ |
| Plate: <u>1.51 lakh</u> | Na: _____ | Dir. Bill: _____ | Blood group: <u>O+ve</u> | Stress/Anglo: _____ |
| PT: <u>16.8</u> | K: _____ | LDH: _____ | T3: _____ | Other: _____ |
| PTT: <u>33.8</u> | Ca++: _____ | Alk phos: _____ | T4: _____ | |
| INR: <u>1.04</u> | Mg++: _____ | Amylase: _____ | TSH: _____ | |
| | Cl-: _____ | SGOT/SGPT: _____ | | |

Allergies: —

Medical History: CVS: —

RESP: _____ Diabetes: —

CNS: _____

Renal: _____

Hepatic / GE: _____ Physical Activity: METS > 4

Others: _____

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: N Neck: N Teeth: No Loose teeth

Lungs: B/L AE (+)

Heart: S1S2 (+)

CNS: Conscious, oriented

Pregnant: Yes No NA Venous Access Site: A-RUL 18 Spine Exam for regional: _____

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| | |
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| | |
| | |

Pre-Operative Instructions:

- DVT Prophylaxis: _____
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours 9:00 AM (Barley)
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: _____

Signature: [Signature] Name: DR SHINY

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 93 B.P / CRT: 104/61 SpO₂: 100 R.R: 14cpm Last Feed: < 4hrs

Pre-OP Diagnosis: primi 38 wks Operation: Em. LSC Date: 27/05/16

Surgeon: _____ Anaesthesiologist: DR SHIN Y Technician: Subhashini

| TIME | N ₂ O / AIR O ₂ LPM | HALO / SO ₂ SEVO | Drugs: | Antibiotic | Suppository | Blood Loss | NOTES |
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LAB Values

ABG

GRBS

Others

| | | | |
|--|---|---|--|
| <p><input checked="" type="checkbox"/> Equipment Checked and Functional</p> <p><input checked="" type="checkbox"/> BP</p> <p><input checked="" type="checkbox"/> Cuff Site: <u>UL</u></p> <p><input type="checkbox"/> Art Site: _____</p> <p><input checked="" type="checkbox"/> EKG Lead</p> <p><input type="checkbox"/> Temp Site</p> <p><input type="checkbox"/> FIO₂ Monitor</p> <p><input type="checkbox"/> Agent Monitor</p> <p><input checked="" type="checkbox"/> Pulse Oximeter</p> <p><input type="checkbox"/> Capnograph</p> <p><input type="checkbox"/> Ventilator</p> <p><input type="checkbox"/> Nerve Stimulator</p> <p>Position: <u>SUPINE</u></p> <p><input checked="" type="checkbox"/> Pressure Points Checked</p> <p>Eye Care:</p> <p><input type="checkbox"/> Oint</p> <p><input type="checkbox"/> Tape</p> <p><input type="checkbox"/> Padding</p> <p><input checked="" type="checkbox"/> Awake</p> | <p>Temp:</p> <p><input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer</p> <p><input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer</p> <p><input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool</p> <p><input type="checkbox"/> Other</p> <p>Times:</p> <p>Anaes Start: <u>12:40 pm</u></p> <p>OP Start: <u>12:56 pm</u></p> <p>OP End: _____</p> <p>Leave OR: <u>1:40 pm</u></p> <p>Anaesthesia:</p> <p><input type="checkbox"/> GA</p> <p><input type="checkbox"/> Monitored Anaesthesia Care</p> <p><input checked="" type="checkbox"/> Regional</p> <p>Line (Size & Location)</p> <p><input type="checkbox"/> CVP: _____</p> <p><input checked="" type="checkbox"/> ART: <u>UL 18g</u></p> <p><input checked="" type="checkbox"/> IV: _____</p> <p><input type="checkbox"/> IV: _____</p> <p><input type="checkbox"/> IV: _____</p> | <p>Induction</p> <p><input type="checkbox"/> IV <input type="checkbox"/> Inhal</p> <p><input type="checkbox"/> Pre O₂ <input type="checkbox"/> RSI</p> <p><input type="checkbox"/> Others</p> <p><input type="checkbox"/> Mask <input type="checkbox"/> SGA</p> <p><input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal</p> <p>ETT# _____ at _____ cm</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff</p> <p><input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical</p> <p><input type="checkbox"/> Drug: _____</p> <p><input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision</p> <p><input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie</p> <p><input type="checkbox"/> Fiberoptic</p> <p>Blade# _____ Attempts: _____</p> <p>Difficulty Why? _____</p> <p><input type="checkbox"/> Bilat = BS</p> <p><input type="checkbox"/> Semi-Closed Circle</p> <p><input type="checkbox"/> Closed Circle</p> <p><input type="checkbox"/> Other</p> | <p>Regional: <u>↓ Epidural Top up</u></p> <p>Extremity Specify: _____</p> <p><input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal</p> <p>Others: _____</p> <p>Position: _____</p> <p>Site: _____</p> <p>Needle Size: _____ Depth: _____</p> <p>Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Catheter at skin _____ cm</p> <p>Drug Name & Conc: <u>2% lignocaine + Adrenaline</u></p> <p>Bolus: <u>5ml + 3ml</u></p> <p>Infusion: _____</p> <p>Block Level: <u>T4</u></p> <p>Comments: _____</p> <p>Transportation to</p> <p><input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other</p> <p>Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p>Name of the Doctor: <u>DR SHIN Y</u></p> <p>Signature of the Doctor: _____</p> |
|--|---|---|--|

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Sadhika Time Received : 1:50 PM Time Discharged :

| | | |
|---|---|--|
| 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂ | 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 | IV Cannula Site : <u>Right</u> <input checked="" type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway |
| | | Vomiting : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drug: NG Tube : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Nil Oral <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IV Fluids: <u>RL</u> Oral Feeds: |

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

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|---------|------|------------|--------------|----------------|
| 27/5/26 | 2 PM | 0/10 | as for Axon | <u>Sadhika</u> |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : D.R. Usha

Anaesthesiologist Signature:

Date & Time: 27/5/26 2 PM

PACU Nurse Name : Sr. Sadhika

PACU Nurse Signature: Sadhika

Date & Time: 27/5/26 @ 2 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU): Sr. Sreeja

Date & Time: 27/5/26 @ 2 PM

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 27/05/26 Time: 11:30 Am Procedure done by DR SHINY

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

Depth: 5.5 cm Catheter at Skin: 10cm Attempts: 1

Parasthesia: Yes/No if yes details:

Solution Composition:

Any other issues:

a)

b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level | | Maternal | | FHR | Comments |
|----------|--|--|-------|-------|----------|-------|-----|----------|
| | | | Left | Right | BP | Pulse | | |
| 11:35 Am | 0.1% Bupivacaine + Amalgice Pentamyl 8ml/hr | 0.8% lignocaine + Adrenaline 8ml | - | - | 130/70 | 102 | 140 | |
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Delivery Details: Time: 1:00 PM APGAR: 8/10 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: DR SHINY

Patient Satisfaction: Comfortable

Discharge /Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: DR SHINY

Date and Time: 27/05/26

CONSENT FOR

DH-00036909 IP25-00020654
Mrs SANJANA ARELLI
19-10-1996 29 Y 7 M 18 D (F)
Dr. MANASA BADVELI

IRES



Patient Name :



Gender: Male Female

UHID No :

Department : ANESTHESIA

Date : 27/05/26

I S/D/W/O

Here by give consent for procedure of : LABOUR EPIDURAL ANALGESIA

The doctors have clearly explained to me that the procedure has following possible complications:

HYPOTENSION, BRADYCARDIA, POST DURAL PUNCTURE HEADACHE,
PRURITIS, PATCHY BLOCK

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

ENTONOX, REMIFENTANYL

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure : DR. SHINY

Patient / Patient Attendant :
Signature : *[Signature]*
Name : A. Sanjana
Relationship with Patient : SELF
Date & Time : 27/05/26, 10:57 Am

Witness :
Signature : *[Signature]*
Name : D. Nithish
Date & Time : 27/05/26, 10:58 Am

Doctor (who is taking the consent) :
Signature : *[Signature]*
Name : DR. SHINY
Date & Time : 27/05/26, 10:55 Am





CAESAREAN SECTION OPERATIVE NOTES

| | |
|---|---|
| Surgeon's Name: <u>Dr. Manasa</u> | Date of Delivery: <u>27/5/2026</u> |
| Assistant Surgeon: <u>Dr. Prema</u> | Time of Delivery: <u>1:00 PM</u> |
| Anaesthetist's Name: <u>Dr. Usha</u> | Gender of Baby: <u>female</u> |
| Type of Anaesthesia: <u>Epidural</u> | Weight of Baby: <u>3.386 kgs</u> |
| Neonatologist: <u>Dr. Kalyan</u> | AGPAR Score: <u>8/10, 9/10</u> |
| Scrub Nurse: <u>Sr. Baby, & Sr. Subhadeep</u> | NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Pre-Operative Diagnosis:

- Elective Emergency

Indication: CPD

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: Knife to rectus:

CTG Description: Variab. deceleration

If there was a delay give the reasons:

Surgical Procedure:

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

Post Operative Diagnosis:

Prt 4 / Emergency use

Peri-Operative Complications:

- Cord twice around neck
- long cord

Amount of Blood Loss:

500 ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other

5th Palpable:

Station: -3 -2 -1 0 +1 +2

Caput: + ++ +++

Bladder Catheterized: Yes No

Cervical Dilatation: 6cm cm

Fetal Position:

Moulding: None + ++ +++

Meconium: None + ++ +++

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 twice

Appearance of placenta: long Cavity explored Yes No

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

Uterine Closure: One Layer Two Layers } Suture

Peritoneal Closure: Pelvic Abdominal None } 1 - vicryl (round body) Suture

Sheath Closure: Suture

Fat Closure: Yes No } 1 - vicryl (teper cut) Suture

Skin Closure: Subcuticular Mattress } Suture

Vaginal Evacuated Yes No

Drain: Yes No Remove in days Await instructions

Catheter: Yes No Remove in days Await instructions

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

Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:

- P/B/M x 4hr

- IVF as per AXON

- vitals as directed

- monitor vitals (2/6) BP


- inform doc

Doctor Name: Dr MANASA Doctor Signature: [Signature]

Date & Time: 22/5/20

PATIENT TRANSFER FORM

OT

| | | | |
|---|---------------------------------------|--|---|
| Patient Name & UHID No. DH-00036909 IP25-00020654 Mrs SANJANA ARELLI 19-10-1996 29 Y 7 M 18 D (F) Dr. MANASA BADVELI  | | Date & Time of Admission 26/5/2026 @ 8:48 PM | Date & Time of Transfer Order 27/5/2026 @ 1:50 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 1 op file. | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Name & Signature of Person who is Transferring Sreeja Beija @ 1:50 PM | | Name of Person Ordered Transfer Dr. Usha. | |
| Patient & Clinical Records Received by : Sadhika @ 1:50 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

10/10/10
10/10/10
10/10/10

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10/10/10



PATIENT TRANSFER FORM

FDH-00036909 IP25-00020654

Mrs SANJANA ARELLI .

09-10-1996 29 Y 7 M 17 D (F)

Dr. MANASA BADVELI



| | | |
|---|---|--|
| Date & Time of Admission <i>26/5/20 @ 8:48pm</i> | | Date & Time of Transfer Order <i>26/5/20 @ 12:30pm</i> |
| Treating Consultant Name <i>Dr. Manasa</i> | Transfer Ordered by <i>Dr. Sweetha</i> | Reason for Transfer <i>Em-Less</i> |
| From Unit <i>MICU</i> | To Unit <i>OT</i> | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Number of Sheets in Clinical File <i>30</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. | <i>N/A</i> | _____ |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes No

| | |
|--|---|
| Name & Signature of Person who is Transferring <i>Sr. Bhagyee</i> | Name of Person Ordered Transfer <i>Dr. Sweetha</i> |
|--|---|

Patient & Clinical Records Received by :
Sreeja

Date & Time of Patient Received : *12:30PM*


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-00036909 IP25-00020654 Mrs. SANJANA ARELLI . 09-10-1996 29 Y 7 M 18 D (F) Dr. MANASA BADVELI  | | Date & Time of Admission 26/5/26 | Date & Time of Transfer Order 27/5/26 |
| | | Transfer Ordered by DR. Manasa | 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 | Number of Imaging Films one of file | 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 sr. Sadhika | Name of Person Ordered Transfer DR. |
|---|--|

Patient & Clinical Records Received by :

Date & Time of Patient Received :

Prav
 27/05/26 @ 8:40pm

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

12.

1.

13.



14.

15.

16.

17.

18.

MICU-0719

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

| Patient Name: <u>MRS. SANJANA ARELLI</u> | Age: <u>29 YRS</u> | Gender: <u>FEMALE</u> | |
|---|-------------------------------------|---|---------|
| UHID No: <u>FDH-00036909</u> | IP No: <u>IP 2500020654</u> | Date: <u>27/5/26</u> | |
| Time: <u>11:04 AM</u> | | | |
| Diagnosis: <u>PRIMIGRAVIDA AT 38 WKS FOR IOL</u> | | | |
| PRESCRIPTION DETAILS (Tick only one of the following) | | | |
| S.No | Drug Name | Dosage | Remarks |
| 1. | Fentanyl Citrate Inj. 50mcg/ML | <u>100 mcg</u> | |
| 2. | Morphine Sulphate Inj. 15mg/ML | | |
| 3. | Remifentanyl Hydrochloride Inj. 2MG | | |
| 4. | Remifentanyl Hydrochloride inj. 1MG | | |
| Doctor Name: <u>KODE USHA</u> | | Doctor Registration No: <u>12MDFM101539</u> | |
| Signature: <u>Kode</u> | | | |

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

IP Registration No: IP 25 000 20654 Date: 27/5/26

Aadhaar No. of the Patient (Optional):

| 1. | Name: <u>MRS. SANJANA ARELLI</u> | Remarks | | |
|----|---|---------------------------------------|--|-----------------|
| 2. | Complete postal address (with contact number, if any) | <u>HYDERABAD 8121502639</u> | | |
| 3. | Brief description of the illness | <u>PRIMIGRAVIDA AT 38 WKS FOR IOL</u> | | |
| 4. | Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded) | | | |
| 5. | Details of essential Narcotic drug dispensed | | | |
| | Name of the Essential Narcotic Drugs | Quantity | Signature / Thumb Impression of the patient / Patient Attender | Remarks, if any |
| | <u>2MS FENTANYL CITRATE</u> | <u>0MG</u> | | |

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

Received by (Name & ID No.): SRIVANI (9550198) Signature: [Signature]

Time: 11:04 AM

NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)

| | | |
|---|----------|---------|
| Patent Name | Age | Center |
| UHD / or | Date | Time |
| Diagnosis | | |
| PRESCRIPTION DET-Us (For only one of the following) | | |
| Drug Name | Quantity | Remarks |
| 1. Fentanyl Citrate 0.1 mg/ml | | |
| 2. Morphine Sulfate 1 mg/ml | | |
| 3. Propofol 1 mg/ml | | |
| 4. Propofol 1 mg/ml | | |
| Doctor Name | Date | |
| Signature | | |

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

IF Registration No. _____

Address of the Patient (Optional) _____

| | | | | |
|---|--------------------------------------|----------|---|-----------------|
| 1. Name | Remarks | | | |
| 2. Complete postal address (with contact number if any) | | | | |
| 3. Brief description of the illness | | | | |
| 4. History related with the illness (with special reference to the details of the narcotic drugs dispensed) | | | | |
| 5. Details of the narcotic drugs dispensed | | | | |
| Date | Name of the Essential Narcotic Drugs | Quantity | Signature (Thumb impression of the patient) | Remarks, if any |
| | | | | |
| | | | | |

Dispensed by (Name & ID No.) _____

Received by (Name & ID No.) _____

Signature _____