

DISCHARGE SUMMARY

Name	Mrs SARADA H	UHID	FDH-00044368
Father/Guardian	Mr SHIVDEV KUMAR	Age/Gender	32 Y 6 M 11 D/ Female
Address	hall mark, tranquil ,puppalguda , hyderabad, Puppalguda, Hyderabad, Telangana, INDIA, 500075		
IP No	IP25-00020632	Admission Date	26-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultant:

Dr. Pujitha Devi Suraneni

MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No: 55973

Diagnosis: PRIMIGRAVIDA AT 37+6 WEEKS GESTATION WITH

- 1. TYPE-II DM ON INSULIN**
- 2. HYPOTHYROID**
- 3. FOR ELECTIVE LSCS**

ELECTIVE LSCS DONE, IN VIEW OF MATERNAL REQUEST, DELIVERED A SINGLE LIVE MALE BABY AT 12:42 PM WEIGHING 2.359 KGS ON 26.05.2026

History:

LMP: 06.09.2025

Obstetric formula: Primigravida

EDD: 10.06.2026

Gestation at admission: 37+6 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Name	Mrs SARADA H	UHID	FDH-00044368
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Medical History: Type - II DM since 8 weeks of gestation, presently on Insulin, Tresiba 0-0-6 units and Humalog 3-3-0 units
Hypothyroid since 8weeks, on Tab. Thyronorm 25mcg
Surgical History: H/O URSL for renal calculi in 2023
Allergies : Nil
Family History : Father- HTN + DM & Mother - DM

Antenatal Details:

Mrs. SARADA H, was booked to Rainbow hospital at 30+6 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan and FTS at 12 weeks was normal with right ovarian simple cyst of 4.6x3.3 cm and left lateral subserosal fibroid of 3x2cm. TIFFA scan at 19+1 weeks was normal, ovarian cyst of 3.2x3.1 cm and fibroid of 27x18mm, not seen on following scans. Fetal ECHO at 24weeks was normal. USG done on 19.05.2026 showed SLIUF at 36+6 weeks gestation, cephalic, AFI - 17.9 cm, placenta - anterior, high, AC 5%, EFW 2.617 kgs (17%) with Fetal dopplers normal. She was admitted at 37+6 weeks for Elective LSCS on Maternal request.

Investigations: Enclosed

Blood group & Typing- "A" Rh positive

Management:

Course in hospital and Delivery Details:

She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes:



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Under spinal 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. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** Endometriotic deposits on bilateral ovaries**

Delivery Details :

Date : 26.05.2026
Time of Delivery: 12:42 PM
Type of Delivery: Elective LSCS
Indication : Maternal request
Analgesia : Spinal

Baby Details:

Date : 26.05.2026
Time : 12:42 PM
Sex : MALE
Weight : 2.359 Kgs
Apgar : 8, 9
Gestational Age: 37+6 weeks
NICU Admission: No

Post-Operative Notes:

She was closely monitored. Her vital signs remained stable. Uterus was well



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retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. **Her blood sugars were monitored, and were normal.** 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. Augmentin 625 mg twice daily till 01.06.2026 (9am-9pm) after food.
2. Tab. Acton - OR thrice daily till 01.06.2026 (9am-2pm-9pm) after food.
3. Tab. Pan 40mg once daily till 01.06.2026 (8am) before breakfast.
4. Tab. Lyser-D twice daily till 01.06.2026 (10am-10pm) after food.
5. Tab. Solfe extra once daily (8pm) for two months after dinner.
6. Tab. Gemcal XT once daily (2pm) till breast feeding after lunch.
7. Megaheal gel for local application.
8. Nip care ointment for local application.
9. **To do TSH & FBS, PLBS, HBA1C after 6 weeks and review**
10. **Sugar medication to be added sos**

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 02.06.2026 with prior appointment.

Review with Dr. PUJITHA DEVI SURANENI, after one week on 02.06.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).

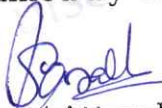
For Women Who Have Had a Cesarean Section Care of the wound:



Name	Mrs SARADA H	UHID	UH-00044368
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1. You can bath and shower.
2. The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3. This gauze piece needs to be discarded after one use.
4. Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5. Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6. Do not touch the wound with unwashed hands.

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



Patient/ Attender

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

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



Registrar/Resident/C.M.O

S. Pujitha Devi

Dr. Pujitha Devi Suraneni
MBBS, MS(Obs & Gynae), FMAS, FICRS (Robotic Surgeon)



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IP No	IP25-00020632	Admission Date	26-05-2026

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon
 Reg. No: 55973

FDH-00044368
Mrs SARADA H
15-11-1993

IP25-00020632

32 Y 6 M 11 D (F)

Dr. PUJITHA DEVI SURANENI



SURGERY DETAILS

Date : 26/5/2026

Patient Name: Mrs. Sarada Date of Birth: 15-11-1993 Age: 32 yrs

Gender: female Ward: OT UHID No.: FDH-00044368

Date of Surgery: 26/5/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : EL. Uter. (maternal request)

Time in : 12:10 Am

Time Out : 1:10pm

	NAME	AMOUNT
1. Surgeon	Dr. Pujitha	
2. Anaesthetist	Dr. Sri Surya	
3. Assistant Surgeon	Dr. pooja	
4. OT Technician	Sr. Subhasini	
5. Circulating Nurse	Sr. Sreeja	
6. Assistant Nurse	Sr. parvathi, Sr. Buddha	

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: 80454/455

Order by: Anan



SUBJECT: [Illegible]

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[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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[Illegible text]

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FDH-00044368 IP25-00020632

Mrs SARADA H
15-11-1993 32 Y 6 M 11 D (F)

Dr. PUJITHA DEVI SURANENI



clt
CONSUMABLES OF OT



Technician : *P. Anubala* Date : *26/05/2022* Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>WCS</i>		1	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / P / N		05	<i>2347</i>		3	Suction Catheter		1
HME filter : A / P / N			<i>2762</i>		2	Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		1
05 cc		05	Gloves <i>6/17</i>	4	4	Surgical Gloves <i>6/17</i>	2	2
02 cc		05				Gauze Pack		2
01 cc						Syringe-1ml / 2ml		
Cautery plate : A / P / N		07	Surgical blade <i>22</i>		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL	1+02		Cautery pencil		1	<i>underpad</i>		1
NS : 10ml / 100ml / 500ml / 1000ml		07	Koochies			<i>Baby 80408</i>		
ATROPINE		07	Ointments					
Fentanyl			Suction Catheter					
Morphine			Cap, Mask					
Ketamine			Gauze Pack		5	<i>M/S</i>		4
Propofol			Mop Pack		2	<i>S. Apron</i>		3
Rocuronium			Steristrip		1			
Glycopyrolate			Underpad		2	<i>rose/corona</i>		
Myopyrolate			Draw sheet					
Ondansetron			Abgel		1	<i>leggin</i>		1
Pencan 25g Spinal Needle 22		07	Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25% (Heavy)		02	Chest Drainage Catheter			<i>Neomycin</i>		
Antibiotics <i>DICLO</i>		07	Romodrain bag					
Suppositories			Bandage					
Anamol : 80mg / 250mg / 170 mg			Tegaderm					
Supridol : 100mg		07	loban					
Justin : 12.5 mg / 25mg / 100mg		07	Double J Stent					
Tab. Misoprost : 200mg			Vaccum Suction set		1			
<i>SPANTO</i>		08	Plastic Bed Sheet					
<i>MEM</i>		07	Betadine Solution		3			
<i>BIOPHICE</i>		02	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
<i>ADROGLARE</i>		07	Saral					

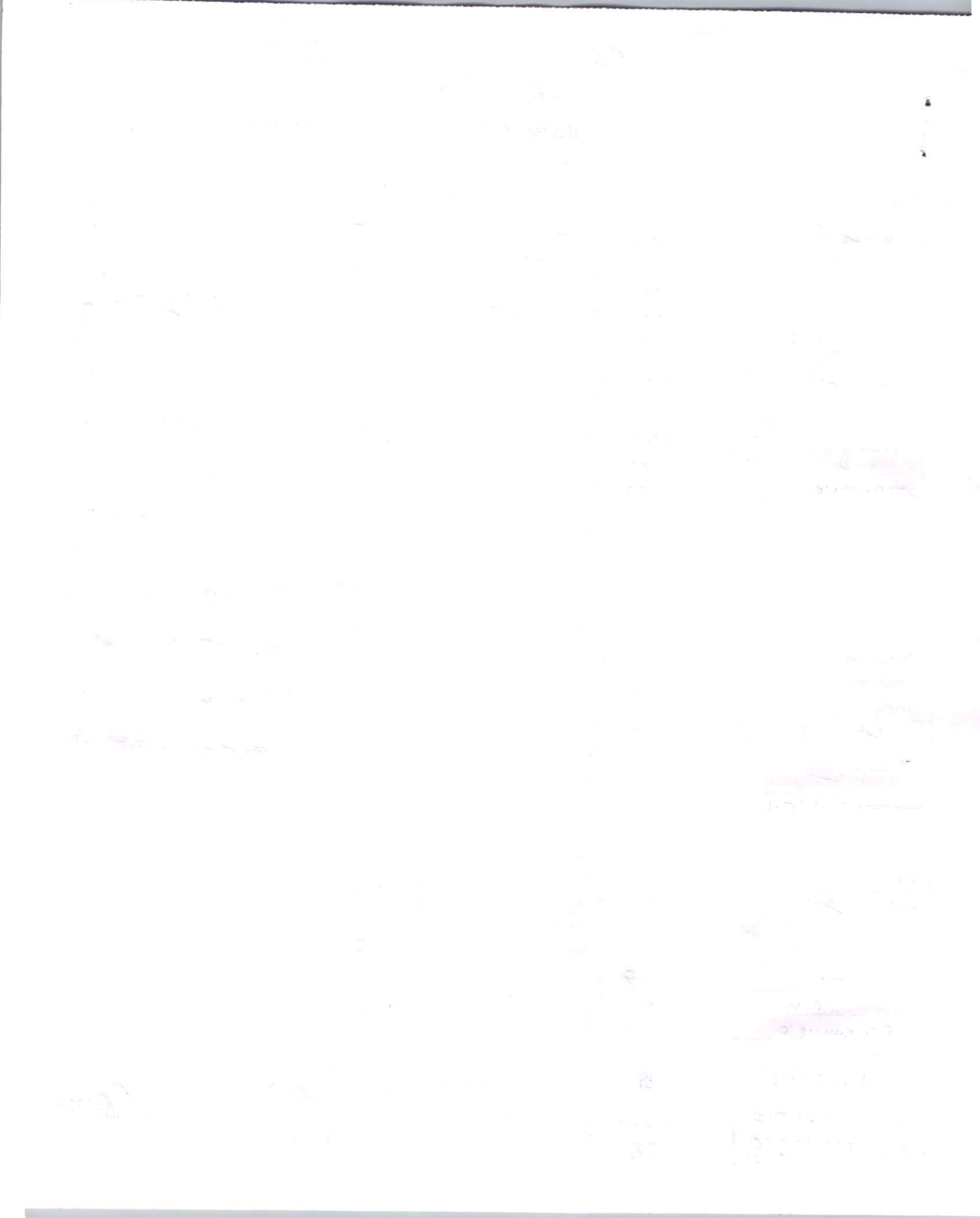
Surgeon *058037*
Order No. : *058036*
Doc. No. : RCH / FRM / GENERAL / 125

Anaesthesiologist *0405 MS*

Nurse *P. Anubala*
Anne

OT Technician *Anne*

Ordered by :





ADMISSION SHEET

Registration Details :



Admission No : IP25-00020632 Admit Date : 26-May-2026 Admit Time : 08:26 AM UHID : FDH-00044368

Patient Details :

Patient Name	: Mrs SARADA H	Age	: 32 Y.6 M 11 D
Guardian	: Mr SHIVDEV KUMAR	DOB	: 15-11-1993
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: hall mark, tranquil ,puppalguda , hyderabad Puppalguda Hyderabad Telangana INDIA 500075	Phone No	: 8129748702/ 8903432228
		E-mail	:

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 SHIVDEV KUMAR Relationship : Husband
 Contact Address : hall mark, tranquil ,puppalguda , hyderabad Phone No :
 Puppalguda Hyderabad Telangana INDIA 500075

T.R. Shub
 Signature

Doctor Details :

Doctor Name : Dr. PUJITHA DEVI SURANENI Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : GENERALI CENTRAL INSURANCE
 COMPANY LIMITED




ACTIVITY RECORD FOR BILLING

FDH-00044368 IP25-00020632

Mrs SARADA H

Name: -- 15-11-1993 32 Y 6 M 11 D (F) -----

Dr. PUJITHA DEVI SURANENI

UHID No  ----- 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
26/5/26	11:55 AM	MICU	OT	<i>[Signature]</i>
26/5/26	1:50 PM	OT	MICU	<i>[Signature]</i>
26/5/26	9:45 PM	MICU	Ward	<i>[Signature]</i>
28/5/26	2:25 PM	Ward (Billing)	Billing	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. vaibhavi	27/05/26	1006	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5/26	IV placement		0498	J. Fel
26/5/26	Catheterization		0500	J. Fel
	pac	OP		
				checked by
				man
				26/05/26
				Cgm

ANY OTHER INFORMATION

Blood Ave.
 Blood availability in Aqush.
 op file given to pt attendee * f.f.fel

Date: 26/5/26 Time @ 8:26 AM Prepared By: Jenuky

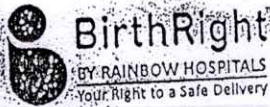
Staff Nurse Jenuky	Shift / Ward micu	Billing Assistant	Billing Supervisor
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207 Gnada

Physiotherapy Consult

Ref. No.: F/HW/CONS.F

CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE

Date: 27/5/26

Hour: 4:45

Hospital:

Referred for: Opinion Co-Management

Transfer of care

Type of Referral: Emergency (within one hr.)

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

Date: Time: By:

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

Signature: *[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

NH RPR

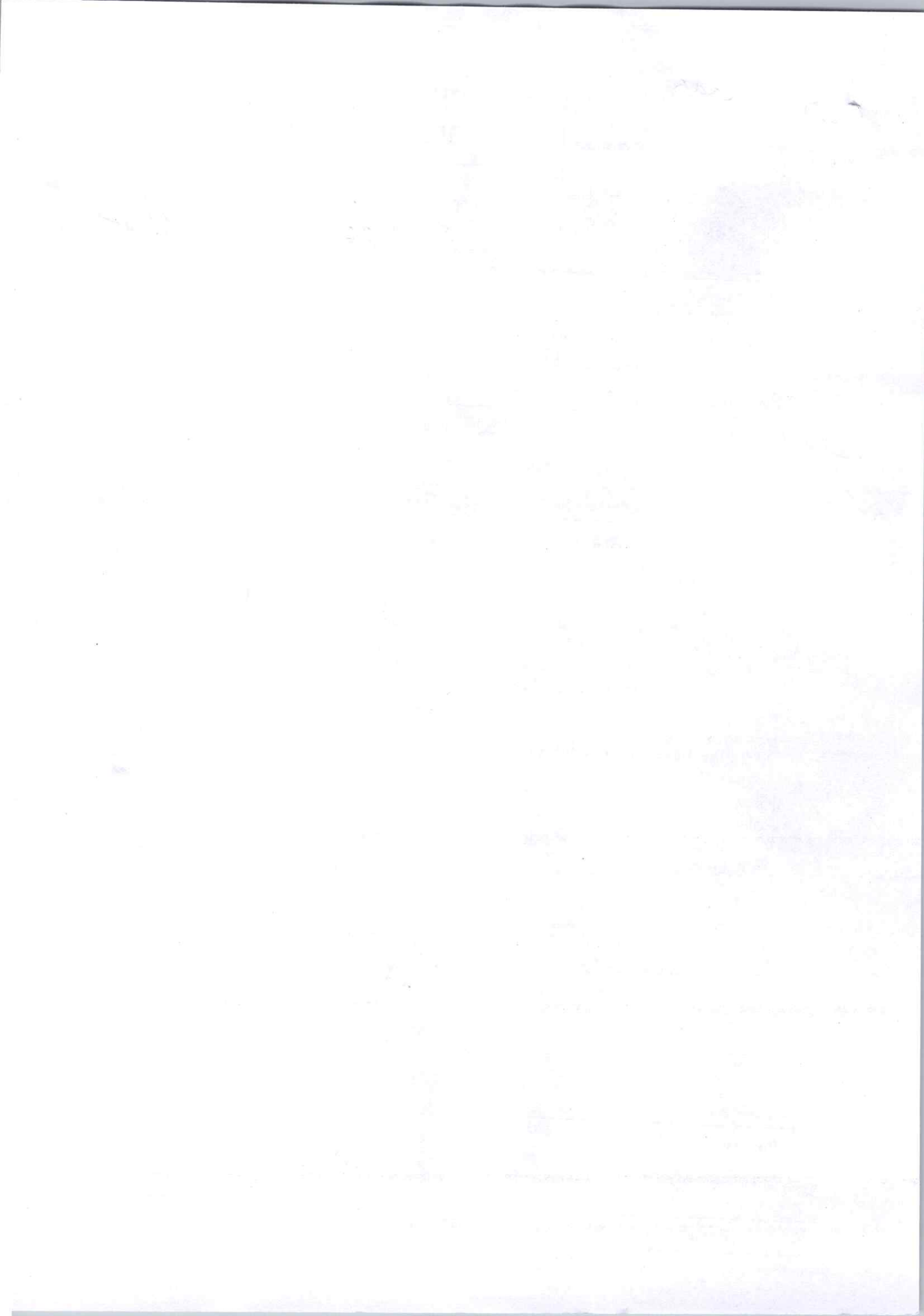
Consultant:

Name: VAIBHAVI HARNE

Signature: *[Signature]*

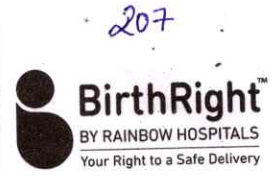
Date & Time:

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



FDH-00044368
Mrs SARADA H
15-11-1993
32 Y 6 M 12 D (F)
Dr. PUJITHA DEVI SURANENI

IP25-00020632



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/05/26 Time: 10:00 AM

Origin: Indian Height: 1.63cm Weight: 80.6kgs BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies: Nil

Diagnosis: Pimi t 37th wks. LATE Type 1 DM (on insulin) for BL. Utes

- 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 *P. R. Shub*

Dietician's

Signature:

Signature: *Anhisa*

Name:

Name: *Anhisa*

Date & Time:

Date & Time: 27/05/26 10:00 AM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Rani 37+ weeks GA @ 11 AM</i> <i>on line to Hypothyroid</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<i>26/5/26</i>	<i>26/5/26</i>	<i>26/5/26</i>	<i>27/5</i>	<i>27/5</i>	<i>27/5</i>	
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>OK</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):		<i>ELLU</i>	<i>post op EL-LS</i>	<i>EL-LS</i>	<i>EL-LS</i>	<i>EL-LS</i>	
Diet:	<i>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>ND</i>	<i>ND</i>	<i>ND</i>	<i>ND</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>RA</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>36.5</i>	<i>36.2C</i>	<i>36.2C</i>	<i>98.7F</i>	<i>98.2F</i>	<i>98F</i>
		Res:	<i>21</i>	<i>20bpm</i>	<i>20 bpm</i>	<i>19b/m</i>	<i>19</i>	<i>20</i>
		SpO ₂ :	<i>100</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>82</i>	<i>86bpm</i>	<i>88 bpm</i>	<i>72b/m</i>	<i>79</i>	<i>76</i>
		BP:	<i>117/82</i>	<i>112/72</i>	<i>116/73</i>	<i>121/40</i>	<i>120/90</i>	<i>110/68</i>
		LOC:	<i>Glasgow</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/15</i>	<i>0/15</i>	<i>0/10</i>	
Pain Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</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 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	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>post partum exercise</i>	<i>-</i>	<i>Postpartum exercise</i>	
	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>NBM</i>	<i>NBM</i>	<i>NBM</i>	<i>ND</i>	<i>ND</i>	<i>NID</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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:						<i>Sugar tomorrow</i>		
Handed Over By Name :	<i>Penula</i>	<i>Sushma</i>	<i>Gowth</i>	<i>Rampi</i>	<i>Amisha</i>	<i>Rani</i>		
Signature / ID :	<i>PL</i>	<i>019024</i>	<i>G</i>	<i>101715</i>	<i>A</i>	<i>R</i>		
Date:	<i>26/5/26</i>	<i>26/5/26</i>	<i>26/5/26</i>	<i>27/5</i>	<i>27/5/26</i>	<i>28/5/26</i>		
Time:	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 9pm</i>	<i>on 27/5</i>	<i>@ 8pm</i>	<i>@ 8AM</i>		
Taken Over By Name :	<i>Sudha</i>	<i>Gowth</i>	<i>Rampi</i>	<i>Amisha</i>	<i>Rani</i>	<i>Ranjita</i>		
Signature / ID :	<i>019024</i>	<i>G</i>	<i>@ 8pm</i>	<i>A</i>	<i>R</i>	<i>R</i>		
Date:	<i>26/5/26</i>	<i>26/5/26</i>	<i>on 27/5</i>	<i>27/5/26</i>	<i>27/5/26</i>	<i>28/5/26</i>		
Time:	<i>@ 8pm</i>	<i>A</i>	<i>27/5</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8 AM</i>		

FDH-00044368 IP25-00020632

Mrs SARADA H

15-11-1993 32 Y 6 M 12 D (F)

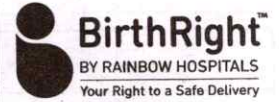
Dr. PUJITHA DEVI SURANENI



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>EL - LSCS</u>		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	<u>28/5/26</u>					
	Shift	<u>M</u>					
	Medical Condition (Any special condition to be noted):	<u>EL-LSCS</u>					
	Diet:	<u>D/D</u>					
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	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>					
	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	
	Vital Signs:	Temp:	<u>98°F</u>				
		Res:	<u>20</u>				
		SpO ₂ :	<u>99.1</u>				
		Pulse:	<u>80</u>				
		BP:	<u>110/72</u>				
		LOC:	<u>conscious</u>				
		Fall Risk Score:	<u>0/10</u>				
Pain Score:	<u>0/10</u>						
Skin Integrity	<u>Good</u>						
Recommendations	Safety Needs:	<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:	<u>-</u>					
	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	
	Special Diet:	<u>D/D</u>					
	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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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):	<u>dependent</u>						
Post Operative Procedure Special Orders:		<u>-</u>					
Handed Over By Name :		<u>Sangeeta</u>					
Signature / ID :							
Date:		<u>28/5/26</u>					
Time:		<u>@ 2pm</u>					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

FDH-00044368
 Mrs SARADA H
 15-11-1993 32 Y 6 M 11 D (F)
 Dr. PUJITHA DEVI SURANENI



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26 @ 8:26 AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: plan. for EL LSCS Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Pooja

Time Notified: @ 8 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Type-II DM (on insulin) eg. thyroid</u>	<u>H/O op for renal colic - 2023</u>	

Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: Menstrual Cycle: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular Last Menstrual Period: <u>6/9/25</u>	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 Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Obstetric History: G P L A

Previous LSCS: 5

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 36.5 HR: 78 RR: 21

BP: 121/78 Weight: 80.6 Height: 1.83 BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0/10 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach: Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump: Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given to patient

Name of Person Orientation was given to: Husband

Orientation not given Reason:

Nurse Signature: Renele

Nurse Name: Renele

Date & Time: 26/5/21 @ 8:58 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Admitted for safe confinement

LMP: 6/9/25

EDD: 13/6/26

Corrected EDD: 10/6/26

GA: 37⁺ weeks

Obstetric Formula: Primi

Menstrual History: Regular: Yes No

Obstetric History: ⊖

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5th palpable

FHS: Normal Tachy Brady Absent

Present Pregnancy Record: Booked & current

e 30⁺ weeks GA

- EFTS, MTS can - (N)

RISK FACTORS:

- Hypothyroid on 25mcg
- Type II DM on Insulin

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination ⊖

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 163 cm

Weight: 80.6 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: afebrile PR:

BP: DTR:

CVS: S₁, S₂ ⊕ RS BAE ⊕

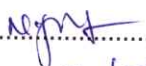
Liver/Spleen: Urine Output:

DIAGNOSIS

Primi e 37⁺ weeks GA e Type II DM (on Insulin) e subserosal fibroid (3x2cm)
Hypothyroid (25mcg) for E.L. Use

Patient Sticker

<p>Family History: Father — HTN, DM Mother — DM</p>	<p>Surgical History: H/O URSL for Renal Calculi — 2023</p>
<p>Medical History: ^{e 8 weeks} Type II DM (on Insulin) — G. Hypothyroid — on 25 mcg</p>	<p>Medication History: T. SOLFEEXTRA } T. GEMCALXT } Stopped Protein SF powder } Ecospirin e 36 weeks</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) NBM 2) Informed Consent 3) Secure IV access 4) post preparation 5) check all investigations 6) Review PAC 7) Admission NST 8) Drugs as charted <p>GRBS @ 9am — 92mg/dl</p>	<p>Investigations: <u>25/5</u> CBP — 11.2/10.6K/2.9L BGT — A +ve</p> <p>HIV } HBSAG } NR HCV } VDRL }</p> <p><u>19/5/26</u></p> <p>SHUF ~ 36⁺⁶ w AFI — 17.9cm placenta — ant, high (AC — 5.1. EFW — 17.1.) EFW + 2-6kg dopplers (N)</p>

Doctor Name: Dr. N. Pooja
Signature: 
Date & Time: 26/5/26

Consultant Name: Dr. PUJITHA
Signature: _____
Date & Time: 26/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/20 2pm	<p>POD-0</p> <p>ac faw</p> <p>ajchle</p> <p>Sp - 110/60mmHg</p> <p>PR - 80bpm</p> <p>SpO₂ - 98%</p> <p>P/A - UAW</p> <p>PV - NAB</p> <p>Uo - 100ml (clean)</p>	<p>Adv</p> <ul style="list-style-type: none"> - NBM 6hr - IVP fluids - drugs as charted - wj SRV / vitals / 2/10 - sugar on 27/5, 28/5 - @ vitals - infomess
6pm	<p>QRS - 67mg/dl</p> <p>CHIT Dr. Pujitha</p> <p>IVF → 25D 1/2 slow now</p>	
26/5 8pm	<p>POD-0</p> <p>ac faw</p> <p>ajchle</p> <p>Sp - 110/80mmHg</p> <p>PR - 80bpm</p> <p>SpO₂ - 99% on NA</p> <p>P/A - UAW</p> <p>PV - NAB</p> <p>Uo → 200ml (clean)</p>	<p>ndly Adv - In bed ambulation</p> <ul style="list-style-type: none"> - allow sips → liquid diet - soft diet at 12pm - drugs as charted - wj SRV - Foley removal 11m 20/6 am - QRS, PPRS, PLBS on 27/5, 28/5 - CRF - @ vitals - infomess - shift to room if liquids-toler well

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 6:30 am	<u>POD 0</u> GC fair Afebrile BP 114/70 mmHg	<u>Adv</u> - soft diet - plenty of oral fluid - drugs as charted
<u>Baby Ms</u> <u>U - get blood</u>	PR - 80 bpm SUG - 99 / 2M PLA - MW PR - NAB	- w/BRV - amniotic LBSA - Infom FBS - To do PPBS, PLBS and Urin
F - M -		- FBS, PPBS, PLBS on 28/5 - @ 11:00 - Infom
		Noted by Dr. [Signature] @ 6:30 am
27/5/26 3 pm.	<u>POD +1</u> c/o pain during micturition GC fair Afebrile PR - 80 bpm BP - 114/80 mmHg PLA - UTI well PR - NAB	<u>Adv</u> 1) Normal Diabetic diet 2) Plenty of oral fluids 3) Drugs as charted 4) To do FBS, PPBS, PLBS on 28/5/26
<u>Baby - Ms</u> <u>U -</u>		5) Monitor vitals 6) w/A BPV 7) Infom SOS 8) F Urin spec 200mg stat
	Sugars - 91/225/129 27/5	Holdy Dr. [Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Adv</u>
<u>27/5/26</u> 8pm.	POD-1 Gc fair Afebrile. PR-78bpm. BP-120/74mmHg SPO ₂ - 98% on RA P/A - ut(R) well P/v - NAB.	1) Diabetic diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPV 5) Monitor vitals 6) Inform SOS 7) Do do FBS, PPBS, PLBS on 28/5/26. 8) Syp Duphalac 10ml P/o stat
Baby - m/s. U ✓ FV ✓ M ✓		
		Noted by Anushka @ 8pm
<u>28/5/26</u> 7pm.	<u>POD-2</u> Gc fair. Afebrile PR - 82bpm BP - 112/72 P/A - UAW Trace FBS PPBS PLBS. P/v - NAB.	Rx: 1) Diabetic diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPV 5) (M) vitals 6) Inform SOS.
U F M ✓ ✓ ✓		
B - m/s.	Patient had taken food @ 4am hence FBS @ 8am on 28/5/26.	Noted by Jani @ 9am

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ADMISSION RECONCILIATION FORM

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:

Shifted 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	T-SOLFE EXTRA	1tab	PO	OD	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-GEMCAL XT	1tab	PO	OD	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-THYRONORM	250ug	PO	BBF	26/5	<input type="checkbox"/> C <input checked="" 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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. N. Pragna, *N. Pragna*

Date & Time : 26/5/26 : 7am

Nurse Name & Signature: *Malini*

Date & Time : 26/5/26 at 8AM

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

2

1911

1911

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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:																					

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. 80.6 kgs Ward. m/eu

DRUG : <u>2; AUGMENTIN</u>				Date	26/5	27/5														
Dose	Route	Frequency	Start Date	Time																
<u>1.2 gm</u>	<u>iv</u>	<u>BD</u>	<u>26/5</u>	<u>10AM</u>	<u>X</u>	<u>8-10</u>	<u>Pumpi</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Dr Arme R</u>					<u>10PM</u>	<u>11PM</u>	<u>11PM</u>													
Additional Instructions:					<u>Rome</u>	<u>Rome</u>														
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>R PANTOPRAZOLE</u>				Date	27/5															
Dose	Route	Frequency	Start Date	Time																
<u>40mg</u>	<u>iv</u>	<u>OD</u>	<u>26/5</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr Arme R</u>					<u>6AM</u>	<u>Am</u>	<u>Rome</u>													
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab. PARACETAMOL</u>				Date	27/5	28/5														
Dose	Route	Frequency	Start Date	Time																
<u>1g</u>	<u>PO</u>	<u>QID</u>	<u>26/5</u>	<u>12AM</u>	<u>Am</u>	<u>Am</u>	<u>Am</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Dr R Sri Surya</u>					<u>6AM</u>	<u>Am</u>	<u>Am</u>													
Additional Instructions:					<u>12 PM</u>	<u>Sc</u>	<u>Am</u>													
Daily Doctor's Endorsement by a Sign					<u>6PM</u>	<u>Am</u>	<u>Am</u>													
DRUG : <u>Tab. TRAMADOL</u>				Date	27/5															
Dose	Route	Frequency	Start Date	Time																
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>26/5</u>	<u>12AM</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr R Sri Surya</u>					<u>8AM</u>															
Additional Instructions:					<u>4PM</u>															
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 80.5kg Ward micu

DRUG : Tab. DICOLOFENAC				Date Time	26/5	27/5	28/5													
Dose	Route	Frequency	Start Dt.																	
50mg	PO	TID	26/5	11AM	X	AM	AM													
Name & Signature of the Doctor Starting the Drugs: Dr. R. Sri Surya				3PM	X	AM	AM													
Additional Instructions:				11PM	AM	AM														
Daily Doctor's Endorsement by a Sign																				

DRUG : T-AUGMENTIN				Date Time	28/5																
Dose	Route	Frequency	Start Dt.																		
625mg	PO	BD	28/5	10AM	AM																
Name & Signature of the Doctor Starting the Drugs:				10PM																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG : T-PANTOPRAZOLE				Date Time	28/5																
Dose	Route	Frequency	Start Dt.																		
40mg	PO	OD	28/5	6AM	AM																
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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight 20.6 kg Ward MICU

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																			

Fig. 19



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26		INT- CEFOTAXIME				
26/5/26	11 AM	INT- AUGMENTIN	1.2g m	IV	ng	Pl Remenu
26/5/26	11 AM	INT- PANTOPRAZOLE	40mg	IV	ng	Pl Remenu
26/5/26	11 AM	INT- METOCLOPRAM	10mg	IV	ng	Pl Remenu
26/5	12:20pm	Supp. ONDANSETRON	4mg	PO	ng	Pl Remenu
26/5	12:42pm	Supp. CAPPRETOCIN	100mcg	PO	ng	Pl Remenu
26/5	1:40pm	Supp. TRAMADOL	100mg	PR	ng	Pl Remenu
26/5	1:40pm	Supp. DICLOFENAC	100mg	PR	ng	Pl Remenu
26/5	1:40pm	T. Misoprostol	600mcg	PR	ng	Pl Remenu

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

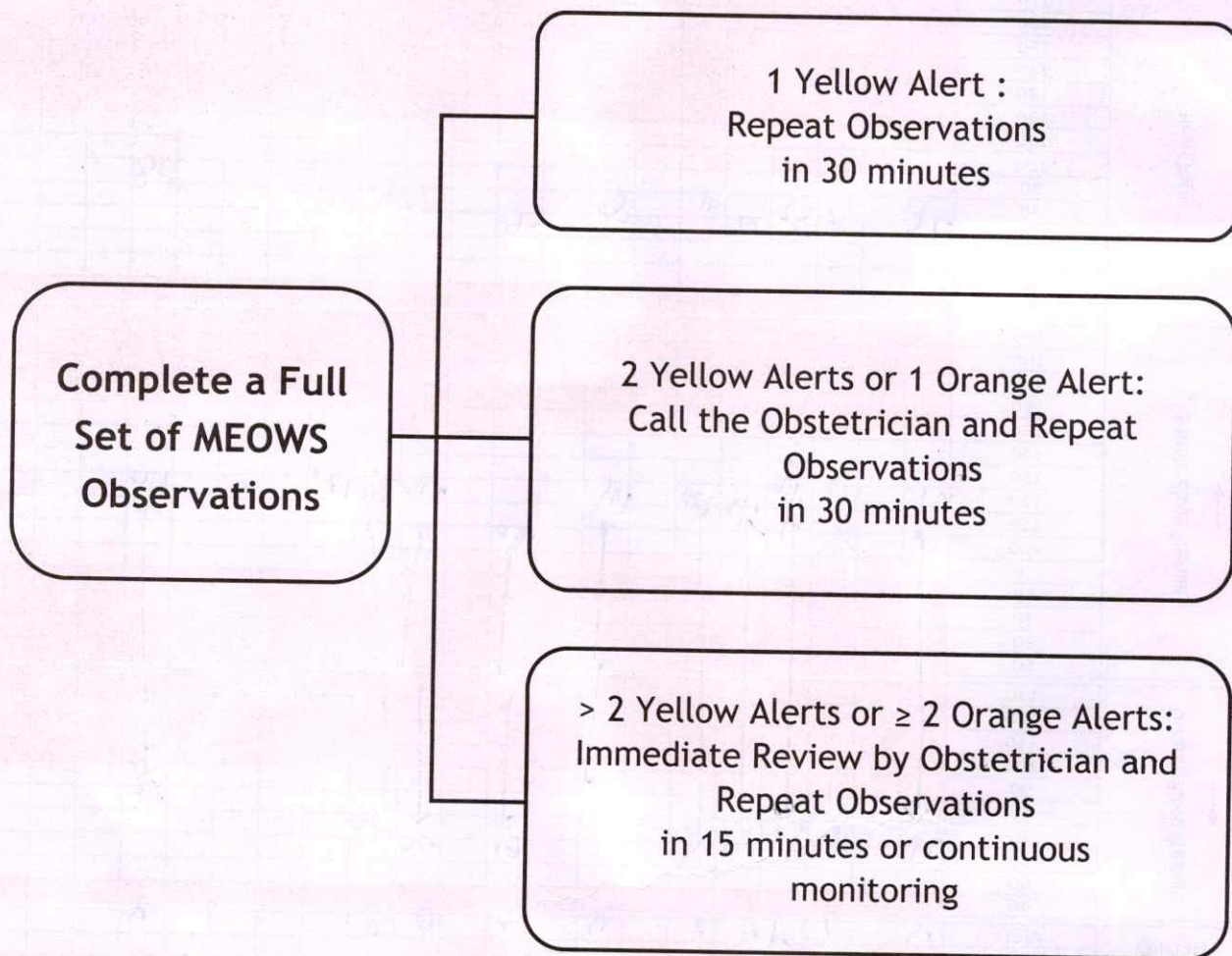
Weight: 90.6 kgs Ward: micu

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5/26	9 AM	10 RL	IV	100ml	&	R	26/5	&	R
26/5/26	3 AM	RL	IV	100ml		R	26/5/26		S
26/5/26	8 PM	10 RL	IV	100ml		S	26/5		R

Signature

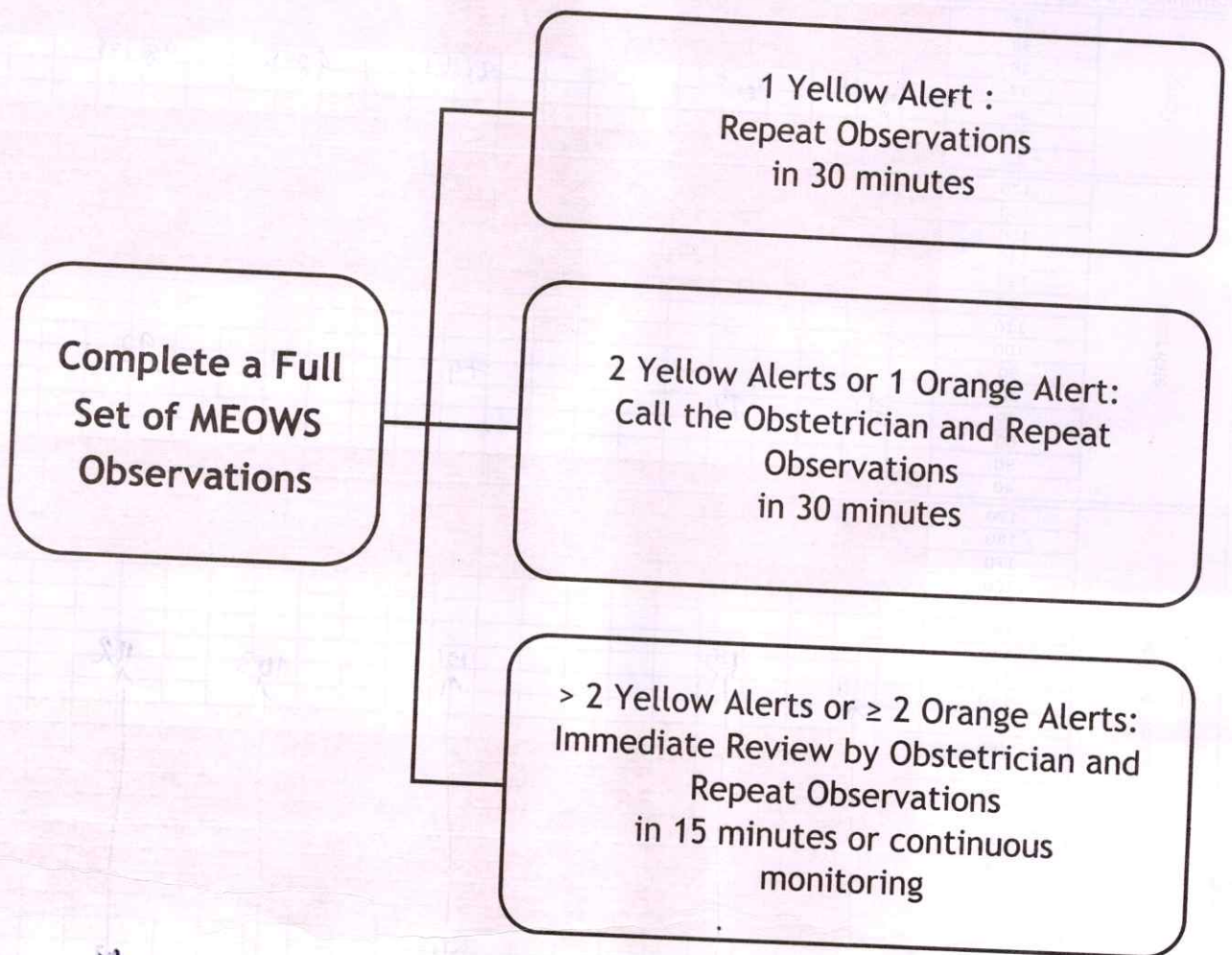
VERIFIED BY : Name

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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 Mrs SARADA H
 15-11-1993 32 Y 6 M 12 D (F)
 Dr. PUJITHA DEVI SURANENI



28/15



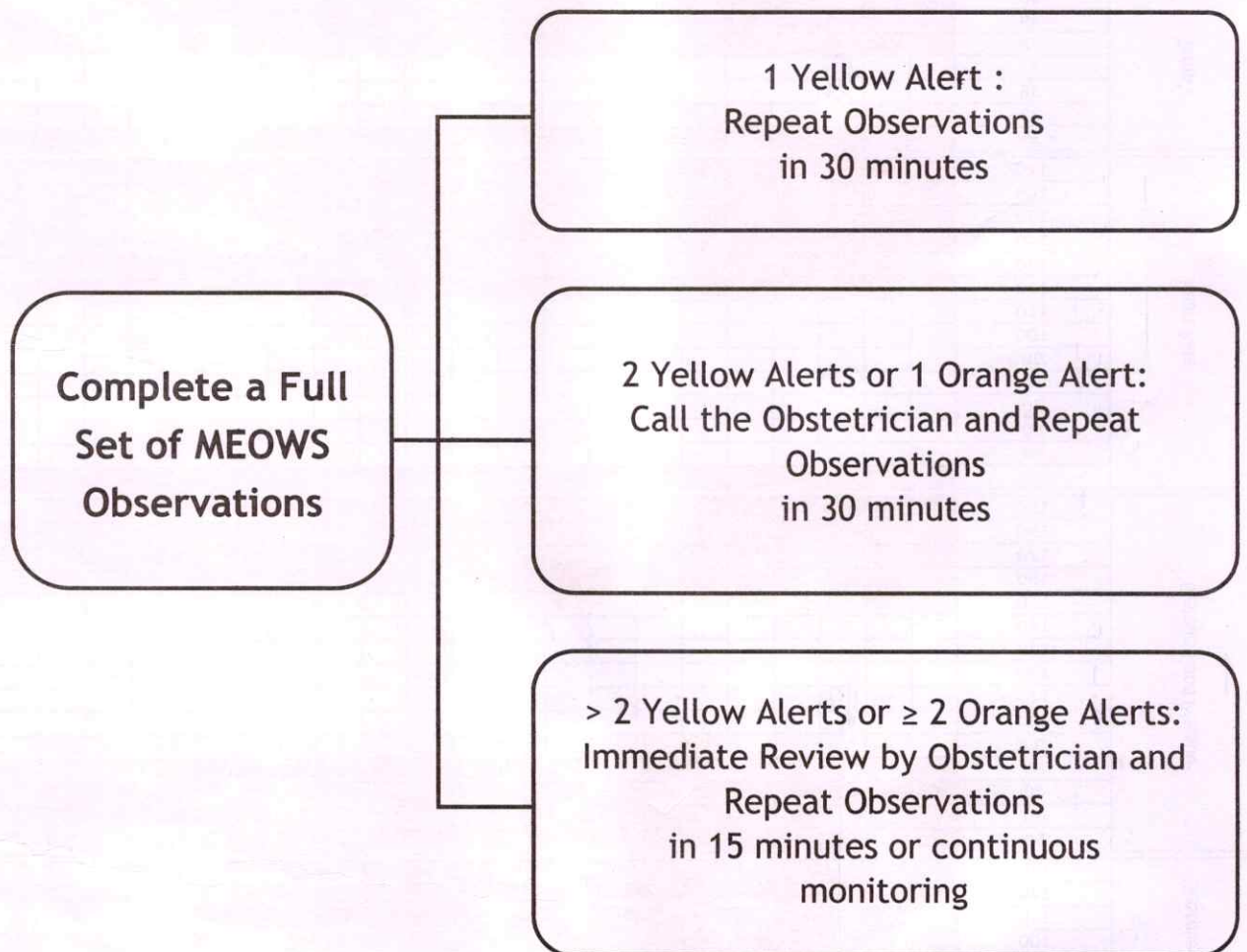
Early warning Observation Score Chart - Obstetrics

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																													

8
 8

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

26/5/26

FLUID CHART

Sheet No. : 1

- 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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	RL	NBM	100ml	-	-	-	-	-	-	0	} Piya
	09:00 am	RL	NBM	100ml	-	-	-	-	-	-	0	
	10:00 am	RL	NBM	100ml	-	-	-	-	-	-	0	
	11:00 am	RL	NBM	100ml	-	-	✓	-	-	emp 100ml	0	
	12:00 pm	RL	NBM	100ml	-	-	-	-	-	100ml	0	
	01:00 pm	RL	NBM	100ml	-	-	-	-	-	100ml empty	0	
Total Intake :			600ml			Total Output :						
	02:00 pm	RL	NBM	100ml	-	-	-	-	-	-	0	} Piya
	03:00 pm	RL	"	100ml	-	-	-	-	-	-	0	
	04:00 pm	RL	"	100ml	-	-	-	-	-	-	0	
	05:00 pm	RL	"	100ml	-	-	-	-	-	-	0	
	06:00 pm	RL	"	100ml	-	-	-	-	-	-	0	
	07:00 pm	RL	"	100ml	-	-	-	-	-	-	0	
Total Intake :			600ml			Total Output :						
	08:00 pm	H2O		100ml	-	-	-	-	-	-	0	} Piya
	09:00 pm								100ml	100ml		
	10:00 pm								-	-		
	11:00 pm	H2O		200ml	No	0	-	0	AD	-		
	12:00 am								-	-		
	01:00 am								-	-		
Total Intake :						Total Output :						
	02:00 am											} Piya
	03:00 am	H2O		100ml					300ml			
	04:00 am				No	No	No	No	-	-		
	05:00 am			200ml		No	No	No	-	-		
	06:00 am	H2O							200ml			
	07:00 am			200ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake 800ml

Total 24 hrs. Output U-800ml M-0

FDH-00044368
 Mrs SARADA H
 15-11-1993 32 Y 6 M 11 D (F)
 Dr. PUJITHA DEVI SURANENI

IP25-00020632

2/15



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.

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										0	Rump
	09:00 am	H ₂ O 200ml	NO	NO	NO					0		
	10:00 am	salt	NO	NO	NO					0		
	11:00 am	H ₂ O 100ml	NO	NO	NO					0		
	12:00 pm		NO	NO	NO					0		
	01:00 pm	H ₂ O 200ml	NO	NO	NO					0		
Total Intake : 500ml					Total Output : U-2 M-0							
	02:00 pm											R
	03:00 pm	H ₂ O 200ml										
	04:00 pm											
	05:00 pm	H ₂ O 100ml	NO	NO	NO							
	06:00 pm											
	07:00 pm	H ₂ O 100ml										
Total Intake : 400ml					Total Output : U-3 M-0							
	08:00 pm	H ₂ O 200ml										A
	09:00 pm	H ₂ O 100ml										
	10:00 pm		NO	NO	NO							
	11:00 pm											
	12:00 am	H ₂ O 200ml										
	01:00 am											
Total Intake : 500ml					Total Output : U-1 M-2							
	02:00 am											A
	03:00 am											
	04:00 am	H ₂ O 200ml										
	05:00 am		NO	NO	NO							
	06:00 am	H ₂ O 200ml										
	07:00 am											
Total Intake : 400ml					Total Output : U-2							

Total 24 hrs. Intake 1800ml

Total 24 hrs. Output U-8 M-2



28/5

FLUID CHART

Sheet No. : 3

- 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0		
	09:00 am	Hyo 202ml									0		
	10:00 am			NO	NO	NO			NO	NO	0		
	11:00 am			NO	NO	NO			NO	NO	0		
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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.

		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												
	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. :

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 Thrombophlebitis 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 :							
	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

FDH-00044368 IP25-00020632
 Mrs SARADA H
 15-11-1993 32 Y 6 M 11 D (F)
 Dr. PUJITHA DEVI SURANENI



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 Thrombophlebitis 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 :								
	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														

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: SARADA H Age: 32 Year Sex: Female UHID.No :

Date: 24/5/2024 Time: 3:45pm Proposed Operation: Elective Uterus

Diagnosis: primi @ 37⁺3 weeks GA @ hypothyroid @ T1P II DM on Insulin

B.P / CRT: H.R: Weight: 80.6kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: } <u>NR</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: } <u>A+U</u>	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group: <u>A+U</u>	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH <u>3.190</u>	
	Cl -:	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS: gestational hypothyroid on lo
 RESP: Diabetes: GDH @ on Insulin
 CNS: Nothing significant
 Renal: NO H/o fever/cold/cough
 Hepatic / GE: Physical Activity: >4 METS
 Others:

Past Anaesthetic History: NO

Physical Exam:
 Airway: MP 1 (2) 3 4 Mouth Opening: 3 finger Mento-hyoid Distance: >3B Neck: (2) Teeth: (2)
 Lungs: BLLAE @ clear
 Heart: S2
 CNS:

Pregnant: Yes No NA Venous Access Site : Spine Exam for regional :

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
T. Thyronom	25 Mcg OD
T. Escaprin	150mg OD stopped
Inj. TRESEBA	60 HS 10 days Basal
Inj. HEMODIA	20U BBF & Blmed

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:
 - DO CBP, PT, INR
 - stop Insulin on the day of surgery
 - DO FBS
 - continue T. Thyronom on the day of surgery @ 8 hrs of water

Signature: [Signature] Name: D. S. Mohan

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: 110 bpm B.P / CRT: 120/90 mmHg SpO₂: 98% on RA R.R: 14/min Last Feed: > 6hrs

Pre-OP Diagnosis: Operation: El Uls Date: 26.11.20

Surgeon: Dr. PUJITHA Anaesthesiologist: Dr. K. Srisunja Technician: Subhashan

TIME	12:10	12:15	12:20	12:25	1:10	1:40															
N ₂ O /AIR /O ₂ LPM																					
HALO /SO /SEVO																					
Drugs:																					
Antibiotic																					
Suppository																					
TRAMADOL 100mg																					
DICLOFENAC 100mg																					
Blood Loss																					
FI _{O₂} / SaO ₂	99	98	97	99	98	98															
ETCO ₂																					
ECG	NSR	NSR	NSR	NSR	NSR	NSR															
Temperature																					
Urine Output																					
Fluids																					
Blood																					
B.P	120	120	120	120	120	120															
V Systolic	90	90	90	90	90	90															
A Diastolic	60	60	60	60	60	60															
X Mean	80	80	80	80	80	80															
• Heart Rate	110	110	110	110	110	110															
Tourniquet on Time																					
Tourniquet off Time																					
Throat Pack In																					
Throat Pack Out																					

LAB Values: ABG, GRBS, Others

- Equipment Checked and Functional
- BP
- Cuff Site: RUL
- Art Site:
- EKG Lead
- Temp Site
- FI_{O₂} Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

Temp: HME Fluid Warmer OH Warmer Cotton Wool

Times: Anaes Start: 12:10pm
OP Start:
OP End:
Leave OR: 1:40pm

Anaesthesia: GA Monitored Anaesthesia Care Regional

Line (Size & Location): CVP: ART: IV: 18G EP hand IV: IV:

Induction: IV Inhal Pre O RSI Others

Mask SGA Airway Oral Nasal

ETT# at cm

Oral Nasal Cuff

Tracheostomy Topical

Drug:

Awake Direct Vision Video Laryngoscopy Stylette / Bougie Fiberoptic

Blade# Attempts:

Difficulty Why?

Bilat = BS Semi-Closed Circle Closed Circle Other

Regional: Extremity Spinal Spinal Epidural Caudal

Others:

Position: Sitting

Site: L3-L4

Needle Size: 25G Depth: 3AS

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc: 0.5% BUPIVACAINE

Bolus: HEAVY 2ml

Infusion: + 2.5mg PENTANAL

Block Level: T4

Comments:

Transportation to PACU ICU Other

Relaxant Reversed Yes No NA

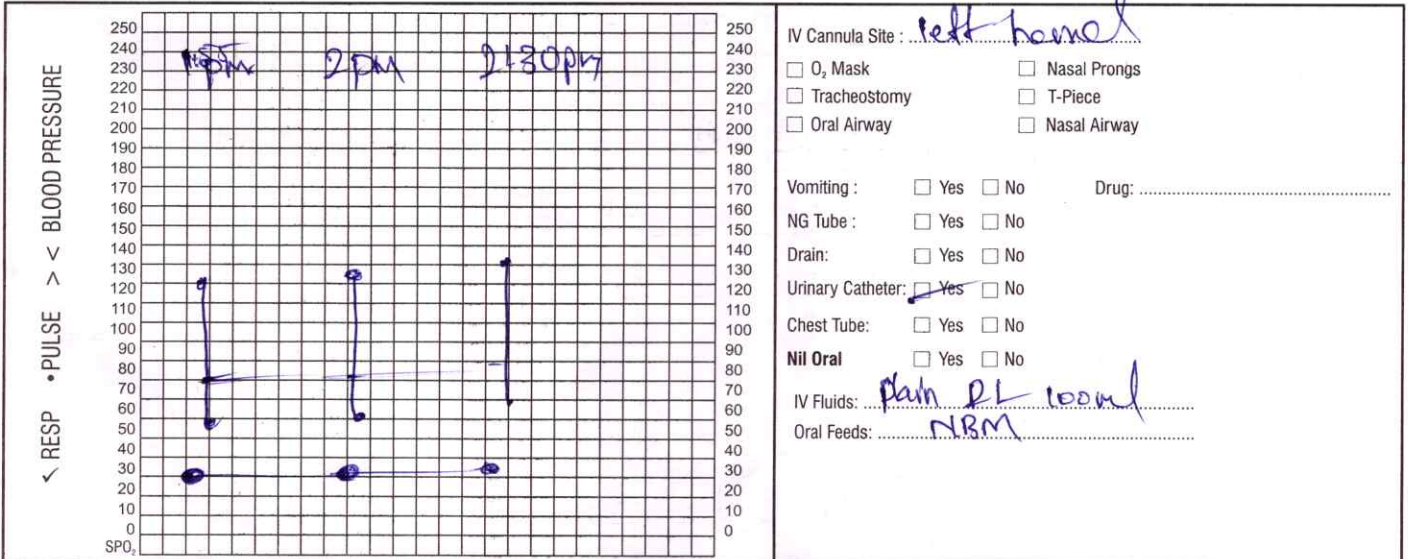
Name of the Doctor: Dr. K. Srisunja

Signature of the Doctor: [Signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Redura Time Received : 1:55 pm Time Discharged :



IV Cannula Site : left hand

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

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids: Plain RL 100ml

Oral Feeds: NBM

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
			<u>As per oxon</u>	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : Reneles

PACU Nurse Signature: RC

Date & Time: 20/5/20 @ 1:55 pm

Transferred to Unit by (PACU):

Date & Time:



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Pujitha</i>	Date of Delivery: <i>26/5/26</i>
Assistant Surgeon: <i>Dr. Pooja</i>	Time of Delivery: <i>12:42pm</i>
Anaesthetist's Name: <i>Dr. Srinivas</i>	Gender of Baby: <i>Male</i>
Type of Anaesthesia: <i>↓ SA</i>	Weight of Baby: <i>2.359</i>
Neonatologist: <i>Dr. Pralokan</i>	AGPAR Score: <i>8/10 9/10</i>
Scrub Nurse: <i>So. parvathi; Br. Buddhu</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

- Elective Emergency Indication: *Maternal request*
- Urgency
- Immediate Threat to life of woman or fetus
 - Maternal or fetal compromise not immediately life threatening
 - No maternal or fetal compromise but needs early delivery
 - Delivery timed to suit woman and staff

Decision time: Knife to rectus:

CTG Description: *(R)*

If there was a delay give the reasons:

Surgical Procedure: *El. Lscs*

Post Operative Diagnosis: *OPDD - P/L1*

Peri-Operative Complications: *① Endometrial deposits on BL ovaries seen*

Amount of Blood Loss: *≈ 500ml* Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

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

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

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

Post-Operative Notes: R

 NBMx 6hrs
 EBF
 (M) vitals/Bp/20
 Drugs as charted
 Inform SRS

Doctor Name: Dr. Poojitha Doctor Signature:
 Date & Time: 26/5/26 @ 1:50 pm

PATIENT TRANSFER FORM

FDH-00044368 IP25-00020632
 Mrs SARADA H
 15-11-1993 32 Y 6 M 11 D (F)
 Dr. PUJITHA DEVI SURANENI




Date & Time of Admission <i>26/5/26 at 8:26AM</i>		Date & Time of Transfer Order <i>26/5/26 at 11:55 AM</i>
Treating Consultant Name <i>Dr. Pujitha</i>	Transfer Ordered by <i>Dr. Pujitha</i>	Reason for Transfer <i>EL-UCJ</i>
From Unit <i>MJW</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>28</i>	Number of Imaging Films <i>1</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.	<i>Tab Augmentin</i>	<i>1.2gm</i>
2.	<i>Tab - Pan</i>	<i>4mg</i>
3.	<i>Tab - Pseudo</i>	<i>10 mg</i>
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Mavis 01/5/26</i>		Name of Person Ordered Transfer <i>Dr. Pujitha</i>
Patient & Clinical Records Received by : <i>Sreeja</i>		
Date & Time of Patient Received : <i>11:55 AM 26/5/26</i>		

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-00044368 IP25-00020632 Mrs SARADA H 15-11-1993 32 Y 6 M 11 D (F) Dr. PUJITHA DEVI SURANENI 		Date & Time of Admission 26/5/26 @ 8:26 AM	Date & Time of Transfer Order 26/5/26 @ 9PM
		Transfer Ordered by Dr. Anusha	Reason for Transfer Observation
From Unit MICU	To Unit Ward (207)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 15	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NA	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

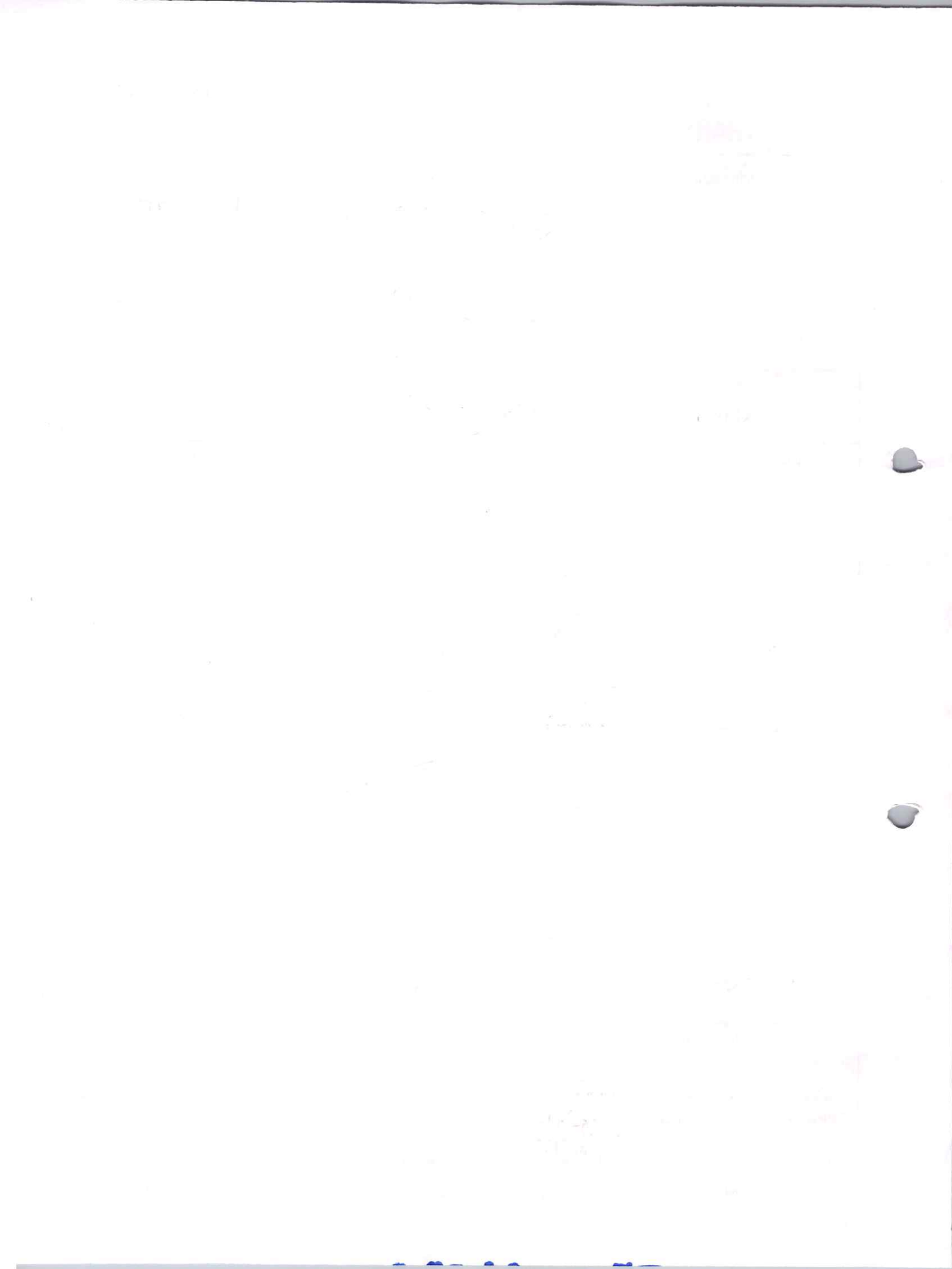
Name & Signature of Person who is Transferring Dr. Sr-Georgy	Name of Person Ordered Transfer Dr. Anusha
-----------------------------------------------------------------	-----------------------------------------------

Patient & Clinical Records Received by :

Date & Time of Patient Received :
 Dani
 26/5/26
 @ 9:50

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

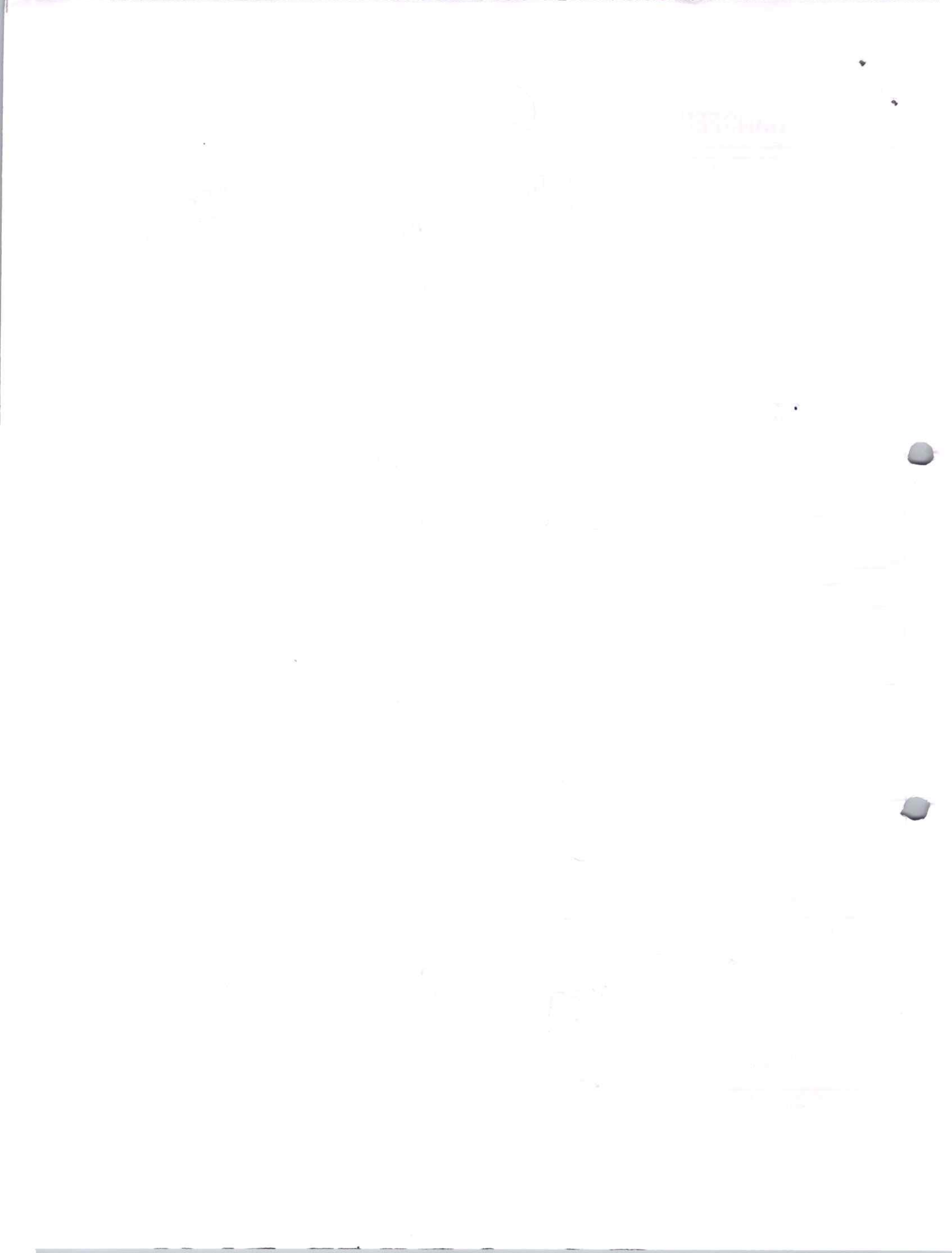
OT



Patient Name & UHID No. FDH-00044388 IP25-00020632 Mrs SARADA H 15-11-1993 32 Y 6 M 11 D (F) Dr. PUJITHA DEVI SURANENI 		Date & Time of Admission 26/5/2026 @ 8:26 AM	Date & Time of Transfer Order 26/5/2026. @ 1:55 PM
		Transfer Ordered by Dr. Sri Surya	Reason for Transfer Post op care.
From Unit OT	To Unit MICU	Information to Attendant Yes <input type="checkbox"/> No <input checked="" 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 Beja @ 1:55 PM		Name of Person Ordered Transfer Dr. Sri Surya	
Patient & Clinical Records Received by :  26/5/2026			
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



**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

Patient Name: MRS. CAJADA-JI Age: 24 Gender: FEMALE
 UHID No: 1011-12345678 IP No: ETD20632 Date: 26/05/2026 Time:
 Diagnosis: POSTNATAL PAIN MANAGEMENT G.A. TYPE II DM
 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: SPRINIVASA RAO K Doctor Registration No: 78818
 Signature: [Signature]

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: ETD20632 Date: 26/05/2026

Aadhaar No. of the Patient (Optional):

1.	Name : <u>MRS. CAJADA-JI</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>1011-12345678</u>		
3.	Brief description of the illness	<u>L.S.C.</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	<u>FENTANYL</u>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>26/05/2026</u>	<u>FENTANYL</u>	<u>100</u>	<u>[Signature]</u>	

Dispensed by (Name & ID No.): Bhatkar (011734) Signature: [Signature]

Received by (Name & ID No.): [Signature] (0101714) Signature: [Signature]

Time: 10:12 AM

NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)

Patient Name: _____
 Date: _____
 Doctor Name: _____
 Signature: _____

Drug Name	Quantity	Remarks
Paracetamol 500mg	10 tablets	
Paracetamol 500mg	10 tablets	
Paracetamol 500mg	10 tablets	
Paracetamol 500mg	10 tablets	
Paracetamol 500mg	10 tablets	

NARCOTIC DISPENSING FORM
 APPENDIX 4 - FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Patient Name: _____
 Date: _____
 Doctor Name: _____
 Signature: _____

Date	Name of the Essential Narcotic Drugs	Quantity	Impression of the patient Patient Attendant	Remarks, if any
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANTENATAL RECORD



Antenatal No. _____

Reg. No : FDH-00044368

Consultant : Dr pyithen

PERSONAL DETAILS

Name : Mrs. Sarda H Age: 32 Date of Birth _____ Education : _____

Occupation : _____ Phone No. : 8903432228 Mobile : _____

Husband's Name _____ Age _____ Education : _____ Occupation: _____

Address : _____

Mobile : _____ E-mail Id : _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
	Corrected EDD <u>10/6/26</u>

HISTORY

Year of Marriage : _____ Menstrual History : Previous Periods _____

Consanguinity : _____ Contraception : _____

LMP 6/9/25 EDD 13/6/26 Corrected EDD _____

OBSTETRIC FORMULA

Gravida _____ Para _____ Live _____ Abortions _____

OBSTETRIC HISTORY

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

Medical History : _____ Family History : _____

Surgical History : _____ Allergies : _____

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife A +ve Husband 19/11/26 ICT
 VDRL NR HIV NR HbSAg -NR TSH 3.190 GCT
 HCV -NR

ROUTINE INVESTIGATIONS

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report

Tetanus Toxoid : 1st dose 1mg TT (10/4/26) 2nd dose 1mg T. dip 18/3/26
inf flu - 10/1/26

FETAL EVALUATION

ULTRASONOGRAPHY

25/1/26 First Trimester	SLFC 11 + 3 cgs / NT - 1.10 mm crl - 3.56 cm									
16/1/26 TIFFA 19	SLFC 18 + 6 cgs / Placenta - A(+) / EFW - 281 g crl - 3.06 cm									
Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks	
18/3/26 Growth scan	28+6	OLS	C	1278	21	AC - 239	162	A-F	D (N)	
10/4/26	31+2	OLS	C	1619	24	AC - 197	162	A(++)	D (N)	
19/5/26	36+6	OLS	C	2617	17	AC - 161	179	A-H	D (N)	
26/2/26 Others	SLFC 24 + cgs									

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery : _____

Type of labour : Spontaneous

Induction : Indication _____

Method - PGE 1 PGE 2

Mode of delivery : SVD AVD Vacuum Forceps

Indication : _____

Caesarean section : Emergency Elective

Indication : _____

SALIENT FEATURES :

Baby details : Girl Boy Wt : _____ Apgar score: _____

Postpartum Period : _____
