Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Mrs SRIVALLI VEMURI .	**UHID**	FDH-00039736
Father/Guardian	Mr pariti siva teja	**Age/Gender**	25 Y / Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020524	**Admission Date**	19-05-2026
Ref Doctor	Self		
Discharge Date	22.05.2026		

Consultant:
Dr. Himabindu Annamraju
MBBS,MRCOG (UK), CCT (UK)
Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon
Specialist in High-Risk Pregnancy
Reg. No : 51697

Diagnosis: PRIMIGRAVIDA AT 37+1 WEEKS GESTATION WITH
1. SGA
2. GESTATIONAL HYPOTHYROID
3. FOR INDUCTION OF LABOUR

EMERGENCY LSCS DONE, IN VIEW OF NON-PROGRESS OF LABOUR, DELIVERED A LIVE FEMALE BABY AT 02:24PM, WEIGHT 2.362 KGS ON 20.05.2026.

History:
LMP : 05.09.2025 Obstetric formula: Primigravida

EDD : 08.06.2026 Gestation at admission: 37+1 weeks

Obstetric History:

Name	Mrs SRIVALLI VEMURI .	**UHID**	FDH-00039736
IP No	IP25-00020524	**Admission Date**	19-05-2026

G1 - Present pregnancy, Spontaneous conception.

Medical History: Gestational Hypothyroid since 13 weeks, on Tab. Thyronorm 37.5mcg.
Surgical History: Nil
Allergies : Nil
Family History : Nil

Antenatal Details:
Mrs. SRIVALLI VEMURI . was booked to Rainbow hospital at 15+3 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. She is Hypothyroid since 13 weeks, on Tab. Thyronorm 37.5mcg. NT scan normal, EFTS was low risk, TIFFA scan at 20+1 weeks was normal, with uterine artery PI at 90 percentile. She was on tab Ecospirin 150mg once daily till 36weeks. growth scan at 28 weeks showed, SGA, EFW at 8% and AC 3% with normal dopplers. She was followed up with serial scans. Scan done on 18.05.2026 showed, SLIUG at 37 weeks, cephalic, placenta posterior and high, EFW 2458 grams(8%) / AFI 16.9cm, AC <1% with SGA and normal dopplers. She was admitted at 37+1 weeks induction of labour.

Investigations: Enclosed.
Blood group & Typing - "B" Rh positive.

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1.5cm long and tip of finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Artificial rupture of membranes done at 1 cm dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Further augmentation of labour was done by oxytocin infusion.

On repeat examination after 6hours, her VE findings were same. Couple were explained about the findings and option for LSCS in view of non progress of labour was given. They consented for LSCS.
Hence, She was decided for emergency C- section in view of Non progression of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:
Under 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. 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 800 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.
*** Uterine atonicity present, managed medically with inj. Carbetocin 100mg IV, inj. Methergin 0.2mg IM, Inj. Tranexa 1 grams IV, Tab. Misoprostol 800mcg kept PR**
Hemostasis secured

Delivery Details :

Date :	20.05.2026
Time of Delivery:	02:24 PM
Type of Delivery:	Emergency LSCS
Indication :	Non progression of labour
Analgesia :	Spinal

Name	Mrs SRIVALLI VEMURI .	**UHID**	FDH-00039736
IP No	IP25-00020524	**Admission Date**	19-05-2026

Baby Details:

Date : 20.05.2026
Time : 02:24 PM
Sex : Female
Weight : 2.362 kgs
Apgar : 8/10, 9/10
Gestational Age: 37+1 weeks
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 26.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 26.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 26.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 26.05.2026 (7am-7pm) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.
8. To do TSH after 6 weeks

Name	Mrs SRIVALLI VEMURI .	**UHID**	FDH-00039736
IP No	IP25-00020524	**Admission Date**	19-05-2026

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 29.05.2026 with prior appointment.

Review with **Dr. HIMABINDU ANNAMRAJU** after one week on 29.05.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

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

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

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

Mrs. Pavithi Sivan
Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for

Name	Mrs SRIVALLI VEMURI .	**UHID**	FDH000039736
IP No	IP25-00020524	**Admission Date**	19-05-2026

further details - Chapter II page 6 kindly contact 8121039515 at Financial District just dial one toll free number - 18002122.

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

Dr. Sushe

Registrar/Resident/C.M.O

Consultant:
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FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
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SURGERY DETAILS

Date : 20/5/2026

Patient Name: Mrs. Srivalli Date of Birth: Age: 25 yrs.

Gender: female. Ward : OT UHID No.:

Date of Surgery: 20/5/2026 ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emes.

Time in : 2 pm Time Out : 3 pm

	NAME	AMOUNT
1. Surgeon	: Dr. Himabindu.	
2. Anaesthetist	: Dr. Aishwarya	
3. Assistant Surgeon	: Dr. Vidhya	
4. OT Technician	: Br. Rambabu	
5. Circulating Nurse	: Sr. Sreeja	
6. Assistant Nurse	: Sr. parvathi	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 77696/697 Order by: Amar

Docu. No. : RCH/FRM/GENERAL/114

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

Em LSCS

CONSUMABLES OF OT

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Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : ~~A~~ / P / N		05	2347		02	Suction Catheter		01
HME filter : A / P / N			2762		01	Feeding Tube		
Syringes : 10 cc		07				Vaccum Suction Set		01
05 cc		06	Gloves 6, 6½, 7		4+3	Surgical Gloves		02
02 cc		07				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate ~~A~~ / P / N		07	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil		01	Underpad		01
NS : 10ml / ~~100ml~~ / 500ml / 1000ml		07	Koochies					
			Ointments					
PHLGOL		07	Suction Catheter			577723		
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		04	Baby side		
Ketamine			Mop Pack		02			
Propofol			Steristrip Sterizon		01			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron		07	Foleys catheter			D/V Aprons		03
Pencan ~~25g~~ Spinal Needle 22		02	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			Misoprost		04
Bupivacaine ~~0.25%~~ (Heavy)		07	Romodrain bag					
~~Antibiotics~~			Bandage			New mom pad		01
BIOXAMLE		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100~~mg~~		07	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 10~~0mg~~		07	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
MEM		07	Microshield					
			Cotton Balls					
ATROPINE		07	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 00577714 / 577717 (NSG) Ordered by : ....

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020524 **Admit Date** : 19-May-2026 **Admit Time** : 07:41 PM **UHID** : FDH-00039736

Patient Details :

Patient Name	: Mrs SRIVALLI VEMURI .	**Age**	: 25 Y
Guardian	: Mr pariti siva teja	**DOB**	: 02-10-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9573448627/
		E-mail	: 9573448627@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU-02 **Ward Name** : 4F -MICU

Room No : MICU-02 **Admission Type** : First Visit

Contact Details :

Name : Mr pariti siva teja **Relationship** : W/O

Contact Address : Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** :

P. Siva teja

Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

Name: -------- ----------

UHID No : ----- ----- Consultant : ---------- Dept : ----------

Date of Admis... ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	1:30 PM	MICU	OT	Anitha
20/5/26	3:35 pm	OT	MICU	Deepa
20/5/26	10 PM	MICU	ward	Supriya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	vaibhabi menon (physiotherapy)			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26	CBG	7732	S
19/5/26	NST - (1)	6228	Sadhika
19/5/26	NST - (2)	6229	
19/5/26	NST - (3)	6230	
19/5/26	NST - (4)	6238	
19/5/26	NST - (5)	6239	
19/5/26	NST - (6)	6353	
19/5/26	NST - (7)	6354	
20/5/26	NST - (8)	6355	
19/5/26	GRBS - 82 mg/dL	7890	
20/5/26	NST - (9)	6356	
20/5/26	NST - 10	6357	
11	NST - 11	6358	
4	NST - 12	6359	S
4	NST - 13	6360	
4	NST - 14	6361	
	C.C Sumalatha 20/5/26 @ 9:03pm		
21/5/26	NHA	8072	Sumalatha
	C.C by Dr. [illegible] 21/5/26 @ [illegible]		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5/26	Cardiac monitor	7:30Am	20/5/26 9PM	7795	Srivani
20/5/26	Infusion pump	7:30Am	9PM	C.C: Sureshan 20/5/26 at 10pm.	Srivani

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5/26	IV plecment	①	73081	Sadhika
20/5/26	catheterization	①	73390	
20/5/26	PAC IP	①	20/5/26 9:00pm	

ANY OTHER INFORMATION

Cefma given
ARM Done 6:30AM
* B+ve Blood avelibility in Ayush
of file given to Attendure.

D. Sivaly

Date : 19/5/26 Time : 9pm Prepared By : Sadhika

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sadhika	NICU		

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/5/26 Time: 9:30am

Origin: Purulia Height: 160 Weight: 76 BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: primi c 37 wks c Hypothyroidism on LT4

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: Sri
Name: Srivalli
Date & Time: 21/5/26 9:3a

Dietician's
Signature:
Name: Dhani
Date & Time: 21/5/26 9:3a

DIETARY NOTES

Date	Time	Notes	Sign
21/5/26	9:30am	Soft diet c̄ curd rice	[illegible]

FDH-00039736 IP25-00020524
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primigravida ē 37wk 1dy GA ē SGA			Any Infection: ☐ Yes ☑ No ☐ Not Known			
				If Yes Specify:			
	Surgery / Procedure: IOL			Post OP Day:			
BACKGROUND	Date / Shift	19/5/26 N	20/5/26 M	20/5/26 E	20/5/26 N	20/5/26 M	21/5/26 E
	Medical Condition (Any special condition to be noted):	IOL	IOL	Em LSCS	Em LSCS	Em-LSCS	EM-LSCS.
	Diet:	ND	LLD	NP	LLD		SD.
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36°C	36.5°C	38°C	36.8	37.1	98.6°F
	Res:	20	22	20	20	21	22
	SpO_2:	99%.	99%.	99%	99%.	99%	100%.
	Pulse:	88	84	86	88	84	99
	BP:	121/73	117/72	110/70	116/78	117/71	99/75
	LOC:	consicuse	conciouse	consious	concious	conscious	concious
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	25/40
	Pain Score:	0/10	0/10	0/10	2/10	2/10	2/10
	Skin Integrity	Good	Good	Good	good	good	Good.
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:		—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	ND	LLD	NBM	LLD	SD	SD
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:				[signature]		
	Handed Over By Name :	Sadhiva	Srivani	Majula	Supriya	Suma	Ulini
	Signature / ID :	Sadhiva	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	20/5/26	20/5/26	20/5/26	20/5/26	20/5/26	21/5/26.
	Time:	@8Am	2pm	2pm	8 am	2pm	8pm
	Taken Over By Name :	Srivani	Majula	Supriya	Suma	Ulini	Bhavani
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	20/5/26	20/5/26	20/5/26	20/5/26	21/5/26	21/5/26
	Time:	8AM	2pm	8pm	8am	2pm.	8pm

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida c̄ 37week day GA+CSGA

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	9/5/26 N.					
	Medical Condition (Any special condition to be noted):	Em.LSCS					
	Diet:	ND					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	986					
	Res:	22					
	SpO_2:	99					
	Pulse:	78					
	BP:	120/70					
	LOC:	c					
	Fall Risk Score:	0/6					
	Pain Score:	0/10					
	Skin Integrity	–					
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–					
	Critical Lab Test / Values:	–					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:							
Handed Over By Name :		Bhavana					
Signature / ID :		[signature]					
Date:		9/5/26					
Time:		8Pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 19/5/26 @ 7:41PM

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: ..... Doctor Notified on Admission: ☑ Yes ☐ No

..... Care for POL Name of the Doctor: Dr. Harshini

..... Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid		

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: .....

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°C HR: 85 RR: 20

BP: 110/70 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..0.. (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 .....

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: .....

Orientation not given Reason: .....

Nurse Signature: ..Sathisa..

Nurse Name: ..Sathisa..

Date & Time: ..19/5/26 @ 8 p.m..

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came for IOL

Obstetric Formula: Primigravida.

Obstetric History:
Spontaneous conception.
Booked at 15w+3d GA
NT-(N) Efts-lowrisk.

Present Pregnancy Record:
TIFFA-(N) UAD-PI-90%.
USG@35 - SGA AC - <1%.
Efwt - 6%.

RISK FACTORS:

G. Hypothyroidism
SGA

Height: 160 cm
Weight: 76 kg
Allergies: Nil.
Breast: ☑ Normal ☐ Abnormal
General Examination:

Consciousness:	Pallor:
Icterus:	Edema:
Temp:	PR: 80 bpm.
BP: 118/70 mmHg	DTR:
CVS:	RS
Liver/Spleen:	Urine Output:

LMP: 5/9/2025 EDD:
Corrected EDD: 8/6/2026 GA: 37w+1d GA

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: TG

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5
FHS: ☐ Normal ☑ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long 1.5cm ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated Tip of the finger.
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida ē 37w+1d GA ē SGA ē G. Hypothyroidism
for IOL

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02-10-2000 25 Y (F)
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Family History:	Surgical History:
	Nil.
Medical History:	**Medication History:**
G1 Hypothyroidism ∴ 13wks	on T-Thyronorm 37.5mcg OD. on T. feospirin 150mg. (stopped at 36wks)
Plan of Care:	**Investigations:**
Admission NST Secure IV canula. Informed consent Monitor vitals 1 @ RL WF @ 100ml/hr Left lateral position O_2 inhalation. Send CBP T. Misoprostol 50mcg PV stat if NST is reactive.	BGT: B+Rh Viralmarkers- NR 19/5 Hb - 11.9 WBC - 15120 Plts - 2.8L. USG (18/5/2026) 1USLF. cephalic 37wks placenta- posterior. high. Efwt 2458g (8%) AFI: 16.9cm Ac: <1%. SGA fetus Doppler (N)

Doctor Name: Dr Harshini
Signature: Harshini
Date & Time: 19/5/26 @ 8pm

Consultant Name: Dr Himabindu
Signature: Harshini for Dr Himabindu
Date & Time: 19/5/26 @ 8pm

FDH-00039736 IP25-00020524
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		c/o/t Dr Himabindu
10:45pm	GC-fair	Adv
	Afebrile	1) T. Misoprostol 50mcg P/v stat
	PR-80bpm	2) w/f contractions, POL
	BP-116/70mmHg	3) NST Monitoring
	P/A-Ut=TG, relaxed	4) Monitor vitals
	cephalic, FHS⊕	5) Inform SOS
	CTG- Reactive	
	P/v- Cx long	(signature)
	Os admitting TOF	
	PPVx Station:-3	
20/5/26	f/i/o/L	Adv
3 am	GC- fair	
	Afebrile	1) T Misoprostol 25mcg p/v stat
	PR- 76 bpm	2) W/F contractions, POL
	BP- 126/70 mmHg	3) Monitor vitals
	P/A-Ut= TG, relaxed	4) NST monitoring
	cephalic, FHS⊕	5) Inform SOS
	CTG- Reactive	
	P/v- Cx 1.5cm long	(signature)
	Os 1F	
	PPVx Station:-3	

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Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 7am	↓ IOL	Adv
	GC-fair.	
	Afebrile	1) Inj Tarivin 1g iv stat
	PR-78bpm	2) NST monitoring
	BP-120/74mmHg	3) Inj Synto 10U in 10RL @ 6ml/hr & titrate accordingly
	P/A ut TG, irritable Cephalic, FHS⊕	4) W/F contractions, POL
	CTG- Reactive	5] Monitor vitals
	P/v- Cx-long OS-1F	6) Inform SOS
		7) Exercises
	PPVsc Station-3	Ibl
	ARM done	
	liquor clear	
20/5/26 10Am		
	GC-fair	Adv-
	Afebrile	- continue f/HR (IV)
	PR-77bpm	- w/f contractions / POL
	BP-114/78 mmHg	- Ball exercises
@ 24ml/hr Synto	P/A-ut~TG, cephalic, FHS⊕, irritable	- (IV) vitals Inform SOS
	P/V-Cx-1.5cm long, soft OS-1F loose -3 Station	

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Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 12:30pm	c/s/b Dr. Himabindu	
	GC fair	Adv
	vitals stable	- continue FHR ⓜ / w/f POL
	P/A - uterus ~ Term	- ⓜ ucs
	cephalic	- Inform SR
	FHS ⊕	
	PV - Cx 1.5 cm long	
	1F loose	
	-3 station	
	patient and attenders explained regarding the PV findings and need of w/f POL / emergency LSCS (SOS), i/v/o non progression of labour	
	patient and attenders wants to decide and review later	
	couple consented for emergency LSCS	[signature]
		Adv
		- NBM
		- consents
		- prep medication
		- foley catheterisation
		- Inform OT staff
		- Shift to OT
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 3:35 pm	POD 0	
	c/c fair	Adv
	afebl	– NBM 4 hrs
	BP – 110/70 mmHg	– fluids as per Anaes
	PR 86 bpm	– drugs as charted
baby NS	SpO2 – 99% @ RA	– w/f BPV
	P/A UNO	– I/O charting
	P/V NAB	– @vitals
	U/O – 100ml (emptied in OT), clear	– Inj Ofomes
20/5/26 5:45pm	S/B Dr Himabindu	
		Rx
	Vitals stable	(M) Vitals / BPV / I/O
	P/A – UNO	CST
	soft	Inj Ofomes SOS
	P/V – NAB	
	U/O – adequate	
	(clear)	
		Dr Pooja

Docu. No. : RCH /FRM / CLINICAL / 088

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Mrs SRIVALLI VEMURI .
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Dr. HIMABINDU ANNAMRAJU

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	0 POD	
8pm		
	Lyefair	Rx
	LAfebride	Inbed ambulation
Baby	PR- 86 bpm	Oral sips f/b liquid diet
mls	Bp- 108/76 mmhg	soft diet @ 12 Am
	Spo2- 98-1.	EBF
	p/A- uterus well Rk	(M) vitals/ BPV/ Flo
	soft	Drugs as charted
	plu- NAB	Foleys Removal clm 6 AM
		Shift to room
	Uo- 400 ml.	Inform SOS
	(clear)	
		DrPOOJA
		Rx
21/5/26	POD I	Ambulation
7Am		Soft diet
	Lyefair	oral fluids
	LAfeb	EBF
Baby	PR- 76 bpm	(M) vitals/ BPV/ Flo
mls	Bp- 108/70 mmhg	Drugs as charted
	Spo2 - 99.1.	Encourage to void urine
	p/A - uterus well Rk	Inform SOS
U-yellowish	soft	
F ∞	plu - NAB	
M ∞		DrPOOJA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-1	Adv
24/5/26 3pm	GC-fair	
	Afebrile	1) Normal diet
	PR-81 bpm	2) Plenty of oral fluids
	BP- 126/70mmHg	3) Drugs as charted
Baby-M/S	P/A-Ut ® well	4) W/F BPV
	P/v - NAB	5) Monitor vitals
UV		6) Inform SOS
F✓		7) EBF / Ambulation
M✓		Hal
21/5/26 7pm.	POD-1	Adv
	GC-fair.	1) Normal diet
	Afebrile	2) Plenty of oral fluids
	PR- 98 bpm	3) Drugs as charted
Baby-M/S	BP- 100/76 mm Hg.	4) W/F BPV
	P/A- Ut ® well	5) Monitor vitals
M✓	P/v - NAB.	6) EBF / Ambulation
		7) Inform SOS.
		Hall

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 6:30pm	POD-2	Adv
	G.C fair	1. Ambulation
	Afebrile	2. Normal diet
	BP=100/60mmHg	3. plenty of oral fluids
	PR=86bpm	4. Drugs as charted
	SpO2=100% @RA	5. W/F SPV
Baby M/S	P/A=NBS	6. [illegible] vitals 1/4th hourly
U ✓	P/V=NAD SPV	7. BSF 2nd hourly
M ✓		
D/C today		
10A		

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION 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. Thyronorm	37.5mcg	P/o	OD	19/5	☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Harshini

Date & Time : 19/5/26 @ 9pm

Nurse Name & Signature: Sadhika Sadhika

Date & Time : 19/5/26 @ 8PM

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

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DRUG CHART

Date of Admission: 19/5/26 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 ..... Signature .....

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

REGULAR PRESCRIPTIONS

Weight. 76 kgs Ward. MICU

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	QID	20/5/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time	21/5	22/5
12AM	Sini Neha	[illegible]
6AM	Sini Neha	[illegible]
12pm	Pani [illegible]	
6pm	Deepika [illegible]	

Daily Doctor's Endorsement by a Sign

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	TID	20/5/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time: Shiv

Daily Doctor's Endorsement by a Sign

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	TID	20/5/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time	20/5	21/5	22/5
7AM	x	Sini Neha	[illegible]
3pm	x	Deepika [illegible]	
11pm	Sini Neha	[illegible]	

Daily Doctor's Endorsement by a Sign

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1g	IV	BD	20/5

Name & Signature of the Doctor Starting the Drugs: Vidya

Additional Instructions:

Date / Time	21/5
12AM	Sini Neha
12pm	Pani [illegible]

STOP [illegible] 21/5

Daily Doctor's Endorsement by a Sign

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept..................... Ward... MICU

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	20/5

Date/Time: 21/5 — 6Am: siri/Neha

STOP — 21/5

Name & Signature of the Doctor Starting the Drugs: Udya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj TRANAXEMIC ACID

Dose	Route	Frequency	Start Dt.
1g	IV	TID	20/5

Date/Time: 20/5, 21/5 — 6Am: X, siri/Neha; 2pm: X; 10pm: Siri/Neha

Stop & Dropped

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: X 3 doses.

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P/O	BD	21/5

Date/Time: 21/5, 22/5 — 11AM: X; 11PM: [illegible]

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	21/5

Date/Time: 22/5 — 6AM: [illegible]

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

VERIFIED

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept...................... Ward. MICU

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
20/5/26	2:30pm	Inj METHERGINE	0.2mg	IV	Asha	Roja	Roja
20/5/26	3pm	Supp. TRAMADOL	100 mg	PR	Asha	Roja	Roja
20/5/26	3pm	Supp. DICLOFENAC	100mg	PR	Asha	Roja	Roja
20/5/26	6:30pm	Inj. PARACETAMOL	1gm	IV	Asha	Mouli	S

Docu. No. : RCH /FRM / CLINICAL / 136

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

Weight. 76kgs.... Ward. MICU.....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5/26	11 pm	T. MISOPROSTOL	50mcg	P/v		Sadhika
20/5/26	3 am	T. MISOPROSTOL	25mcg	P/v		Sadhika
20/5/26	7 Am	INJ CEFOTAXIME	1g	IV		Sadhika
20/5	1:30 pm	Inj CEFOTAXIME	1g	IV		Anitha
20/5	1:30 pm	Inj PANTOPRAZOLE	40mg	IV		Anitha
20/5	1:30 pm	Inj MAGNOPRAZOLE	10mg	IV		Anitha
20/5/26	2:15 pm	Inj CARBETOCIN	100mcg	IV	Ashy	Gaja
20/5/26	2:20 pm	Inj TRANEXAMIC ACID	1g	IV	Ashy	Gaja
20/5/26	2:20 pm	Inj ONDANSETRON	4mg	IV	Ashy	Gaja

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI . (F)
02-10-2000 25 Y
Dr. HIMABINDU ANNAMRAJU

I.V. FLUIDS CHART

Weight. 76kgs. Ward. MICU

		Composition of I.V. Fluid sion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/5/26	8pm	1 ⊙ RL	IV	FF	[signature]	Sadhika Subhasini	19/5/26	[signature]	Sadhika Subhasini
19/5/26	10pm	1 ⊙ RL	IV	100 ml/hr	[signature]	Sadhika Subhasini	19/5	[signature]	[signature] [signature]
20/5/26	7:30AM ~~7AM~~	Inj OXYTOCIN 10 U in 1 ⊙ RL	IV	6ml/hr	[signature]	Sadhika Subhasini	20/5/26	[signature]	[signature] [signature]
20/5/26	2:15pm	RINGER LACTATE	IV	FF	[signature]	[signature] [signature]	20/5/26	[signature]	Supriya [signature]
20/5/26	10:8pm	RL 1⊙	IV	100ml	[signature]	Supriya [signature]	20/5	[signature]	[signature] [signature]

VERIFIED BY : Name .... Signature ....

IP25-00020524
VEMURI .
25 Y (F)
NDU ANNAMRAJU

20/5/26

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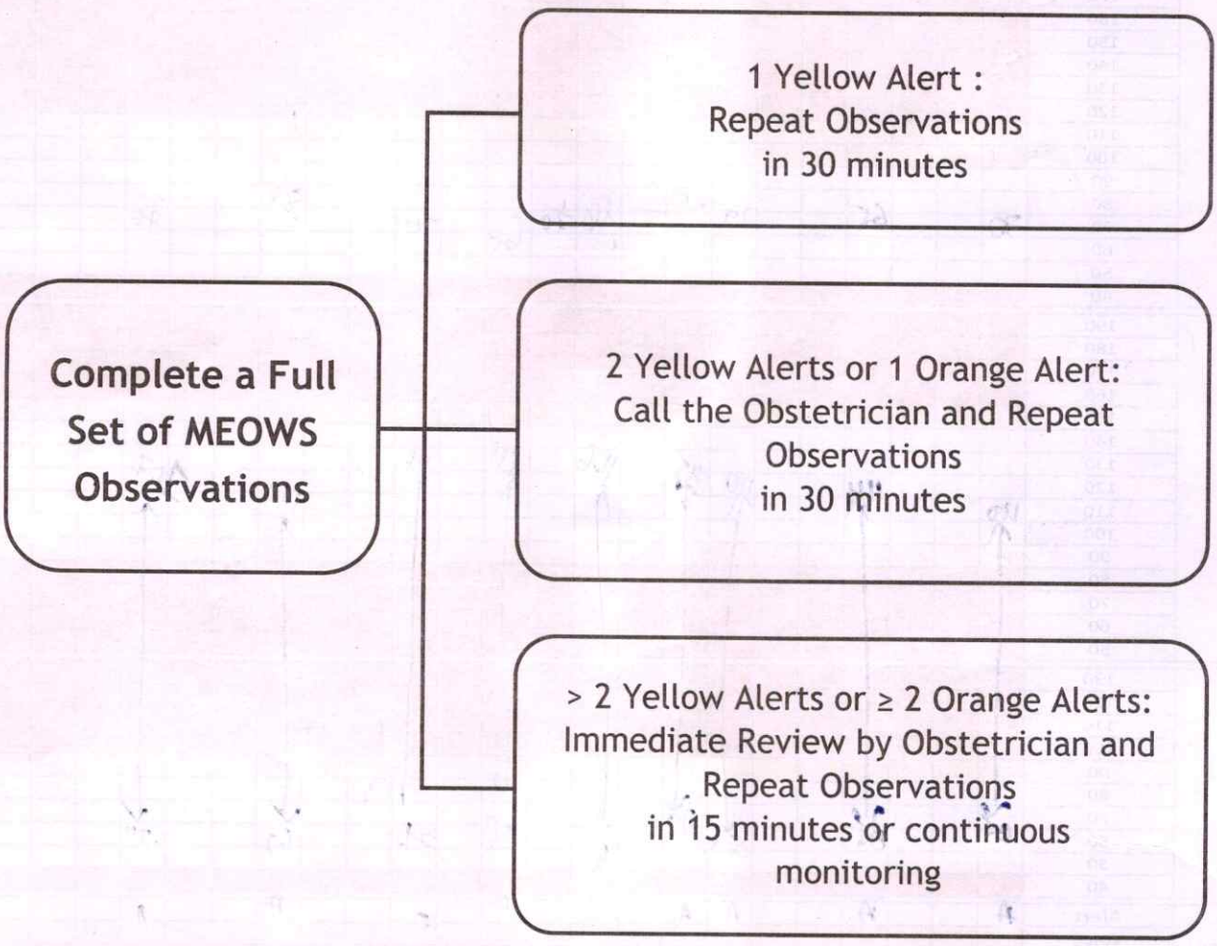
Early Warning Observation Score Chart - Obstetrics

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	20				20			19	19		22	19	22		20			20			20				20
	0 - 10																									
Saturations	94 - 100 %	100				100			99	98		99	98	99		99			99			98				99
	< 94 %																									
Administered O_2 (L/min.)									–	–																
Temp°c	40																									
	39																									
	38																									
	37	36				36			35°	36°		96°	36	96°		36°			36°			98°				98°
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									88
	70	70				65			79	85		70	70	65		70			88			76				
	60																									
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120					114			110	115		106		111		116			103			107				100
	110	110																								
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70				70			65	79		65		68		76			62			70				70
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	A				A			A	A		A		A		D			A			A				A
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓				✓			✓	✓		✓		✓		✓			✓			–				✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	N				N			N	N		N		N		N			N			N				N
	Heavy / Foul																									
Liquor	Clear / Pink	C				C			C	C		C		C		C			C			C				C
	Green																									
TOTAL YELLOW SCORES		0				0			0	0		0		0		0			0			0				0
TOTAL ORANGE SCORES		0				0			0	0		0		0		0			0			0				0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

21/5/26

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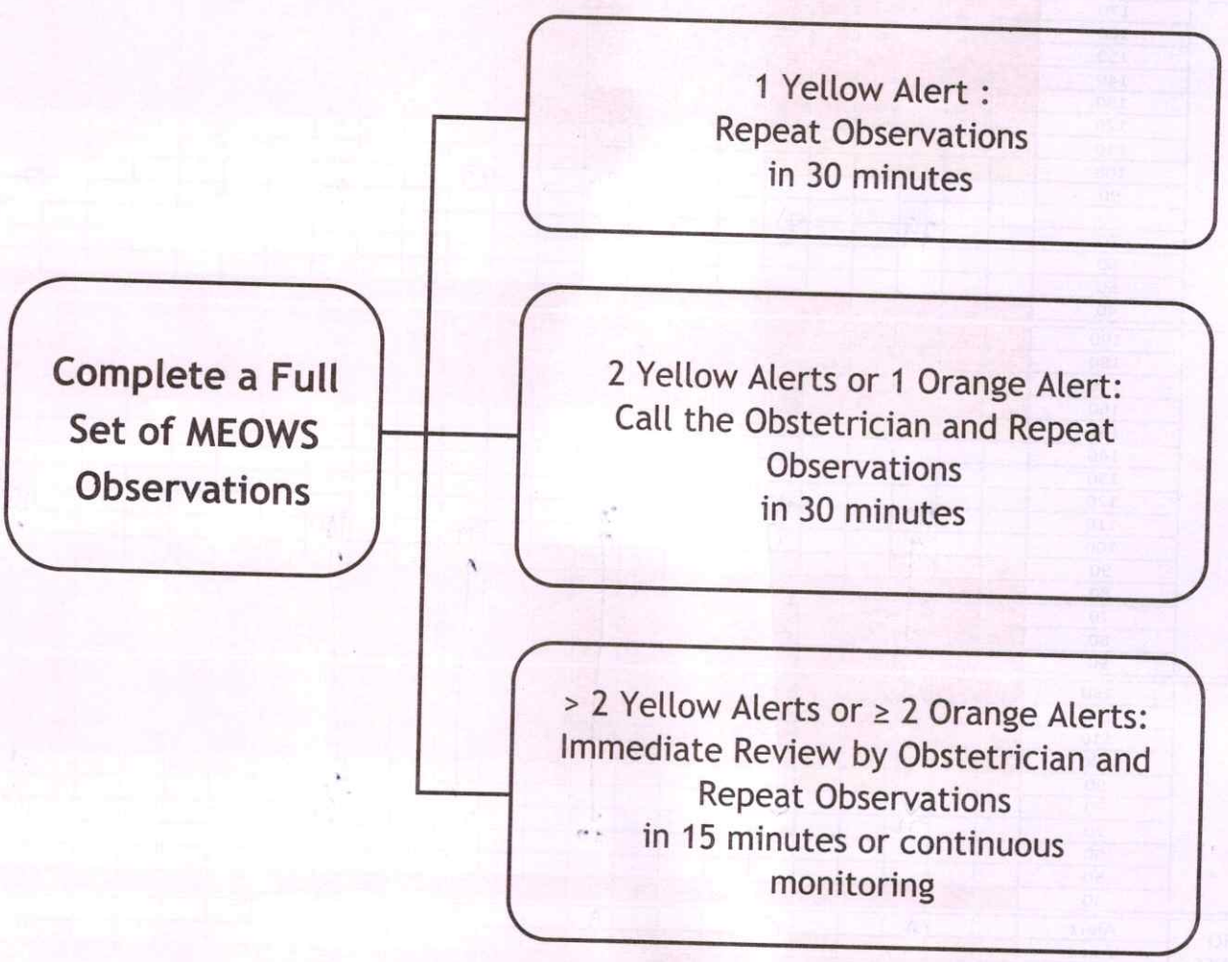
Early Warning Observation Score Chart - Obstetrics

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																								29	
	11 - 20				20			20				20			20			20								
	0 - 10																								99	
Saturations	94 - 100 %				99			99				98			98			99								
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																								38.6	
	37				98F			98F				98.6F			98.6F			98F								
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90														99										80	
	80				79			81										80								
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110				110			117				100			99			100							103	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40				72			71				70			75			60							65	
NEURO RESPONSE [✓]	Alert				A			A				A			A			A							A	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				—			—				—			—			—							—	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				N			N				N			N			N							NC	
	Heavy / Foul																									
Liquor	Clear / Pink				C			C				C			C			C							C	
	Green																									
TOTAL YELLOW SCORES					0			0				0			0			0							0	
TOTAL ORANGE SCORES					0			0				0			0			0							0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
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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																									
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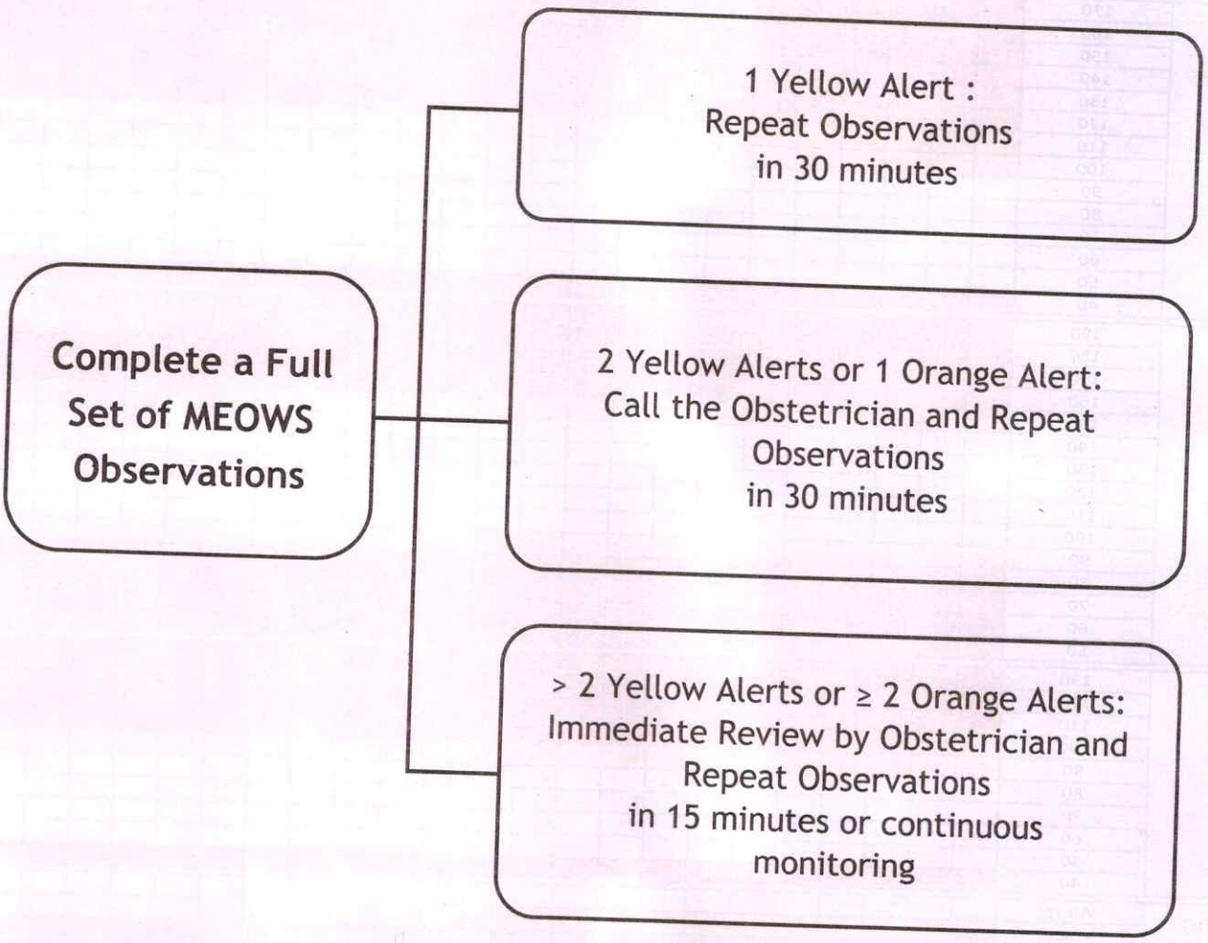
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	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-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

19/5/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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	RL	H_2O 100ml	100ml	–	–	–	–	–	–	✓	0	
	09:00 pm	RL	H_2O 100ml	100ml	–	–	–	–	–	–		0	
	10:00 pm	RL	H_2O	100ml	–	–	–	–	–	–	✓	0	
	11:00 pm	RL	H_2O 100ml	100ml	–	–	–	–	–	–		0	Sachin
	12:00 am	RL		100ml	–	–	–	–	–	–		0	
	01:00 am	RL		100ml	–	–	–	–	–	–	✓	0	
Total Intake : 900ml						**Total Output :** U – 3						
	02:00 am		H_2O 100ml		–	–	–	–	–	–		0	
	03:00 am		H_2O		–	–	–	–	–	–	✓	0	
	04:00 am		H_2O 100ml		–	–	–	–	–	–		0	
	05:00 am		H_2O 100ml		–	–	–	–	–	–		0	Sachin
	06:00 am				–	–	✓	–	–	–	✓	0	
	07:00 am	RL	H_2O 100ml	100ml	–	–	–	–	–	–		0	
Total Intake : 500ml						**Total Output :** U – 2						

Total 24 hrs. Intake	1,400ml	Total 24 hrs. Output	U – 5

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI (F)
02-10-2000 25 Y
Dr. HIMABINDU ANNAMRAJU

20/5/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am		H2O 100ml	100ml	NO	NO	NO	NO	NO		0	
	09:00 am	RL	H2O 100ml	100ml						✓	0	Srivani
	10:00 am			100ml							0	
	11:00 am	RL	H2O 100ml							✓	0	
	12:00 pm		H2O 100ml							✓	0	
	01:00 pm				NO	NO	NO	NO	NO		0	
Total Intake :		700ml				**Total Output :** U-3-m-0						
	02:00 pm	RL	NBM	100ml	–	–	–	–	–	–	0	
	03:00 pm	RL	NBM	100ml	–	–	–	–	–	OT 100ml empty	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	–	–	–	–	–		0	
Total Intake :		600ml				**Total Output :**						
	08:00 pm	RL		100ml	NO	NO	NO	NO	NO	400ml	0	
	09:00 pm	RL	H2O 100ml	100ml							0	
	10:00 pm	RL		100ml							0	
	11:00 pm	RL		100ml							0	
	12:00 am	RL		100ml							0	
	01:00 am	H2O	200ml		NO	NO	NO	NO	NO		0	
Total Intake :		800ml				**Total Output :** U-400ml M-0						
	02:00 am			NO	NO	NO	NO	NO	NO	200ml	0	
	03:00 am	H2O	100ml								0	
	04:00 am										0	
	05:00 am	H2O	100ml								0	
	06:00 am									300ml	0	
	07:00 am	H2O	200ml	NO	NO	NO	NO	NO	NO		1	
Total Intake :		400ml				**Total Output :** U-500ml M-0						

Total 24 hrs. Intake	2500ml

Total 24 hrs. Output	U-1000ml M-0 3 times

FDH-00039736 IP25-00020524
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21/5/26

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Your Right to a Safe Delivery

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			NO	NO							
	09:00 am	H2O	200ml									
	10:00 am											
	11:00 am											
	12:00 pm	H2O	200ml					NO				
	01:00 pm			NO	NO	NO		NO	NO			
Total Intake :		400ml				**Total Output :**		U-2	M-1			
	02:00 pm											
	03:00 pm	H2O	200ml.									
	04:00 pm				NO							
	05:00 pm	H2O	200ml	NO		NO		NO	NO			
	06:00 pm											
	07:00 pm	H2O.	100ml									
Total Intake :		500ml.				**Total Output :**		U-2	M-1			
	08:00 pm				NO	NO	NO	NO	NO			
	09:00 pm	H2O	2000	NO								
	10:00 pm											
	11:00 pm	H2O	100ml									
	12:00 am											
	01:00 am	H2O	2000	NO	NO	NO	NO	NO	NO			
Total Intake :		500ml				**Total Output :**		U=1	M=0			
	02:00 am					NO	NO	NO				
	03:00 am	H2O	100ml	NO	NO				NO			
	04:00 am											
	05:00 am	H2O	200ml									
	06:00 am			NO	NO	NO	NO	NO	NO			
	07:00 am	H2O	100ml									
Total Intake :		500ml				**Total Output :**		U=2	M=0			

Total 24 hrs. Intake	1900ml	Total 24 hrs. Output	U=8 M=1

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
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22/5/26

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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

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

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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

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			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**	

Department of Anaesthesiology

PRE-A

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI .
02-10-2000 25 Y (F)
Dr. HIMABINDU ANNAMRAJU

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Name: .... Age: ..... Sex: ..... UHID.No : .....

Date: ..... Time: 1:40 pm Proposed Operation: Emergency LSCS

Diagnosis: Primi @ 37^{+2} POG. c Hypothyroid

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

Laboratory Data:

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

Allergies: nil.

Medical History: CVS :

RESP : h/o Hypothyroid c pregnancy Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: nil

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: intact

Lungs :

Heart: WNL

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (+) | Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Thyronorm	75 mcg

Pre-Operative Instructions:

1. DVT Prophylaxis : 11 AM - watermelon Juice
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

.....

.....

Signature: ..... Name: Dr. AISHWARYA

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☑ No	Fasting Status:	confirmed
Physical Status:	☑ Patient Identified	☑ Consent Present	☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2: 100%	R.R:	Last Feed: >8hrs

Pre-OP Diagnosis: ..... Operation: Cesarean Emergency Date : 20/5/24

Surgeon: Dr. Himabindu Anaesthesiologist: Dr. SR, Dr. AL Technician: Suresh

TIME			3pm
N_2O /AIR /O_2 LPM	2		
HALO /SO /SEVO			
Drugs:			
Inj CARBETOCIN	100mcg		
Inj TRANEXAMIC ACID	1g		
Inj METHERGINE	0.2mg		
Inj ONDANSETRON	4mg		
FIO_2 / SaO_2	100%	100%	100%
$ETCO_2$			
ECG	SR	SR	SR
Temperature			
Urine Output			
Fluids	RL		
Blood	500	+500	

Antibiotic

Suppository: Sup. TRAMADOL 100mg, Sup DICLOFENAC 100mg

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG, GRBS, Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: .....
☐ Art Site: .....
☑ EKG Lead 3
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other

Times:
Anaes Start: 2 pm
OP Start: .....
OP End: 1
Leave OR: 3 pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: 18G (L) JL
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ 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 Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: L3-L4
Needle Size: 25G Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml of 0.5% (H)
Bolus: Bupivacaine +
Infusion: 25mcg Fentanyl
Block Level: T6
Comments: Adequate

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor : Dr. AISHWARYA
Signature of the Doctor : Aishy

Patient Sticker

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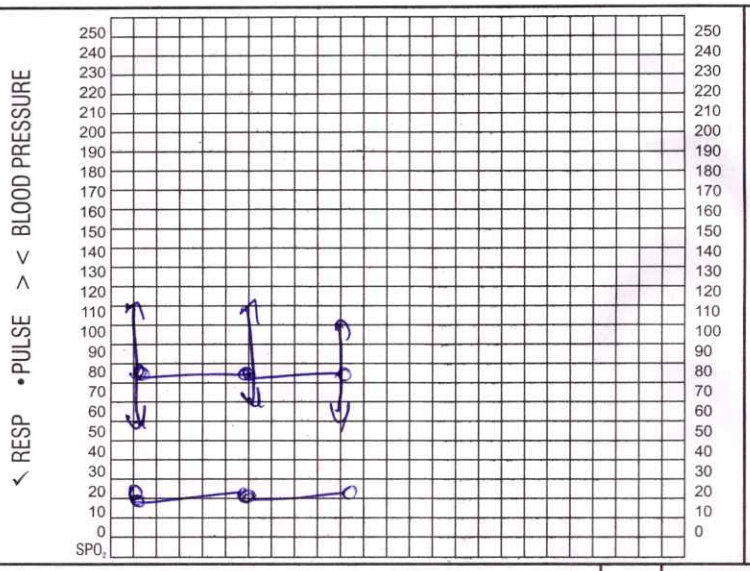
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Mendula Time Received : Right Side Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 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: RL @ 50ml/hr
Oral Feeds: NBM

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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 leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 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
			As per Arrow	

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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: 20/05/26

PACU Nurse Name : Mahesh
PACU Nurse Signature: .....
Date & Time: 20/5/26

Transferred to Unit by (PACU): .....
Date & Time: .....

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Time : .....

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Srivalli Vennuri Age : 25yrs Gender : Male ☐ Female ☐

UHID NO: FDH- 39736 Surgeon Name: .....

Anaesthesiologist : Dr. AISHWARYA

Operative procedure planned : Emergency Cesarean Section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Heypotension, bleeding, Nausea, vomiting, Aspiration

Comments : Risk

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Srivalli Vennuri the above mentioned operation / Diagnostic / Therapeutic procedures Cesarean Emergency.

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : SRIVALLI

Relationship with Patient: self

Date & Time : 20/5/26 1:30pm

Witness :

Signature : .....

Name : PARITI SIVA TEJA

Date & Time : 20/5/26 @ 1:30pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. AISHWARYA

Date & Time : 20/5/26 ; 1:30pm

FDH-00039736 IP25-00020524
Mrs SRIVALLI VEMURI . (F)
02-10-2000 25 Y
Dr. HIMABINDU ANNAMRAJU

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Himabindu	Date of Delivery: 20/5/2026.
Assistant Surgeon: Dr. Vidhya	Time of Delivery: 2:24 PM
Anaesthetist's Name: Dr. Aishwarya	Gender of Baby: female
Type of Anaesthesia: SA	Weight of Baby: 2.362 kgs
Neonatologist: Dr. pradeep.	AGPAR Score: 8/10, 9/10
Scrub Nurse: Sr. parvathi	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: non progressing labour

Urgency

- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☑ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: reactive

If there was a delay give the reasons: .....

Surgical Procedure: POP-o Emergency LSCS

Post Operative Diagnosis: POP-o Emergency LSCS

Peri-Operative Complications: Atonicity noted managed with inj carbetocin 100 mg, inj methergine 0.2 mg im, inj tranexa 1g iv, T. misoprostol 800 mg kept PR.

Amount of Blood Loss: ~ 600ml

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: ☑ Pfannensteil ☐ 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: ....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. 2.... Suture

Sheath Closure: .... Suture

Fat Closure: ☑ Yes ☐ No ....vicryl no. 2.... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: ....

- NBM x 4hrs
- fluids as per [illegible]
- [illegible] as charted
- c/f SIV
- I/O charting
- Inj. [illegible] 1g IV TID x 3 doses
- @ 4hrs
- [illegible]

↓ Dr. Himabindu

Doctor Name: Dr vidya Reddy
Doctor Signature: [signature]

Date & Time: 20/5/24, 4pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00039736 IP25-00020524 Mrs SRIVALLI VEMURI . 02-10-2000 25 Y (F) Dr. HIMABINDU ANNAMRAJU DR. HIMABINdu	19/5/26 @ 7:41 pm	20/5/26 @ 1:50pm
	Transfer Ordered by DR. HIMABINdu	Reason for Transfer em LSCS Surgery
From Unit MCU	To Unit 07	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File —	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	op file	(1)
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR. Anitha	DR. Himabindu.

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @1:50pm

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

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
FDH-00039736 IP25-00020524 Mrs SRIVALLI VEMURI . 02-10-2000 25 Y (F) Dr. HIMABINDU ANNAMRAJU	19/5/2026 7:41PM	20/5/2026 @3:35PM
Dr. Himabindu	Transfer Ordered by Dr. Aishwarya	Reason for Transfer Post operative care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
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 ☐ No ☑ 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	Name of Person Ordered Transfer
Sreeja @3:35PM	Dr. Aishwarya

Patient & Clinical Records Received by : Mahavi

Date & Time of Patient Received : 20/5/26 @ 3/35pm.

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Srivalli	29/20/26 7:41	19/20/26 at 30.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Himabindu	Dr. Pooja	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ 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	Name of Person Ordered Transfer
Sr. Supriya	Dr. Pooja

Patient & Clinical Records Received by : Neha 10/5/26 @10pm

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

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MR'S. SRIVALLI VEMURI		Age: 25Y	Gender: FEMALE
UHID No: RGH-[illegible]	IP No: [illegible]	Date: 20/05/2026	Time: 11:45 PM.
Diagnosis: PRIMI T 37+2 WKS POG T HYPOTHYROID.			

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	-	
3.	Remifentanil Hydrochloride Inj. 2MG	-	
4.	Remifentanil Hydrochloride inj. 1MG	-	

Doctor Name: Dr. ASHWARYA

Doctor Registration No: [illegible]

Signature:

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

IP Registration No: [illegible] **Date:** 20/05/2026

Aadhaar No. of the Patient (Optional): .....

1.	**Name :** MR'S. SRIVALLI VEMURI	**Remarks**
2.	Complete postal address (with contact number, if any)	MADHAPUR, TELANGANA. [illegible]
3.	Brief description of the illness	EMG LSCS
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
20/05/2026	FENTANYL	ONE		

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

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

e: .....

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BirthRight

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: _____ Gender: _____

UHID No: _____ IP No: _____ Date & Time: _____

Diagnosis: _____

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1	Pentazocine Inj. 30mg/ml		
2	Morphine Sulphate Inj. 15mg/ml		
3	Pentazocine Hydrochloride Inj. 2MG		
4	Pentazocine Hydrochloride Inj. 1MG		

Doctor Name: _____ Doctor Registration No: _____

Signature: _____

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 32
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: _____ Date: _____

Name of the Patient (Optional): _____

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
1. Name: _____				
2. Complete postal address (with contact number, if any)				
3. Brief description of the illness				
4. Whether registered with any other registered medical practioner / recognized medical institution ; if yes, details of the records)				
5. Details of essential Narcotic drug dispensed				

Dispensed by (Name & ID No.): _____ Signature: _____

Received by (Name & ID No.): _____ Signature: _____

Time: _____

(T)

F/GYNE/08

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ANTENATAL RECORD

Antenatal No. 7027/FO/25

Reg. No : FOH: 00039736

Consultant : Dr: Himabindu. A

PERSONAL DETAILS

Name : Mrs:- Srivalli vemuri Age: 24 Date of Birth 2/10/2000 Education :

Occupation : Phone No. : Mobile :

Husband's Name Age Education : Occupation:

Address : Hyd Telangana

Mobile : 9573448027 E-mail Id :

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
PoTo. O/AD - on ECOSM E.O. 10 GR	Corrected EDD 7/6/26 primi c gravida - I

HISTORY

Year of Marriage :

Menstrual History : Previous Periods: Regular cycle

Consanguinity : - NCM

Contraception : - SP

LMP 5/9/25 EDD

Corrected EDD 7/6/26

OBSTETRIC FORMULA

Gravida 1 Para Live Abortions

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
			primi c gravida - I spont conception booked by (15^{+3} wks) [cuddles mother child center Dr: Shilpi Reddy]				

Medical History : Nil Thyroid - 25 37.5 mcg

Surgical History : Nil

Family History :

Allergies :

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh : Wife B+ve Husband ICT

VDRL – NR HIV – NR HbSAg – NR TSH GCT

ROUTINE INVESTIGATIONS HCV – NR

Date	GA Weeks	Investigations	Report
6/10/25		17/1/26	16/3/26
RBS	86	HB – 11.5	RBC – 4.04 (3.8-4.8)
TSH –	3.107	WBC – 13100	MCH – 82.8
HB –	12.4	PLT – 2.63	MBE – 14100
WBC –	9140	FBS – 72	Platelet – 278000
PLT –	3.61	TSH – 3.06	HBG – 127
		D – 30.2	FBG – 70
		B12 – 263	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
	1/5/26		
	HBA1C – 5.5		
	TT3 – 247		
	TT4 – 15.3		
	TSH – 3.54		
	HB – 12.0		
	TLC – 13650.0		
	PLT – 2.78		

Tetanus Toxoid : 1st dose ✓ T.T 2nd dose 16/3/26.

FETAL EVALUATION

ULTRASONOGRAPHY

1/12/25 First Trimester	SLF 13+1 wks / FHR – 166 bpm / CRL – 68.9 mm / NT – 2.00 mm CVL – 37.4 mm / UAb – (A)
20/1/26 TIFFA	SLF 20 wks / FHR – 153 bpm / CRL – 68.9 mm / AC – 39%. / P-P-H CXL – 36.8 / UAb – (N)

	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan	16/3/26	28+0	GS	b	983 g	8%.	AC – 3%.	13.0	P.h	D – (N)
	30/3/26	30+0	GS	c	1344	15%.	AC – 3%.	15.4	P, H	D – (N)
	20/4/26	33+0	GS	c	1815	11%.	AC – < 1%.	16.8	P.h	D – (N)
	4/5/26	35+0	GS	c	2055	6%.	AC – < 1%.	18.6	P.h	D – (N)
Others	18/5/26	37+0	GS	c	2408	8%.	AC – < 1%.	16.9	P.h	D – (N)

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT

Name : Srivalli Corrected EDD : 7/6/26 Parity primi

SYSTEMIC EXAMINATION

Height _____ CVS _____

Weight : _____ Respiratory System : _____

BMI : _____ Breasts : _____ Thyroid : _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
17/12/25	66.2	96/72	15+3 wks			✓			20/1/26.
21/1/26	67.7	98/64	20+2 wks			✓			25/2/26.
20/2/26	69.5	96/68	24+5 wks			✓			16/3/26.
16/3/26	71.6	96/68	28+0 wks			Scan			30/3/26.
30/3/26	72.6	101/69	30+0			Scan			20/4/26.
03/04/26	72.6	98/41	30+4			✓			20/4/26
20/4/26	73.7	99/70	33+0 wks			Scan.			4/5/26.
4/5/26	74.2	92/64	35+0 wks			Scan.			18/5/26.
18/5/26	76	104/80	37+0 weeks						

Special Concerns

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 : _____

_____

_____