DISCHARGE SUMMARY

Name	Mrs KAMMARA GUBAGUNDAM RAGA SUDHA	**UHID**	FDH-00028359
Father/Guardian	Mr ARUN	**Age/Gender**	29 Y 11 M 16 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020581	**Admission Date**	22-05-2026
Ref Doctor	SELF		
Discharge Date	25.05.2026		

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

Diagnosis: G3A2 AT 37+6 WEEKS GESTATION
1.RECURRENT PREGNANACY LOSS
2.FOR INDUCTION OF LABOUR

EMERGENCY LSCS DONE, IN VIEW OF NON-PROGRESSION OF LABOUR, DELIVERED A LIVE FEMALE BABY AT 11:35 AM, WEIGHT 3.021 KGS ON 23.05.2026.

History:
LMP: 31.08.2025 Obstetric formula: G3A2

EDD: 07.06.2026 Gestation at admission: 37+6 weeks

Obstetric History:
G1 - 2025 / March / Missed miscarriage at 6 weeks / MERPC done.

Name	Mrs KAMMARA GUBAGUNDAM RAGA SUDHA	UHID	FDH-00028359
IP No	IP25-00020581	Admission Date	22-05-2026

G2 - 2025 / June / Missed Miscarriage at 6 weeks / MERPC done.
G3 - Present pregnancy Spontaneous conception.

Medical History : Nil
Family History : Mother- HTN
Surgical History: Tonsillectomy 7 years back
Allergies : Nil

Antenatal Details:
Mrs KAMMARA GUBAGUNDAM RAGA SUDHA was booked to Rainbow hospital at 5+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. Scan done at 7 weeks showed perisac collection , EFTS low risk , NT scan at 12+1 weeks normal, TIFFA at 20+4weks was normal. H/O Inj. FCM 1 gram IV infusion at 36+4weeks. USG done on 14.05.2026 showed SLIUF at 36+4 weeks, Cephalic, placenta fundal, posterior, AFI 11.7cm, EFW 2724 grams(29%) ,AC 12% with normal doppler. She was admitted at 37+6 weeks for induction of labour in view of dropping growth centiles.

Investigations: Enclosed.
Blood group & typing - "O" Rh positive.

Management:
Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was1.5cm long and OS admitting 1finger. 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 membrances done at 2 cms 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 with Syntocin drip. Patient opted for epidural analgesia at 2cm dilatation for pain relief. The same was sited by an

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anesthetist after informed consent. On repeat examination PV findings were same, with frank hematuria. Patient and attenders were informed about the findings, blood stained urine and non-progression of labour even after 5hours, option for LSCS was given, they consented for LSCS.

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

Surgery Notes:
Under Epidural anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 1000 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** Free peritoneal fluid present.**
*** Bladder edematous and drawn up.**
*** Multiple seedling fibroids noted on posterior wall and fundus of uterus**
*** LUS Floppy, managed medically with Injection Tranexa 1gm IV, Injection Methergin 0.2mg IM and tab Misoprostol 1000mcg PR.**
*** Hemostasis secured**

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Delivery Details :

Date : 23.05.2026
Time of Delivery: 11:35 AM
Type of Delivery: Emergency LSCS
Indication : Non-progression of labour
Analgesia : Epidural

Baby Details:

Date : 23.05.2026
Time : 11:35 AM
Sex : Female
Weight : 3.021 KGS
Apgar : 8/10, 9/10
Gestational Age: 37+6 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 29.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 29.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 29.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 29.05.2026 (7am-7pm) before food.

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5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 3.06.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU, after one week on 3.06.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

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

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

Name	Mrs KAMMARA GUBAGUNDAM RAGA SUDHA	**UHID**	FDH-00028359
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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~~

Consultants :
Dr. Himabindu Annamraju
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Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

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SURGERY DETAILS

Date : 23/5/2026

Patient Name: Mrs. Raga Sudha Date of Birth: 07-06-1996 Age: 29yrs.

Gender: female Ward : OT UHID No.: 00028359

Date of Surgery: 23/5/2026. ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMCS.

Time in : 11.15 Am Time Out : 12:15 PM

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Usha.	
3. Assistant Surgeon		
4. OT Technician	Br. Rambabu.	
5. Circulating Nurse	Sr. Sreeja	
6. Assistant Nurse	Br. Buddha	

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

Signature of the Surgeon

Subhadeep
Signature of Circulating Nurse

Order No: 579088/89 Order by: Parvathy

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

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 : IP25-00020581 **Admit Date** : 22-May-2026 **Admit Time** : 06:39 PM **UHID** : FDH-00028359

Patient Details :

Patient Name	: Mrs KAMMARA GUBAGUNDAM RAGA SUDHA	**Age**	: 29 Y 11 M 15 D
Guardian	: Mr ARUN	**DOB**	: 07-06-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9492693929/
		E-mail	:

Admission Details :

Bed Type : MICU **Bed No** : MICU-04 **Ward Name** : 4F -MICU

Room No : MICU-04 **Admission Type** : First Visit

Contact Details :

Name	: Mr ARUN	**Relationship**	: Husband
Contact Address	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: / 9492693929

Signature

Doctor Details :

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

Payment Details :

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

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Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 16 D (F)
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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 LSCS		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads ~~: A~~ / P / N		03	2347		02	Suction Catheter		01
HME filter : A / P / N			2762		01	Feeding Tube		
Syringes : 10 cc		02+1				Vaccum Suction Set		01
05 cc		02+1	Gloves 6½, 7		3+2	Surgical Gloves		02
02 cc		02+1				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate ~~: A~~ / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		01	Cautery pencil		01	underpad		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
MEM		01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		03			
Ketamine			Mop Pack		02	Baby 579080		
Propofol			Steristrip		01			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan ~~25g~~/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			DIV Aprons		03
Bupivacaine 0.25%(Heavy)		0	Romodrain bag					
Antibiotics			Bandage					
Lox + Aze		01	Tegaderm			misoprost		01
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent			New mom pad		01
Supridol : 100~~mg~~		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100~~mg~~		01	Plastic Bed Sheet		0			
Tab. Misoprost : 200mg			Betadine Solution		02			
O2 mask (A)		01	Microshield					
			Cotton Balls					
ZILLAOL		01	Latex Gloves		20			
			Ramdione Scrub					
BIOXAMIK		02	Saral					

Surgeon Anaesthesiologist Nurse Buddy OT Technician

Order No. : 579073 (NSG) 00579075 (TECH) Ordered by : Pavalty

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

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Raga Sudha

UHID No : FDH-00028359. IP No : ---------- Consultant : Dr. Himabindu Dept : OBGY

Date of Admission : 22/5/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/5/26	11:05	MICU	OT	Sushmit
23/5/26	12:35pm	OT	MICU	Sreeja
23/05/26	5:15pm.	MICU	ward	Neelu
25/5/26	10:42 AM	ward	Billing	Subhan

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. vaibhabi (physiotherapy)		25/5/26	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
22/5/26	NST — (1)	6571	
22/5/26	CBP -	18109	
22/5/26	NST - (2)	6579	
23/5/26	NST - (3)	6580	
23/5/26	NST - (4)	6581	MAM
"	NST — (5)	6692	
"	NST — (6)	6693	
"	NST — (7)	6694	
"	NST — (8)	6695	
		CC: Sunshine 23/5/26 @ 3:30 pm	
23/5/26	NHA	9249	Neha
		C. Cby Subhra 25/5/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/5/26	Cardiac Monitor	6:30AM	23/5/26 4:30am	9183	Maje
23/5/26	Epidural pump	6:30AM	4:30am		
			C.C. Sushmakumari 23/5/26 @3:30 pm		
		C.C by Sublora 23/5/26			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
22/5/26	IV placement	1	8807	Sushma
23/5/26	PAC (IP)	1	9184	
23/5/26	catheterization	1	9185	
		C.C. Sushma	23/5/26 @ 3:30 pm	
		C.C. Supriya 23/5/26		

ANY OTHER INFORMATION

O+ve blood availability in aynph
Enema given @ 6:30 Am
* pt op fell given to the pt attendes
* B.D.

Date : 22/5/26 Time : 6:30 pm Prepared By : Supriya

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Supriya	MICU		

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NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 23/05/26 Time: 5:30PM

Origin: Indian Height: 156cm Weight: 72.9kgs BMI: 29.9kg/m2

Food Allergies: Nil

Diagnosis: G3A2 at 37+6wks LAE for Induction of labour I EM: LRS

Medical History: Nil

Surgical History: Tonsilectomy

☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised: Advised Soft Diet

Patient's / Attendant's

Signature: B. Raga

Name: Raga sudha

Date & Time: 23/5/26 5:30pm

Dietician's

Signature: Ashi

Name: Ashiya

Date & Time: 23/05/26 5:30PM

DIETARY NOTES

Date	Time	Notes	Sign
23/5/26	5.20pm	Soft diet ō and liq	
25/5/26	9:30	Normal diet ō and liq	

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Gravida at 37+6 weeks GA C Recurrent pregnancy for IOL				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	22/5/26 E	22/5/26 N	23/5/26 M	23/05/26 E	23/05/26 N	24/5/26 M
	Medical Condition (Any special condition to be noted):	–	–	–	Surgical OG	–	EM LSCS
	Diet:	N/D	ND	NBM	NB	N/D	N/D
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:	36.5°C	36.5C	98.6F	96°F	98.6F	98°F
	Res:	21	21	20	20	20	20
	SpO_2:	99	99	100	100	99%	99%
	Pulse:	85	85	82	76		78
	BP:	116/80	115/78	116/78	113/60		109/76
	LOC:	conscious	C	C	drowsy	conscious	conscious
	Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Pain Score:	0/10	0/10	0/10	0/10	0/10	1/10
	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:	N/D	ND	NBM	NBM	N/D	N/D
	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):	N/D	ND	NBM	Dependent	dependent	Dependent
Post Operative Procedure Special Orders:		–			Neha		
Handed Over By Name :		Supriya	Sushma	Sushil	Nalini	Laxshmi	Subha
Signature / ID :				020941			
Date:		22/5/26	22/5/26	23/5/26	23/05/26	24/05/26	24/5/26
Time:		8pm	@8AM	2pm	@8pm	@8AM	@2PM
Taken Over By Name :		Sushma	Mani	Nalini	Laxshmi	Subha	Neha
Signature / ID :							
Date:		22/5/26	23/5/26	23/05/26	23/05/26	24/5/26	24/5/26
Time:		@8pm	@8am	@2pm	@8pm	@8AM	@2PM

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: EM. LSCS			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	24/5/26 E	24/5/26 Night				
	Medical Condition (Any special condition to be noted):						
	Diet:	N/D	N/D				
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:	97°F	98.6				
	Res:	20	20				
	SpO_2:	99%	100%				
	Pulse:	86	78				
	BP:	110/80	110/80				
	LOC:	conscious	conscious				
	Fall Risk Score:	0/10	0				
	Pain Score:	0/10	0				
	Skin Integrity	0/10	0				
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:	N/D	N/D				
	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				
Post Operative Procedure Special Orders:							
Handed Over By Name :		neha	Lavanya				
Signature / ID :		[signature]	[signature]				
Date:		24/5/26	24/5/26				
Time:		8pm	8AM				
Taken Over By Name :		Lavanya					
Signature / ID :		24/5/26					
Date:		8pm					
Time:							

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 22/5/26 6:39

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

..... Name of the Doctor: .....

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

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Tonsillectomy	–

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
.....	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 31/08/26	Others: _____	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 ..... P ..... L ..... A 2 .....

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: 36.5 ..... HR: 85 ..... RR: 21 .....

BP: 116/78 ..... Weight: 72.9 ..... Height: 156 ..... 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 ...0/40... (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: ...Supriya...

Nurse Name: ...Supriya...

Date & Time: ...22/5/26 @ 7:10pm...

FDH-00028359 IP25-00020581
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07-06-1996 29 Y 11 M 15 D (F)
Dr. HIMABINDU ANNAMRAJU

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

admitted for IOL

Obstetric Formula: G3A2

Obstetric Hostory:
I- 2025-March - Missed Misc - MERPC e 6wk
II- 2025-June - Missed Misc e 6wk - MERPC
III - PP- conceived spontaneously
- registered e 5+4 wk.

Present Pregnancy Record:
- scan e 7wk - Perisac collection (+)
- EFTS - low risk; NT e 12+1wk - (N)
- scan e 20+4 wk - (N)
- growth scan e 27+5 wk - (N)

RISK FACTORS:

- RPL

Height: 156 cm
Weight: 72.9 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:

Consciousness: clc	Pallor: –
Icterus: –	Edema: –
Temp: –	PR: 120bpm
BP: 100/60mmHg	DTR: –
CVS: –	RS –
Liver/Spleen: –	Urine Output: –

LMP: 31/08/25 EDD:
Corrected EDD: 7/6/26 GA: 37+6wk

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ut term

Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

DIAGNOSIS

G3A2 at 37+6wk GA c̄ Recurrent Pregnancy loss for Induction of labour

(P.T.O)

Patient Sticker

Family History:	Surgical History:
M - HTN	Tonsillectomy - 7yrs back
Medical History:	**Medication History:**
Nil	~~Nil~~ No Fem 4gram iv - 1dose e 38+0wk
Plan of Care:	**Investigations:**
- Admit - Consent - Parts preparation - NST - secure iv cannula - Monitor vitals - Wg contractions - Wg progress of labor. - Check blood availability - To do CBP - T. Misoprostol 50mg po e 7:30pm	BGT - O+ve HIV HbsAg HCV VDRL MR 12/5/26 - Hb - 9.7g/dl WBC - 13,720 Plt count 3.46 14/05/26 SLIUF / 36+4 wk GA / cephalic / placenta - fundal, posterior / AFI - 11.7cm / EFW - 2724g (29%) ; AC - 12% Fetal dopplers (N)

Doctor Name: Dr. BSWEMA

Signature: Swetha

Date & Time: 22/05/26 6:30pm

Consultant Name: Dr. NIMMABINDU

Signature:

Date & Time: 22/05/26 6:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26. 7pm		
	GC-fair	Rx:
	Temp- Afebrile	1) w/f uterine contractions
	PR - 120bpm	2) Monitor vitals
	BP - 100/60 mHg	3) T. MISOPROSTOL 50mcg PR @ 7:30pm
	H/I - NAD.	4) w/f progress of labor
		5) NST
		6) Inform SOS
	PIA - ut ~TG	7) RIA 4hours
	Cephalic; FHS (+)	
	Relaxed.	
	PIV - os admits 1F	
	1.5cm long; sgt; mid	
	PP-Vx -3.	
	NST → Reactive	
		Rx:
22/5/26. 11:30pm	GC-fair	1) T-MISOPROSTOL -25 mcg PV @ 11:30pm
	PR - 112bpm	
	BP - 110/70 mHg.	2) w/f uterine contractions
	PIA - ut ~TG	3) Monitor vitals
	Cephalic	4) w/f progress of labor
	FHS (+) Relaxed.	5) NST
		6) Inform SOS.
	PIV - os admits 1F	
	long | sgt | mid	
	PP-Vx -3.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 3:30Am	a/c pt conscious	Ad
	coherent	1/ NST
	Afebrile	2/ monitor vitals
	PR 78bpm	3/ w/f contractions
	BP-110/70mmHg	4/ w/f progress of labour
	SPO2 97% RA	5/ Informs
	PA ut contract 3-4/45-60min	6/ RIA 4hours
	FHR (+)	
	PV - Cx 1cm long	Sweer
	os 2f dilated	
	PPV x st=2	
23/05/26 6:15Am	c/o pain Abdomen	
	a/c pt c/c	Ad
	Afebrile	
	PR 78bpm	1/ NST
	BP-120/70mmHg	2/ Epidural counselling
	SPO2 97% RA	3/ monitor vitals
	PA ut contract 4/30"/10min	4/ w/f contractions
	FHR (+)	5/ w/f progress of labour.
	PV Cx 0.5cm long	6/ Informs
	os 2cm dilated	7/ I/V Ceftriaxone
	PPV x st-2	Sweer
	ARM done	
	clear liq (+)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	c/o by Dr Swetha	
7:30 Am	↓ epidural	
	GC pt c/c	Ad
	Afebrile	
	PR - 82bpm	1) NST
	BP - 120/70mmHg	2) START syntocinon 10U in 10RL
	SPO2 97% @RA	@ 6ml/hr and titrate
	PA ut contract 4/40"/10min	3) Monitor vitals
	FHR (+)	4) w/g contractions
	PV 1x0.5cm long	5) w/g progress of labour
	2cm dilated	6) Inform
	PPV ✓ st 2	7) RIA 2hours
		Dhar
	↓ Epidural	Adv
9:30 Am	G.C ↓	1. NST
	Pt c/c	2. Syntocinon 10U in 10RL
	Afebrile	@ 6ml/hr
	BP = 110/80mmHg	3) monitor vitals
	PR = 84bpm	4) w/f contractions
	SpO2 = 100% @RA	5. w/f POL
	P/A = ut contracting	6. inform SOS
	4/35-40"/10min	7. RIA
	FHR (+)	
	P/V = 1x 0.5cm long, 1cm thick	
	2cm dilated	Ram
	PPV x St-2	
	Urine blood tinged	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	S/B/Dr Himabindu	
9:50 Am		℞
	Vitals stable	(M) vitals / FHR / contn
	p/A - ut FT	w/f POL
	3cl 10' / 20"	Continue synto
	FHR (+) 146 bpm	Continue Epidural
	p/v - 2 cm dilated	CTG
	0.5 cm long, thick	Exercises
	Clear liquor	Inform SOS
	station /-2/	Reassess > 2 hrs
		Dr Pooja
	↓ Epidural	
11 Am	c/o excess pain	
		℞
	Cufair	NBM
	Ufeb	PAC
	PR - 98 bpm	Prepare & shift for Emlsc
	Bp - 110/60 mmHg	Preop medication
	SpO2 - 98%	Inform OT / Anaes / peds
	p/A - ut FT	Inform SOS
	3-4 cl 10' / 25"	
	FHR (+) 146 bpm	
	p/v - 2 cm dilated	
	1 cm thick	
	stn /-2/ to /-1/	
	Caput (+)	Dr Pooja

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11:00 AM	frank hematuria (+)	
	Couple counselled about VE findings, blood stained urine, hematuria, no progress in labour, option for lscs was given. They consented for lscs	
		DYPOONA

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	O POD	
12:30 pm		
	Cyair	R/
	Afeb	NBM x 4 hrs
	PR - 110 bpm	EBF
	BP - 126/110 mmHg	(M) Vitals / BPV / I/O
Baby	↓	Drugs as charted
m/s	Shivering (+)	Inform SOS
	SpO2 - 100%	
	P/A - URIS	
	soft	
	P/V - NAB	
	U/O - 100ml.	
	(blood stained)	
		Dr Pooja
23/5/26		Adv
	O - POD	1) oral sips → liquid diet
5pm	Cyair	2) Plenty of oral fluids
	Afebrile	3) Drugs as charted
	PR - 68 bpm	4) W/F BPV, I/O
Baby m/s	BP - 106/60 mmHg	5) Monitor vitals
	SpO2 - 98% on RA	6) Foleys till further orders
	P/A - Ut (R) well, BS (+)	7) soft diet @ 9pm
	P/V - NAB	8) Inform SOS
	U/O - 400ml	9) Shift to room if tolerating
	(blood stained)	liquids well
		Nalini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/26 8 AM	POD - 1 of LSCS Pt stable PR - 80/m BP - 110/70 mmHg SpO2 - 98% on RA P/A - soft Nontender U.O - 1000 ml (blood tinged) F+ M+	RA - Reg diet - Ambulation - Follow drug chart - foleys till further order - Plenty of liquids - Vitals 6 hrly - IVFs Rugi
24/5/26 12:00 pm	POD-1 LSCS G c Pain Afebrile BP: 110/80 mmHg PR = 86 bpm SpO2 = 100% @ RA P/A = Soft, NRW P/V = WABPV U.O = 200 ml (clear) U - foley patency ✓ F ✓ M ✓	Adv Ambulation 1. Normal diet 2. Plenty of oral fluids 3. Drugs as charted 4. c/f BPs 5. foleys till further order 6. (N) vitals ~~[illegible]~~ SOS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 5:00 pm	POD-1	Adv
	G.C fair	1. Ambulation
	Afebrile	2. Normal diet
	BP: 110/80 mmHg	3. plenty of oral fluids
	PR: 86 bpm	4. Drugs as elected
	SpO2: 100% @RA	5. c/f BPV
	P/A: UR CW	6. (M) vitals & urine op
U-flag positive	P/V: NAB PV	7. Dicloden suppository
F- ✓	O/O: 1600 ml / 1960 ml	at bed time if stools
M- ✓		not passed.
25/5/26 7:00 AM	POD-2	Adv
	G.C fair	1. Ambulation
	Afebrile	2. Normal diet
	BP: 100/70 mmHg	3. plenty of oral fluids
	PR: 88 bpm	4. Drugs as elected
Baby m/s	SpO2: 100% @RA	5. c/f BPV
	P/A: U R CW, soft	6. (M) vitals & urine op
	P/V: NAB PV	7. ER of 2nd baby
U-not yet void		
F- ✓		
M- ✓		
Pt today		
TOA		

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RESULT SHEET

Date	22/5/26					
Time						
Hb	10.1					
PCV	30.7					
RBC	3.31					
WBC	15.26					
N/L						
Platelets	357					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

O +ve.

BGT
+HIV
+HCV
+HBAg } Non Reactive

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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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. IRON	1	PO	OD	21/5	☐ C ☑ DC
2	T-CALCIUM	1	PO	OD	21/5	☐ C ☑ DC
3	T. MULTIVITAMIN	1	PO	OD	21/5	☐ 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. Bhuvana Sunette

Date & Time : 22/5/26; 6:30pm

Nurse Name & Signature: Sunitha

Date & Time : 22/5/26 @ 6:30 pm

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

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DRUG CHART

Date of Admission: 22-05-26 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 / 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 ....

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REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : Inj CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time	23/5	24/05
11AM	X	[signature]
11pm	Sangeetha	

STOP

DRUG : Tab PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	ORAL	QID	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time	23/5 24	24/5	25/5
12AM	X	Sangeetha	[signature]
6AM	X	Sangeetha	[signature]
12pm	SN Neha	[signature]	
6pm	X	Sini Neha	

DRUG : Tab DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	ORAL	TID	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time	23/5	24/5	25/5
7AM	X	Sangeetha	[signature]
3pm	X 7:20PM	Sini Neha	
11pm	Sini Neha	[signature]	

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	23/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ➤ / Time	24/5
6AM	Sangeetha

STOP

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Sheet No: .....

REGULAR PRESCRIPTIONS

Dept.....Ward.....

DRUG : TAB. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	24/5

Date/Time: 25/05 6AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	24/05

Date/Time: 24/05 11AM X

Name & Signature of the Doctor Starting the Drugs: 11PM

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 .....

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Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 15 D (F)
Dr. HIMABINDU ANNAMRAJU

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept..................... Ward.................

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				

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

FDH-00028359 IP25-00020581
Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 15 D (F)
Dr. HIMABINDU ANNAMRAJU

Weight. ..... Ward. .....

VA

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/5/26	7:30pm	T. MISOPROSTOL	50mg	PR	[illegible]	Subhasini Supriya
22/5	17:30pm	T. MISOPROSTOL	25mg	PV	[illegible]	[illegible]
22/5	8AM	Inj CEFOTAXIME	1gm	IV	[illegible]	[illegible]
23/5/26	11am	Inj PANTOPRAZOLE	40mg	IV	[illegible]	Sulekh Mani
23/5/26	11am	Inj METOCLOPRAMIDE	10mg	IV	[illegible]	Sulekh Mani
23/5/26	11:05am	Inj CEFOTAXIME	1GM	IV	[illegible]	Sulekh Mani
23/5	11.35 AM	INJ TRANEXAMIC ACID	1gm	IV	[illegible]	[illegible]
23/5	11.35 AM	INJ ARBETOLIN	100 µg	IV	[illegible]	[illegible]
23/5	11.40 AM	INJ METHERGIN	0.2mg	IM	[illegible]	[illegible]

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

FDH-00028359 IP25-00020581
Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 15 D (F)
Dr. HIMABINDU ANNAMRAJU

I.V. FLUIDS CHART

Weight. ..... Ward. .....

		Position 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
23/5	3:30 AM	RINGER LACTATE	IV	200 ml/hr			23/5		
23/5	7AM	Ringer Lactate 10 c fly syntocinon 10 IU	IV	150 ml/hr			23/5/26		
23/5	11.45 AM	RINGER LACTATE	IV	150 MLH			23/5/26		Nali
23/5	2pm	10 RL	IV	100ml/hr		Nali	23/5		
23/5	6:50PM	RL	IV	100ml/hr			23/5/26		
24/5/26	6 AM	RL 10	IV	100ml/hr			24/5/26		
24/5/26	12PM	RL 10	IV	100ml/hr			24/5/26		
24/5/26	7:30PM	RL	IV	100ml			24/5/26		

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Name	I.P. No.	Weight(kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
12.15 pm	23/5	INJ TRAMADOL	100 mg	P/R		Roopa Anil
12.15 PM	23/5	INJ DICLOFENAC	100 mg	P/R		Roopa Anil

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22/5/26 (1)

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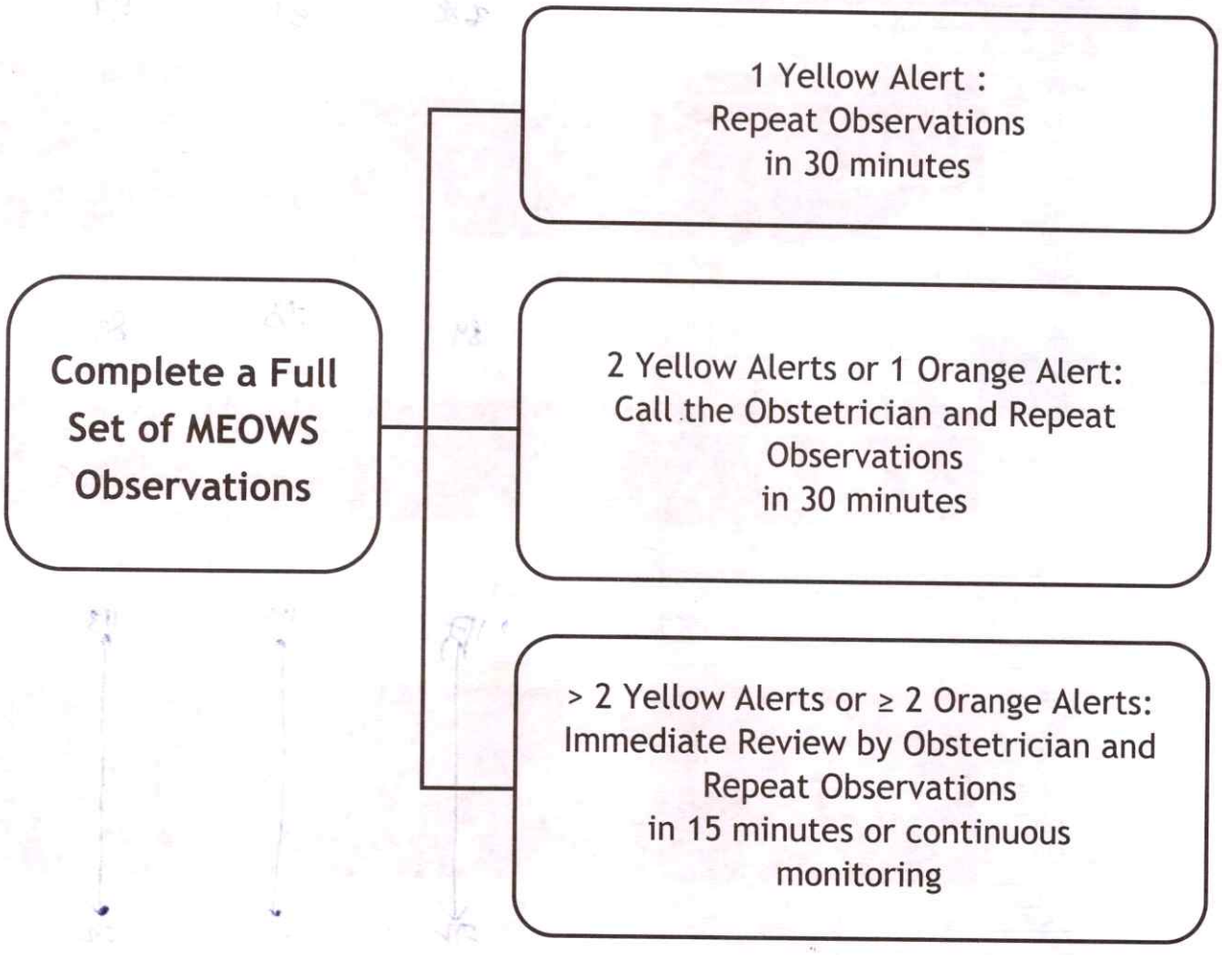
Early Warning Observation Score Chart - Obstetrics

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												22				22				22				20
	0 - 10																								
Saturations	94 - 100 %												99				99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°C	40																								
	39																								
	38																								
	37												37.5				37				37				36.5
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80												84				78				85				86
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110												117				115				113				110
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80												72				78				72				70
	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													0				0				0				0
TOTAL ORANGE SCORES													0				0				0				0
Nurse Initial													[illegible]				[illegible]				[illegible]				[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00028359 IP25-00020581
Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 15 D (F)
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23/5/26 (D)

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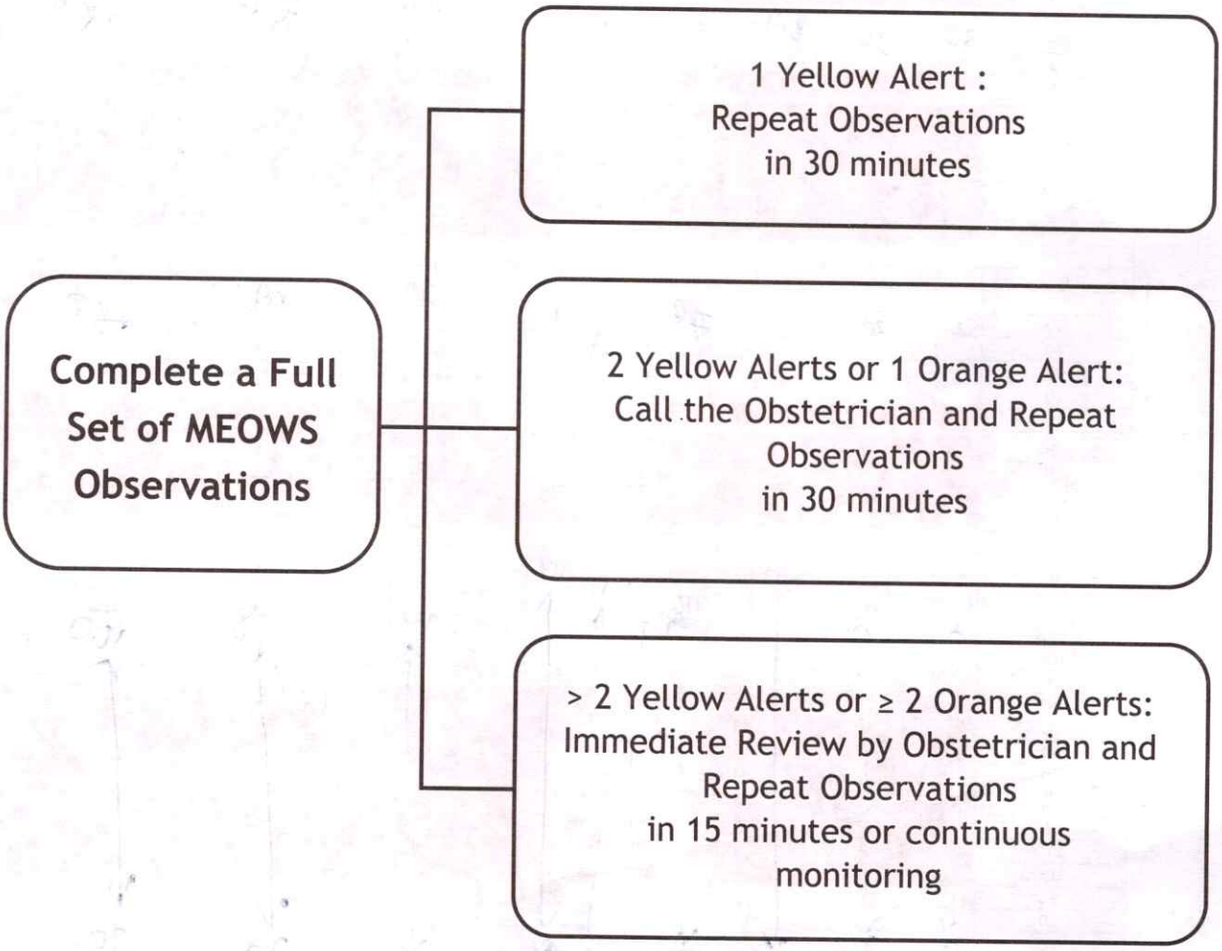
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

	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	18		18		19		18	22	22	23			20				20				20		20	
	0 - 10																								
Saturations	94 - 100 %	99		100		99		99	99	99	98			98				98%				100%		98%	
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA		RA		2L															
Temp °c	40																								
	39																								
	38																								
	37																								
	36	36		36		36.6		36	36.6	36.6	36.6			37.4				98.6				98.6		98.6	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90													99				92				80		90	
	80	82		80		79		78		68	76														
	70								70																
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	116		114		120		116	111	111	106			103				98				100		107	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	76		72		69		78	70	65	80			60				72				70		72	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	A		A		A		A	A	A	A			A				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		0	
TOTAL ORANGE SCORES		0		0		0		0	0	0	0			0				0				0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

:DH-00028359 IP25-00020581
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17-06-1996 29 Y 11 M 16 D (F)
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24/5/26

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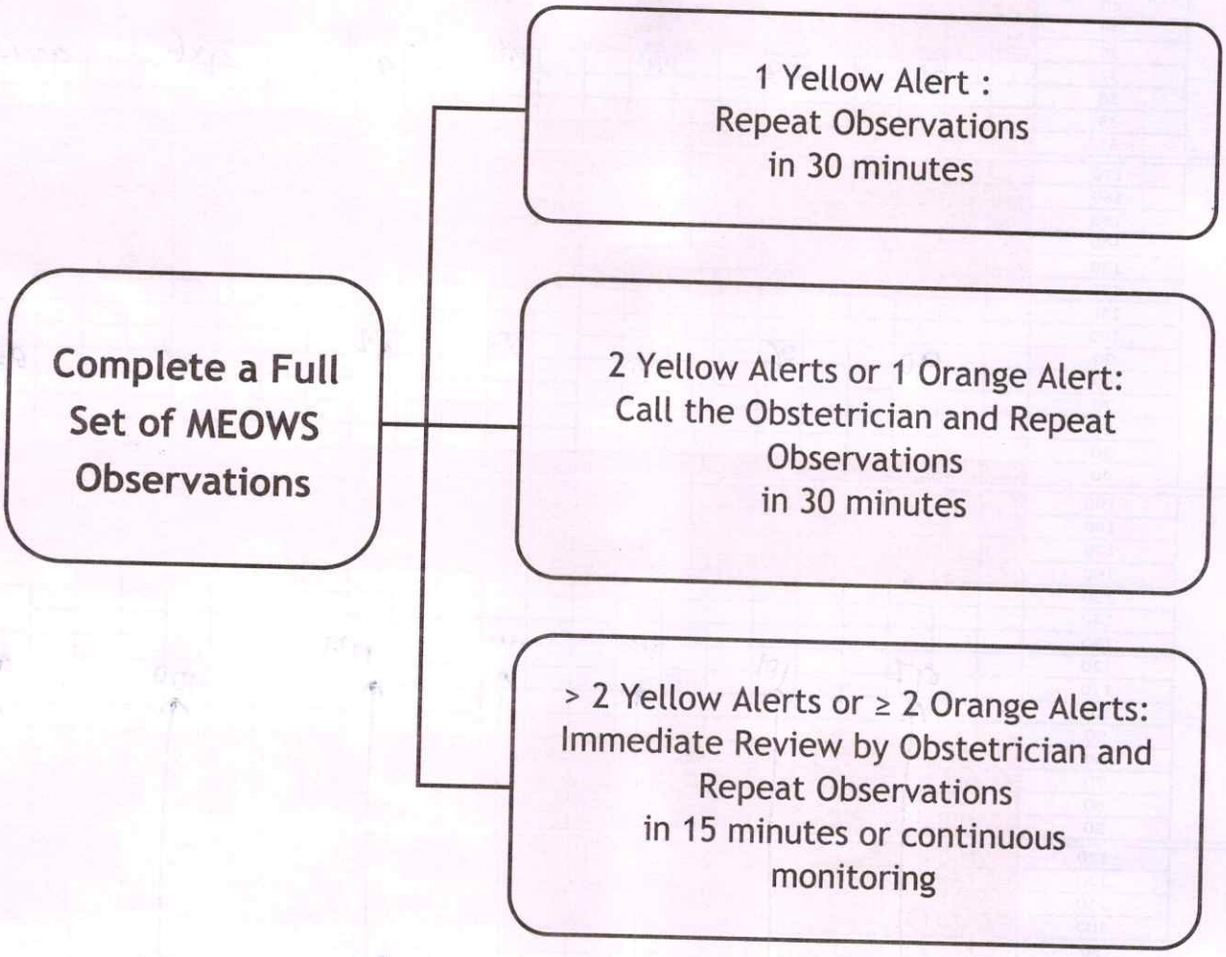
Early Warning Observation Score Chart - Obstetrics

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			21			20			20			20				20				20	
	0 - 10																								
Saturations	94 - 100 %			99			99			99			98			98%				100%					
	< 94 %																								
Administered O2 (L/min.)				n																					
Temp °c	40																								
	39																								
	38																								
	37			36.4			36.3			37.2			37.2			98.6				98.6				98.6	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			90			86			80			93			92				80				93	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			97			101			105			110			114				100				99	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			64			65			60			72			67				70				72	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			A			A			A			A			A				A				A	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓			✓			✓			✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N			N			N			N			N				N				N	
	Heavy / Foul																								
Liquor	Clear / Pink			C			C			C			C			C				C				C	
	Green																								
TOTAL YELLOW SCORES				0			0			0			0			0				0				0	
TOTAL ORANGE SCORES				0			0			0			0			0				0				0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

EDH-00028359 IP25-00020581
Mrs KAMMARA GUBAGUNDAM RAGA
07-06-1996 29 Y 11 M 15 D (F)
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22/5/26

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FLUID CHART

Sheet No. : 01

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										0	
	04:00 pm											
	05:00 pm											
	06:00 pm									✓	0	
	07:00 pm											
Total Intake :						**Total Output :**				U1		
	08:00 pm		NDF H2O 100ml							✓	0	
	09:00 pm											
	10:00 pm		H2O									
	11:00 pm		100ml							✓	0	
	12:00 am		H2O									
	01:00 am		100ml							✓	0	
Total Intake :			300ml			**Total Output :**				U-3		
	02:00 am											
	03:00 am	RL	H2O	RF						✓	0	
	04:00 am		100ml									
	05:00 am		H2O								0	
	06:00 am	RL	100	RF						✓	0	
	07:00 am											
Total Intake :			700ml			**Total Output :**				U-2, M-1		

Total 24 hrs. Intake	1600 ml	**Total 24 hrs. Output**	U-6, M-1

Docu. No. : RCH /FRM / CLINICAL / 092

:DH-00028359 IP25-00020581
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22/5/26

FLUID CHART

Sheet No. : 8

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
											0	
	08:00 am	RL		100ml	–	–	–	–	–	–	0	
	09:00 am	RL		100ml	–	–	–	–	–	–	0	
	10:00 am	RL		100ml	–	–	–	–	–	–	0	Sukanth
	11:00 am	RL		100ml	–	–	–	–	–	–	0	
	12:00 pm	RL	NBM	100ml	–	–	–	–	–	OT 100ml Emptied	0	Sayan
	01:00 pm	RL		100ml	–	–	–	–	–			
Total Intake :		600ml							Total Output :	100ml		
	02:00 pm	RL	N	100ml	NO	NO	NO	NO	NO	–	0	
	03:00 pm	"	B	100ml	–	–	–	–	–	–	0	
	04:00 pm	"	H_2O 100ml	100ml	–	–	–	–	–	Emptied	0	
	05:00 pm	"	200ml	100ml						400ml	0	
	06:00 pm	RL		100ml							0	
	07:00 pm	RL	H_2O 100ml	100ml	NO	NO	NO	NO	NO		0	
Total Intake :		900ml							Total Output : U = 400ml		M = 0	
	08:00 pm				NO	NO	NO	NO	NO			
	09:00 pm	RL		100ml							0	
	10:00 pm	H_2O	100ml							100ml	0	
	11:00 pm											
	12:00 am	H_2O	100ml							100ml	0	
	01:00 am				NO	NO	NO	NO	NO		0	
Total Intake :		300ml							Total Output :	200ml		
	02:00 am	H_2O	100ml		NO	NO	NO	NO	NO		0	
	03:00 am									200ml		
	04:00 am	H_2O	100ml								0	
	05:00 am											
	06:00 am	RL		100ml						100ml	0	
	07:00 am	RL		100ml	NO	NO	NO	NO	NO		0	
Total Intake :									Total Output :	300ml		

Total 24 hrs. Intake	2100ml	Total 24 hrs. Output	1000ml

Docu. No. : RCH /FRM / CLINICAL / 092

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24/5/26

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FLUID CHART

Sheet No. : 03

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
						NO	NO	NO	NO		0	
	08:00 am	RL H2O	200ml	100ml	NO						0	
	09:00 am	RL		100ml							0	
	10:00 am	RL H2O	200ml	100ml						600ml	0	
	11:00 am	RL		100ml							0	
	12:00 pm	RL H2O	200ml	100ml							0	
	01:00 pm	RL		100ml	NO	NO	NO	NO	NO	200ml	0	
Total Intake : 1200ml						Total Output : U – 800ml, M – 0						
2PM to 8PM	02:00 pm			100ml	NO	NO	NO	NO	NO		0	
	03:00 pm	H2O	200ml	100ml						100ml	0	
	04:00 pm			100ml							0	
	05:00 pm	H2O	200ml	100ml							0	
	06:00 pm			100ml							0	
	07:00 pm	H2O	200ml		NO	NO	NO	NO	NO	500ml	0	
Total Intake : 1100 ml						Total Output : U = 600ml M = 0						
	08:00 pm	H_2O	100ml	NO	NO	NO		NO	NO			
	09:00 pm									250ml	0	Lay
	10:00 pm										0	
	11:00 pm	H_2O	200ml								0	
	12:00 am			NO						100ml		Lay
	01:00 am	H_2O	100ml		NO	NO		NO	NO		0	
Total Intake : 400 ml						Total Output : 350ml U – 0 M – 1						
	02:00 am	H_2O	200ml		NO	NO	NO	NO	NO			Lay
	03:00 am										0	
	04:00 am	H_2O	100ml								0	Lay
	05:00 am						NO			300ml	0	
	06:00 am	H_2O	100ml							150ml		Lay
	07:00 am			NO	NO	NO		NO	NO		0	
Total Intake : 400ml						Total Output : 850 ml.						

Total 24 hrs. Intake	3,100 ml.	Total 24 hrs. Output	U – 2200ml M – 1 U – 1

Docu. No. : RCH /FRM / CLINICAL / 092

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Dr. HIMABINDU ANNAMRAJU

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FLUID CHART

Sheet No. : 04

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											
	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

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Name: Mrs. Kammara Gabagundam Raga Sudha. Age: 29 Sex: F UHID.No : EDIT-28359

Date: 23/5/20 Time: 6:12 A Proposed Operation: labour Epidural

Diagnosis: G3 A2 E 37 (4 G).

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

Laboratory Data:

Hgb: 10.1	Glucose:	Protein:	HIV: NR	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 3.57	Na:	Dir. Bill:	Blood group: O+ve.	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NONE

Medical History: CVS :

RESP : Diabetes : —

CNS : } Not Significant.

Renal :

Hepatic / GE : Physical Activity: —

Others :

Past Anaesthetic History: H/o Prev. Tonsillectomy ↓ GA.

Physical Exam:

Airway: MP 1 2 (3) 4 Mouth Opening: >3f Mentohyoid Distance: ✓ Neck: ✓ Teeth: (NA)

Lungs : B/L clear

Heart: S1S2

CNS: NAD

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

Pre-Operative Instructions:

1. DVT Prophylaxis :
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. SRINIVAS.

Docu. No. : RCH/FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: 5 6 hr

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

H.R: 123/min | B.P / CRT: 110/76 | SpO_2: 99% RA | R.R: 16/min | Last Feed: 22/5

Pre-OP Diagnosis: G3A2 / 37 wks | Operation: Emergency | Date: 23/5/26

Surgeon: Dr Hemebindu | Anaesthesiologist: Dr Neha | Technician: Ram

TIME	11.15 am	11.45	12.15 pm
N_2O /AIR /O_2 LPM			
HALO /SO /SEVO			
Drugs: Inj Cefotaxim 100 mg; Inj Metronidazole 0.2 mg IV			
FIO_2 / SaO_2	100 99	100 99	
$ETCO_2$			
ECG 3 leads	SR	SR	SR
Temperature			
Urine Output			
Fluids / Blood	RL	RL	

Antibiotic

Suppository: Tramadol 100 mg; Diclofenac 100 mg

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: UL
- ☐ Art Site:
- ☑ EKG Lead
- ☐ 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: 11.15 am
- OP Start: ↓
- OP End: ↓
- Leave OR: 12.15 pm

Anaesthesia:
- ☐ GA
- ☐ Monitored Anaesthesia Care
- ☑ Regional

Line (Size & Location)
- ☐ CVP:
- ☐ ART:
- ☐ IV: RUL
- ☐ IV:
- ☐ 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:

Site:

Needle Size: ..... Depth:

Parasthesia ☐ Yes ☐ No

Catheter at skin ..... 18 cm / of 21.

Drug Name & Conc: Lignocaine

Bolus: Lignocaine

Infusion: Dexmedetomidine

Block Level: T4

Comments:

Transportation to
- ☐ PACU ☐ ICU ☑ Other

Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Keerthi

Signature of the Doctor: Neha

Patient Sticker

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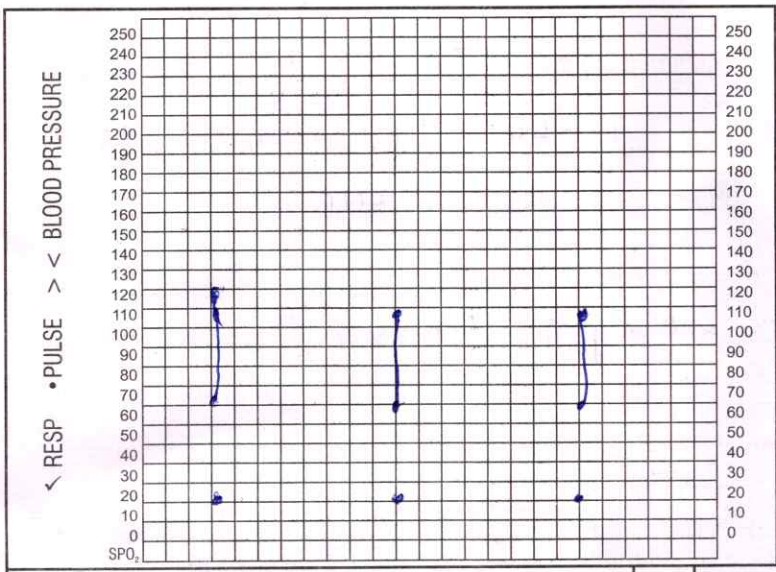
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sucharita ..... Time Received : 12:25 pm ..... Time Discharged : 1:35 pm



IV Cannula Site : on Rt. hand

- ☐ 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 100ml/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 Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY	1	2	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 Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION	2	2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS	2	2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR	2	2	2	2		
		TOTAL	9	10	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
23/5/26			As per Apeon	Sucharita

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : KUSHA

Anaesthesiologist Signature: Kush

Date & Time: .....

PACU Nurse Name : Sucharita

PACU Nurse Signature: .....

Date & Time: 23/5/26.

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

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 23/5/26 Time: 630 AM Procedure done by Dr. SRINIVAS.

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

Depth: 5 cm Catheter at Skin: 9 cm Attempts : ONE

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Bupivacaine + 2 mcg/cc Fentanyl.

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments
6.30 AM	10 ml/hr	10 ml of 0.1% Byp	–	118/74	90/m	130/m	
7.00 AM	10 ml/h	–	T10 T8	102/68	82/h	138/h	

Delivery Details : Time : 11:35 AM APGAR: 8/10 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Removed, Tip intact

Patient Satisfaction : Good

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: KUSHA

Date and Time : 23/5/26

:DH-00028359 IP25-00020581
Mrs KAMMARA GUBAGUNDAM RAGA
17-06-1996 29 Y 11 M 16 D (F)
Dr. HIMABINDU ANNAMRAJU

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Himabindu	Date of Delivery: 23/5/2026
Assistant Surgeon: Dr. pooja	Time of Delivery: 11:35 AM
Anaesthetist's Name: Dr. Usha	Gender of Baby: female
Type of Anaesthesia: Sp.	Weight of Baby: 3.021 kgs
Neonatologist: Dr. pradeep.	AGPAR Score: 8/10, 9/10.
Scrub Nurse: Br. Buddha	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non progression of 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: .....

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

Surgical Procedure: 2m LSCS

Post Operative Diagnosis: DPOD - P1L1

Peri-Operative Complications: 1) Free peritoneal fluid ⊕ 2) Bladder edematous and drawup 3) Multiple Seedling fibroids noted on posterior wall & fundus of uterus 4) LUS floppy, managed medically c̄ Inj Tramesa 1cm IV, Inj methergin 0.2mg IM

Amount of Blood Loss: 500ml. Blood Transfused (in ML): T. misoprostol 1000mcg PR

Name and Number of Surgical Specimen sent for examination: 5) Hemostasis secured.

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 2 cm. 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: Normal Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal. Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers 1-0 vicryl. Suture

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture

Sheath Closure: 1-0 vicryl. Suture

Fat Closure: ☑ Yes ☐ No } 2-0 rapid vicryl. Suture

Skin Closure: ☑ Subcuticular ☐ Mattress } Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..... 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 × 4hrs
IV fluids as per Axone
Drugs as charted.
W/F BPV, I/O
Monitor vitals
Inform SOS

Doctor Name: Dr Himalaindu Doctor Signature: (for Dr Himalaindu)

Date & Time: 23/5/2026 @ 12:20 pm

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NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name:		Age:	Gender: FEMALE
UHID No:	IP No:	Date:	Time:
Diagnosis:			

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: Doctor Registration No:

Signature:

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

IP Registration No: ..... **Date:** .....

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

1.	**Name :** MRS. RAGIA SUDHA	**Remarks**
2.	Complete postal address (with contact number, if any)	
3.	Brief description of the illness	IOL
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	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
23/5/16	INJ. FENTANYL			
	-	-	-	-

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

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

Time: .....

Docu. No: RCH / FRM / CLINICAL / 133

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BirthRight

NARCOTIC PRESCRIPTION FORM

(MEDICAL RECORD)

Patient Name: Age: Gender:

UHID No: IP No: Date: Time:

Diagnosis:

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj 50mcg/ml		
2.	Morphine Sulphate Inj 15mg/ml		
3.	Pethidine Hydrochloride Inj 25mg		
4.	Remifentanil Hydrochloride Inj 1mg		

Doctor Name: Doctor Registration No:

Signature:

NARCOTIC DISPENSING FORM

APPENDIX A – FORM NO. 3E

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

If Registration No: ..... Date: .....

Aadhar No. of the Patient (Optional) .....

		Remarks
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 practitioner / recognized medical institution, if yes, details of the recorder	
5.	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attendor	Remarks, if any

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

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

Time: .....

NARCOTIC PRESCRIPTION FORM

PATIENT TRANSFER FORM

(1)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00028359 IP25-00020581 Mrs KAMMARA GUBAGUNDAM RAGA 7-06-1996 29 Y 11 M 15 D (F) Dr. HIMABINDU ANNAMRAJU Dr. Himabindu	22/5/26 @ 6:39 pm	23/5/26 @ 11:05 am
	Transfer Ordered by	**Reason for Transfer**
	Dr. Pooja	EM LSCS
From Unit	**To Unit**	**Information to Attendant**
MLCU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	–	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. Sulochana 23/5/26	Dr Pooja

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @ 11:05 AM.

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

Docu. No. : RCH /FRM / CLINICAL / 102

PATIENT TRANSFER FORM

OT 9

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
:DH-00028359 IP25-00020581 Mrs KAMMARA GUBAGUNDAM RAGA 17-06-1996 29 Y 11 M 16 D (F) Dr. HIMABINDU ANNAMRAJU	22/5/2026 @6:39pm	23/5/2026 @12:25pm
	Transfer Ordered by: Dr. Usha	Reason for Transfer: Post op case.
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 30.	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 12:25pm.	Dr. Usha

Patient & Clinical Records Received by : Sneha 23/5/26

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
:DH-00028359 IP25-00020581 Mrs KAMMARA GUBAGUNDAM RAGA 07-06-1996 29 Y 11 M 16 D (F) Dr. HIMABINDU ANNAMRAJU		23/05/26 @ 5:15 pm
	Transfer Ordered by DR Harshini	Reason for Transfer Observation
From Unit MICU	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 22	Number of Imaging Films 30	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
Dr Harshini	DR Harshini

Patient & Clinical Records Received by : Nehal 23/5/26 @5:15PM

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

Docu. No. : RCH /FRM / CLINICAL / 102

(T)

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ANTENATAL RECORD

Antenatal No. 6868/10/25

Reg. No : ADH!- 00028359

Consultant : Dr. Himabindu. A

PERSONAL DETAILS

Name : Mrs!. K. Raga Sudha Age: 29y Date of Birth 7/6/1996 Education :

Occupation : make-up artist Phone No. : 9492693929 Mobile :

Husband's Name Age Education : Occupation:

Address :

Mobile : E-mail Id :

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
Pot 2 misc. (Non)	Corrected EDD 7/6/26 G3A2

HISTORY

Year of Marriage :

Menstrual History & Previous Periods: Regular cycle

Consanguinity : - NCM Contraception : - op

LMP 31/8/25 EDD Corrected EDD 7/6/26

OBSTETRIC FORMULA

Gravida 3 Para Live Abortions 2

OBSTETRIC HISTORY

Sl No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
P1	2025		— Misced Miscarriage				
P2	2025		— Misced Miscarrige				
P3	2025		— PP spconception				

Medical History :

Family History :

Surgical History :

Allergies :

INVESTIGATIONS

11/3/26

MATERNAL EVALUATION

Blood group & Rh : Wife O+ve Husband ICT

VDRL – NR HIV – NR HbSAg – NR TSH GCT – 85 / 122 / 112

Hev – NR

ROUTINE INVESTIGATIONS SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
11/10/25		CUE – NR	20/1/26
FBS –	86	HB – 11.4	FBS – 84
HBA1c –	5.6	WBC – 11760	TSH – 2.25
LFT –	(N)	Plt – 3.74	HB – 10.5
Cr –	0.54		WBC – 12630
B12 –	283		Plt – 3.12
Vit D –	19.4		
TSH –	1.96		

Date	GA Weeks	Investigations	Report
11/3/26		HB – 9.6	12/5/26
TSH –	3.01	TLC – 16680	HBA1c – 5.8
HB –	9.7	Plt – 3.48	TSH – 2.35
RBS –	3.34	folic Acid – 82.4	HB – 9.7
WBC –	12080	Iron – 106	TLC – 13720
Plt –	2.84	UIBC – 442	Plt – 3.46
13/4/26		TIBC – 548	
HPLC –	NR	ferritin – 55.9	
		Transferrin – 19.3	

Tetanus Toxoid : 1st dose 22/1/26. 2nd dose 13/3/26.

FETAL EVALUATION

ULTRASONOGRAPHY

24/11/25 First Trimester	SLfC 12+1 wks / FHR – 176 bpm / CRL – 61.2 mm / NT – 2.00 mm / CXL – 37.0 mm / UAD – NR
22/1/26 TIFFA	SLfC 20+4 wks / EFW – 407 g – 78% / AC – 65% / CXL – 40.3 mm / placenta: fundal posterior (low lying margin, attaine Plateau – 2cm (OS)) / UAD – (N)

	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan	13/3/26	27+5	GrS	b	1235	67%	AC – 78%	15.4	f.P.h	D – (N)
	16/4/26	32+4	GrS	b	2228	71%	AC – 82%	13.4	f.P.h	D – (N)
	14/5/26	36+4	GrS	c	2724	29%	AC – 12%	11.7	f.P.h	D – (N)
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
24/11/25	SLfC 12+1 wks	FTS	Down syndrome screen	negative

Name : Nurs!. K. G. Raga Corrected EDD : 7/6/26 Parity G3 A2

SYSTEMIC EXAMINATION

Height 156 cm CVS sudhy

Weight : (N) Respiratory System : (N)

BMI : Breasts : Thyroid :

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
24/11	61	104/74	12+1						
24/12	62.5	113/75		16+3 wks		✓			20/1/26.
22/1/26	63.1	123/66	20+4 wks			scan			20/2/26.
16/2/26	65.7	102/62	25+1 wks			✓			14/3/26.
13/3/26	67.1	103/70	27+5 wks			scan.			15/4/26.
16/4/26	69.6	102/69	32+4 wks						
14/5/26	72.5	107/71	36+4 wks			scan.			18/5/26.
18/5/26	72.9	106/62	37+2 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 : _____

_____

_____