

DISCHARGE SUMMARY

Name	Mrs PRATHIBHA BURRA	UHID	FDH-00046291
Father/Guardian	Mr PRASANTH	Age/Gender	40 Y 2 M 17 D/ Female
Address	Pt~ No 375 H NO 5-81, Secretariat Colony, Puppalaguda, K.V.Rangareddy, Andhra Pt~esi - 500089, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020623	Admission Date	25-05-2026
Ref Doctor			
Discharge Date	28.05.2026		

Consultant:

Dr. Saveetha Rathod,
MD (Obs-Gyn, PGIMER), MRCOG (UK), Diploma - Cosmetic
Gynaecology (ICCG)
Obstetrics, Gynaecology, Laparoscopic & Cosmetic Gynaecology

Diagnosis: PRIMIGRAVIDA AT 39+1 WEEKS GESTATION WITH

1. TYPE-II DM ON OHA
2. HYPOTHYROID
3. FOR INDUCTION OF LABOUR

EMERGENCY LSCS DONE IN VIEW OF NON-PROGRESSION OF LABOUR,
DELIVERED A LIVE MALE BABY AT 11:17 AM, WEIGHT 3.270 KGS ON
26.05.2026

History:

LMP : 23.08.2025

Obstetric formula: Primigravida

EDD : 28.05.2026

Gestation at admission: 39+1 weeks

Obstetric History:

G1 - Present pregnancy, Spontaneous conception.

Medical History: Type- II DM since 3 years, presently on Tab. Metformin



Name	Mrs PRATHIBHA BURRA	UHID	UH-00046291
IP No	IP25-00020623	Admission Date	25-05-2026

500mg BD.

Hypothyroidism since 3 years, on Tab. Thyronorm 75 mcg.

Surgical History: Nil

Allergies : Nil

Family History : Mother - DM

Antenatal Details:

Mrs. PRATHIBHA BURRA was booked to Rainbow hospital at 39+1 weeks of gestation. She had regular antenatal checkups and investigations as advised elsewhere. NT scan and FTS at 12+5 weeks was normal, with high risk of pre-eclampsia, FGR. She was on Tab. Ecospirin 150mg once daily. NIPT done was low risk. TIFFA scan at 19+3 weeks was normal. Following growth scans were normal. USG done on 11.05.2026 showed at 37+4 weeks, SLIUF, Cephalic, Placenta posterior and high, AFI 8.9cm, AC 43%, EFW 3146 grams (50%) with normal fetal dopplers. She was admitted at 39+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 long and OS closed. 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 3 doses of PGE2. On repeat examination after 3 doses of PGE2, her VE findings were same. There was no progress in labour. Patient and attenders were informed about the same and 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



Name	Mrs PRATHIBHA BURRA	UHID	FDH-0046291
IP No	IP25-00020623	Admission Date	25-05-2026

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 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

*** Baby delivered by single blade forceps (Vectis)**

Delivery Details :

Date : 26.05.2026
Time of Delivery: 11:17 AM
Type of Delivery: Emergency LSCS
Indication : Non-progression labour
Analgesia : Spinal

Baby Details:

Date : 26.05.2026
Time : 11:17 AM
Sex : Male
Weight : 3.270 Kgs
Apgar : 8/10, 9/10
Gestational Age: 39+1 weeks
NICU Admission: No.



Name	Mrs PRATHIBHA BURRA	UHID	PDH-00045291
IP No	IP25-00020623	Admission Date	25-05-2026

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. **Her sugars were monitored, which were managed accordingly.** 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. Monocef 200mg twice daily till 01.06.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 01.06.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 01.06.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 01.06.2026 (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. **Tab Thyronorm 75mcg once daily before breakfast till further orders**
9. **To do FBS, PLBS & HBA1C & TSH after 6 weeks**

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

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 02.06.2026 with prior appointment.



Name	Mrs PRATHIBHA BURRA	UHID	PDH-00046291
IP No	IP25-00020623	Admission Date	25-05-2026

Review with **Dr. Saveetha Rathod** after one week on 02.06.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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



Patient/ Attender

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

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



Name	Mrs PRATHIBHA BURRA	UHID	IP25-00046291
IP No	IP25-00020623	Admission Date	25-05-2026


Registrar/Resident/C.M.O

Consultant:

Dr. Saveetha Rathod,

MD (Obs-Gyn, PGIMER), MRCOG (UK), Diploma - Cosmetic

Gynaecology (ICCG)

Obstetrics, Gynaecology, Laparoscopic & Cosmetic Gynaecology



FDH-00046291 IP25-00020623
Mrs PRATHIBHA BURRA
09-03-1986 40 Y 2 M 17 D (F)
Dr. ER DOCTOR



SURGERY DETAILS

Date : 26/5/26

Patient Name: Mrs. Prathibha Date of Birth: 9-3-1986 Age: 40Y

Gender: Female Ward: OT-3 UHID No.:

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

Name of the Surgery : Emergency LSCS LSA

Time in : 11:05 AM

Time Out : 12:00 PM

	NAME	AMOUNT
1. Surgeon	DR. Saveetha
2. Anaesthetist	DR. Surya
3. Assistant Surgeon	DR. Harshini
4. OT Technician	BR. Rambabu
5. Circulating Nurse	SR. Vaidhale
6. Assistant Nurse	SR. Rajini

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others


Signature of the Surgeon


Signature of Circulating Nurse

Order No: 8 1379 / 100 181

Order by: Anur

SURGERY LIST

Mrs. P. Smith
 I think
 details
 OT-3
 11:00 AM

11:00 AM

- Dr. Cavetta
- Dr. Smith
- Dr. Newman
- Dr. Bond
- Dr. ...
- Dr. ...

...
 ...

11:00 AM



SLA

CONSUMABLES OF OT

Operating Unit: Technician : *Chandrababu* Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>WCCS</i>		1	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / P / N		05	<i>2347</i>		2	Suction Catheter		1
HME filter : A / P / N			<i>1326</i>		2	Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		1
05 cc		05	Gloves <i>6/47</i>	1	1	Surgical Gloves <i>6/47</i>	2	2
02 cc		05				Gauze Pack		2
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade <i>22</i>		1	Surgical Blade #20		1
IV set			NG tube			Koochies (S)		
RL		03	Cautery pencil		1	<i>Underpad</i>		1
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		5			
Ketamine			Mop Pack		2			
Propofol			Steristrip		1	<i>Mifo</i>		1
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet			<i>J. Aprons</i>		3
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter			<i>NH00001</i>		1
Pencan 25g / Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		02	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		2			
		01	Microshield					
<i>MEM</i>		01	Cotton Balls					
			Latex Gloves		10			
<i>Bloxanuc</i>		02	Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Nurse

OT Technician


Order No. : *NS 80328*

Ordered by : *Rajini*

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



ACTIVITY RECORD FOR BILLING

FDH-00046291 IP25-00020623
 Name: Mrs PRATHIBHA BURRA
 09-03-1986 40 Y 2 M 16 D (F)
 Dr. ER DOCTOR
 UHID No:  Consultant: _____ Dept: _____
 Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	10:55AM	MICU	OT	<i>[Signature]</i>
26/5/26	12:25pm	OT	MICU	<i>[Signature]</i>
26/5/26	6:30 pm	MICU	318	<i>[Signature]</i>
28/5/26		Ward	Billing	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Harne	27/5/26	1059	<i>[Signature]</i>
2.				
3.				<i>C. Chy Dhane 24/5/26 @ 10:33am</i>
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/5/26	GRBS 139 mg/dl - 6:30 PM	• 8419 ✓	
25/5/26	NST - ①	• 6886 ✓	Jumps
25/5/26	NST - ②	• 6887 ✓	
25/5/26	GRBS - 119 mg/dl (10:40 pm)	• 8420 ✓	
25/5/26	CBP	• 8413 ✓	Jumps
26/5/26	GRBS 2:40 pm 97 mg/dl	• 8421 ✓	
26/5/26	NST → ③	• 6888 ✓	Nachhies
26/5/26	GRBS 6:40 AM 109 mg/dl	• 8482 ✓	Nachhies
26/5/26	NST-4	• 6958 ✓	Nachhies
28/5/26	NST-5	• 6960 ✓	Nachhies
26/5/26	NST-6	• 6961 ✓	Maio
26/5/26	GRBS - 115 mg/dl - 12:41 PM	• 6962 ✓	Maio
26/5/26	GRBS 104 mg/dl 2:45 PM	• 6963 ✓	
	C-C. Sued 26/5/26 3:30 PM		
26/5/26	GRBS :- 94 mg/dl 4:45 pm	✓ • 8505	Alban
	Cross Checked by Albanian 26/5/26 @ 6 pm		
26/5/26	GRBS :- 89 mg/dl. 8 pm.	• 8519	Whimi
27/5/26	GRBS :- 92 mg/dl (8 AM)	• 8571	Ankitha.
27/5/26	GRBS - 92 mg/dl (4:30 PM)	• 8662	Laayben
27/5/26	GRBS - 96 mg/dl (12:30)	• 8663	Ankitha.
28/5/26	GRBS ^{FB} - 88 mg/dl ^{Am} (8:00 AM)	• 8664	Ankitha
28/5/26	post GRBS - 104 mg/dl	8707	Whimi

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	iv Placement	(1)	200651	<i>[Signature]</i>
25/5/26	PAC ip	(1)	10331	<i>[Signature]</i>
26/5/26	Catheterization	1	10330	<i>[Signature]</i>
<p>C-c Catheter 26/5/26 03:30 PM</p>				
<p><i>[Signature]</i> 28/05/26</p>				
<p>@ 16/5/26</p>				
<p>Woman</p>				

ANY OTHER INFORMATION

B⁺ve Blood available in ayush Blood Bank
 Rema given at 5 AM
 OP file given to patient attender. *[Signature]*

Date: 25/5/26

Time: 7:42 PM

Prepared By: *[Signature]*

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Name <i>[Signature]</i>	<i>[Signature]</i>		

1049

318- Pratiksha. Physiotherapy Consult

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

CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE

Date: 27/5/26

Hour: 5.0

Hospital:

Type of Referral: Emergency (within one hr.)

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

Referred for: Opinion Co-Management
 Transfer of care

Date: Time: By:

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

Signature: _____ M

Report of Findings and Recommendations:

Adv / seen for

- Neck stretches
- Upper back strengthening
- Shoulder Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

VH
RM

Consultant:

Name: VAIBHAVI HARNE

Signature: _____ VH

Date & Time:

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



FDH-00046201 IP25-00020623
Mrs PRATHIBHA BURRA
09-03-1986 40 Y 2 M 17 D (F)
Dr. ER DOCTOR



318

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 27/5/26 Time: 9:30am

Origin: Durg Height: Weight: BMI:

Food Allergies: -

Diagnosis: pms 34.1 units (T2DM on oHA) & Hypolipid f.l.c

Medical History: T2DM / Hypolipid

Surgical History: -

Vegetarian Non-Vegetarian Vegan

Diet Advised: Diabetic Balanced diet & optimal protein & acid base

Patient's / Attendant's
Signature: Prathiba
Name: prathiba
Date & Time: 27/5/26 9:20

Dietician's
Signature: [Signature]
Name: [Name]
Date & Time: 27/5/26 9:30



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Primigravida 39+1 wks GA TYPE II DM (ONHA) Hypothyroid fetus</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known						
	Surgery / Procedure:	If Yes Specify: Post OP Day:						
BACKGROUND	Date	<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	
	Shift	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Diet:	<u>DND</u>	<u>DND</u>	<u>NBM</u>	<u>L-D</u>	<u>S/D</u>	<u>SN</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):				<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.9</u>	<u>38</u>	<u>36.9</u>	<u>36.1</u>	<u>36</u>	<u>36.5</u>
		Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
		SpO ₂ :	<u>98</u>	<u>99</u>	<u>98</u>	<u>99</u>	<u>99</u>	<u>98</u>
		Pulse:	<u>102</u>	<u>102</u>	<u>102</u>	<u>102</u>	<u>85</u>	<u>88</u>
		BP:	<u>138/80</u>	<u>130/80</u>	<u>112/78</u>	<u>111/72</u>	<u>115/70</u>	<u>119/72</u>
		LOC:	<u>Conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
Fall Risk Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:				<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:				<u>L-D</u>			
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:								
Handed Over By Name :		<u>Mano</u>	<u>Mano</u>	<u>Mano</u>	<u>Dehanka</u>	<u>Ankitha</u>	<u>Uth</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>020811</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	
Time:		<u>8pm</u>	<u>1:30pm</u>	<u>2pm</u>	<u>6pm</u>	<u>@ 8Am</u>	<u>2pm</u>	
Taken Over By Name :		<u>Mano</u>	<u>Mano</u>	<u>Dehanka</u>	<u>Ankitha</u>	<u>Vinod</u>	<u>laxshmi</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>020811</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	
Time:		<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>@ 8pm</u>	<u>@ 2pm</u>	<u>@ 2pm</u>	

H-00046291 IP25-00020623
 PRATHIBHA BURRA
 03-1986 40 Y 2 M 18 D (F)
 ER DOCTOR



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	Surgery / Procedure:		Post OP Day:			
BACKGROUND	Date	Shift	27/05/26 E	27/05/26 N		
	Medical Condition (Any special condition to be noted):					
	Diet:		N/D	N/D		
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		RA	RA		
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp:	98.6 F	98.5 F	
			Res:	20	20	
			SpO ₂ :	99	100%	
			Pulse:	86	85	
			BP:	139/77	130/70	
			LOC:	conscious	conscious	
			Fall Risk Score:	0/10	0/10	
		Pain Score:	0/10	0/10		
		Skin Integrity	Good	Good		
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		-	-		
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:		N/D	N/D		
	Critical Lab Test / Values:		-			
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):		dependent	dependent			
Post Operative Procedure Special Orders:						
Handed Over By Name :			Laxshmi Ankitiya			
Signature / ID :			 			
Date:			27/05/26 28/05			
Time:			@ 8pm @ 8am			
Taken Over By Name :			Ankitiya			
Signature / ID :						
Date:			28/05			
Time:			@ 2pm			

DH-00046201 IP25-00020623
 Mrs PRATHIBHA BURRA
 19-03-1986 40 Y 2 M 16 D (F)
 Dr. ER DOCTOR



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/5/26 at 7:20 AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Admitted for safe confinement Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Pooja
 Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>TYPE-II - DM Hypothyroid - 3 year</u>	<u>nil</u>	-

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Onset of Menarche: Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/8/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P L A

Previous LSCS:

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: 37°C HR: 102/pt RR: 22/pt
 BP: 138/80 mmHg Weight: 67 kg Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

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

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With *family*

Orientation has been given regarding the following aspects:

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

Above information given to

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: *[Signature]*

Nurse Name: *Maria*

Date & Time: *25/09/20 at 7:55 PM*



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Admitted for safe Confinement

LMP: 28/8/25 EDD: 30/5/26
Corrected EDD: 28/5/26 GA: 39⁺1

Obstetric Formula: Primi

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

tried IUF - 3 cycles prior, failed

Fundal Height: Term
Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: spontaneous conception
Booked case @ 4th wks GA (Ayurvedic Rx)
FTS - low risk
Rtuf-art - ↑ resistance

Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others _____

RISK FACTORS: FGR & preeclampsia - ↑ risk

Head Fifths Palpable: 4/5th
FHS: Normal Tachy Brady Absent

NIPT done - low risk
Type II DM
Hypothyroid on 75ug

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced
Os: Closed Dilated _____

Height: cm
Weight: kg
Allergies: Nil

Membranes: Present Absent
Liquor: Clear Meconium Blood Stained
Presenting Part: Vertex Breech Others
Sutton: -3 -2 -1 0 +1 +2
Pelvis: Adequate Doubtful

Breast: Normal Abnormal
General Examination:
Consciousness: etc/etc
Icterus: ⊖
Temp: Afebrile
BP: 120/80mmHg
CVS: S, S₂ ⊕
Liver/Spleen:
Pallor: ⊖
Edema: ⊖
PR: 22bpm
DTR:
RS: BAE ⊕
Urine Output:

DIAGNOSIS

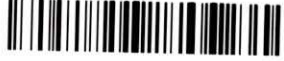
Primi @ 39⁺ wks GA @ Type II DM (on OHA) @ Hypothyroid (75ug) for IOL



<p>Family History: Mother - DM</p>	<p>Surgical History: Nil</p>
<p>Medical History: - K/c/o Type II DM :: 3 years on metformin 500mg PO/BD - Hypolipid :: 3 years on statin</p>	<p>Medication History: 1. T-DROFER XT 2. T-SHEICAL XT 3. T-THURONORM 750 (pre pregnancy 75mg) 4. T-ECOSPIRIL 150/4 5. T-METFORMIN 500mg BD 6. protein powder</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) normal diet 2) part preparation 3) secure IV access 4) Informed Consent 5) vital monitoring 6) Admission NST 7) check Blood availability 8) Inform SOS <p>CRBS - 139 mg/dl @ 6:40pm</p> <p>Adu - CBP</p>	<p>Investigations:</p> <p>13/5/26 CBP - 11.7 / 12.2K / 1.62L BGT - B+ue PT/INR - 1.31</p> <p>HIV HBSAg } NR HCV</p> <p>11/5/26 SLIUF ~ Cephalic pla - post, US & MS AFI - 8.9cm FHR - 138bpm (AC - 43.1) 3146 gms (EFW - 50f.) doppler - (R)</p>

Doctor Name: Dr. AC. POOJA
 Signature: [Signature]
 Date & Time: 25/5/26

Consultant Name: Dr. SAVEETHA
 Signature: [Signature]
 Date & Time: 25/5/26



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/14	PFM well	
7pm	O/E, GC-fair	Adv.
	Afebrile	- Dinoprostone gel inserted
	PR-88bpm	at 7pm
	BP-118/70mlHg	- wft contractions
	P/A - ut ~ T4, cephalic,	- NST at 7:30pm
	FHR ⁺ , Relaxed	- (m) instab Infom BS
	Plv - Cx - long, posterior,	- GRBS monitoring.
	mediom consistency	
Adv	os - closed	Adv
NST I	PPV _x high up	
	Pelvis - to be reassessed.	
Reactive		
	NST @ 7:30pm - Reactive	
	C/I/T Dr. SAUVEETHA mam	
	- skip morning dose of metformin	
	- Test dose of monocef antibiotic	
	- GRBS 4 th hly monitoring	
	- PAC to be done	
	- Reassessment @ 1am ; NST @ 12:30am	Adv



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 1am	no complaints O/E, pt is C/C/C, afebrile PR - 82bp BP - 129/51mm RR - 19/min SPO ₂ - 99.1 on RA H/C - S/S, ⊕ BAE ⊕ P/A - utw TG,	Rx 1) Liquid diet 2) vitals monitoring 3) FHR monitoring 4) NST 5) Drugs as charted 6) Inform SDC
GRBS @ 10:40pm ↓ 119mg/dl	Relaxed, Cephalic, FHR 140bpm P/v - Cx - long, soft OS - 1 Finger admitting PPV _x (-3) ↓ (-2) P - tube reanered	- Dinoprostone gel P/v @ 1am ↓ post Dino NST @ 2am
Adu NST ↓ Reactive		
26/5/26 5am	C/O mild pain abdomen O/E, pt is C/C/C, afebrile PR - 89bp BP - 118/91mm RR - 13/min SPO ₂ - 99.1 on RA H/C - S/S, ⊕ BAE ⊕ P/A - utw TG,	Rx 1) liquid diet 2) vitals monitoring 3) NST monitoring 4) Drugs as charted 5) Inform SDC
GRBS @ 2:40am ↓ 97mg/dl	Intable, Cephalic, FHS ⊕	

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 7am	ole, pt is clear afebrile vitals - stable	Rx
GRBS - 104 mlk (G: 90am)	PLA - uterine, imitable, cephalic, FHS ⊕	1) liquid diet NBM 2) vital monitoring 3) FHR monitoring 4) GRBS 4th hly monitoring
NST ↓ Reactive	Plv - G - long OS - IF	5) Drugs as charted 6) Inform SOS
Adv Review PAC	PPVx (-2) M ⊕	
	- Dinoprostone gel - 3 rd dose @ 7:30am ✓	
26/5/26 10:35 AM	cls/B Dr Sareetha Gc fair Afebrile PR - 90bpm BP - 112/70mmHg PLA - Uterine, imitable cephalic, FHS ⊕ Plv - C ₁ - 30-40 eff hard mid OS - IF look soft PPVx station: -3 ↓ 2	Adv 1) Emergency CS i/v/o Non progression of labour 2) PAC 3) foleys catheterisation. 4) Preop medication 5) Shift to DT



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
10:35 AM	<p>Couple were explained about VE findings and need for emergency LSCS explained it/ to non progression of labour and they consented for the same</p>	
26/5/26	O-POD	Adv
12:25 PM	G/C/air	1) NBM x 4-6 hrs
	A/febrile	2) IV fluids as per Axon
	PR-74 bpm	3) Drugs as charted
	BP-115/65 mm Hg.	4) w/f BPV, ILO
	P/A-UT @ well	5) Monitor vitals
Baby mls	P/v - NAB	6) GRBS 2nd hly
	U/O - 200ml	7) To do sugars FBS, PPBS, PLAG on 28/5/2026.
		8) Infom SOS
		9) Inj Penicorm 10mg Adv w stat @ 10pm.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>26/5/26 <u>u. 20 pm</u></p>	<p><u>POD-0</u> a.c fair Afebrile BP=110/80mmHg PR=88bpm SpO2=100% @ FA P/A=URLO, soft P/V= NABPV U/O= 200ml (clean)</p>	<p><u>Adv</u> in bed Ambulation 1. Sips of oral fluids 2. Drugs as dictated 3. Soft diet - 8:30 pm 4. w/lt SpV, strict I/O charting 5. (M) vitals Interm Sg 6. Subst to keep it bleeding to liquids well 7. GRBS 4th hly till soft diet 8. PRS, PPRS, PUS 28/5/26 9. Inj. perinorm 10mg IV stat at 10 pm. 10. Foley removed 6am Tm 11. GRBS 4th hly till soft diet</p>
<p>26/5/26 <u>u. 20 pm</u></p>	<p><u>POD-0</u> a.c fair Afebrile BP=100/80mmHg PR=84bpm SpO2=100% @ RA P/A=URLO, soft P/V= NABPV U/O= 200ml (clean)</p>	<p><u>Adv</u> 1. in bed Ambulation 2. soft diet 8:30 pm 3. plenty of oral fluids 4. Drugs as dictated 5. w/lt SpV, strict I/O charting 6. (M) vitals Interm Sg 7. PRS, PPRS, PUS - 28/5/26 8. Inj. perinorm 10mg IV Stat at 10 pm 9. foley removed at 6am Tm 10. GRBS 4th hly till soft diet</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 6:30am	POD-1 Gc fair Afebrile 106/75mmHg	Adv - Soft diet - plenty of oral fluids - drugs as charted - w/f BPV
27/5 8:30am	PR- 98bpm SPO₂- 99% on 2L Plt UNW	- ambulation /PRR - FBS, PPBS, PABS on 28/5
V- yet F- 2 M- 2	Plv NAB	- @ well - injure
		ndp
27/5 9:30am	Clp/w dr. sareem	
	- GRBS on 8mly	
	- FBS, PABS on 1m	
27/5/26 3pm	POD-1 Gc fair Afebrile PR- 84bpm BP- 106/80mmHg Plt- ut @ well Plv- NAB	Adv 1) @ diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPV 5) Do do FBS, PPBS, PABS on 28/5/26 6) Monitor vitals 7) Injure SOS
Baby- m/s. UV FV m	8am- GRBS- 92 mg/dl.	law



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 4pm	POD-1 Gc-fair Afebrile PR- 81 bpm. BP- 119/74 mmHg SpO ₂ - 98% on RA P/A- UT (R) well P/V- NAB	<u>Adv</u> 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f BPR 5) Monitor vitals 6) To do FBS, PPBS - 28/5/26 7) Monitor vitals 8) Inform SOS.
Baby m/s. UV FV m/s	8am- GRBS- 92 mg/dl 4pm GRBS- 92 mg/dl.	<u>Half</u>
28/5/26 6am	POD-2 Gc-fair Afebrile PR- 78 bpm BP- 112/76 P/A- URW P/V- NAB	Re: 1) (R) diet 2) Plenty of oral fluids. 3) Drugs as charted 4) w/f BPR 5) (M) vitals 6) Inform SOS.
	fasting → 88	
UV UFM		
B-m/s.		

IP25-00020623
 DH-00046281
 Mrs PRATHIBHA BURRA
 40 Y 2 M 16 D (F)
 19-03-1986
 Dr. ER DOCTOR



DRUG CHART

Date of Admission: 25/7/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight Ward. MIC

DRUG : Tab. PARACETAMOL				Date Time	26/5
Dose	Route	Frequency	Start Date	12AM	
1g	PO	QID	26/5		
Name & Signature of the Doctor Starting the Drugs: Dr. R. Sri Surya				6AM	
Additional Instructions:				6PM	on lens
Daily Doctor's Endorsement by a Sign					

DRUG : Tab. TRAMADOL				Date Time	
Dose	Route	Frequency	Start Date		
100mg	PO	TID	26/5		
Name & Signature of the Doctor Starting the Drugs: Dr. R. Sri Surya					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : Tab. DICLOFENAC				Date Time	26/5
Dose	Route	Frequency	Start Date	11AM	
50mg	PO	TID	26/5		
Name & Signature of the Doctor Starting the Drugs: Dr. R. Sri Surya				6PM	
Additional Instructions:				11AM	on lens
Daily Doctor's Endorsement by a Sign					

DRUG : Inj CEFTRIAXONE				Date Time	26/5
Dose	Route	Frequency	Start Date	11AM	
1g	IV	BD	26/5		
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				11AM	
Additional Instructions:				11AM	on lens
Daily Doctor's Endorsement by a Sign					



REGULAR PRESCRIPTIONS Weight Ward MICU

Sheet No:

DRUG : <u>Inj PANTOPRAZOLE</u>				Date Time	<u>27/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>40mg</u>	<u>IV</u>	<u>QD</u>	<u>26/5</u>	<u>GAM Deepika Anticlin</u>																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>TAB. THYRONORM</u>				Date Time	<u>27/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>75mcg</u>	<u>P.O</u>	<u>QD</u>	<u>27/5</u>	<u>GAM Deepika Anticlin</u>																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Inj. DICFENAC</u>				Date Time	<u>26/5</u>	<u>9:16</u>														
Dose	Route	Frequency	Start Dt.																	
<u>25mg</u>	<u>IM</u>	<u>BD</u>	<u>26/5</u>	<u>[Signature] x [Signature]</u>																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>x 1 day</u>																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Inj. PARACETAMOL</u>				Date Time	<u>27/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>1gm</u>	<u>IV</u>	<u>QID</u>	<u>27/5</u>	<u>GAM Deepika Anticlin</u>																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>																
Additional Instructions:				<u>x 7 day</u>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward MICU

DRUG : T. PANTOPRAZOLE Date/Time 27/5/2015

Dose	Route	Frequency	Start Dt.
<u>1g</u>	<u>PO</u>	<u>TID</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: ndy

Additional Instructions: 6AM X 9PM 10PM

Daily Doctor's Endorsement by a Sign

DRUG : D. DICLOFENAC Date/Time 27/5

Dose	Route	Frequency	Start Dt.
<u>50mg</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: ndy

Additional Instructions: 11PM

Daily Doctor's Endorsement by a Sign 27/5

DRUG : T. CEFIXIME Date/Time

Dose	Route	Frequency	Start Dt.
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: ndy

Additional Instructions: 11PM STOP 27/5

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPRAZOLE Date/Time

Dose	Route	Frequency	Start Dt.
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>27/5</u>

Name & Signature of the Doctor Starting the Drugs: ndy

Additional Instructions: 6AM STOP 27/5

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

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.	

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
25/5/26	7pm	DINOPROSTONE GEL	0.5mg	PV	[Signature]	Mach, RA
26/5/26	1am	DINOPROSTONE gel	0.5mg	Plv	[Signature]	Nachira, Nachira
26/5/26	7:30am	DINOPROSTONE gel	0.5mg	Plv	[Signature]	Nachira, Nachira
26/5/26	10:55am	Inj CEFTRIAXONE	1g	W	[Signature]	Mach, Nachira
26/5/26	10:50am	Inj PANTOPRAZOLE	40mg	W	[Signature]	Mach, Nachira
26/5/26	10:59am	Inj METOCLOPRAMIDE	10mg	W	[Signature]	Mach, Nachira
26/5	11:10am	Inj: TRANEXAMIC ACID	1g	PV	[Signature]	Vaith
26/5	11:17am	Inj: CARBETOCIN	100mcg	IV	[Signature]	Vaith
26/5	11:55am	Supp. TRAMADOL	100mg	Plv	[Signature]	Vaith, Vaith

VERIFIED BY: NAME

I.V. FLUIDS CHART

Weight. Ward. MW



Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5/25	7AM	RL.	IV	100 ml/hr	&	NS NS	26/5/25	&	Voa Voa
26/5	11:15AM	10 RINGER LACTATE	IV	FF	&	Voa Voa	26/5	&	Voa Voa
26/5	11:40AM	10 RINGER LACTATE	IV	200ml/hr	&	Voa Voa	26/5		Voa Voa

Signature
VERIFIED BY : Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : P. CEFPODOXIM				Date Time	7/5															
Dose	Route	Frequency	Start Dt.																	
200mg	PO	BD	2/7/5	11am X																
Name & Signature of the Doctor Starting the Drugs:				[Signature]																
Additional Instructions:				NPM Despite Antibi...																
P. Monocef																				
Daily Doctor's Endorsement by a Sign																				
DRUG : P. PANTOPRAZOLE				Date Time	2/5															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	OD	2/7/5																	
Name & Signature of the Doctor Starting the Drugs:				[Signature]																
Additional Instructions:				Same Despite Antibi...																
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

Patient Sticker



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

VERIFIED BY : Name Signature

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

1977

1. The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order and the addresses are given in full. The list is as follows:

Mr. J. H. Smith, 123 Main Street, New York, N. Y. 10001
Mr. R. L. Jones, 456 Elm Street, New York, N. Y. 10002
Mr. T. M. Brown, 789 Oak Street, New York, N. Y. 10003
Mr. S. K. White, 1010 Pine Street, New York, N. Y. 10004
Mr. D. N. Black, 1212 Cedar Street, New York, N. Y. 10005

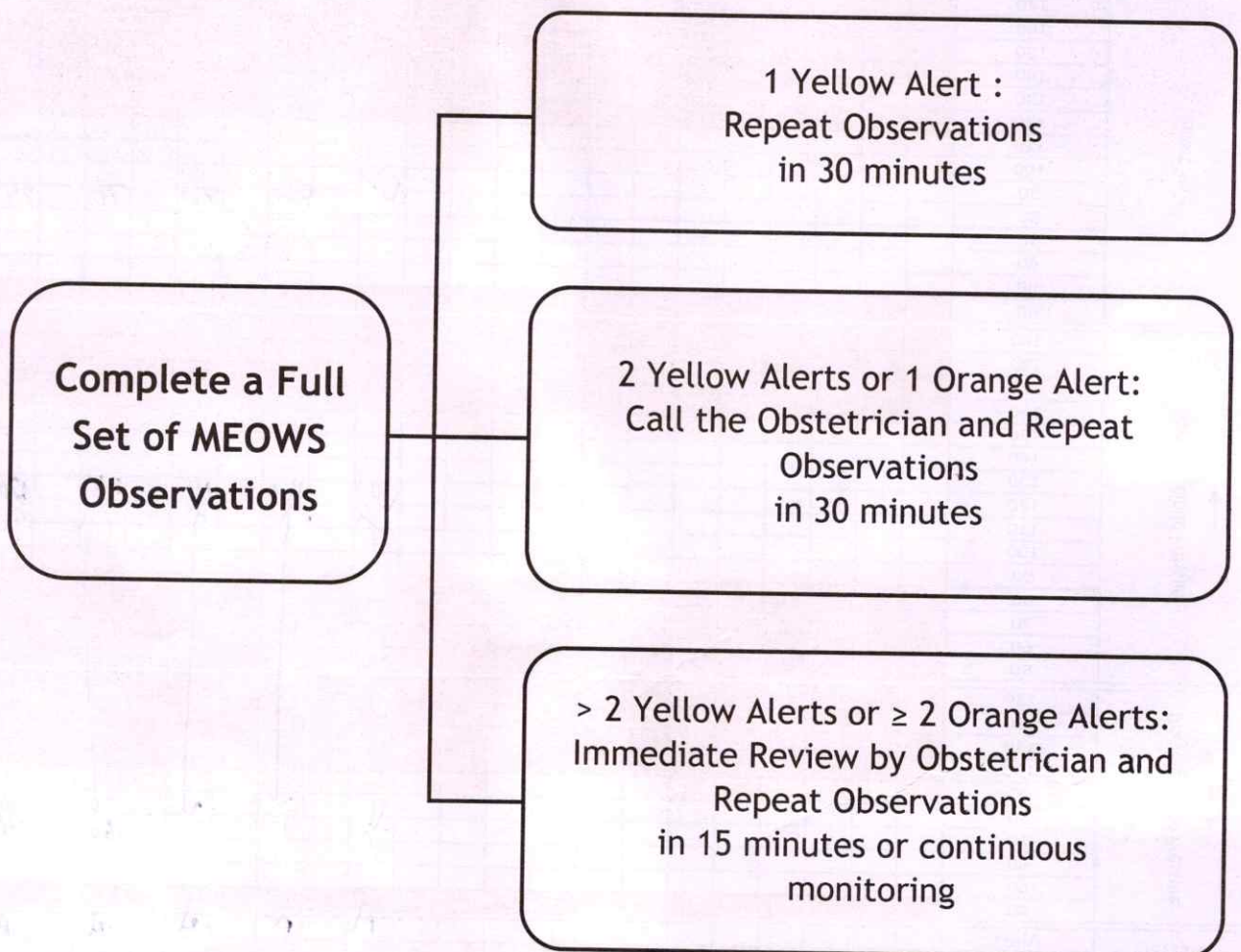
2. The second part of the document is a list of the names and addresses of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order and the addresses are given in full. The list is as follows:

Mr. J. H. Smith, 123 Main Street, New York, N. Y. 10001
Mr. R. L. Jones, 456 Elm Street, New York, N. Y. 10002
Mr. T. M. Brown, 789 Oak Street, New York, N. Y. 10003
Mr. S. K. White, 1010 Pine Street, New York, N. Y. 10004
Mr. D. N. Black, 1212 Cedar Street, New York, N. Y. 10005

3. The third part of the document is a list of the names and addresses of the members of the committee who have been appointed to the various subcommittees. The names are listed in alphabetical order and the addresses are given in full. The list is as follows:

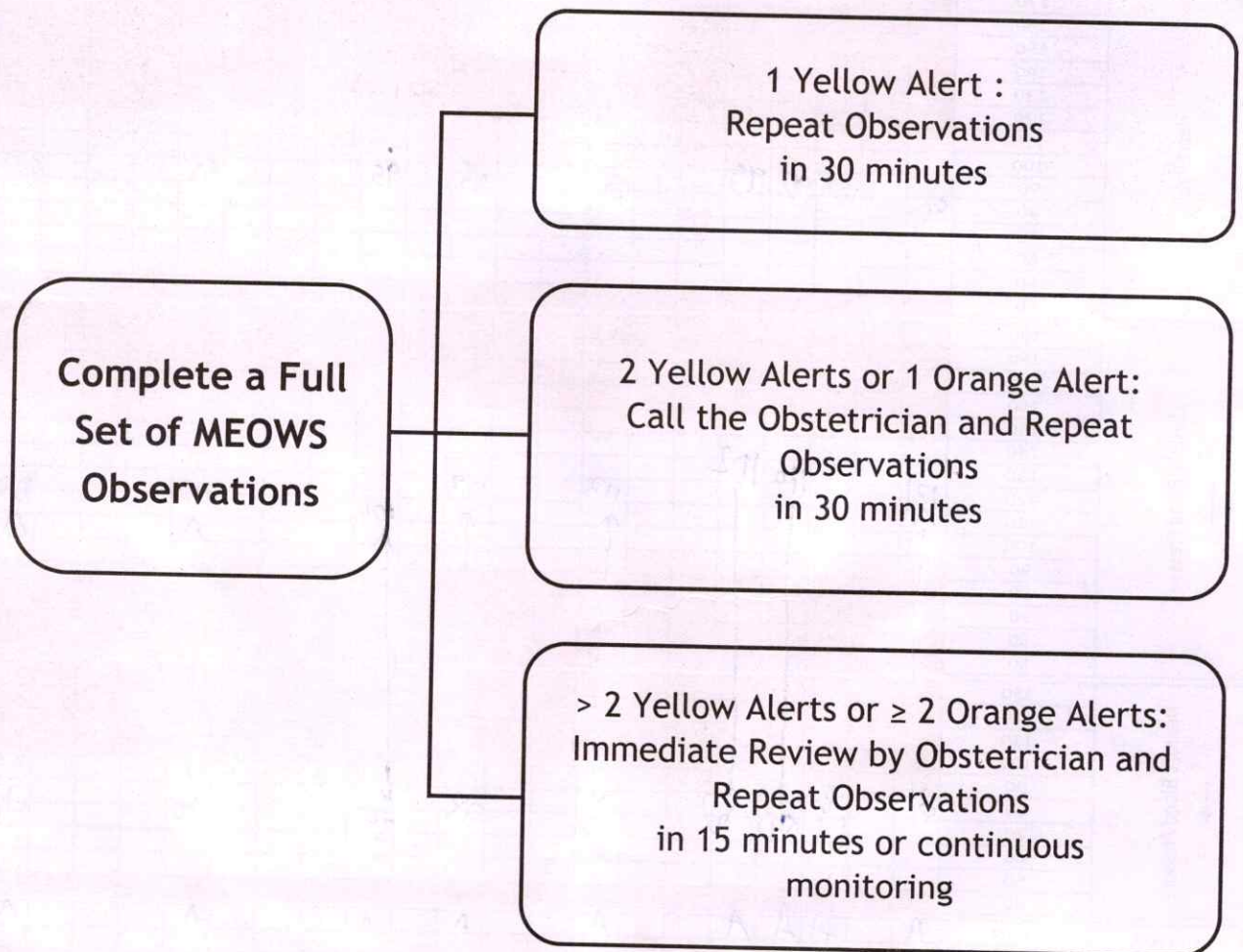
Mr. J. H. Smith, 123 Main Street, New York, N. Y. 10001
Mr. R. L. Jones, 456 Elm Street, New York, N. Y. 10002
Mr. T. M. Brown, 789 Oak Street, New York, N. Y. 10003
Mr. S. K. White, 1010 Pine Street, New York, N. Y. 10004
Mr. D. N. Black, 1212 Cedar Street, New York, N. Y. 10005

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00046291 IP25-00020623
 Mrs PRATHIBHA BURRA
 09-03-1986 40 Y 2 M 17 D (F)
 Dr. ER DOCTOR



29 Roche

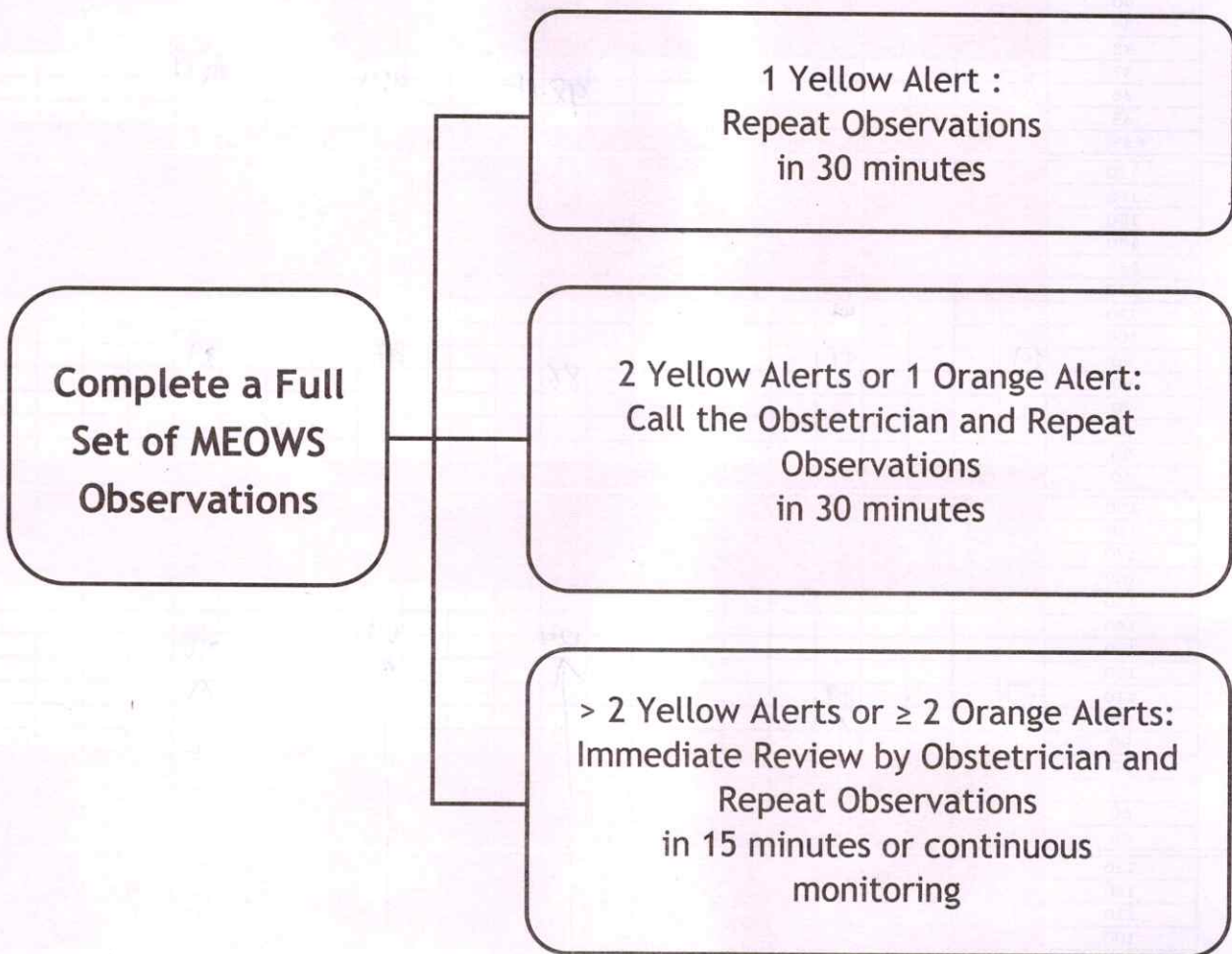


Early Warning Observation Score Chart - Obstetrics

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

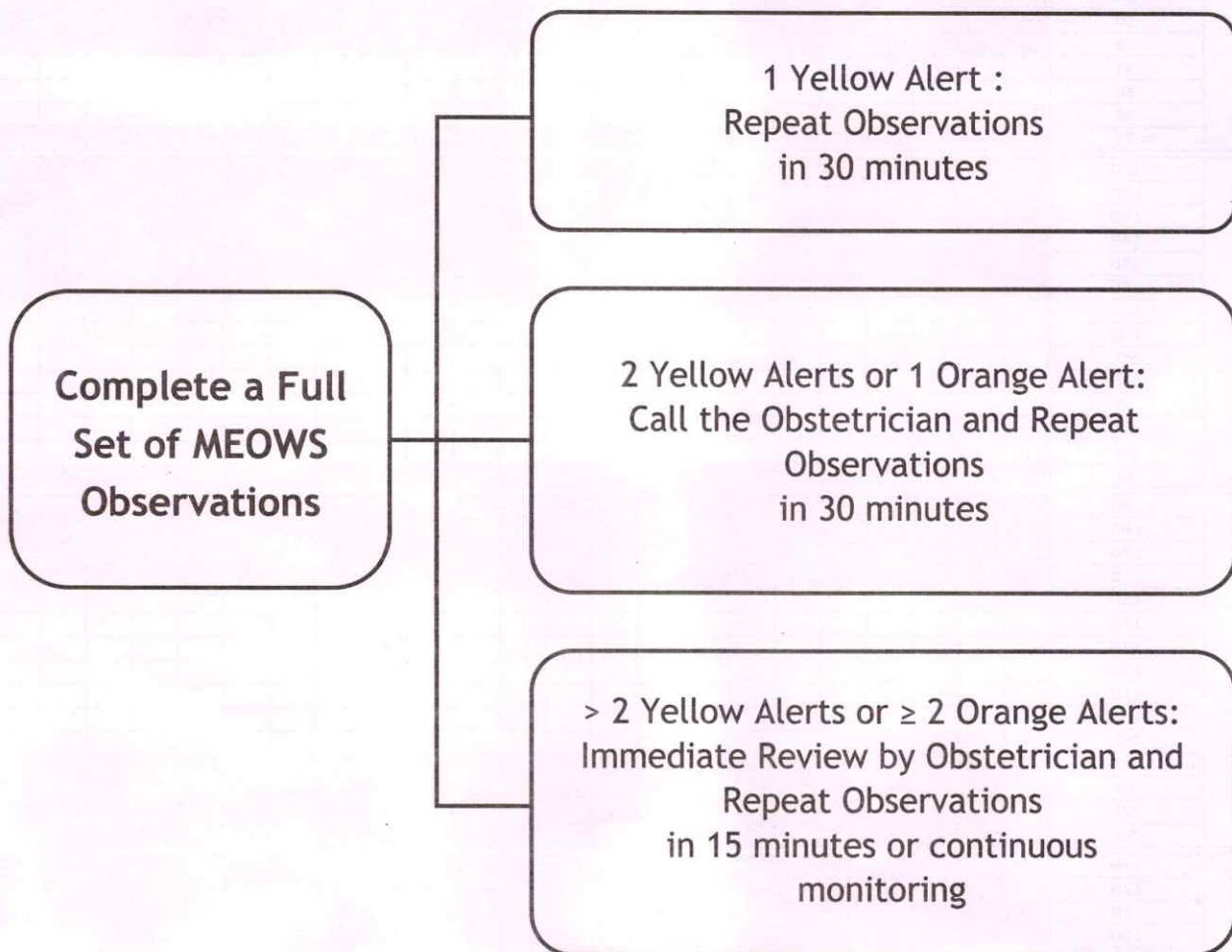
		Date																										
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20	20				20							20					20								20		
	0 - 10																											
Saturations	94 - 100 %	96				99							99				97								98		97	
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37	36																										
	36				98.6									98.6													98.7	
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90	89				87								86				90							89		90	
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100	106				119								139				131							130		143	
	90																											
	80																											
	70																											
60																												
50																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80	79				72								77				65							62		71	
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert	A				A							A				A								A			
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30	>				>							>				>								>			
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal	N				N							N				N								N			
	Heavy / Foul																											
Liquor	Clear / Pink	C				C							C				C								C			
	Green																											
TOTAL YELLOW SCORES		0				0							0				0								0			
TOTAL ORANGE SCORES		0				0							0				0								0			
Nurse Initial		<i>PC</i>				<i>W</i>							<i>PC</i>				<i>PC</i>							<i>PC</i>				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FDH-00046291 IP25-00020623
 Mrs PRATHIBHA BURRA
 19-03-1986 40 Y 2 M 16 D (F)
 Dr. ER DOCTOR

25/5/26



FLUID CHART

Sheet No. :

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

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

Total Intake : _____ **Total Output :** _____

	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm										0	4/26

Total Intake : _____ **Total Output :** 4-1

	08:00 pm	120									0	
	09:00 pm	100ml									0	
	10:00 pm	420									0	
	11:00 pm	20ml			no	no	no	no	no		0	
	12:00 am										0	
	01:00 am	120									0	

Total Intake : 220ml **Total Output :** 4-3

	02:00 am										0	
	03:00 am	120									0	
	04:00 am	400ml									0	
	05:00 am				no	no	no	no	no		0	
	06:00 am	120									0	
	07:00 am	RL 400ml	100ml/hr								0	

Total Intake : 180ml **Total Output :** 4-3

Total 24 hrs. Intake 370ml/hr

Total 24 hrs. Output 4-6 times

26/05/16

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	RL NBM	100ml							0	RA Nath	
	09:00 am	RL NBM	100ml						✓	0		
	10:00 am	RL NBM	100ml						✓	0		
	11:00 am	RL NBM	100ml							0		
	12:00 pm	RL NBM	200ml						100ml 0ml	0		
	01:00 pm	RL NBM	100ml							0		
Total Intake :			600ml			Total Output :					100ml	
	02:00 pm	RL NBM	100ml							200ml	0	AM Nath
	03:00 pm	RL H ₂ O	100ml							0		
	04:00 pm	RL Wound	100ml							0		
	05:00 pm	RL L.D 200ml	100ml							200ml 100ml	0	
	06:00 pm	PCM	100ml								0	
	07:00 pm										0	
Total Intake :			500ml			Total Output :					300ml	M-0
	08:00 pm	H ₂ O	200ml							0	AM Nath	
	09:00 pm									0		
	10:00 pm	H ₂ O	200ml							0		
	11:00 pm									0		
	12:00 am									0		
	01:00 am	H ₂ O	200ml							300ml		0
Total Intake :			500ml			Total Output :					U=300ml	20
	02:00 am									0	AM Nath	
	03:00 am	H ₂ O	100ml							0		
	04:00 am									0		
	05:00 am	H ₂ O	200ml							0		
	06:00 am									0		
	07:00 am	H ₂ O	200ml							150ml		0
Total Intake :			500ml			Total Output :					U=150ml	20
Total 24 hrs. Intake		2100ml										
Total 24 hrs. Output		U=850ml M=0										



29/05/20

FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
											0	
	08:00 am	H ₂ O	200 ml								0	} <i>Ullas</i>
	09:00 am						✓				0	
	10:00 am	H ₂ O	100 ml					NA	NA		0	
	11:00 am			NA	NA						0	
	12:00 pm										0	
	01:00 pm	H ₂ O	200 ml								0	
Total Intake :			500 ml.			Total Output : U-3 M-1						
	02:00 pm			↑	↑	↑	NO	NO	NO	✓	0	} <i>Lakshmi</i>
	03:00 pm	H ₂ O	200 ml	↑	↑	↑	NO	NO	NO	✓	0	
	04:00 pm			↑	↑	↑	NO	NO	NO	✓	0	
	05:00 pm	H ₂ O	100 ml	↑	↑	↑	NO	NO	NO	✓	0	
	06:00 pm			↓	↓	↓	NO	NO	NO	✓	0	
	07:00 pm	H ₂ O	200 ml	↓	↓	↓	NO	NO	NO	✓	0	
Total Intake :			500 ml			Total Output : U-4 M-NO						
	08:00 pm			NO	NO	NO		NO	NO	✓	0	} <i>Ullas</i>
	09:00 pm	H ₂ O	200 ml								0	
	10:00 pm										0	
	11:00 pm	H ₂ O	200 ml								0	
	12:00 am						✓			✓	0	
	01:00 am	H ₂ O	200 ml	NO	NO	NO		NO	NO		0	
Total Intake :			500 ml			Total Output : U-2 M-2						
	02:00 am	H ₂ O	100 ml	NO	NO	NO	NO	NO	NO		0	} <i>Ullas</i>
	03:00 am										0	
	04:00 am									✓	0	
	05:00 am	H ₂ O	100 ml								0	
	06:00 am										0	
	07:00 am	H ₂ O	200 ml	NO	NO	NO	NO	NO	NO	✓	0	
Total Intake :			400 ml			Total Output : U-2 M-2						

Total 24 hrs. Intake 1900 ml

Total 24 hrs. Output U-11 M-2

H-00046291 IP25-00020623
 PRATHIBHA BURRA
 03-1986 40 Y 2 M 18 D (F)
 ER DOCTOR



28/05/26



FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Prathibha . B Age: 40y Sex: F UHID.No :
 Date: 25/5/26 Time: 10:00pm Proposed Operation:
 Diagnosis: Panic / squats
 B.P / CRT: 126/81 H.R: 82 Weight: ASA Physical Status: 1 2 3 4 5

13/5

Laboratory Data:

Hgb: 11.7 Glucose: Protein: HIV: NE X-Ray:
 PCV: Urea: Alb: HBS Ag: NE ECG:
 WBC: Creat: Total Bill: HCV: Btve 2D Echo:
 Plate: 1.62 Na: Dir. Bill: Blood group: Btve Stress/Anglo:
 PT: 12.5 K: LDH: T3 Other:
 PTT: 32.0 Ca++: Alk phos: T4
 INR: 1.3 Mg++: Amylase: TSH
 Cl -: SGOT/SGPT:

Allergies: NKDA

Medical History: CVS: -
 RESP: Nothing significant Diabetes: Type II DM on OHA
 CNS: Nothing significant
 Renal: Physical Activity:
 Hepatic / GE:
 Others: Hypokypidism (+)

Past Anaesthetic History: short
 Physical Exam: short
 Airway: MP 1 234 Mouth Opening: 3F Mentohyoid Distance: 6F Neck: (N) Teeth: (N)
 Lungs: BAE (+)
 Heart: S1S2 (+)
 CNS: NAD
 Pregnant: Yes No NA Venous Access Site: (F) Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

OSP

Signature: [Signature] Name: RESHA

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Confined

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 90 bpm B.P / CRT: 140/90 SpO₂: 97% on P.A R.R: 12/min Last Feed: >6hrs

Pre-OP Diagnosis: Operation: Elective U.S.C Date:

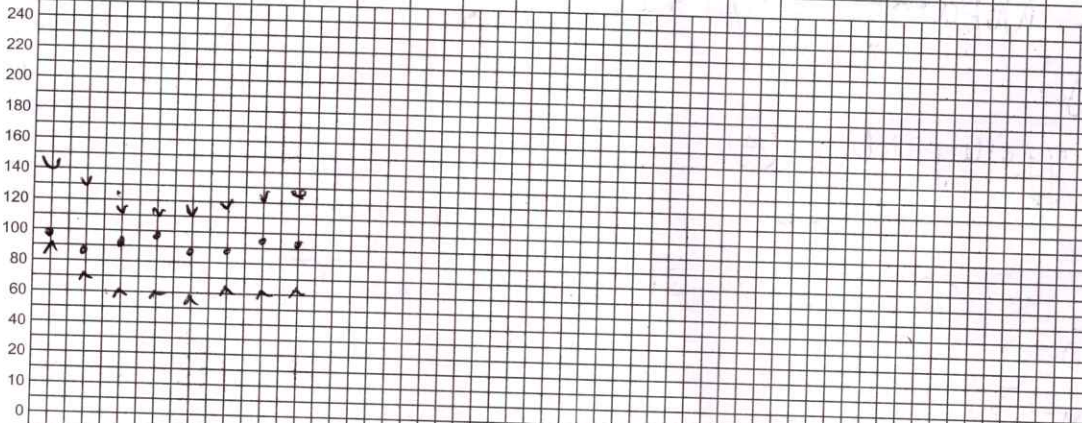
Surgeon: Anaesthesiologist: Dr. K. S. S. Surya Technician: Rambabu

TIME	11:00	11:15	11:30	11:45	12:00 pm
N ₂ O / AIR / O ₂ LPM					
HALO / ISO / SEVO					
Drugs:					
FI _{O₂} / SaO ₂	97	96	93	100	100
ETCO ₂					
ECG	NSR	NSR	NSR	NSR	NSR
Temperature					
Urine Output					

Antibiotic
Suppository
TRANSDOL
100mg
DICLOFENAC
100mg
Blood Loss

NOTES
Make child bath @ 11:17 AM

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



LAB Values

ABG	
GRBS	
Others	

- Equipment Checked and Functional
- BP
- Cuff Site: R/L
- Art Site:
- EKG Lead
- Temp Site
- FI_{O₂} Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked

- Temp:**
- HME
 - Cling Film
 - Hugger's
 - Other
 - Fluid Warmer
 - OH Warmer
 - Cotton Wool
- Times:**
- Anaes Start: 11:05 AM
- OP Start: ↓
- OP End: ↓
- Leave OR: 12:00 PM
- Anaesthesia:**
- GA
 - Monitored Anaesthesia Care
 - Regional

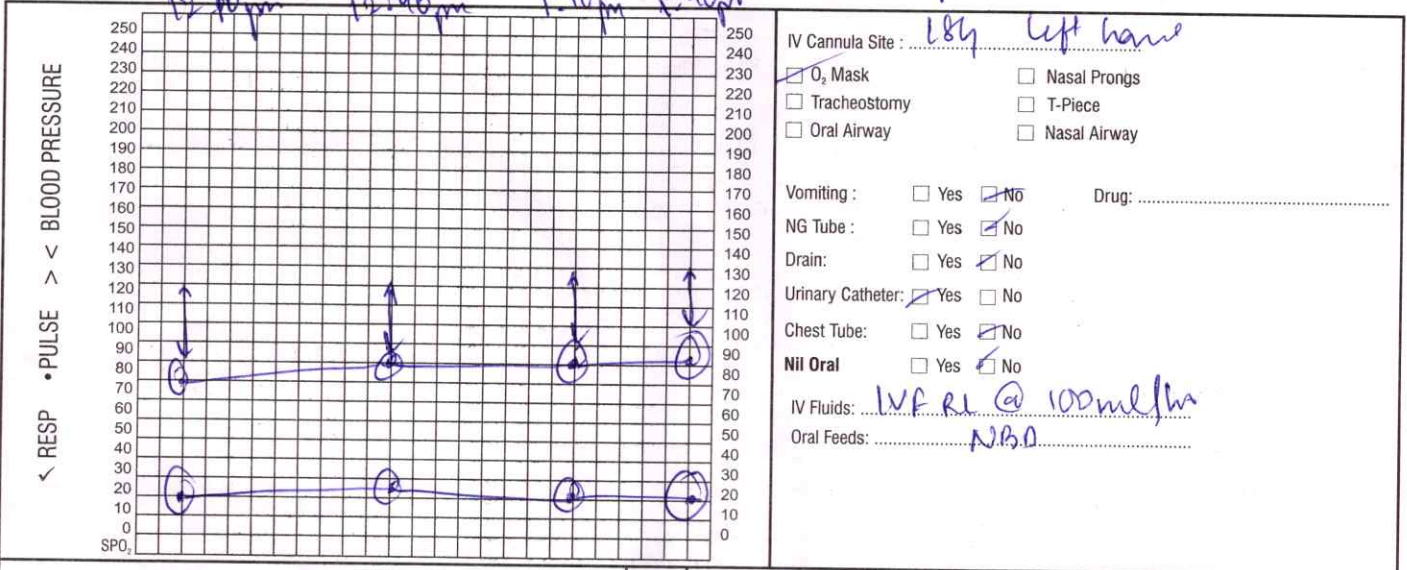
- Induction**
- IV
 - Pre O₂
 - Others
 - Inhal
 - RSI
- Regional:**
- Mask
 - Airway
 - Oral
 - Tracheostomy
 - Drug:
 - SGAs
 - Oral
 - Nasal
 - Cuff
 - Topical
- Line (Size & Location)**
- CVP:
 - ART:
 - IV: R/L @ hand
 - IV:
 - IV:

- Regional:**
- Extremity: Specify: SAB
- Spinal
 - Epidural
 - Caudal
- Others:
- Position: Sitting
- Site: L2-L4
- Needle Size: 25G Depth: 8cm
- Parasthesia Yes No
- Catheter at skin: cm
- Drug Name & Conc: 0.5% Bupivacaine
- Bolus: HEAVY 2ml
- Infusion: 1 25mg PENTANYL
- Block Level: T4
- Comments:
- Transportation to
- PACU
 - ICU
 - Other
- Relaxant Reversed: Yes No NA
- Name of the Doctor: Dr. K. S. S. Surya
- Signature of the Doctor: [Signature]

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Dr. Mania Time Received: 12:05 pm Time Discharged:



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	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	2	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	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
TOTAL	9	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

As per Anon

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Surya
 Anaesthesiologist Signature: Surya
 Date & Time: 26/05/20, 12:00 pm
 PACU Nurse Name: Dr. Mania
 PACU Nurse Signature: Mania
 Date & Time: 26/5/20; 12:05 pm

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

Transferred to Unit by (PACU): Dr. Vaishali
 Date & Time: 26/5/20; 12:05 pm

FDH-00046291 IP25-00020623
Mrs PRATHIBHA BURRA
09-03-1986 40 Y 2 M 17 D (F)
Dr. ER DOCTOR



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. saveetha</u>	Date of Delivery: <u>26/5/26</u>
Assistant Surgeon: <u>Dr. harshini</u>	Time of Delivery: <u>11:17AM</u>
Anaesthetist's Name: <u>Dr. Surya</u>	Gender of Baby: <u>Male</u>
Type of Anaesthesia: <u>SA</u>	Weight of Baby: <u>3.270kgs</u>
Neonatologist: <u>Dr. Kalyan</u>	AGPAR Score: <u>8/10 9/10</u>
Scrub Nurse: <u>Sr. Rajini</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Reactive

If there was a delay give the reasons:

Surgical Procedure: Emergency LSCS LSA

Post Operative Diagnosis: 0-POD.

Peri-Operative Complications: 1) Baby delivered by single blade forceps (vertex)

Amount of Blood Loss: 400ml.

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps *single blade*
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 *1-0 vicryl* Suture
Sheath Closure: *1-0 vicryl.* Suture
Fat Closure: Yes No *3-0 monocryl.* Suture
Skin Closure: Subcuticular Mattress Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in *1* days Await instructions
Swaps & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
..... *NBM x 4-6 hrs*
..... *IV fluids as per AORN*
..... *Drugs as charted.*
..... *W/F BPV, Ho*
..... *Monitor vitals*
..... *Inform RN SOS*

Doctor Name: *Dr. Saravetha* Doctor Signature: *[Signature]*
Date & Time: *26/1/26 @ 12pm*

PATIENT TRANSFER FORM

FDH-00046291 IP25-00020623
Mrs PRATHIBHA BURRA
09-03-1986 40 Y 2 M 17 D (F)
Dr. ER DOCTOR



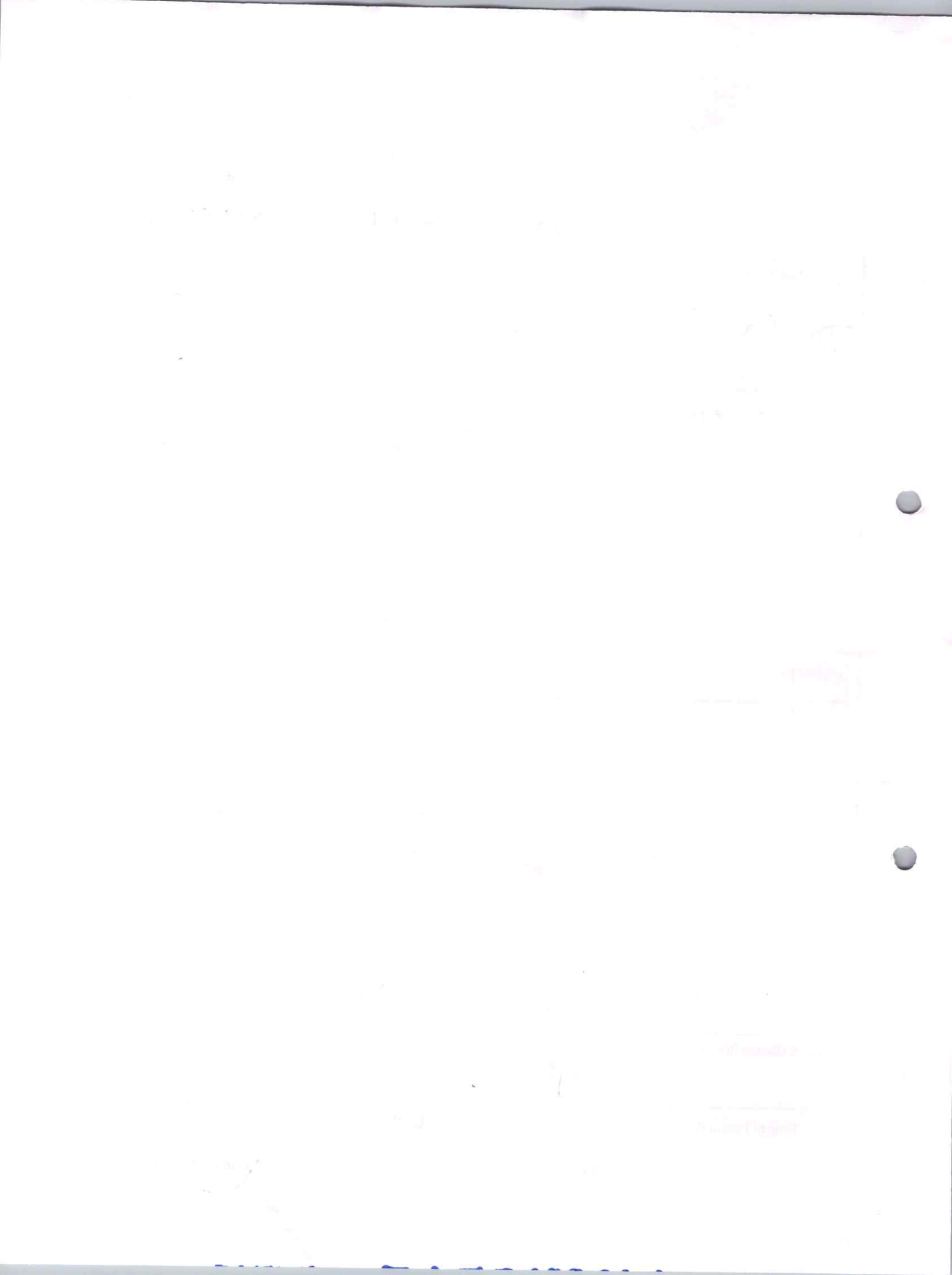
Date & Time of Admission <i>25/5/26 @ 07:42PM</i>		Date & Time of Transfer Order <i>26/5/26 @ 6:30</i>
Treating Consultant Name <i>Dr. Saneetha</i>	Transfer Ordered by <i>Dr. Ramya</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>318</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>-</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Dr. Debankar</i>		Name of Person Ordered Transfer <i>Dr. Ramya</i>
Patient & Clinical Records Received by : <i>Whim</i>		
Date & Time of Patient Received : <i>26/5/26 @ 6:45pm</i>		

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed


Nurse not Available

Available Bed not ready



PATIENT TRANSFER FORM



Patient Name & UHID No. IDH-00046291 IP25-00020623 Mrs PRATHIBHA BURRA 19-03-1986 40 Y 2 M 16 D (F) Dr. ER DOCTOR 		Date & Time of Admission 25/5/26 @ 7:42 PM.	Date & Time of Transfer Order 26/5/26 @ 10:55 AM
		Transfer Ordered by Dr. Saneetha	Reason for Transfer EM-LSLS
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Mani		Name of Person Ordered Transfer Dr. Saneetha	
Patient & Clinical Records Received by : Vaishali			
Date & Time of Patient Received : 26/5/26			


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



PATIENT TRANSFER FORM



Patient Name & UHID No. FDH-00046291 IP25-00020623 Mrs PRATHIBHA BURRA 09-03-1986 40 Y 2 M 17 D (F) Dr. ER DOCTOR 	Date & Time of Admission 25/5/26 7:42 AM	Date & Time of Transfer Order 26/5/26 @ 12:25 PM
Transfer Ordered by Dr. Surya	Reason for Transfer Post op care	
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films OP-2	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	/	/
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring valtheet		Name of Person Ordered Transfer Dr. Surya
Patient & Clinical Records Received by : Maria 218568		
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

Handwritten notes at the top of the page, possibly including a date or title.

Handwritten notes in the upper middle section of the page.

Handwritten notes in the middle section of the page.

Handwritten notes in the lower middle section of the page.

Handwritten notes at the bottom left of the page.

Handwritten notes at the bottom right of the page.

Handwritten notes enclosed in a circle on the right side of the page.

0.1

580168

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

Patient Name: <u>MR. C. PLATHIEHA RUTHA</u>		Age: <u>11Y</u>	Gender: <u>FEMALE</u>
UHID No: <u>ENL-12345678</u>		IP No: <u>CD02022</u>	Date: <u>24/10/2022</u> Time: <u>10:15 AM</u>
Diagnosis: <u>PRIMIC 39TH WEEKS</u>			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<u>100 MCG</u>	
2.	Morphine Sulphate Inj. 15mg/ML	-	
3.	Remifentanyl Hydrochloride Inj. 2MG	-	
4.	Remifentanyl Hydrochloride inj. 1MG	-	
Doctor Name: <u>SPINILAKA RAO IC</u>		Doctor Registration No: <u>7158</u>	
Signature: <u>[Signature]</u>			

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

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

IP Registration No: CD02022 Date: 24/10/2022

Aadhaar No. of the Patient (Optional): -

1.	Name : <u>MR. C. PLATHIEHA RUTHA</u>	Remarks		
2.	Complete postal address (with contact number, if any)	<u>[Address]</u>		
3.	Brief description of the illness	<u>[Illness]</u>		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed			
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<u>24/10/22</u>	<u>FENTANYL</u>	<u>100 MCG</u>	<u>[Signature]</u>	

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

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

Time: 11:19 AM

Control

**NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)**

Patient Name		Age		Gender	
DOB		Race		Insurance	
Diagnosis					
PRESCRIPTION DETAIL (Enter only one in the following)					
No.	Drug Name	Strength	Quantity	Remarks	
1	Fentanyl Citrate Inj. 50mcg/ml				
2	Hydrocodone Bitartrate Inj. 5mg/ml				
3	Propofol 1% Inj. 100mg				
4	Propofol 1% Inj. 100mg				
Physician Name					
Signature					
Date					

**NARCOTIC DISPENSING FORM
 APPENDIX - FORM NO. 3E**

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

Registration No.		Date	
Patient No. of the Patient Dispensed		Name of the Patient	
1	Name of the Patient	Remarks	
2	Complete postal address with code number, if any		
3	Brief description of the illness		
4	Whether registered with any other registered medical practitioner, registered medical institution if yes, details of the institution		
5	State of essential narcotic drug dispensed		
Date	Name of the Essential Narcotic Drug	Quantity	Signature (Impression of the patient) Patient Attender

Dispensed by (Name & ID No.) _____
 Received by (Name & ID No.) _____
 Date _____
 Place _____