

DISCHARGE SUMMARY

Name	Mrs SREE VIDYADHARI NARAYANA BHATLA	UHID	FDH-00016455
Father/Guardian	Mr pradeep koutha	Age/Gender	32 Y 8 M 1 D/ Female
Address	.., Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020543	Admission Date	20-05-2026
Ref Doctor	Self		
Discharge Date	22.05.2026		

Consultants :

Dr. Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon
Specialist in High-Risk Pregnancy

Reg. no: 51697

Diagnosis: G2A1 AT 37 WEEKS GESTATIONAL AGE WITH

1. FGR
2. GDM ON INSULIN
3. HYPOTHYROID
4. FOR INDUCTION OF LABOUR.

ASSISTED (KIWI) VAGINAL DELIVERY DONE, DELIVERED A LIVE FEMALE BABY AT 10:06 AM, WEIGHT 2.470 KGS ON 21.05.2026.

History:

LMP: 21.08.2025

Obstetric formula: G2A1

EDD: 10.06.2026

Gestation at admission: 37 weeks

Obstetric History:

G1 - 2025 / May / MTP at 20 weeks / MERPC. (i/v/o CHAOS) (CMA & WES)

Name	Mrs SREE VIDYADHARI NARAYANA BHATLA	UHID	H-00016455
IP No	IP25-00020543	Admission Date	20-05-2026

normal)

G2 - Present pregnancy, Spontaneous conception.

Medical History :

K/c/o Hypothyroid since 4 years on Tab. Thyronorm 50mcg. (Pre- pregnancy - same dose).

H/O GDM diagnosed 28+2 weeks now on Inj. Lantus 0-0-8 units & Inj.

Novarapid 3-8-4 Units.

Surgical History: Nil

Allergies : Nil

Family History : Father- HTN

Antenatal Details:

Mrs SREE VIDYADHARI NARAYANA BHATLA was booked to Rainbow hospital at 5 weeks of gestation. She had regular antenatal checkups and investigations as advised. K/c/o Hypothyroid since 4 years on Tab. Thyronorm 50mcg. (Pre- pregnancy same dose). NT & FTS at 12+5 weeks normal, TIFFA at 20 weeks was normal. She was diagnosed with GDM on Diet since 28+2 weeks on OHA since 30 weeks, Inj. Lantus 0-0-8 units & Inj. Novarapid 3-8-4 Units. Now on Insulin since 32+3 weeks. Growth scan at 28 weeks showed SGA (EFW 9%, AC 8%). Fetal well being monitored with serial scans. USG done on 16.05.2026 showed at 36+3 weeks, cephalic, placenta posterior and high, AFI 16.8cm, EFW 2230 grams(4%), AC <1% (FGR) with normal doppler. She was admitted at 37 weeks for induction of labour.

Investigations: Enclosed.

Blood group & Typing - "A" Rh positive.

Management:

Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was mild contracting, cervix was

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60% effaced and 3cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for vaginal birth. Artificial rupture of membranes done at 3 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 4 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 09:09 AM. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by Assisted (KIWI) vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

*** Single loop of cord around the neck present.**

Delivery Details:

Date : 21.05.2026
Time of Delivery: 10:06 AM
Type of Labour : Spontaneous
Type of Delivery: Assisted (KIWI) vaginal delivery
Indication : Fetal distress
Analgesia : Epidural

Baby Details:

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Date : 21.05.2026
Time : 10:06 AM
Sex : Female
Weight : 2.470 KGS
Apgar : 8/9, 9/10
Gestational Age: 37 weeks
NICU Admission: No.

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. **Her blood sugars were monitored and were normal.** 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 (Cefixime 200mg) twice daily till 27.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 27.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 27.05.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 27.05.2026 (9am-3pm-11pm) after 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 after food.
7. Betadine ointment for local application.

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8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

9. To do FBS, PLBS, HBA1C & Sr. TSH after 6 weeks.

10. Tab. Thyronorm 50mcg once daily before breakfast (7am).

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).

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 Consultation) after one week on 28.05.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU, after one week on 28.05.2026 at postnatal clinic with prior appointment.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Mrs Sree V

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 Rainbow Nanakramguda or just dial one toll free number - 18002122.

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

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

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ACTIVITY RECORD FOR BILLING

FDH-00016455 IP25-00020543
Mrs SREE VIDYADHARI NARAYANA
20-09-1993 32 Y 8 M 1 D (F)
Dr. HIMABINDU ANNAMRAJU

Admission : _____ Time : _____ Date of Discharge : _____ Time : _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

Consultant : _____ Dept : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/5/26	6pm	MICU	Ward	Geetha
22/5/26		ward	Billing	Neha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. valhani	22/5/26	8469	Neha
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

C.C. done by Neha 22/5/26

INVESTIGATIONS

Date	Investigations	Order No.	Sign	
20/5/26	NST - ①	6373 ✓	Neha	
20/5/26	NST - ②	6374 ✓		
21/5/20	NST - ③	6375 ✓		
21/5/26	NST - ④	6376 ✓		
21/5/26	NST - ⑤	6461 ✓		
"	NST - ⑥	6462 ✓		
"	NST - ⑦	6463 ✓		
"	NST - ⑧	6464 ✓		
"	CRBS - 1201 mg/dl	7908 ✓		
"	CRBS - 106 mg/dl	7909 ✓		
"	CRBS - 120 mg/dl	7910 ✓		
Cross check done by manjula				
22/05/26	CRBS - 86 mg/dl (GAM) ^(FBS)	8013 ✓		Susmita
22/5/26	PPBS - 119 mg/dl	8021 ✓	neha	
22/5/26	PLBS - normal	8031 ✓	neha	
22/5/26	NHA	8455 ✓	neha	
C.C done by neha 22/5/26 @ NHA				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5/26	IV placement	①	.7897 ✓	
20/5/26	PAC	①	.8212 ✓	
20/5/26	catheterization	①	.8213 ✓	Majid
	Cross check			C.C. done by Meh 22/5/26
	done by Sr. Manjula...			

ANY OTHER INFORMATION

OP file given to pt attendee → pradepnk

Date: 20/5/26.

Time: 20 PM.

Prepared By :

<p>Staff Nurse</p> <p>Sandhya</p>	<p>Shift / Ward</p> <p>micu</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Mrs SREE VIDYADHARI NARAYANA
20-09-1993 32 Y 8 M 2 D (F)
Dr. HIMABINDU ANNAMRAJU



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

329
BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 22/1/20 Time: 9:30

Origin: Kerala Height: 153 Weight: 75.2 BMI: > 30 kg/m²

Food Allergies: -

Diagnosis: GDM is 3rd level - far - common health issue

Medical History: common health

Surgical History: -

Vegetarian Non-Vegetarian Vegan

Diet Advised: Diabetic balanced diet - optimal
protein - and iron

Patient's / Attendant's

Signature: Sree Vidhya

Name: Sree Vidhya

Date & Time: 22/1/20 9:30

Dietician's

Signature: Anu

Name: Anu

Date & Time: 22/1/20 9:30



ELECTRONIC MEDICINE PRESCRIPTION

MRN : FDH-00016455
 Age / Sex : 32 Y 8 M 1 D / Female
 Adm/Reg Date/Time : 20/05/2026 22:08
 Order Date : 21/05/2026 12:56
 Visit ID : IP25-00020543
 Patient Address : .., Hyderabad, Hyderabad, Telangana, INDIA, 500001

Name : Mrs SREE VIDYADHARI NARAYANA BHATLA
 Doctor : HIMABINDU ANNAMRAJU
 Payor : MEDI ASSIST INSURANCE TPA PVT LTD
 Ordernumber : 25-0000578091
 Ward/Bed No : 4F -MICU / MICU-02

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	THEMICAINE 2% 30ML INJ		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
2	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	4 Bottle	/ Once Daily	1 Days		4 Bottle	Dispensed
3	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	5 Nos	Combination / Once Daily	1 Days		5 Nos	Dispensed
4	HIGH PRESSUR EXTENTION 200 CM PRYMAX		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
5	TEGADERM WITH PAD 5X7CMS (3582)(8582)	TEGADERM 8582	2 Nos	Combination / Once Daily	1 Days		2 Nos	Dispensed
6	UNDERPADS 60X90 BUTTERFLY		6 Nos	Combination / ONE TIME A DAY	1 Days		6 Nos	Dispensed
7	MOPS 30X30 8PLY 5S X-RAY	MOPS 30X308 PLYDATT	2 Nos	Combination / Once Daily	1 Days		2 Nos	Dispensed
8	NS 100ML ACCULIFE - EH		1 mL	Combination / ONE TIME A DAY	1 Days		1 mL	Dispensed
9	NEW MOM DISP MATERNITY PADS MAXIPAD	NEW MOM DISP MATERNITY PADS MAXIPAD 5 S	1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
10	DSYRINGE 50 ML LUER SLIP NIPRO	SYRINGE 50ML	1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
11	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
12	ANAWIN INJ VIAL 0.25% 20 ML		1 Nos	Combination / Once Daily	1 Days		1 Vial	Dispensed
13	BATH WIPES (240CM*300CM) 10S PACK ROMS	BATH WIPES (240CM*300CM)10S PACK ROMSONS	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	GAUZE SWABS-510X10 12 PLY XRAY STERILE	6 Pkt	Combination / Once Daily	1 Days		6 Pkt	Dispensed
15	VERFEN 2ML INJ 50 MCG ML		1 Ampule	Combination / Once Daily	1 Days		1 Ampule	Dispensed
16	BIOXAMIC 500 MG INJ		2 Nos	/ Once Daily	1 Days		2 Ampule	Dispensed
17	MISOPROST TAB 200MCG 4S		4 Tabs	Combination / Once Daily	1 Days		4 Tabs	Dispensed
18	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	20 Nos	/ Once Daily	1 Days		20 Nos	Dispensed
19	Encore Microptic gloves-6.5		5 Nos	Combination / Once Daily	1 Days		5 Nos	Dispensed
20	NEW MOM DISP MATERNITY PAD FIXATOR - XL	NEWMOM DISP MATERNITY PADS MAXIPAD 5S XL	1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
21	PERIFIX 401 (EPIDURAL KIT) 18G*13 1 4	PERIFIX 401 EPIDURAL KIT 18G*13 1 4	1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
22	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		10 Nos	Combination / Once Daily	1 Days		10 Vial	Dispensed
23	SARAL (FEMINA)			/	1 Days		1 Nos	Dispensed
24	OxygenMask With Tubing - Adult ROMSONS-FC		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed



ELECTRONIC MEDICINE PRESCRIPTION

MRN : FDH-00016455 **Name** : Mrs SREE VIDYADHARI NARAYANA BHATLA
Age / Sex : 32 Y 8 M 1 D / Female **Doctor** : HIMABINDU ANNAMRAJU
Adm/Reg Date/Time : 20/05/2026 22:08 **Payor** : MEDI ASSIST INSURANCE TPA PVT LTD
Order Date : 21/05/2026 06:38 **Ordernumber** : 25-0000577893
Visit ID : IP25-00020543 **Ward/Bed No** : 4F -MICU / MICU-02
Patient Address : ..., Hyderabad, Hyderabad, Telangana, INDIA, 500001

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	VEIN-O-LINE 10CM ROMSONS		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
2	NS 100ML ACCULIFE - EH		1 mL	Combination / Once Daily	1 Days		2 mL	Dispensed
3	Encore Microptic gloves-6.5		1 Nos	Combination / Once Daily	1 Days		2 Nos	Dispensed
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML		2 Nos	/ Once Daily	2 Days		4 Vial	Dispensed
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	NITRILE GLOVES M	1 Nos	/ Once Daily	10 Days		10 Nos	Dispensed
6	AMNI HOOK (KRISHCO)		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
7	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
8	UNDERPADS 60X90 BUTTERFLY		3 Nos	Combination / Once Daily	1 Days		3 Nos	Dispensed
9	SURGEON CAP(FEMALE) (PROTECTCARE)		1 Nos	/ Once Daily	1 Days		3 Nos	Dispensed
10	SURGICAL CLIPPER BLADE (9680)		1 Nos	Combination / Once Daily	1 Days		1 Nos	Dispensed
11	THEMICAINE 30GM JELLY		1 On Application	Combination / Once Daily	1 Days		1 Nos	Dispensed
12	CEFANTRAL 1GM INJ		1 Vial	Combination / Once Daily	1 Days		1 Vial	Dispensed
13	VENFLON I -18 G	IV CANULLA 18	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
14	M GOWN			/	1 Days		3 Nos	Dispensed
15	MISOPROST TAB 25MCG 4S		1 Tabs	/ Once Daily	4 Days		4 Tabs	Dispensed
16	PROCTOCLYSIS ENEMA 100 ML		1 mL	Rectal / Once Daily	1 Days		1 Nos	Dispensed
17	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
18	BACTOPREP SOLUTIONS 100 ML	CHLORHEXIDINE GLUCONATE2% &ALCOHOL80% 500	1 mL	/ Once Daily	1 Days		1 Nos	Dispensed
19	FACE MASK 3 LAYER - ELASTIC	FACE MASK 3 LAYER	1 Nos	/ Once Daily	3 Days		3 Nos	Dispensed
20	HAND CARE GLOVE	HAND CARE GLOVE	1 Nos	/ Once Daily	5 Days		5 Nos	Dispensed

HIMABINDU ANNAMRAJU

Reg No · 51697

Vidya



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2A1E 37wks GA E FGR E GOM</i> <i>on insulin E Hypothyroid for IOL</i>			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:			Post OP Day:				
BACKGROUND	Date	<i>20/5/26</i>	<i>21/5/26</i>	<i>22/05/26</i>				
	Shift	<i>N</i>	<i>M+E</i>	<i>N</i>				
	Medical Condition (Any special condition to be noted):	<i>IOL</i>	<i>AVD</i>	<i>AVD</i>				
Diet:	<i>SD</i>	<i>N/D</i>	<i>DD</i>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>36°C</i>	<i>36.1°C</i>	<i>36.3°C</i>			
		Res:	<i>20</i>	<i>20</i>	<i>20</i>			
	SpO ₂ :	<i>99%</i>	<i>98%</i>	<i>99%</i>				
	Pulse:	<i>85</i>	<i>84</i>	<i>82</i>				
	BP:	<i>110/65</i>	<i>112/65</i>	<i>112/62</i>				
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>				
	Fall Risk Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>				
Pain Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>					
Skin Integrity	<i>Good</i>	<i>Good</i>	<i>Good</i>					
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>SD</i>	<i>N/D</i>	<i>DD</i>				
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>					
Post Operative Procedure Special Orders:								
Handed Over By Name :		<i>Sadhika Gowri</i>	<i>S. Hait</i>					
Signature / ID :		<i>Sadhika G</i>	<i>S Hait</i>					
Date:		<i>20/5/26</i>	<i>21/5/26</i>	<i>22/05/26</i>				
Time:		<i>@ 8 AM</i>	<i>@ 7 PM</i>	<i>At 8 AM</i>				
Taken Over By Name :		<i>Gowri</i>	<i>S. Hait</i>					
Signature / ID :		<i>G</i>	<i>S Hait</i>					
Date:		<i>21/5/26</i>	<i>22/05/26</i>					
Time:		<i>@ 8 AM</i>	<i>2 PM</i>					

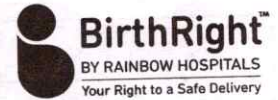
Patient Sticker



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							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

FDH-00016455 IP25-00020543
 Mrs SREE VIDYADHARI NARAYANA
 20-09-1993 32 Y 8 M 0 D (F)
 Dr. HIMABINDU ANNAMRAJU



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/5/26 @ 10:08 PM

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

Obstetric History: G 2 P - L - A 1

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: 20
 BP: 110/65 Weight: 75.8 kgs Height: BMI:

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

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score (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

Orientation has been given regarding the following aspects:

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

Above information given to Patient

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Signature: Sankha

Nurse Name: Sankha

Date & Time: 20/5/20 @ 10:30 PM

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for IOL

LMP: 10/6/26

EDD:

Corrected EDD:

GA: 37 weeks

Obstetric Formula: G2A1

Menstrual History: Regular: Yes No

Obstetric Examination

Obstetric History:

G1 - May 2025 | MTP @ 20wks | MERPC
 IULO - CHAOS | CMA / WES (N)

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

G2 Present Pregnancy Record: Spontaneous Concept
 Booked @ Conception
 NT/FTS @ 12+5wks (N), TFFA @ 20wks (N)
 Coarctation Scan @ 28wks SLO SGA.

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

FGR
 GDM on Insulin
 Hypothyroid

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 3cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: _____ cm

Weight: 75.8 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 86 bpm

BP: 116/66 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2A1 @ 37 weeks GA @ FGR @ GDM on Insulin @ Hypothyroid
 for IOL



<p>Family History: F-HTN.</p>	<p>Surgical History: —</p>
<p>Medical History: Hypothyroid :: 4 yrs GDM on diet :: 28+2 weeks, OHA :: 30wks Now on insulin :: 32+3 weeks</p>	<p>Medication History: Thyronorm 50mcg (prepreg - 50mcg) Lactus 0-0-8 units Novarapid 3-8-4 units</p>
<p>Plan of Care: Admitt Consent NST URBS Pants preparation IV access Check blood availability NST 4th hourly URBS 4th hourly w/f vitals / FHR (cont'd) / PCL Inform ses. Trace CBP.</p>	<p>Investigations: BCrT - <u>Atre</u> Serology - NR. <u>(16/5/26) usg</u> SLUG 36+3 weeks Cephalic placenta pH AFI - 16.8cm EFW - 2230gm (4.1.) AC - < 11. Dopplers (N)</p>

Doctor Name: Dr. Perma
 Signature: [Signature]
 Date & Time: 20/5/26 @ 10pm

Consultant Name: Dr. Himabindu
 Signature: [Signature]
 Date & Time: 20/5/26 @ 10pm

Consult Hand
 Consulted
 20/5/26

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 20-09-1993 32 Y 8 M 1 D (F)
 Dr. HIMABINDU ANNAMRAJU



PROGRESS NOTES AND DOCTOR'S ORDER

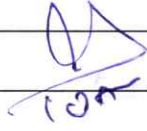
Date & Time	Progress Notes	Doctor's Order
7:45 AM	w/ Epidural VIE - 4cm dilated 80% effaced clear liquor 8m 1-2)	Rp - Epidural analgesia - (M) vitals / HR / FC / CO2 - Continue Synto - Inform SAs
		↓ S Anoja
<u>21/05/26</u>	<u>PND-0</u>	<u>cb by Dr Swite</u>
10:30 AM	AC pt Ux Afebrile PR 82bpm BP-112/72mmHg SpO2 94% EA PA-ut @ well O/E BWM	As 1) DIABETIC DIET + ORAL ACOS. 2) FOLLOW DRUG CHART. 3) MONITOR VITALS Htz 4) ENCOURAGE 2nd M EA 5) PERINEAL CARE 6) W/ Active bleeding B 7) Symms 8) TO do frs } PPB } 22/5/26 PAB }
		<u>Swite</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>21/5/26</u>	<u>PND-0</u>	
<u>5:30pm</u>	GC-fair	<u>Adv</u>
	Afebrile	- Diabetic diet
	PR-86 bpm	- Plenty of oral fluids
<u>Baby Ms</u>	BP-119/81 mmHg	- Drugs as charted
<u>UV</u>	P/A-URW	- w/f active BpV
	P/v-NAB.	- Ambulation/EBF
		- Perineal care
<u>Shift to Room</u>		- FBS, PPBS, PUS - 22/5/26
		- (M) vitals Inform SOS
		<u>Adv</u>
<u>21/5/26</u>	<u>PND-0</u>	<u>Adv</u>
<u>8pm</u>	GC-fair	1) Diabetic diet.
	Afebrile	2) Plenty of oral fluids
	PR-98 bpm	3) Drugs as charted
<u>Baby-MS</u>	BP-114/70 mmHg	4) w/f BPV
	P/A- ut(R)well	5) EBF / Ambulation.
	P/v - NAB.	6) Perineal care
		7) Do do FBS, PPBS, PUS - 22/5/26
		8) Monitor vitals
		9) Inform SOS
<u>Adv</u>		<u>Adv</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 6:30pm	<p><u>PND-1</u> AC fair Afebrile Sp 100/70/65 PE=BBG SpO2=100% @ RA PtA=UW PtU=Intaspr</p>	<p><u>Adx</u> 1. Ambulation 2. Diabetic diet 3. plenty of oral fluids 4. Fast 2nd hole 5. Urge as directed 6. perineal care 7. wif spv 8. FBS, PPBS, PUS 22/5/26 9. @ vitals inter sos</p>
<u>bedrest</u>		
UV ✓ AC ✓ m ✓		
	FBS - 86 mg/dl.	
	PBS } today PUS }	
	Dte today	
	 10m	

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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: ICU Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	50mcg	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	LANTUS	8units	SC	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	NOVARAPID	3-8-4 units	SC	TID		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : [Signature]

Date & Time : 20/5/26 @ 10pm

Nurse Name & Signature: Sadhika Sadhika

Date & Time : 20/5/26 @ 10pm

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

Section 1

Section 1.1

Section 1.2



Section 2

Section 2.1

Section 2.2

Section 2.3

Section 2.4

Section 2.5

Section 2.6

Section 2.7

Section 2.8

Section 2.9

Section 2.10

Section 3

Section 3.1

Section 3.2

Section 3.3

Section 3.4

Section 3.5

Section 3.6

Section 3.7

Section 3.8

Section 3.9

Section 3.10

Section 3.11

Section 3.12

Section 3.13

Section 3.14

Section 3.15

Section 3.16

Section 3.17

Section 3.18

Section 3.19

Section 3.20

Section 3.21

Section 3.22

Section 3.23

Section 3.24

Section 3.25

Section 3.26

Section 3.27



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 75.8kgs Ward. M.K.U.

DRUG : T. CEFIXIME				Date Time	21/5 22/5																	
Dose	Route	Frequency	Start Date																			
200mg	PO	BD	21/5	3pm	X																	
Name & Signature of the Doctor Starting the Drugs:																						
				swels																		
Additional Instructions:				3pm 8pm 22/5																		
Daily Doctor's Endorsement by a Sign																						
DRUG : T PANTOPRAZOLE				Date Time	22/5																	
Dose	Route	Frequency	Start Date																			
40mg	PO	OD	21/5																			
Name & Signature of the Doctor Starting the Drugs:																						
				swels																		
Additional Instructions:				6am																		
Daily Doctor's Endorsement by a Sign																						
DRUG : T PANTOPRAZOLE				Date Time																		
Dose	Route	Frequency	Start Date																			
40mg	PO																					
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : T PARALLETAMOL				Date Time	21/5 22/5																	
Dose	Route	Frequency	Start Date																			
1gm	PO	TID	21/5	6am	X																	
Name & Signature of the Doctor Starting the Drugs:																						
				swels																		
Additional Instructions:				3pm X 10pm																		
Daily Doctor's Endorsement by a Sign																						

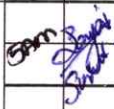
DH-00016455 IP25-00020543
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 Dr. HIMABINDU ANNAMRAJU



Sheet No:

REGULAR PRESCRIPTIONS

Weight 75.8 kg Ward MICU

DRUG : <u>T. THYRONORM</u>				Date Time	<u>2/15</u>															
Dose	Route	Frequency	Start Dt.																	
<u>50mg</u>	<u>PO</u>	<u>QD</u>	<u>2/15</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Himabindu Annamraju</u> 																
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



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.

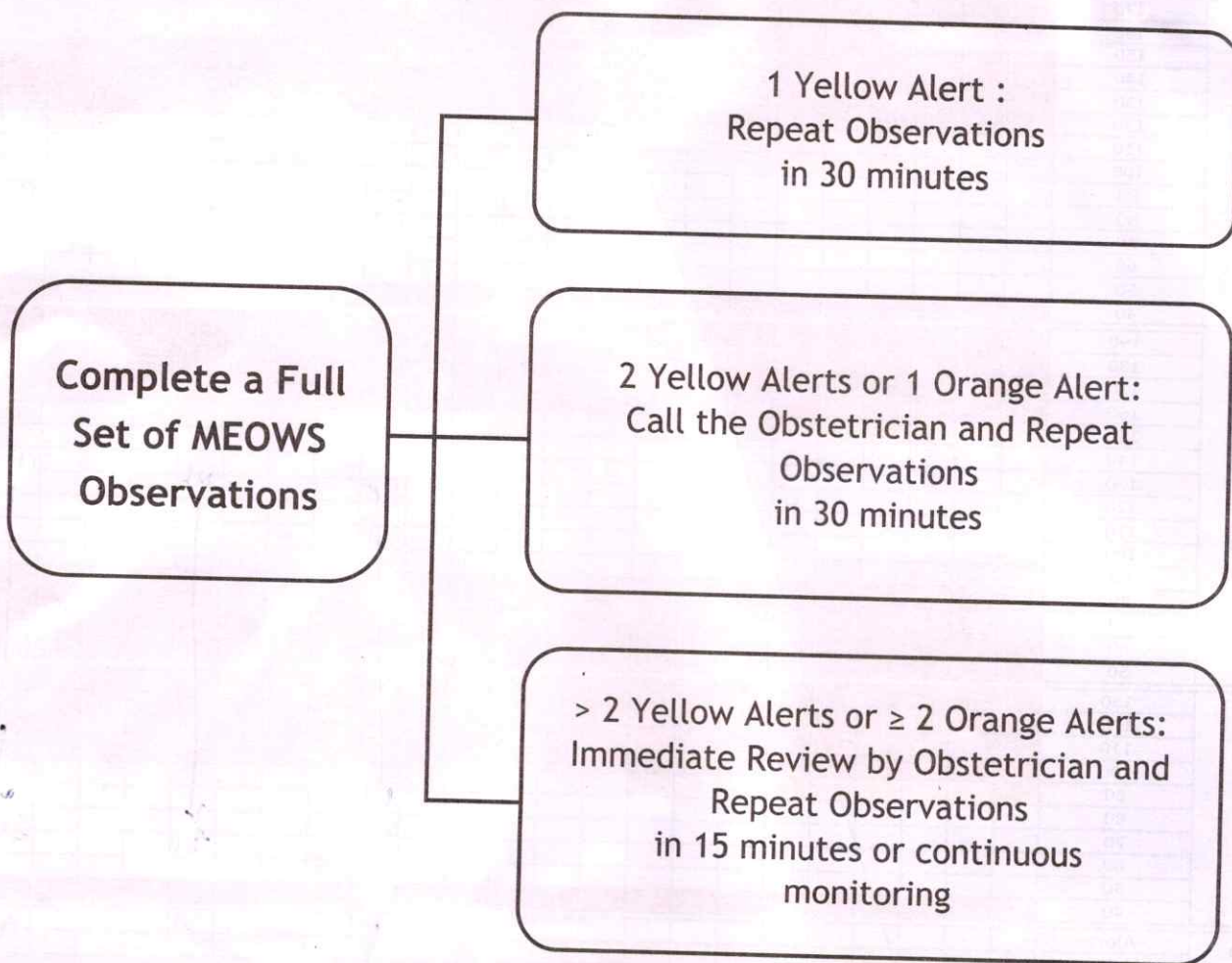
VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :		Dose		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Route	Start Date	Dose		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		Dose		
		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
21/5/26	6:50AM	IV CEFOTAXIME	1gm	IV	[Signature]	[Signatures]
21/5/26	10:10AM	IV SYNTOCINON	10U	IM	[Signature]	[Signatures]
21/5/26	10:30 AM	T MISOprostol	800mcg	re	[Signature]	[Signatures]
21/5/26	10:30 AM	JUSTIN SUPPOSITORY	1SUPP	PR	[Signature]	[Signatures]
21/5/26	10:35 AM	IV TRANEXAMIC ACID	1gm	IV	[Signature]	[Signatures]
21/5/26	10 AM	IV PARACETAMOL	1gm	IV	[Signature]	[Signatures]

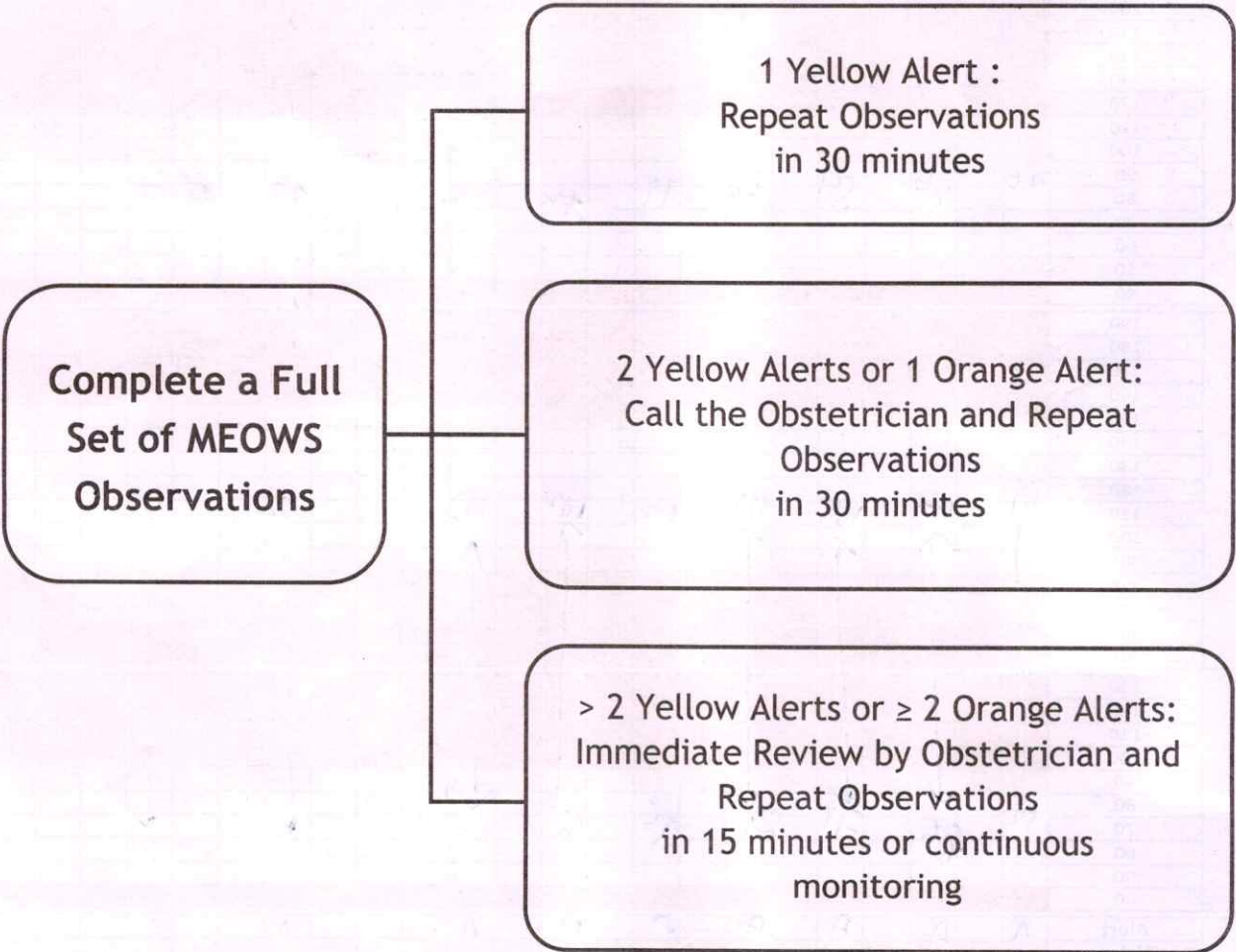
VERIFIED BY : Name Signature

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-00016455 IP25-00020543
 Mrs SREE VIDYADHARI NARAYANA
 20-09-1993 32 Y 9 M 0 D (F)
 Dr. HIMABINDU ANNAMRAJU

20/5/20



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site 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	H ₂ O 100ml	-	-	-	-	-	-	-	✓	0	} Saikha	
	11:00 pm		-	-	-	-	-	-	-		0		
	12:00 am	H ₂ O 100ml	-	-	-	-	-	-	-		0		
	01:00 am	H ₂ O 100ml	-	-	-	-	-	-	-	✓	0		
Total Intake : 300ml						Total Output : 0-2							
	02:00 am	H ₂ O 100ml											
	03:00 am												
	04:00 am	H ₂ O 100ml									✓		
	05:00 am												
	06:00 am	H ₂ O 200ml									✓		
	07:00 am	H ₂ O 100ml											
Total Intake : 500ml						Total Output : 0-2							
Total 24 hrs. Intake		500ml											
Total 24 hrs. Output		0-4											



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
21/5/20	08:00 am	Re	H ₂ O	100ml							0	S. Hail
	09:00 am		100ml	100ml					100ml	0		
	10:00 am		100ml	100ml					100ml	0		
	11:00 am		100ml	100ml					200ml	0		
	12:00 pm		100ml	100ml						0		
	01:00 pm		100ml	100ml						0		
Total Intake :			800ml			Total Output :					0-3, M-0	
	02:00 pm		H ₂ O	100ml							0	S. Hail
	03:00 pm		H ₂ O	100ml						0		
	04:00 pm		H ₂ O	100ml						0		
	05:00 pm		H ₂ O	100ml	NO	NO	NO	NO	NO	0		
	06:00 pm									0		
	07:00 pm		H ₂ O	100ml						0		
Total Intake :			500ml			Total Output :					0-2, M-0	
	08:00 pm		H ₂ O	100ml	NO	NO	NO	NO	NO	0	S. Hail	
	09:00 pm				NO	NO	NO	NO	NO	0		
	10:00 pm				NO	NO	NO	NO	NO	0		
	11:00 pm		H ₂ O	100ml						0		
	12:00 am				NO	NO	NO	NO	NO	0		
	01:00 am		H ₂ O	100ml	NO	NO	NO	NO	NO	0		
Total Intake :			300ml			Total Output :					0-3, M-1	
	02:00 am				NO	NO	NO	NO	NO	0	S. Hail	
	03:00 am				NO	NO	NO	NO	NO	0		
	04:00 am		H ₂ O	100ml						0		
	05:00 am				NO	NO	NO	NO	NO	0		
	06:00 am		H ₂ O	100ml	NO	NO	NO	NO	NO	0		
	07:00 am				NO	NO	NO	NO	NO	0		
Total Intake :			500ml			Total Output :					0-3, M-2	
Total 24 hrs. Intake		1800 ML										
Total 24 hrs. Output		0-10, M-2										

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Labour Record

LABOUR

Labour : Spont IOL-PGE1 E2 Others

Indications for IOL-Accel : None Oxytocin

Memb. Repture Type : SRM PROM ARM *3 cm*

Presentation : Vertex Breech Others

INTRA PARTUM COMPLICATIONS

Maternal : None Pyrexia HTN Others

Liquor : Adequate Oligo Poly Clear

Blood Meconium Cord : *1 loop good and neck*

Shoulder Dystocia : Yes No

DELIVERY DETAILS

Anesthesia : None Epidural *4 cm*

Non-epi : Local Spinal General

Del. Type : SVD Asst. Breech Twins

AVD : Outlet Low Forceps Ventouse

Trail of Forceps

Indications : *fetal distress*

Application, Locking & Traction : *-*

Duration of Instrumentation : *2 min*

No. of Pulls : *2*

Catheterised : Yes No

Type : Foleys Plain

Perineum : Intact Episiotomy Tear

Suture Material Used : *No 2 RAPID VICRYL*

STAGE III

Placenta : Normal Abnormal RP Clots

CCT Retained MRP

PPH : Atonic Traumatic None

Lacerations : *-*

Cervical : *-*

Perineal : *Episiotomy sutured & sutured*

Prophylaxis : Syntocinon Prostin

Blood Loss : *150 ml*

Blood Transfusion : *-*

Other Details (if any) : *-*

Rectal Examination : *Rectal Mucosa intact*

DURATION OF LABOUR

1st Stage : *10 hrs*

2nd Stage : *1 hour*

3rd Stage : *13 min*

Duration of Active Pushing : *1 hour*

No. of VE'S : *8*

BABY DETAILS

Gender : *Female*

Weight : *2.470 kg*

APGAR : *8.9*

Date and Time Delivery : *21/05/2016; 10:06 AM*

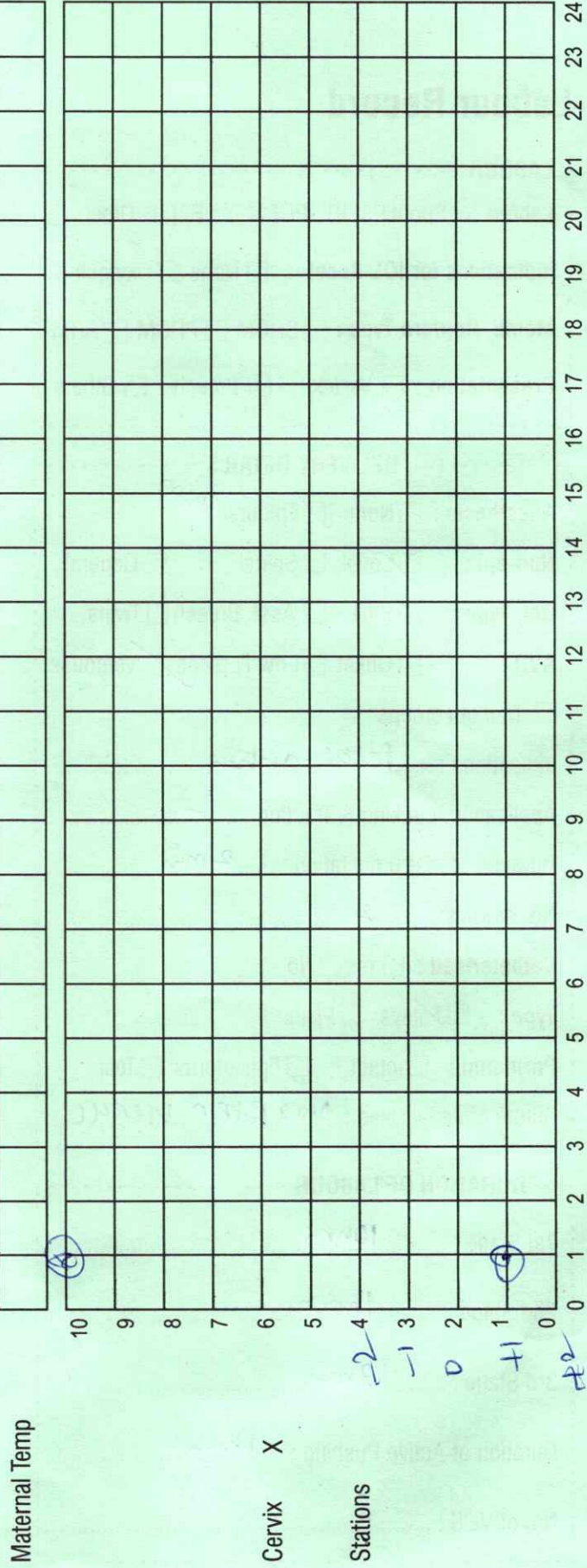
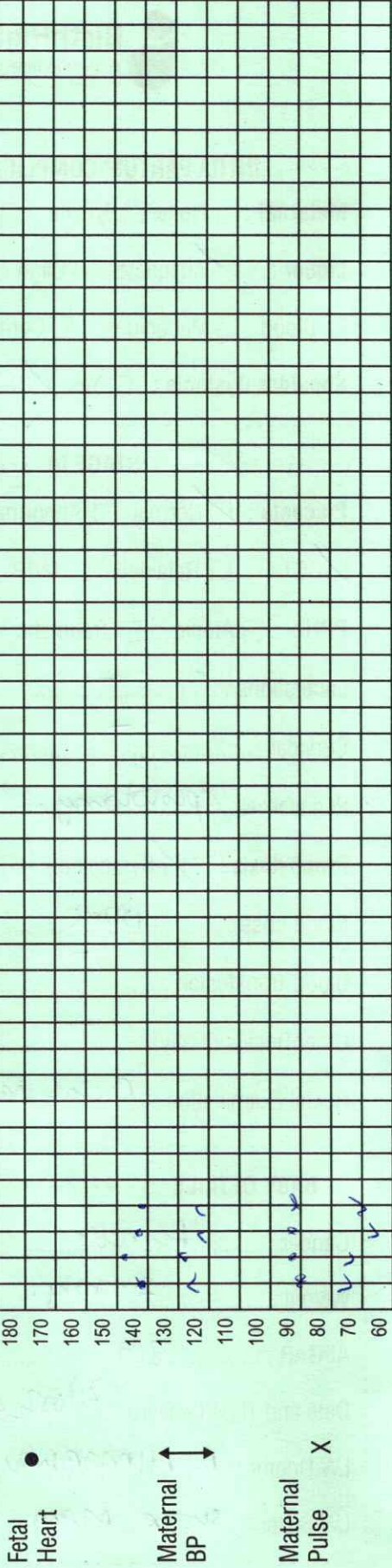
LW Doctor : *Dr HIMABINDU ANNAMRAJU*

LW Sister : *SISTER MANI*

PARTOGRAPH

Name : Mrs. Vidya dhari Obstetric Formula : Primigravida Blood Group Type :

Memb. Returned : SROM PROM ARM Risk Factors :



Time

08:09 AM

Signature

[Handwritten Signature]

Fifths Palpable

Moulding / Caput

Amniotic Fluid

Position
Cephalic / Breath

C

Oxytocin

30

Contractions
in 10 mins

5
4
3
2
1

Drugs and
IV Fluids

RU

Test

Amount

Urinalysis

RECORD OF LABOUR

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Vitals Stable

PIA - ut FT | SD (0/25" | AHR ⊕ 116 bpm

plu - fully dilated (effaced) memb ⊕ (SM/ +1)

Time : 09:09 Signature : *[Signature]*

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Maternal Condition :

Fetal Condition :

Progress of Labour :

Management :

Time : Signature :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Sree Vidyadharani Age: Sex: F UHID.No: FDH-16455

Date: 21/5/26 Time: 8AM Proposed Operation: labour Epidural

Diagnosis:

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

Laboratory Data:

Hgb: <u>11.2</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: <u>NR</u>	2D Echo:
Plate: <u>3,10,000</u>	Na:	Dir. Bill:	Blood group: <u>A+ve</u>	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS:

RESP: K/O Hypothyroid 5 yrs on Rx Diabetes:

CNS: K/O GDM 3rd month

Renal:

Hepatic / GE: Physical Activity: Active

Others:

Past Anaesthetic History: nil

Physical Exam:

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

Lungs: WNL

Heart: WNL

CNS:

Pregnant: Yes No NA Venous Access Site: 18G RUL Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Thyronorm</u>	<u>50mcg</u>
<u>Lantus</u>	<u>0-0-8 units</u>
<u>Novarapid</u>	<u>3-8-4-Units</u>

Pre-Operative Instructions:

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

Signature: Asy Name: P. ASHWINYAN

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

Patient Sticker



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP > PULSE < BLOOD PRESSURE >	250		250	
	240		240	
	230		230	
	220		220	
	210		210	
	200		200	
	190		190	
	180		180	
	170		170	
	160		160	
	150		150	
	140		140	
	130		130	
	120		120	
	110		110	
	100		100	
	90		90	
	80		80	
	70		70	
	60		60	
	50		50	
	40		40	
	30		30	
	20		20	
	10		10	
	0		0	
SPO ₂			0	

IV Cannula Site :

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

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						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:
ACTIVITY						
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
RESPIRATION						
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0						
CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
COLOR						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 21/5/26 Time: 8:05 AM Procedure done by Dr. ASHWARYA

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

Depth: 4.5cm Catheter at Skin: 9.5cm Attempts: 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1% Bupivacaine + 2mcg/ml Fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
8:20 AM		8ml of pre-mixed sol ⁿ			137/57	98		
8:25 AM	8		T8	T8	110/78	82b	136b	

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Dr. SRINIVAS


Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00016455 IP25-00020543 Mrs SREE VIDYADHARI NARAYANA 20-09-1993 32 Y 8 M 1 D (F) Dr. HIMABINDU ANNAMRAJU 		Date & Time of Admission <i>20/5/26 @ 10.05 AM</i>	Date & Time of Transfer Order <i>21/5/26 @ 9 PM</i>
		Transfer Ordered by <i>Dr. Anusha</i>	Reason for Transfer <i>observation</i>
From Unit <i>MICU</i>	To Unit <i>A. Ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>NA</i>		
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 <i>Sr. Gopinath</i>		Name of Person Ordered Transfer <i>Dr. Anusha</i>	
Patient & Clinical Records Received by : <i>wheni</i>			
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

140. 7/11/10

140. 7/11/10

LABORATORY REPORT FORM

<p>1. Patient Name</p> <p>2. Age</p> <p>3. Sex</p> <p>4. Date of Birth</p>	<p>5. Referring Physician</p> <p>6. Referral</p>	<p>7. Date of Test</p> <p>8. Time of Test</p>
<p>9. Test Requested</p> <p>10. Test Results</p>	<p>11. Test Results</p> <p>12. Test Results</p>	<p>13. Test Results</p> <p>14. Test Results</p>
<p>15. Test Results</p> <p>16. Test Results</p>	<p>17. Test Results</p> <p>18. Test Results</p>	<p>19. Test Results</p> <p>20. Test Results</p>

6/20/10

5/11/10

<p>21. Test Results</p> <p>22. Test Results</p>	<p>23. Test Results</p> <p>24. Test Results</p>	<p>25. Test Results</p> <p>26. Test Results</p>
<p>27. Test Results</p> <p>28. Test Results</p>	<p>29. Test Results</p> <p>30. Test Results</p>	<p>31. Test Results</p> <p>32. Test Results</p>
<p>33. Test Results</p> <p>34. Test Results</p>	<p>35. Test Results</p> <p>36. Test Results</p>	<p>37. Test Results</p> <p>38. Test Results</p>
<p>39. Test Results</p> <p>40. Test Results</p>	<p>41. Test Results</p> <p>42. Test Results</p>	<p>43. Test Results</p> <p>44. Test Results</p>
<p>45. Test Results</p>	<p>46. Test Results</p>	<p>47. Test Results</p>

**NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)**

79 288

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.	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 : _____	Remarks		
2.	Complete postal address (with contact number, if any)			
3.	Brief description of the illness			
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the 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

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

ne & ID No.): _____ Signature: _____

NARCOTIC PRESCRIPTION FORM
 (MEDICAL RECORD)

Parent Name	Age	Gender
UHIC No.	Date	Time
Diagnosis		
PRESCRIPTION DETAILS (tick only one of the following)		
S.No.	Drug Name	Dosage
1	Paracetamol 500mg	
2	Aspirin 100mg	
3	Amoxicillin 250mg	
4	Penicillin 250mg	
5	Other	
Doctor Name		Doctor Registration No.
Signature		

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

IP Registration No. Date:

Address No. of the Patient (District)

1	Name	Remarks
2	Complete postal address (with county number, if any)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / recognized medical institution (yes - details of the institution)	
5	Details of essential narcotic drugs dispensed	
Date	Name of the Essential Narcotic Drugs	Quantity
	Impression of the patient / Patient Attender	Signature / Thumb
	Remarks, if any	

Dispensed by (Name & ID No.) Signature

Received by (Name & ID No.) Signature

ANTENATAL RECORD



Antenatal No. 6924/FD/25

Reg. No: FDH-0001685

Consultant: Dr. Himabindan

PERSONAL DETAILS

Name: Mrs. Sree Vidyaiahari Age: 32y/f Date of Birth 20/9/1993 Education: _____

Occupation: _____ Phone No.: _____ Mobile: _____

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

Address: _____

Mobile: _____ E-mail Id: _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
<p><u>Pat top @ 20w</u> <u>DAFM on CHAS Ins.</u></p>	<p>Corrected EDD <u>10/6/26</u></p>

HISTORY

Year of Marriage: _____ Menstrual History: Previous Periods regular cycle

Conanguinity: - NCM Contraception: - sp

LMP _____ EDD _____ Corrected EDD 10/6/26

OBSTETRIC FORMULA
Gravida 2 Para _____ Live _____ Abortions 1

OBSTETRIC HISTORY

SI No.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
<u>1.</u>	<u>2020 May 2017</u>	<u>-</u>	<u>Top @ 20+w (CHAS) → MTP.</u>				

Medical History: _____ Family History: _____

Surgical History: _____ Allergies: _____

INVESTIGATIONS

9/13/26

MATERNAL EVALUATION

Blood group & Rh : Wife **A+ve** Husband **ICT**
 VDRL - **wn** HIV - **wn** HbSAg - **wn** TSH **1.55** GCT **99**
 HCV - **wn** **21/11/26** **187**
179

ROUTINE INVESTIGATIONS

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
17/1/26		9/13/26	17/14/26	TSH -	1.22		
fBS -	91	HB - 10.8	TSH - 1.07	HRB -	11.0		
HRBAC -	5.6	TCC - 13820	13/5/26	TCC -	11690		
SRCY -	0.79	PLT - 259	HRBAC - 6.0	PLT -	3.02		
LFT -	(2)	TSH - 2.43	fBS - 99				
TSH -	2.67	fBS - 99	LFT				
HRB -	10.8	HRBAC - 5.6	T. Bilirubin -	0.52			
TCC -	1270		ALT -	20			
PLT -	2.57		AST -	21			
			ALP -	84			

Tetanus Toxoid : 1st dose 2nd dose **20/3/26**

FETAL EVALUATION

ULTRASONOGRAPHY

1/12/26 First Trimester	SLT C 12 th WKS FHR - 155 CRL - 65.5 OF - 1.26 CYL - 29.1mm									
21/1/26 TIFFA	SLT C 20 th WKS EFW - 308g - 30% AC - 29.1 CYL 35.6mm placenta - posterior; high DAA - Normal									
	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Growth scan	30/3/26	30 th	G3	C	1250	4%	AC - 21.2	20.1	P - B	D - M
	2/5/26	34 th	G3	C	1953	6%	AC - 1.1	19.9	P, H	D - (2)
	16/5/26	36 th	G3	C	2230	4%	AC - 2.1	16.8	P, H	D - (2)
Others										

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

DATE	GA / Weeks	TYPE OF TEST	INDICATION	REPORT
1/12/26	SLT C 12 th WKS	FTS	Down Syndrome screen	negative

20/3/26
 17/1/26
 21/1/26

Name : _____ Corrected EDD : _____ Parity _____

SYSTEMIC EXAMINATION

Height _____ CVS _____
 Weight : _____ Respiratory System : _____
 BMI : _____ Breasts : _____ Thyroid : _____

ANTENATAL VISITS

Date	Wt	BP	GA	S-F Ht	Presenting Part	FHS	Liquor	Edema	Review Date
1/12/25	65.0		12 ⁺ wks			plan.			2/12/25
2/1/25	69.		20 ⁺			plan.			20/2/25
25/2/25	72		25 ⁺			✓			15/3/25
20/3/26	75.4	$\frac{119}{71}$	28 ⁺ wks			plan.			27/3/26
27/3/26	75.6	$\frac{116}{60}$	29 ⁺ wks			✓			3/4/26
3/4/26	74.8	$\frac{129}{68}$	30 ⁺ 2d			plan.			15/4/26
18/4/26	75.1	$\frac{106}{68}$	31⁺ 32 ⁺ wks						
02/5/26	75.5	$\frac{107}{68}$	34 ⁺						
16/5	75.8	$\frac{117}{80}$	36 ⁺			plan.			20/5/26
20/5/26	75.8	$\frac{98}{70}$	37 weeks			✓			21/5/26

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 : _____
