

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174559 Admit Date : 31-May-2026 Admit Time : 07:54 AM UHID : BAH-00657428

Patient Details :

Patient Name : Mrs VENGALAPATHI KANAKA LAKSHMI	Age : 37 Y 0 M 21 D
Guardian : Mr D SUJITH KUMAR	DOB : 10-05-1989
Gender : Female	Religion :
Occupation :	Marital Status : Married
Address (H) : H NO - 8-3-988/39 , Sbh Colony, Srinagar Colony Hyderabad Telangana INDIA 500073	Phone No : 9052237997 / 8143905908
	E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 415 Ward Name : 4F-BIRTHING CENTRE
 Room No : SW 415 Admission Type : First Visit

Contact Details :

Name : Mr D SUJITH KUMAR Relationship : Husband
 Contact Address : H NO - 8-3-988/39 , Sbh Colony, Srinagar Colony Hyderabad Telangana INDIA 500073 Phone No : 9052237997 / 8143905908


 Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU VEERLA Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : TATA AIG General Insurance Co Ltd

1

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00657428 IP5-00174559 _____

Mrs VENGALAPATHI KANAKA
10-05-1989 37 Y 0 M 21 D (F)
Dr. HIMABINDU VEERLA

UHID No. : _____ Consultant: _____ Dept : _____



Date of Admi: _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/26	9:15 Am	OBS	ORb OT	Anjali
31/5/26	10:50 Am	ORb OT	OBS	Anjali
31/5	5:50 pm	OBS	Room (317)	_____

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/5/26	IV Cannulation	01	9636060	Anjali
31/5/26	Catheterization	01		Anjali
31/5/26	PAC	01	9636061	Anjali

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For LSCS + Bilateral tubectomy
 G2P1L1

Obstetric Formula:

Obstetric History:

1st p. 2019 - PT LSCS, Female, 4.1kg
 (DND - CPD) (Rayawaram)

Present Pregnancy Record:

2nd p. P.P. Spontaneous conception.

RISK FACTORS:

Booked elsewhere
 (Amvir hospital)

✓ Hypothyroid

✓ PE on labetalol 50mg
 OD. (28/5/2026)

Height: 150 cm

Weight: 83.70 kg

Allergies:

NEDA

Breast: Normal Abnormal

General Examination:

Consciousness: Conscious

Pallor: Absent

Icterus: Absent

Edema: Absent

Temp: Afebrile

PR: 86 bpm

BP: 102/64/86

DTR: NAD

CVS: NAD

RS: NAD

Liver/Spleen: Not palpable

Urine Output: Adequate, clear

LMP: 5/09/2025

EDD: 12/06/2026

Corrected EDD: 24/6/2026

GA: 38⁺2

Menstrual History: Regular: Yes No

38⁺4
 38⁺2
 CA per last
 USG

Obstetric Examination

Fundal Height: Term size

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable:

FHS: Normal Tachy Brady Absent

NSI - Reactive

Per Speculum Examination

→ Not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

→ Not indicated

Cervix: Long Partially effaced Effaced

Os: Closed Dilated

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

SpO₂ - 99% on RA

DIAGNOSIS

G2P1L1 38⁺4 / 38⁺2 previous ① LSCS / Hypothyroid / Pre-eclampsia /
 Elective LSCS + Bilateral tubectomy

Doctor Name: Dr. Deepika
 Signature: [Signature]
 Date & Time: 21/5/2019 7:50 AM

Consultant Name: Dr. Himabindu V
 Signature: [Signature]
 Date & Time: 21/5/2019 7:50 AM

Family History:	Matru - DM + HTN
Medical History:	Hypertension 15 years
Plan of Care:	<ul style="list-style-type: none"> ✓ Admission ✓ Admission NST ✓ Prepare ports ✓ Informed & written consent ✓ PR & follow orders ✓ Check blood availability ✓ Pre-medication as charted ✓ Shift to OT on call ✓ Follows catheterisation

Surgical History:	USG - 2019
Medication History:	<ul style="list-style-type: none"> 7. Abetalonyg 1. Brown 1. Calcium 1. Thyronorm 15mg
Investigations:	<p>21/5/2019</p> <p>APTT 26, PT 17 WBC 18, Hb 1.3 Creatinine 0.7 Uric Acid 6.3 Electrolytes → Sodium 139/e⁻ 4.3 Cl 107 UPT - 89PT - 45 SPT - 20 Wb - 11.6/WBC - 8100 P/E - 1.6 W/E - Protein - Trace</p> <p>AP - 18.8cm Placenta - AMT V.S Doppler - AMT</p> <p>21/5: 8+3, uphric 2.5g HTS - low plate WRS - WAD TSH - 0.122 HbA1c NR Hb NR WBC NR</p>



BAH-00657428 IP5-00174559
 M/s VENGALAPATHI KANAKA
 10-06-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 7:30 PM	<p>MOD-1 / PC</p> <p>Pt is stable</p> <p>No Incontinent signs</p> <p>o/a - ac - fair</p> <p>BP - 120/68 (75)</p> <p>HR - 84 bpm</p> <p>SpO₂ - 100% on RA</p> <p>PA - vt well</p> <p>Soft, BS (+)</p> <p>all over.</p>	<p>Adv:</p> <ol style="list-style-type: none"> ① Soft diet ② Antibiotic & hydrate ③ Drugs as charted ④ w/ bleedng pt ⑤ Remove IV cannula.
2/6/26 8:45 AM	<p>MOD 2 / PC</p> <p>Pt is stable.</p> <p>No incontinent signs</p> <p>- o/a - ac - fair</p> <p>BP - 124/80 mmHg (75)</p> <p>HR - 80 bpm</p> <p>SpO₂ - 98% on RA</p> <p>PA - vt well (+)</p> <p>o/a 'techie' (+) healthy</p>	<p>Adv:</p> <ol style="list-style-type: none"> ① Soft diet ② Antibiotic & hydrate ③ Drugs as charted. ④ w/ bleedng pt ⑤ Monitor vitals 6 hr ⑥ Discharge today <p>Subtle</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 10 AM	S/B. Dr. Hima Bindu pt - comfortable ambulatory passed urine & flatus	① No diet - c plenty of oral fluids
	PA - uterus involuting PV - lochia healthy	 (Dr. Hima Bindu) NB seems
	DR. HIMABINDU VEERLA Registration No: 37245	
2/6/26 2:45 PM	A comfortable	 Normal diet, plenty of oral fluids - drugs as per charted - vitals 6mly ambulate - (from 20)
W T Sp	DE AC - fair vitals - stable PA ut @ well Vb - lochia healthy	
Baby well.		 to Amure

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y O M 21 D (F)
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11 AM	PODO Elective CS + B/c subectomy / PE / Hypothyroid Pt conscious & oriented	Adv NBM for 4 hrs IV fluids - RL/NS @ 100ml/hr drugs as per charted
Baby - ms U/O - 300ml (emptied)	O/E GC-fair, afebrile PR - 7/6 gm BP 122/82 mmHg (MAP-96) SpO2 - 95% on RA P/A - uterus retracted well U/E - Bleeding nil.	- vitals ^{every 15 min} hourly - W/F active Bleeding PV - I/O charting - Inform BS
Noted by Sushy 019580		
31/5/26 3pm U/O - 500ml (clear) Baby - ms - Shift to room - Remove Foley's @ 8am on 1/6/26	Pt uncomfortable Eclampsia O/E - GC-fair, afebrile PR - 82 gm BP - 128/72 mmHg (MAP-98) SpO2 - 98% on RA P/A - uterus retracted well BS ⊕ U/E - Bleeding nil	Adv - Allow sips of water if tolerating liquids - Soft stool from 6pm - vitals ^{hourly} - I/O charting - drugs as per charted - PF s/s imminent eclampsia - w/s on urine Bleeding PV - Inform BS

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 6:20pm	At comfortable No s/s imminent Eclampsia	Adv - bring as per charted - soft diet, plenty of oral fluids
N/A - adequate Baby nr.	V/O AC-fair vitals stable P/A uterine retracted well	- dext vitals q 4hrly - w/f active Bleeding PR
N/A - adequate	V/O - Bleeding nm	- w/f s/s imminent Eclampsia
- Remme	folys @ 8AM on 31/5/26	- P/O charting - Infants
		<i>Dr. Seema</i>
		<i>NB Seema</i>

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8:30 AM	POD 1 / FL. Lsus + BTL / PE / Hypothyroid. c/o: mild pain in abdomen o/f GI pain Bp - 117/67 mmHg PR - 80 bpm SpO2 - 98% RA PA - uterus retracting well. L/E - Lochia Dressing - Intact on inj. cefotaxim inj. clonidine T. Lubetelol 5mg BOD	Adv 1) Soft diet 2) Hydration 3) Ambulation 4) Vitals 6th hourly 5) w/o signs of eclampsia 6) Drugs as charted 7) Encourage voiding 8) Inform sus 9) w/o active bleeding
		DR. Himabindu Veerla M.D.
1/6/2026 10: AM	S/B. DR. HIMA BINDU Pt - c/o pain passed planes PA - Soft BSLT uterus involuting PE - lochia healthy	1) Soft diet plenty of oral fluids DR. HIMABINDU VEERLA Registration No: 37245 N.B. Soubharmi

BAH-00657428 IPS-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/20 3 PM	C/O/W - Dr. Nishantha	
	POD-1 EL-UMS RTN PE / hypotensd	
	G.C: / giv	1) Soft / R diet
	B.P: 110/65	2) Plenty of oral fluid
	P-R: 70	3) Drug as charted
	SpO ₂ : 100% on RA	4) w/ + PW Bleeding
	PLA: Utas rehab used	5) Ambulation
	Salt	6) Stufen 800
	BS (+)	
	Pho: N AB	- Dr. Sanku
		Q
	Discharge admo:-	
	1) T. AMLO 2.5mg (80)	
	4 Monitor B.P - twice daily x 2 wks	
	2) R/W with physian after 5 days if	
	BP > 140/90 mmHg.	
		MS Seema

DR. HIMABINDU VEERLA
 Registration No. 2152

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T-IRON	1 tab	PO	OD	30/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-CALCIUM	1 tab	PO	OD	30/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-LABETALOL	50mg	PO	OD	30/5	<input type="checkbox"/> C <input type="checkbox"/> DC
4	T-THYRONORM	150mcg	PO	OD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Deepika

Date & Time: 31/5/2026, 7:50 AM

Nurse Name & Signature: Anjali

Date & Time: 31/5/2026 8 AM

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y O M 21 D (F)
 Dr. HIMABINDU VEERLA



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward B/C

DRUG: <u>4 TAB. PARITOPRAZOLE</u>				Date Time	<u>3/15</u>	<u>1/6</u>	<u>2/6</u>													
Dose	Route	Frequency	Start Dt.																	
<u>4mg</u>	<u>PO</u>	<u>OD</u>	<u>3/15</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameer</u>				<u>6am max</u> <u>12am max</u> <u>12am max</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>am</u>																
DRUG: <u>Hy. CLEXANE</u>				Date Time	<u>3/15</u>	<u>1/6</u>														
Dose	Route	Frequency	Start Dt.																	
<u>4mg</u>	<u>s/c</u>	<u>OD</u>	<u>3/15</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameer</u>				<u>8pm</u> <u>12am max</u> <u>12am max</u>																
Additional Instructions: <u>@ 8pm after checking acidity</u>																				
Daily Doctor's Endorsement by a Sign				<u>am</u>																
DRUG: <u>Tab. LABETALOL</u>				Date Time	<u>1/6</u>															
Dose	Route	Frequency	Start Dt.																	
<u>50mg</u>	<u>PO</u>	<u>OD</u>	<u>3/15</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameer</u>				<u>10am</u> <u>STOP</u> <u>1/6/16</u> <u>Dr. Sameer</u> <u>1/6/16</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG: <u>T. Sporida AF</u>				Date Time	<u>1/6</u>	<u>2/6</u>														
Dose	Route	Frequency	Start Dt.																	
<u>750mg</u>	<u>PO</u>	<u>BD</u>	<u>1/6/16</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameer</u>				<u>10am</u> <u>12am max</u> <u>12am max</u>																
Additional Instructions:				<u>10am max</u> <u>12am max</u>																
Daily Doctor's Endorsement by a Sign				<u>am</u>																

VERIFIED

Signature
VERIFIED

VERIFIED BY

VERIFIED

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : T. DICLOFENAS				Date Time																	
Dose	Route	Frequency	Start Dt.	16/2/16																	
50mg	PO	TID	16/2/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED

VERIFIED BY : Name Signature



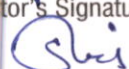
DRUG CHART

Date of Admission: 21/5/2026 Drug Allergies: NYDA 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 : T. LABETALOL				Date Time																	
Dose	Route	Frequency	Start Date																		
50mg	P/O	o.d	1/6/26																		
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. Ward. *302*

DRUG : <i>INS (CEFOTAXIM)</i>				Date Time	<i>3/15</i>	<i>1/6</i>														
Dose	Route	Frequency	Start Date																	
<i>1gram</i>	<i>IV</i>	<i>BD</i>	<i>3/15/26</i>		<i>9am</i>	<i>11/6</i>														
Name & Signature of the Doctor Starting the Drugs:																				
<i>Dr. CR Rupika</i>																				
Additional Instructions:																				
<i>for 24hrs.</i>																				
Daily Doctor's Endorsement by a Sign																				

STOP
after monitoring
Dose (9 AM)
Dr. Sravani 1/6/2026

DRUG : <i>TAB. THYRONORM</i>				Date Time	<i>1/6</i>	<i>2/6</i>														
Dose	Route	Frequency	Start Date																	
<i>150mg</i>	<i>PO</i>	<i>BD</i>	<i>1/6/26</i>																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>Dr. CR Rupika</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <i>T. PARACETAMOL</i>				Date Time	<i>3/15</i>	<i>1/6</i>	<i>2/6</i>													
Dose	Route	Frequency	Start Date																	
<i>1gm</i>	<i>oral</i>	<i>6th hrly</i>	<i>3/15/26</i>		<i>6am</i>	<i>12pm</i>	<i>6pm</i>	<i>9am</i>	<i>12pm</i>	<i>6pm</i>	<i>9am</i>	<i>12pm</i>	<i>6pm</i>	<i>9am</i>	<i>12pm</i>	<i>6pm</i>	<i>9am</i>	<i>12pm</i>	<i>6pm</i>	<i>9am</i>
Name & Signature of the Doctor Starting the Drugs:																				
<i>Dr. Akhila @kmf</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <i>T. TRAMADOL</i>				Date Time	<i>1/6</i>	<i>2/6</i>														
Dose	Route	Frequency	Start Date																	
<i>100mg</i>	<i>oral</i>	<i>8th hrly</i>	<i>3/15/26</i>		<i>9am</i>	<i>12pm</i>	<i>3pm</i>	<i>6pm</i>	<i>9pm</i>	<i>12am</i>	<i>3am</i>	<i>6am</i>	<i>9am</i>	<i>12pm</i>	<i>3pm</i>	<i>6pm</i>	<i>9pm</i>	<i>12am</i>	<i>3am</i>	<i>6am</i>
Name & Signature of the Doctor Starting the Drugs:																				
<i>Dr. Akhila @kmf</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

VERIFIED

VERIFIED



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/5/26	8:15 AM	INT. CEPOTAXIM	1 gram	IV	<i>hp</i>	Tunna Anjali
31/5/26	8:20 AM	INT. PANTOPRAZOLE	40mg	IV	<i>hp</i>	Tunna Anjali
31/5/26	8:25 AM	INT. PERINDOM	10mg	IM	<i>hp</i>	Tunna Anjali
31/5/26	9:20 AM	Enj. ONDANSETRON	4mg	W	<i>@kmj</i>	Anjali Caxmi
31/5/26	9:25 AM	Enj. TRANEXAMIC ACID	1gm	W	<i>@kmj</i>	Anjali Caxmi
31/5/26	10:30 AM	Sup. DICLOFENAC	100mg	PR	<i>@kmj</i>	Anjali Caxmi
31/5/26	10:30 AM	Sup. TRAMADOL	100mg	PR	<i>@kmj</i>	Anjali Caxmi
31/5/26	9:55 AM	Enj. CARBOPROST	250mcg	IM	<i>@kmj</i>	Anjali Caxmi
31/5/26	12:30 pm	Enj. PARACETAMOL	1gm	IV	<i>hp</i>	Anjali Caxmi Sudha

VERIFIED BY: Name Signature

I.V. FLUIDS CHART

Weight Ward. *BC*



Signature
 VERIFIED BY : Name

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
31/5/26	8 AM RINGER LACTATE 500ml	IV	125ml/hr	<i>ky</i>	<i>Tunna Anjali</i>	31/5	<i>@kmj</i>	<i>Anjali Laxmi</i>
31/5/26	9:20 AM RINGER LACTATE	W	100ml/hr	<i>@kmj</i>	<i>Anjali Laxmi</i>	31/5	<i>@kmj</i>	<i>Anjali Laxmi</i>
31/5/26	10:00 AM RINGER LACTATE	IV	100ml/hr	<i>@kmj</i>	<i>Anjali Laxmi</i>	31/5	<i>@kmj</i>	<i>Anjali Laxmi</i>
31/5/26	10:30 AM RINGER LACTATE +20IU OXYTOCIN	IV	100ml/hr	<i>@kmj</i>	<i>Anjali Laxmi</i>	31/5	<i>⊕</i>	<i>Sudhy Sudhy</i>
31/5/26	11 PM RINGER LACTATE	W	100/hr	<i>⊕</i>	<i>Sudhy Sudhy</i>	31/5	<i>⊕</i>	<i>Sudhy Sudhy</i>
31/5/26	11 PM RINGER LACTATE	W	100/hr		<i>Sudhy Sudhy</i>	31/5	<i>⊕</i>	<i>Sudhy Sudhy</i>

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<i>Blood group Blue</i>						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

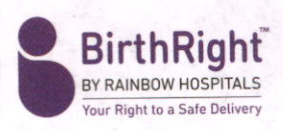
 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00657428 IP5-00174559
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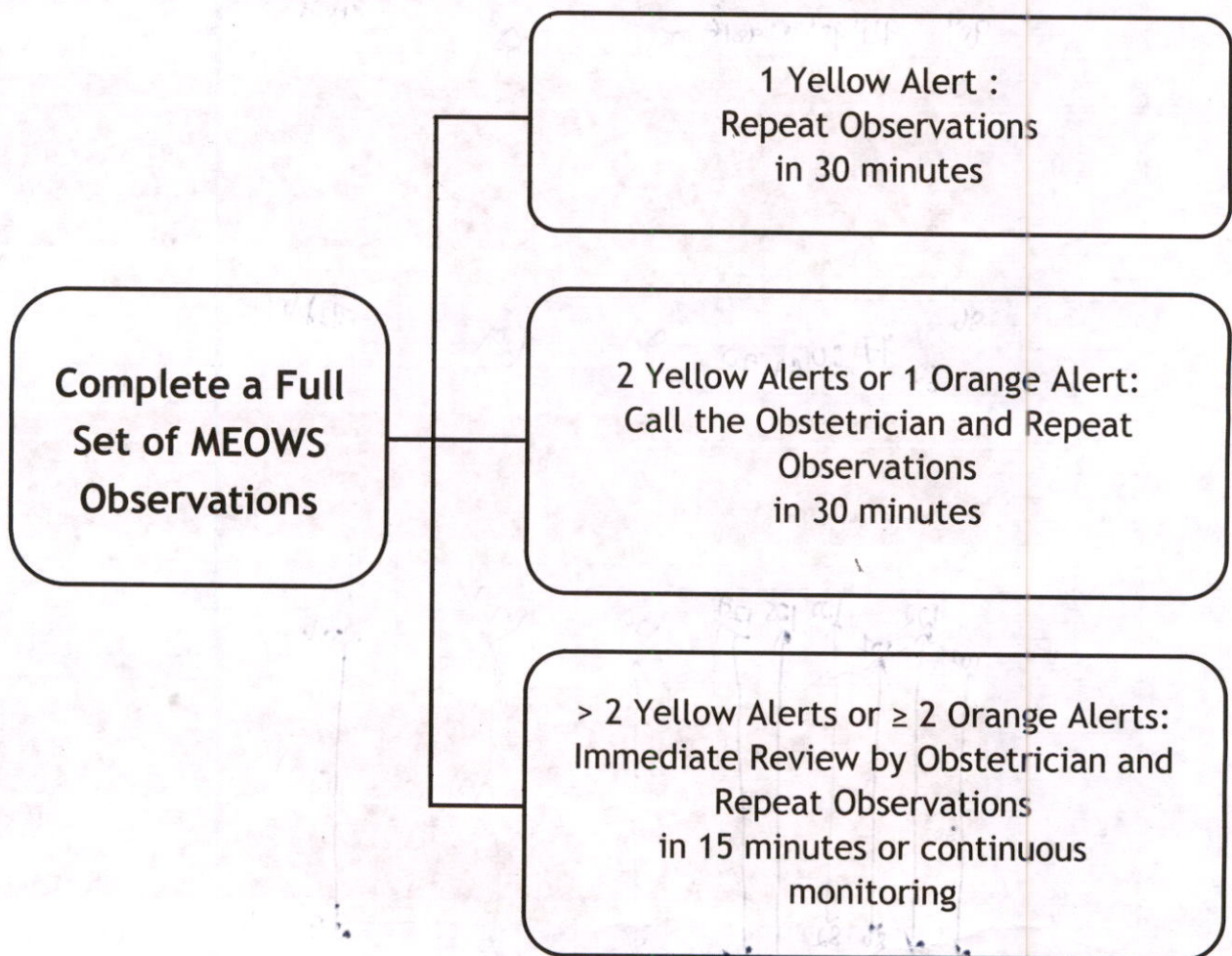


Early Warning Observation Score Chart - Obstetrics

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

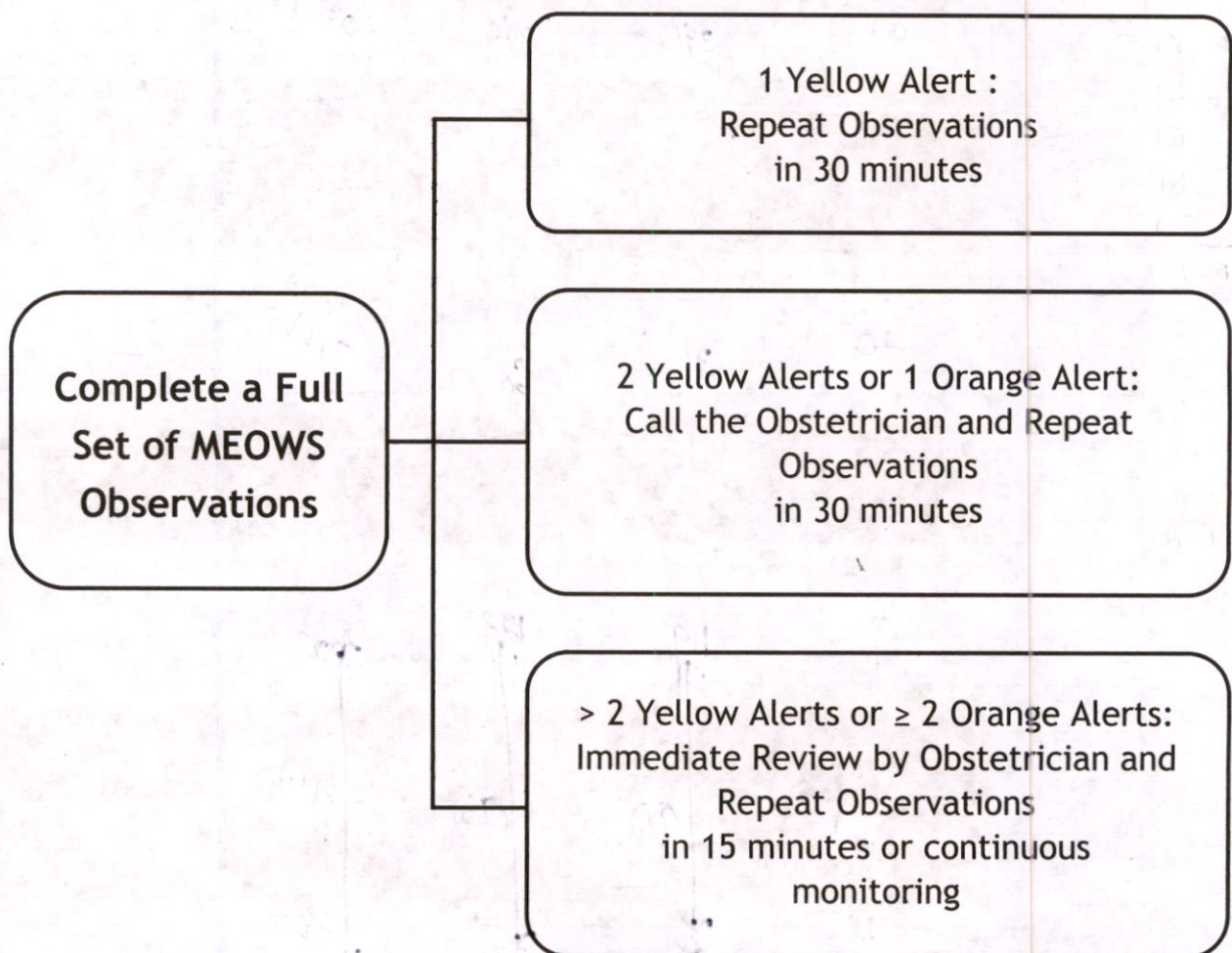
		Date <u>8/5/22</u>		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	20		20	20	20	20	19		19						19									19		
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0		
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	86																									
	90		62	77	60	64	70																				
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
		Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
		Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Unresponsive																											
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	Heavy / Foul																										
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	Green																										
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Nurse Initial		[Handwritten signatures]																									

Obstetrics and Gynaecology Early Warning Signs



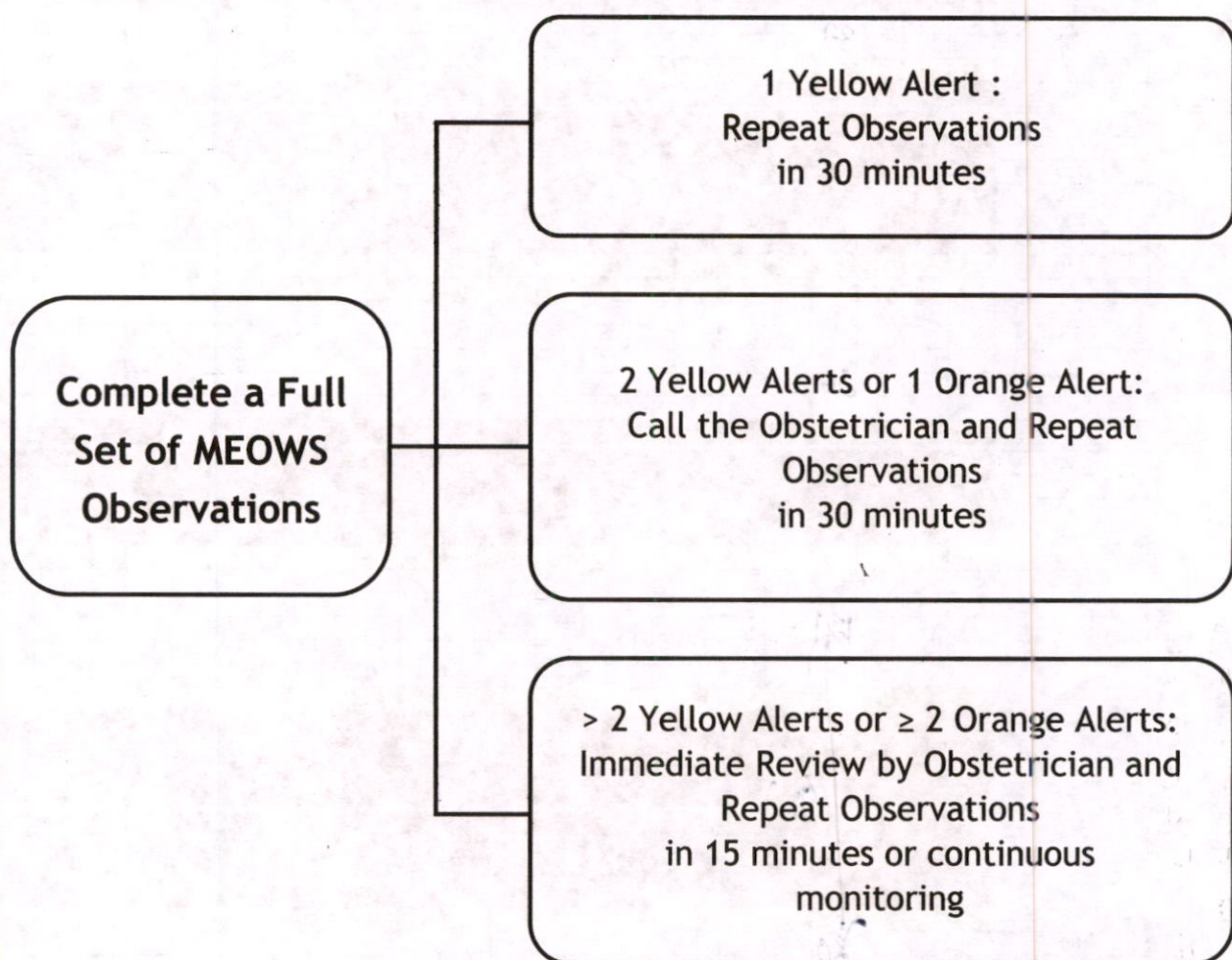
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



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			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	RL		500ml							0	Anjali
	09:00 am	RL	M	500ml							0	Anjali
	10:00 am	RL		500ml							0	Anjali
	11:00 am	RL	B	100ml					300ml		0	Anjali
	12:00 pm	RL		100ml							0	Anjali
	01:00 pm	RL	M	100ml							0	Anjali
Total Intake :			3150ml			Total Output :			passed			
	02:00 pm	RL		100ml							0	Anjali
	03:00 pm	RL	thro	100ml							0	Anjali
	04:00 pm		thro	100ml							0	Anjali
	05:00 pm			100ml					600ml		0	Anjali
	06:00 pm			100ml							0	Anjali
	07:00 pm			100ml					200ml		0	Anjali
Total Intake :			600ml			Total Output :			passed			
	08:00 pm	RL		100ml							0	Anjali
	09:00 pm	RL	food	100ml					200ml		0	Anjali
	10:00 pm	RL	thro	100ml							0	Anjali
	11:00 pm			-							0	Anjali
	12:00 am			-							0	Anjali
	01:00 am			100ml							0	Anjali
Total Intake :			400ml			Total Output :			m-o v-passed			
	02:00 am			100ml							0	Anjali
	03:00 am		thro	100ml							0	Anjali
	04:00 am			100ml							0	Anjali
	05:00 am			100ml							0	Anjali
	06:00 am		thro	100ml					1100ml		0	Anjali
	07:00 am			100ml							0	Anjali
Total Intake :			600ml			Total Output :			m-o v-passed			
Total 24 hrs. Intake		31400ml										
Total 24 hrs. Output		m-o v-1,300ml										

BAH-00657426
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA

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.
- 24 hrs. total to be entered in the kardex in RED.

01/16/28

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am										0	}
	09:00 am										0	
	10:00 am	NO LVP	H2O			NP					0	
	11:00 am		H2O						✓		0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :					Total Output : m-0 u-1							
	02:00 pm										0	}
	03:00 pm		H2O								0	
	04:00 pm					NP			✓		0	
	05:00 pm		H2O								0	
	06:00 pm								✓		0	
	07:00 pm		H2O								0	
Total Intake :					Total Output : m-0 u-2							
	08:00 pm										0	}
	09:00 pm		Food			✓			✓		0	
	10:00 pm										0	
	11:00 pm		H2O						✓		0	
	12:00 am										0	
	01:00 am										0	
Total Intake :					Total Output : m-1 u-0							
	02:00 am										0	}
	03:00 am		H2O								0	
	04:00 am					NP			✓		0	
	05:00 am										0	
	06:00 am		H2O						✓		0	
	07:00 am										0	
Total Intake :					Total Output : m-0 u-2							

Total 24 hrs. Intake

Total 24 hrs. Output m-1 u-7

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 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6/20	08:00 am											} 20mg	
	09:00 am	bo											
	10:00 am												
	11:00 am	bo											
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output : m-0-0-2							
	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							

BAH-00657428 IP5-00174559
 Mrs VENGALAPATHI KANAKA
 10-05-1989 37 Y 0 M 21 D (F)
 Dr. HIMABINDU VEERLA



FLUID CHART

Sheet No. :

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

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



**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**

Name: V. Kanakalaxmi Age: 36y Sex: F UHID.No: _____

Date: 31/5/26 Time: 8:20 AM Proposed Operation: Elective Caesarean

Diagnosis: G2P1L1 MVA LSCS

B.P / CRT: 102/64 H.R: 86 Weight: 83 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.6</u>	Glucose: _____	Protein: _____	HIV: _____	X-Ray: _____
PCV: _____	Urea: _____	Alb: _____	HBS Ag: <u>N.R.</u>	ECG: _____
WBC: <u>8100</u>	Creat: <u>0.2</u>	Total Bill: _____	HCV: <u>N.R.</u>	2D Echo: _____
Plate: <u>160</u>	Na: <u>139</u>	Dir. Bill: _____	Blood group: <u>B+ve</u>	Stress/Anglo: _____
PT: <u>26</u>	K: <u>4.3</u>	LDH: _____	T3 _____	Other: _____
PTT: <u>13</u>	Ca++: _____	Alk phos: _____	T4 _____	
INR: <u>1.3</u>	Mg++: _____	Amylase: _____	TSH _____	
	Cl-: <u>102</u>	SGOT/SGPT: _____		

Allergies: Nil

Medical History: CVS: TBP readings - on i-labeled 50mg OD

RESP: _____ Diabetes: nil

CNS: nil

Renal: _____

Hepatic / GE: _____ Physical Activity: active

Others: Hypothyroidism

Past Anaesthetic History: LSCS & SA

Physical Exam:

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

Lungs: BAE ⊕ hr

Heart: sin ⊕

CNS: edc

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

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA accessible well felt

Per-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>I-LABETOLOL</u>	<u>50mg OD</u>
<u>T-THYRONORM</u>	<u>150mcg</u>

- 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: _____

Signature: [Signature] Name: Dr. Anshu K.

ANAESTHESIA CHART



Induction Assessment: 9:15 AM

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 96/min B.P/CRT: 136/89 SpO₂: 100 R.R: 14 Last Feed: 7 hrs

Pre-OP Diagnosis: Gravidity 0 prev. CS Operation: Elective Caesarean Date: 31/5/26

Surgeon: Dr. Himabindu Anaesthesiologist: Dr. Akhila-K Technician: Gouthami

TIME	9:15	9:45	10:15	10:45
N ₂ O / AIR / O ₂ LPM				
HALO / SO / SEVO				
Drugs:				
<u>Inj. MEDAZOLAM 1mg</u>				
<u>Inj. OXYTOCIN 3IU + 3IU + 3IU</u>				
<u>Inj. DANDANSETRON 4mg</u>				
<u>Inj. TRANEXAMIC ACID 1gm</u>				
<u>2ml CARBOPROT 20mg</u>				
FiO ₂ (SaO ₂)	100	100	99	97
ETCO ₂				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids				
B.P				
V Systolic				
A Diastolic				
X Mean				
• Heart Rate				
Tourniquet on Time				
Tourniquet off Time				
Throat Pack In				
Throat Pack Out				

Antibiotic
 Suppository
500mg DICLOFENAC
500mg TRAMADOL
 Blood Loss
100ml
 NOTES
nil

LAB Values
 ABG
 GRBS
 Others

Equipment Checked and Functional
 BP
 Cuff Site: R VL
 Art Site:
 EKG Lead
 Temp Site
 FIO₂ Monitor
 Agent Monitor
 Pulse Oximeter
 Capnograph
 Ventilator
 Nerve Stimulator
 Position: Supine
 Pressure Points Checked
 Eye Care:
 Oint
 Tape
 Padding
 Awake

Temp:
 HME Fluid Warmer
 Cling Film OH Warmer
 Hugger's Cotton Wool
 Other
 Times:
 Anaes Start: 9:15 AM
 OP Start: 9:30 AM
 OP End: 10:45 AM
 Leave OR:
 Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional
 Line (Size & Location)
 CVP:
 ART:
 IV: DL189
 IV:
 IV:

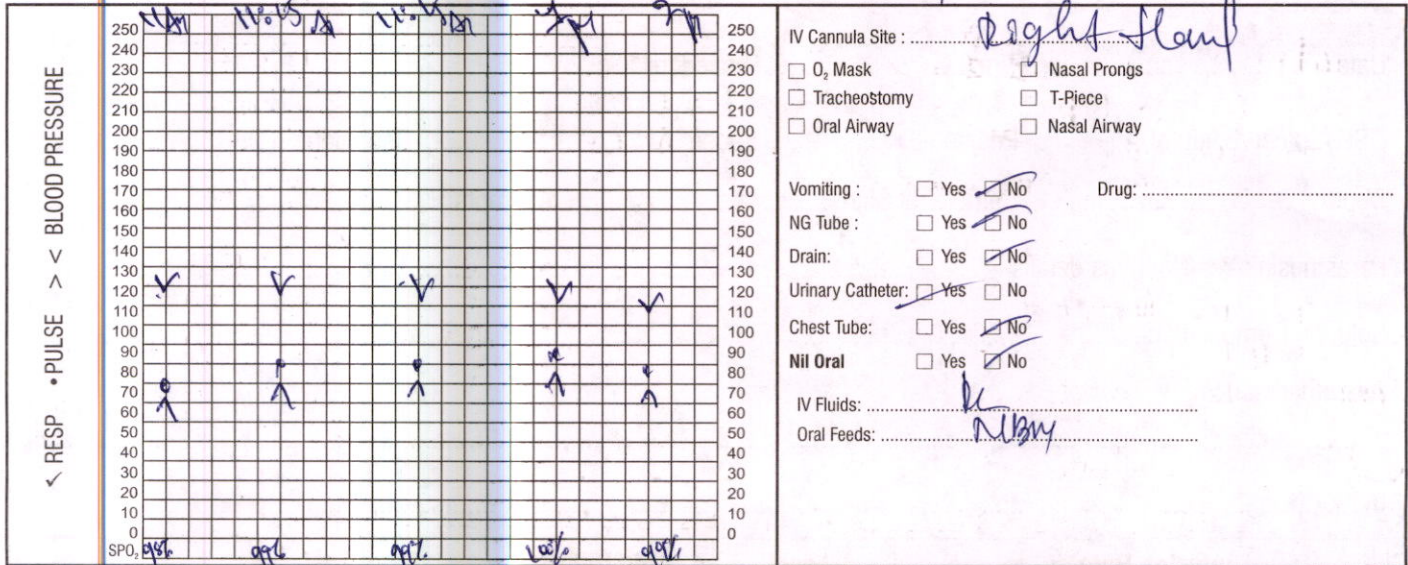
Induction
 IV Inhal
 Pre O₂ RSI
 Others
 Mask SGA
 Airway Oral Nasal
 ETT# at cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug:
 Awake Direct Vision
 Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# Attempts:
 Difficulty Why?
 Bilat = BS
 Semi-Closed Circle
 Closed Circle
 Other

Regional:
 Spinal Epidural Caudal
 Others:
 Position: Sitting 2 attempts
 Site: L3/4
 Needle Size: 18g Whit Depth: 6cm
 Parasthesia Yes No
 Catheter at skin cm
 Drug Name & Conc: 10mg of 0.5% Bupivacaine
chase + 25mcg Fentanyl
 Bolus:
 Infusion:
 Block Level:
 Comments: Adequate
 Transportation to
 PACU ICU Other
 Relaxant Reversed Yes No NA
 Name of the Doctor: Dr. Akhila-K
 Signature of the Doctor: [Signature]



FUSI-ANALGESIA CARE UNIT RECORD

Received in PACU by : OT Time Received : 11 AM Time Discharged : 5:30 PM



IV Cannula Site : Right Hand

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

Vomiting : Yes No Drug : _____
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral Yes No
 IV Fluids : R
 Oral Feeds : N

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
31/5	11 AM	0	NA	Sandhya
31/5	12:30 PM	1/10	By Paracetamol 1gm given	Sandhya
31/5/26	2 PM	0/10	No pain	Sandhya

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name : Dr. Archita K
 Anaesthesiologist Signature: [Signature]
 Date & Time: 31/5/26 @ 5:30 PM
 PACU Nurse Name : Sandhya
 PACU Nurse Signature: [Signature]
 Date & Time: 31/5/26 @ 11 AM

Transferred to Unit by (PACU): OPS
 Date & Time: 31/5/26 @ 11 AM

Patient Sticker

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : V. Kamaka Lakshmi Gender: Male Female Age : 37 yrs
 UHID No : BAH - 02657428 Date : 31/5/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Medicine lower segment caesarean section

upon

V. Kamaka Lakshmi

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof

Infection, Bleeding, Need for Blood transfusion
Injury to Bowel / Bladder & its Repair

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Hima Bindu V. Hindu

Consentee :
 Signature : [Signature]
 Name : V. Kamaka Lakshmi
 Date & Time : 31/5/26 8AM

Patient Attendant :
 Signature : [Signature]
 Name : D. Sujith Kumar
 Relationship with Patient : Spouse
 Date & Time : 31/5/26 @ 8AM

Witness :
 Signature : [Signature]
 Name : Ajayali
 Date & Time : 31/5/26 @ 8AM

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : Dr. Deepika
 Date & Time : 31/5/2026, 7:50AM

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : V. Kanaka Lakshmi Gender: Male Female Age : 37 years
 UHID No : BAH - 00657428 Date : 31/5/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Bilateral tubectomy

upon

V. Kanaka Lakshmi

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

- ✓ Permanent method, irreversible
- ✓ Failure rate 1 in 300 Procedures

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Himabindu V

Consentee :
 Signature : [Signature]
 Name : V. Kanaka Lakshmi
 Date & Time : 31/5/26 @ 8AM

Patient Attendant :
 Signature : [Signature]
 Name : D. Subin Kumar
 Relationship with Patient : Spouse
 Date & Time : 31/5/26 @ 8AM

Witness :
 Signature : [Signature]
 Name : Anjali
 Date & Time : 31/5/26 @ 8AM

Doctor (who is taking the consent) :
 Signature : [Signature]
 Name : Dr. Deepika
 Date & Time : 31/5/2026, 7:50AM



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/6/26 Time: 8:15am

Origin: Indian Height: 150cm Weight: 83.7kg/s BMI: 37.2 kg/m²

Food Allergies: No

Diagnosis: POD-1 / El. LSCS (Lower Segment Caesarian Section)

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

soft diet (High protein)
include plenty of oral liquids
avoid, spicy, chilled and outside foods

Patient's / Attendant's
Signature: N. Gowri

Dietician's
Signature: Saina

Name: Kanaka Lakshmi

Name: Saina

Date & Time: 1/6/26 Eg 8:15am

Date & Time: 1/6/26 Eg 8:20am

