

BAH-00657935 IP5-00174660
Mrs DEGALA JHANSI LAKSHMI
03-09-1993 32 Y 8 M 30 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

806131

Date : 2/6/26

Patient Name: Jhansi Lakshmi Date of Birth: 03-09-1993 Age: 32

Gender: Female Ward: DB 0707 UHID No.: BAH-657935

Date of Surgery: 2/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Rescue cerage USA

Time in : 5:40pm

Time Out : 6:30pm

	NAME	AMOUNT
1. Surgeon	Dr. Shrutii Reddy	
2. Anaesthetist	Dr. Aishwarya	
3. Assistant Surgeon	Dr. Sravati	
4. OT Technician	S. Shivalaksha	
5. Circulating Nurse	Sis. Shivalaksha Sudha	
6. Assistant Nurse	Sis. Poulabi	

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

Shrutii Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 963988A

Order by: Sis. Poulabi

Patient Sticker

MRS. Jams R

CONSUMABLES OF OT

2949

Circulating staff : Technician : K. Shivaleela Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack		OT	Inj Vit.K		
LMA			Sutures 602		OT	Cord Clamp		
ECG leads : A / P / N			Ligine		OT	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc			Gloves 642 ✓ 16		OT	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
minisple			Ointments					
Glove 612			Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		OT			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw sheet <u>quick</u>		OT			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		OT			
25 Gt quimby			Microshield					
Gauze			Cotton Balls					
			Latex Gloves		OT			
			Ramdione Scrub					
			Saral <u>N/A</u>		OT			

Surgeon

Anaesthesiologist

Nurse

OT Technician

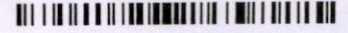
Order No. : 9639953 / 954

Ordered by : S.J. Ravi

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174660 Admit Date : 02-Jun-2026 Admit Time : 05:30 PM UHID : BAH-00657935

Patient Details :

Patient Name : Mrs DEGALA JHANSI LAKSHMI Age : 32 Y 8 M 30 D
Guardian : Dr. PRASANTH GOPAL DOB : 03-09-1993
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : PLOT NO-51,BR RAO NAGAR, BESIDE Phone No : 8074414025/ 9182031106
JERUSALEM CHRUCH, OLD ALWAL Alwal E-mail : DRPRASHANTGOPAL@GMAIL.COM
Hyderabad Telangana INDIA 500010

Admission Details :

Bed Type : SHARED WARD Bed No : SW 414 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 414 Admission Type : First Visit

Contact Details :

Name : Dr. PRASANTH GOPAL Relationship : Husband
Contact Address : PLOT NO-51,BR RAO NAGAR, BESIDE Phone No : 8074414025 / 9182031106
JERUSALEM CHRUCH, OLD ALWAL Alwal
Hyderabad Telangana INDIA 500010


Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA Specialisation : OBSTETRICS AND GYNECOLOGY
JANAGAMA
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

BAH-00657935 IP5-00174660
Mrs DEGALA JHANSI LAKSHMI
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Dr. SHRUTHI REDDY/Dr.LAVANYA



No : _____ Consultant: _____ Dept : _____

Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	5:20	OBS	OT.	Swamy
2/6/26	6:30 PM PM	OT	ORC	Paula B
2/6/26	9:20 PM	OBS	320 Room	Prasad

Cross Consultation Visit

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



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 2/6/26 Time of Admission :

Allergies: NKA Not know any drug allergies

PRESENTING COMPLAINTS :

→ G₂A₁ at 19+5 weeks with multiple fibroids. Scan report (TIFFA) having cervical incompetence.

2/6/26 SLUL, 19+5wks, Cervix - internal os opened, measuring 8.9mm and cervical funneling noted to a depth of 4.4cms. functional cx not clearly delineated - cervical incompetence. Evidence of exophytic well defined

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : <u>2023, NCM.</u> Previous Periods : <u>Regular.</u> LMP : <u>15/1/2026</u> Contraception : <u>nil</u>	Parity : <u>G₂A₁</u> Mode of Delivery : <u>I-2025(Oct) - Missed</u> Last Child Birth : <u>Miscarriage at 9 weeks, SFRPC done.</u> <u>2- pp- spontaneous conception.</u>

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ <u>PCOD on medication.</u> <u>T-metformin</u>	<u>Nil</u>



<p>FAMILY HISTORY: Parents - DM/HTN</p>	<p>MEDICATION HISTORY:</p>
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INITIAL ASSESSMENT :

Date <u>2/6/2026</u> Ht. <u>154cm</u> Wt. <u>87.50kgs</u> BMI <u>36.89</u> B.P. <u>132/71mmHg</u> Pallor <u>Absent</u> CVR <u>S2S2(T)</u> Respiratory System <u>BAFT</u> Thyroid <u>(N)</u>	Breasts <u>(N)</u> Abdominal Examination <u>Soft.</u>	Local/Speculum Examination - Bimanual Pelvic Examination -
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PROVISIONAL DIAGNOSIS : G2A1/19+5 weeks / cervical incompetence for emergency cerclage

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - <u>0 +ve</u> Vitals - <u>NR</u> <u>26/2/26</u> BP - <u>11.8</u> / <u>WBC</u> - <u>6900</u> <u>PLT</u> - <u>2.760</u> TSH - <u>2.989</u> HbA1c - <u>5.7</u> NT - / <u>FTS</u> - <u>Low risk</u> TIFTA - <u>no anomalies.</u>	1) Admission 2) IV cannulation 3) PAC 4) Drugs as charted 5) patient preparation 6) shift to OT now.

Name of the Doctor : Dr. Divya Signature of Doctor [Signature]
 Date & Time : 2/6/26; 5:20pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/16 7pm	POD-0 / Reswe cerclage	
	Gc: pair	1) Strict bed rest
	B.p: 100/60 (75)	2) Drug as charted
	P.R: 82	3) Monitor vitals - 4ty
	SpO2: 100% on RA	4) FHR monitoring
	P/A: Uterus - 18-20wks relaxed	5) pad for observation
Checked on scan	FHR ⊕ Movements ⊕	6) NOM for 2-3 hrs
		7) Flv fluids 100ml/hr
		8) Tupre 80s
		- Dr. Sravathi Sri
2/6/16 9pm	POD-0 / Reswe cerclage G2A1 19+5wks	
	Gc: pair	1) Allow sips of water - now
	B.p: 110/66mmHg	2) Flv / liquid diet at 10pm
	P.R: 72 bpm	3) Soft diet at 11pm
	SpO2: 100% on RA	4) Monitor vitals - 4ty
	P/A: Uterus 18-20wks relaxed, FHR ⊕	5) Strict bed rest
	P/V: NAB	6) foot end elevation
		7) FHR - 4ty monitoring
		8) DFKE 510
Shift to Room		9) w/f Flv, leaning/Bleedy
		10) Drug as charted



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00 AM	POD-1 Rescue cerclage.	
	Pt is in washroom	Dr. Dhye
3/6/26 3:00 PM	c/s/BI - Dr. Shruthi Reddy.	
	- Pt is stable	
	- Vitals stable	
	- No c/o	
	- P/A - uterine relaxed	
	FUE ⊕	
	UE - NAD	Advised
		① TIRPA Scan
		② Discharge after scan
		③ T. Ferronomic Plus OD.
		④ Rhv after 1 month
		Sethi

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OPERATION NOTES

Surgeon : Dr. Shruthi Reddy Asst. Surgeon : Dr. Sravanthi

Pre-Operative Diagnosis: C12A12 (9th) & Short Cervix & Incompetence

Surgical Procedure : Rescue Cerclage

Indications for Surgery : Short Cervix & funneling of cervix.

Date : 2/8/26 Start Time : _____ End Time : _____

Post Operative Diagnosis: POD-0

Peri-Operative Complications: None

Operation Notes: ↓ S.A, parts painted & Draped.
Anterior & posterior vaginal wall retracted.
→ high vaginal swab taken. sent for culture & sensitivity ; findings: Short Cervix is noted & BOM ⊕
Posterior: Anterior lip of Cervix held & sponge holding forceps.
Macdonald stitch placed & Merselene tape.
Knot placed anteriorly.
→ post procedure - NO Bleeding / Leaking present

Amount of Blood Loss:

NIL

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

→ High vaginal swab for ~~Culture~~ sensitivity

Peri-Operative Complications:

Discharge advice

1) Complete bed rest

2) Cap. SUSTEN 100mg P/V O/D till further orders

3) Tmj PROLTON 500mg T/m once waly till further orders

4) T. IRON O/D

5) T. CALCIUM O/D

6) R/W after 1wk

Name of the Surgeon: Dr. Shrutii Reddy

Signature of the Surgeon:

Date & Time: 2/6/20, 9pm

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Reserve Cerclage

Post-Surgical Diagnosis: POD-O

Post-Operative Monitoring Parameters /Frequency:

- Monitor vitals - 4 hrs, ETC nearby 4 hrs

Wound Care:

- w/ + Plv Bleeding

In/Special Lines/Catheters:

Special Patient Positioning and Requirements:

- Can move side to side in Bed

Nutritional Instructions:

NBM for 2-3 hrs

When to Start Mobilization:

after wearing off anesthesia

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes No

Any Other Post-Operative Care Needed including Required Follow Up

Dr. Shukti Reddy
Treating Surgeon
(Signature & Stamp)

Date: 2/6/20 Time: 7pm

Note: Plan of care will be readjusted if necessary.

10/10/10

POST-SURGICAL PLAN FORM

Reasons for surgery
10000

Medical history - 10/10/10

with the patient

Can you see the patient?

10/10/10

10/10/10

10/10/10

10/10/10

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 Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	26/2/26			
Time				
Hb	op basis . 11.8			
PCV				
RBC				
WBC	6,900.			
N/L				
Platelets	2,760			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

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DRUG CHART

Date of Admission: 2/6/20 Drug Allergies: None 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. Ward.

DRUG : T. PARACETAMOL				Date Time	2/6	3/6														
Dose	Route	Frequency	Start Date																	
lg	PO	TID	2/6/26		6AM															
Name & Signature of the Doctor Starting the Drugs:																				
Dr. ASHWARYA Achy																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Fej. PROLUTON				Date Time	2/6	3/6	4/6	5/6												
Dose	Route	Frequency	Start Date																	
500mg	Oral	Once weekly	3/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. shruthi																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. SUSTEN				Date Time	2/6															
Dose	Route	Frequency	Start Date																	
100mg	Plw	O.D	2/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. shruthi																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. IRON				Date Time	2/6															
Dose	Route	Frequency	Start Date																	
1tblt	Plw	O.D	2/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. shruthi																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : T.CALCIUM				Date Time	2/6															
Dose	Route	Frequency	Start Dt.																	
1Teb	plo	o.d	2/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : DIPHALAC				Date Time	2/6															
Dose	Route	Frequency	Start Dt.																	
15ml	plo	tt/s	2/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanti																				
Additional Instructions: at night																				
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																				

Signature
VERIFIED BY: N

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name

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Weight. Ward.

Date Time	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
DRUG :		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		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.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
VARIABLE DOSE		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		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
2/6/26	5:45 PM	INJ. CEFOTAXIM	1gm	IV	[Signature]	Poulabi Sudha
2/6/26	3:10 PM	INJ. PROLUTON	500mg	IM	[Signature]	[Signature] Sudha
2/6/26	1:30 AM	T. FLUCONAZOLE	150mg	PO	[Signature]	Abhyg Mounika

Signature

VERIFIED BY - Name

