BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

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SURGERY DETAILS

Date : 2/6/26

Patient Name: Mrs. Syeda Arjumana Date of Birth: 20-04-1994 Age: 32 yrs

Gender: Female Ward : OBG OT UHID No.: BAH-00657843

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

Name of the Surgery : Elective Lower segment Caesarean Section, VESA

Time in : 7:15 Am Time Out : 8:15 Am

	NAME	AMOUNT
1. Surgeon	: Dr. K. Rama Devi	
2. Anaesthetist	: Dr. Aditi	
3. Assistant Surgeon	: Dr. Deepika	
4. OT Technician	: Aman	
5. Circulating Nurse	: Sis. Kranthi	
6. Assistant Nurse	: Sis. Rajeshwari	

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

~~Dr. K~~ for Dr. K. Rama Devi.
Signature of the Surgeon

Kranthi
Signature of Circulating Nurse

Order No: 9688989 Order by: Shaalli

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

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2 secs

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CONSUMABLES OF OT

Circulating staff : ..... Technician : ..... Date : 2/6/2945 Time : 7:10 am

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		02
LMA			Sutures 2347		01	Cord Clamp		01
ECG leads : A / P / N		03	883		01	Suction Catheter 8G		01
HME filter : A / P / N			1326		01	Feeding Tube		
Syringes : 10 cc		3				Vaccum Suction Set		01
05 cc		2	Gloves 6½		04	Surgical Gloves 6½		02
02 cc		2				Gauze Pack		01
01 cc			PF 7		02	Syringe 1ml / 2ml		02
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies XL		01			
[illegible]	0	1	Ointments			9638998		
			Suction Catheter					
Fentanyl		01	Cap, Mask		10H/0H/0			
Morphine			Gauze Pack NR		41			
Ketamine			Mop Pack		02			
Propofol			Steristrip Sterizone		01			
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet Oxicakerit		01			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Inj. P.E		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
Inj Oxytoxin		03	Microshield		01			
Gauze		01	Cotton Balls		01			
Glove 6½		01	Latex Gloves		20			
Inj Tranexa		02	Ramdione Scrub					
			~~Saral~~ D/A		03			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9638997 Ordered by : Bharath

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

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Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174621 **Admit Date** : 01-Jun-2026 **Admit Time** : 07:59 PM **UHID** : BAH-00657843

Patient Details :

Patient Name	: Mrs SYEDA ARJUMAND FATIMA	**Age**	: 32 Y 1 M 12 D
Guardian	: Mr SYED KAUNAIN AGHA ABEDI	**DOB**	: 20-04-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO 22-2-760/3, FLAT NO 101, GULSHAN-E-ABBAS Noorkhan Bazar Hyderabad Telangana INDIA 500024	**Phone No**	: 9652814629/ 6303370866
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 426 **Ward Name** : 4F-BIRTHING CENTRE

Room No : MICU 426 **Admission Type** : First Visit

Contact Details :

Name : Mr SYED KAUNAIN AGHA ABEDI **Relationship** : Husband

Contact Address : H NO 22-2-760/3, FLAT NO 101, GULSHAN-E-ABBAS Noorkhan Bazar Hyderabad Telangana INDIA 500024 **Phone No** : 9652814629

Signature

Doctor Details :

Doctor Name	: Dr. K RAMA DEVI	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: K RAMADEVI	**Phone No**	: 9032340983
Co-Consultant	:		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ ultant: _____ Dept : _____

BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

Date of Admission: _____ of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2-6-26	6AM	OBS	OBG07	Preema
2/6/26	8:45AM	OBG 07	OBS	Sandya
2/6/26	5:15PM	OBS	Room(305)	Swathi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
1/6/26	NST - ①	265027686	Preeti
~~16/26~~	~~CBP - ②~~		
2/6/26	NST ②	265027687	Anita
	NST - ③	265027801	Sandeep
2/6.	NST - ④	265027802	Sarap
			(Cross Checking done)

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6/26	Cardiac monitor	9am	1pm	9639429	Sandeep
				Choose checking above	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/6/26	IV placement	2	9638644	Sanaya
2/6/26	PAC	1	9638643	Preema
2/6/26	Catheterisation	1	96394427	Preema
3/6/26	NHA	1	C80006 chipping done 9642547	Jothi

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for EC LSCS

Obstetric Formula: G2P1L1

Obstetric Hostory:
1st p. 2020 - FT LSCS - Boy - 3.1kg (A&H)
Gest Hypothyroid (IND - 2 loops of cord)
(Mahaveji hospital)

Present Pregnancy Record:
2nd p. P.P. Spontaneous conception
Regular ANCs elsewhere

RISK FACTORS:
✓ ICT - Negative
✓ Anti D ✓
✓ steroid - 26/5
- 27/5

Height: ..... cm
Weight: ..... kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: conscious Pallor: Absent
Gen. absent Edema: absent
afebrile PR: 86 bpm
157 (84) DTR: Normal
NAD RS NAD
Liver/Spleen: Not palpable Urine Output: Adequate, clear

LMP: ? 27/09/2025 EDD: 4/07/2026
Corrected EDD: 8/07/2026 GA: 35+2
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height: 36 wks size
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent
NST - 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

SpO_2 - 99% on RA

DIAGNOSIS
G2P1L1 | 35+2 | Rh Negative | previous ① LSCS | Anemia - Mild | Hypothyroid | for LSCS | observation.

No. : RCHBH /FRM / CLINICAL / 087 (P.T.O)

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Family History: Father - DM + HTN
Mother - HTN

Surgical History:
- ✓ LSCS - 2020
- ✓ Tonsillectomy childhood

Medical History:
Hypothyroid °° 2025

Medication History:
- ✓ Refer Medical Reconciliation

Plan of Care:
Case discussed c Dr Ramadevi

- ✓ Admission
- ✓ Admission NST
- ✓ prepare parts
- ✓ Informed & written consent
- ✓ Check Blood availability
- ✓ NST × 3rd hourly
- ✓ tentatively for LSCS 6:30 - 7:30 AM (2/6/26)
- ✓ PAC & follow orders
- ✓ NBM from 12AM
- ✓ To take oral Lefrum - night dose
- ✓ Monitor vitals
- ✓ Inform SDC

Dr Deepika

Doctor Name: .....
Signature: .....
Date & Time: 1/06/2026 1PM

Investigations:
BG - A Negative

HBSAg
VDRL
HCV | NR
HIV

26/5/26. Hb - 10.2
Plt - 2.30
WBC - 14,400

HPLC - (N). Hb - 11.2

NT SCAN - EDD - 8/07/2026
NT - 0.6 mm

NUHS - NAD., Single EIF in LV
Fetal 2D ECHO - NAD.

8/5/26. ICT - Negative

26/5/26 T4 - 4.66

26/5/26. 34-35 wks, Cephalic
Single cord around neck
AFI - 22cm, EFW - 2549 grams
Placenta - Post - US., Doppler - NAD.

Dr Ramadevi K

Consultant Name: .....
Signature: .....
Date & Time: 1/06/2026 1PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026		
10PM	NST - Reactive	
	✓ NBM – No solids × 12AM (2/6/2026)	
	No liquids × 8AM (2/6/2026)	
	✓ PAC & follow orders	
	✓ Check Blood availability	
	✓ NST × 3rd hourly	
	✓ Inform SOS	
		by Dr. Deepika's
11:30PM	Case discussed c Dr. Ramadevi	
	NST - Reactive.	
		by Dr. Deepika's
	35+3	
2026	NST – Fetal tachycardia ①	c/o/w Dr Ramadevi
8AM	✓ Informed & written consent	✓ For Elective SCS
	✓ Pre-medication as charted	✓ PAC
	✓ Shift to OT by 6:45AM	✓ Foleys catheterisation
		✓ Prepared parts
		by Dr Deepika's

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 9:30AM	POD-0 / Fl.lsc / previous lsc / Rh negative / Hypothyroid / mild anemia	
	pt comfortable.	
	O/F	Adv
	G.C fair	1) NBM till further order
	BP-88/52(58)mmHg.	2) IVF @120ml/hr RLNS
	PR-59 Bpm	3) Monitor vitals every 15 min
UO-500ml (Clear)	SpO2-98% RA	4) I/O charting hrly
	P/A. Ut retracting well.	5) W/F active bleeding
	L/F-BWNL	6) Drugs as charted.
⇒ True Baby-B&T	Dressing - Dry / Intact.	7) Inform SOS
		~~Dr-D~~ Dr-Dlerge
	NB Sandeya (016638) 9:45AM	
2/6/26 1:00pm	⇒ POD-0 / LSCS P2L2 / Rh negative / hypothyroid.	
	⇒ Pt is stable.	
	⇒ O/E + GC- fair	Advice
	BP-98/64(22)	① Oral Sips f/b clear liquids
	PR-82bpm	② Soft diet @ 3pm. f tolerating clear liquids
	SpO2-100% on RA.	③ W/f hypotension, tachycardia, bleeding
	P/A-Ut well ⓒ ; BS⊕	④ Monitor vitals every 4th hrly
	G/E BWNL	⑤ Follow baby blo
	U/O-800ml [in 4½ hrs]	
⑥ Foley's removal @ 6AM 3/6/26		
⇒ Shift to Ward		

Sandeya 016638 @ 1:15PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
1pm	Pt comfortable	Adv
	O/E GC-fair	- soft diet, plenty of oral fluids
U/O-adequate.	vitals stable	- drugs as per charted
	P/A uterus retracted well	- vitals 6th hrly
	L/E- Bleeding nil	- Ambulate.
Baby- Bl Group A +ve.		- I/O charting
		- w/f active Bleeding pv
Inj Anti-D Bronchy. IM to be given		Inform SS
		Dr Sameena
- Remove foley's @ 6AM on 3/6/26.		
3/6/26		
9AM	POD1 | LSCS | Kbrneg.	Adv
	Pt comfortable.	- soft diet, plenty of oral fluids
U ✓	O/E - GC-fair, afebrile	- drugs as per charted
F ✓	PR - 89 bpm	Vitals 6th hrly
S ✗	BP - 112/79 mmHg	- Ambulate
Baby - NCU	SPO_2 - 98% on RA	- Inform SS
	P/A uterus retracted well	
Inj Anti-D Given IM.	L/E - 10 chic healthy	

noted by Durga 2/06/26 @ 8pm

Dr Sameena

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 2pm	POD-1 / LSCS / Rh negative	
	- Patient is stable	
	- No c/o	Admin
UV	- Vitals stable	- Continue Same treatment
FV	- P/A - Ut well (0)	
	L/O - BWNC.	
		Sd/-
3/6/26 1:30pm	POD-1 / LSCS / Rh negative	
	- Pt is stable	
UV	No c/o	Admin
	Vitals stable	Continue Same treatment
FV	P/A - Ut well (0)	
	L/O - BWN	
Anti D		Sd/-
		Noted by Durga 607539

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	POD-2 / LSCS / Rh negative	
8:00 AM.	pt - comfortable.	
Baby - N/CU.	O/E	Adv
Anti-D ✓ given	GC tam	1) Soft diet
(Baby BGT - A+ve)	BP - 121/76 mmHg	2) Hydration & Ambulation
	PR - 75 Bpm.	Drugs as charted.
V ✓	SpO2 - 98% in RA	Monitor vitals 4th hrly
f ✓	P/A - ut (e) well	w/f active bleeding
S ✓	P/V - BWNL	Inform SOS.
S/E } DU.		
D/E }		~~DRD~~
		Dr. Divya
		noted by Jyothi
		CRO (a552)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	25/8/26					
Time						
Hb	10.2					
PCV						
RBC						
WBC	14400					
N/L						
Platelets	2.30					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group:-	A negative.					
HIV & HBsAg:-	NR.					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☑ 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	1tab	PO	OD		☐ C ☑ DC
2	T. CALCIUM	1tab	PO	OD		☐ C ☑ DC
3	T. CEFTUM	500mg	PO	BD	1/6/26 Morning	☑ C ☐ DC
4	T. MULTIVITAMIN	1tab	PO	OD		☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Deepika
Date & Time : 1/6/2026, 1PM
Nurse Name & Signature: Praveen
Date & Time : 1/6/26 3PM

IP5-00174621
ARJUMAND FATIMA
32 Y 1 M 13 D (F)
A DEVI

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et No: 2

REGULAR PRESCRIPTIONS

Weight 68kgs Ward OBS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	BD	2/6/26

Date / Time: 2/6 3/6 4/6

6AM — mor — Pooja Sucha

Name & Signature of the Doctor Starting the Drugs: ~~Dr.D~~ Dr. Divya

Additional Instructions: 6pm — Durga Jayanti

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CEFOTAXIM

Dose	Route	Frequency	Start Dt.
1gm	IV.	BD	2/6/26

Date / Time: 2/6/26 3/6 4/6

6am — Gangaiyan Sathya — mor — Pooja Sucha

Name & Signature of the Doctor Starting the Drugs: ~~Dr.D~~ Dr. Divya

Additional Instructions: x 48 hour f/b oral.

6pm — Durga Jayanti

STOP ~~Dr.D~~ 4/6/26 8:00 Am

Daily Doctor's Endorsement by a Sign

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
50mg	PO	OD	2/6/26

Date / Time: 3/6 4/6

6AM — mor — Pooja Sucha

Name & Signature of the Doctor Starting the Drugs: ~~Dr.D~~ Dr. Divya.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
4mg	PO	BD	4/6/26

Date / Time: 4/6

6AM ~~Dose~~

Name & Signature of the Doctor Starting the Drugs: ~~Dr.D~~ Dr. Divya

Additional Instructions: 6pm.

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

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

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

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

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

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

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DRUG CHART

Date of Admission: 1/06/2026 Drug Allergies: NKDA ☑ 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 .....

BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

REGULAR PRESCRIPTIONS

Weight. 66kgs Ward. ORS

DRUG : TAB. CEFTUM				Date / Time
Dose	Route	Frequency	Start Date	
500mg	PO	BD	1/6/26	
Name & Signature of the Doctor Starting the Drugs: Cy Dr Deepikas				STOP Cy Dr. Deepikas 2/6/26, 6AM
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : T PARACETAMOL				Date / Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
1gm	PO	BID	2/6/26	12Am	X	more sucks	poop
Name & Signature of the Doctor Starting the Drugs: Dr Adeli W Adeli				6Am	X	more sucks	poop
Additional Instructions:				12Pm	X	[illegible]	sucks
				6Pm	[illegible]	[illegible]	sucks
Daily Doctor's Endorsement by a Sign							

DRUG : T DICLOFENAC				Date / Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date				
50mg	PO	TID	2/6/26	7Am	X	[illegible]	sucks Alcohol
Name & Signature of the Doctor Starting the Drugs: Dr Adeli W Adeli				3Pm	X	[illegible]	sucks
Additional Instructions:				11Pm	more sucks	poop	sucks
Daily Doctor's Endorsement by a Sign							

DRUG : T TRAMADOL				Date / Time	3/6	4/6
Dose	Route	Frequency	Start Date			
100mg	PO	TID	2/6/26	1Am	more sucks	poop sucks
Name & Signature of the Doctor Starting the Drugs: Dr Adeli W Adeli				9Am	[illegible]	Alcohol
Additional Instructions:				5Pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

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Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

Weight. 68kgs Ward. OBS.

		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
2/6	6:40AM	INJ CEFOTAXIM	1gram	IV	[signature]	Preem Sandya
2/6	6:40AM	INJ PANTOPRAZOLE	40mg	IV	[signature]	Preem Sandya
2/6	6:40AM	INJ PERINORM	10mg	IV	[signature]	Preem Sandya
2/6	7.51pm	TRAMADOL SUPP	100mg	PR	[signature]	Anjali Bharathi
2/6	7.51pm	DICLOFENAC SUPP	100mg	PR	[signature]	Anjali Bharathi
2/6	9.00	INJ NALOXONONE	40mcg + 40 mcg + 40mg	IV	[signature]	Sandya 016638
2/6	11:15AM	Ji PARACETAMOL	1gm	Ih	[signature]	Sandya 016638 11:20 AM

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

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Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

I.V. FLUIDS CHART

Weight. 68kgs Ward. OBS

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/6	3:AM	RINGER LACTATE 500ml	IV	100ml/hr	[illegible]	[illegible] Sanaya	2/6	[illegible]	Sanaya Swapna
2/6	5AM	RINGER LACTATE 500ml	IV	100ml/hr	[illegible]	Sanaya Swapna	2/6	[illegible]	Sanaya Swapna
2/6	7:30AM	RINGER LACTATE	IV	FF	[illegible]	Anjali Bharathi	2/6	[illegible]	Anjali Bharathi
2/6	7:57	RINGER LACTATE	IV	FF	[illegible]	Anjali Bharathi	2/6	[illegible]	Sanaya Swapna
2/6	9AM	RINGER LACTATE	IV	100ml/hr	[illegible]	Sanaya Swapna	2/6	[illegible]	Sanaya Swapna
2/6	12pm	RINGER LACTATE	IV	100ml/hr	[illegible]	Sanaya Swapna	2/6	[illegible]	[illegible]
2/6	2pm	RINGER LACTATE 500ml	IV	100ml/hr	[illegible]	[illegible]	2/6	[illegible]	[illegible]
2/6	3pm	RINGER LACTATE 500ml	IV	100ml/hr	[illegible]	[illegible] Nandini	2/6	[illegible]	Nandini Sharada
2/6	4pm	RINGER LACTATE 500ml	IV	100ml/hr	[illegible]	Nandini Sharada		[illegible]	
		NORMAL SALINE 500ml	IV	100ml/hr	[illegible]	[illegible]			

Signature

VERIFIED BY : Name

BAH-00657843 IP5-00174621
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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. K. Rama Devi	Date of Delivery: 2/5/26
Assistant Surgeon: Dr. Deepika	Time of Delivery: 7:29 Am
Anaesthetist's Name: Dr. Adili	Gender of Baby: Female
Type of Anaesthesia: LSA	Weight of Baby:
Neonatologist: Dr. Nilesh	AGPAR Score:
Scrub Nurse: Sis. Rajeshwari	NICU Admission: ☑ Yes ☐ No [Distress]

Pre-Operative Diagnosis: $G_2P_1L_1$ | 35+2 | Rh negative | mild anemia | Hypothyroid

☐ Elective ☐ Emergency Indication: Previous LSCS.

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☑ Delivery timed to suit woman and staff

Decision time: Reactive. Knief to rectus: –

CTG Description: –

If there was a delay give the reasons: –

Surgical Procedure: Elective LSCS.

Post Operative Diagnosis: POD-0 | P_2L_2 | Hypothyroid | Rh negative | mild anemia.

Peri-Operative Complications: Thinned out lower uterine segments.

Amount of Blood Loss: ~500ml | Blood Transfused (in ML): NIL

Name and Number of Surgical Specimen sent for examination:
Nil

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: 4/5 ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No Urine: ☐ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☑ Thinnedout ☐ Ruptured ☐ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: Normal ..... Cord around the neck ☑ Yes ☐ No

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

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

1 loop

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

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

Sheath Closure: 1 vicryl ..... Suture

Fat Closure: ☑ Yes ☐ No 2.0 Rapid vicryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress 2.0 Rapid vicryl ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 24 hrs days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☐ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

① NBM ~~4 hours~~ for 6 hours

② Monitor vitals 15 mins for 2 hours

③ I/O charting

④ IVF - RL/NS @ 75 ml/hr

⑤ W/F active bleeding / Hypotension / Tachycardia

⑥ Analgesia as ordered

Doctor Name: ..... Doctor Signature: .....

Date & Time: .....

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs Syeda Arjumand Fatima Age: 32 Sex: F UHID.No : BAH 00 657843

Date: 2/6/2020 Time: 1:00 PM Proposed Operation: ELECTIVE LSCS

Diagnosis: G2P1L1 35+2 Rh Negative Previous LSCS Anaem. HYPOTH

B.P / CRT: ..... H.R: 88/m Weight: 70kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.2	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 14,400	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 2,30	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

26/8/20

Allergies: NKDA

Medical History: CVS : —

RESP : — Diabetes : —

CNS : —

Renal : —

Hepatic / GE : — Physical Activity: —

Others : —

Past Anaesthetic History: LSCS 2020 uneventful

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BEBS

Heart: S1S2

CNS: NAD

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

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

.....

.....

Signature: ..... Name: Dr Adlette W .....

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

BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
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ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☑ No	Fasting Status:	Adequate
Physical Status:	☑ Patient Identified	☐ Consent Present	☑ Chart Reviewed

H.R: 113/min	B.P / CRT: 101/60	SpO_2: 100%	R.R: 16	Last Feed: 5 hrs

Pre-OP Diagnosis: Prev LSCS & RH negative Operation: ELECTIVE CSCS Date: 2/6/26

Surgeon: Dr Ramadevi Anaesthesiologist: Dr Adele Technician: Amin

TIME	7.00		8.00	
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs:				
INJ TRANEXA 1gm				
INJ OXYTOCIN 3U+3U+3U+3U+3U				
	IV fluid		IV Fluid	
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	SR	SR	SR	SR
Temperature				
Urine Output				
Fluids Blood	IVF RL ① — ② —			

Antibiotic

Suppository: TRAMADOL 100mg, DICLOFENAC 100mg

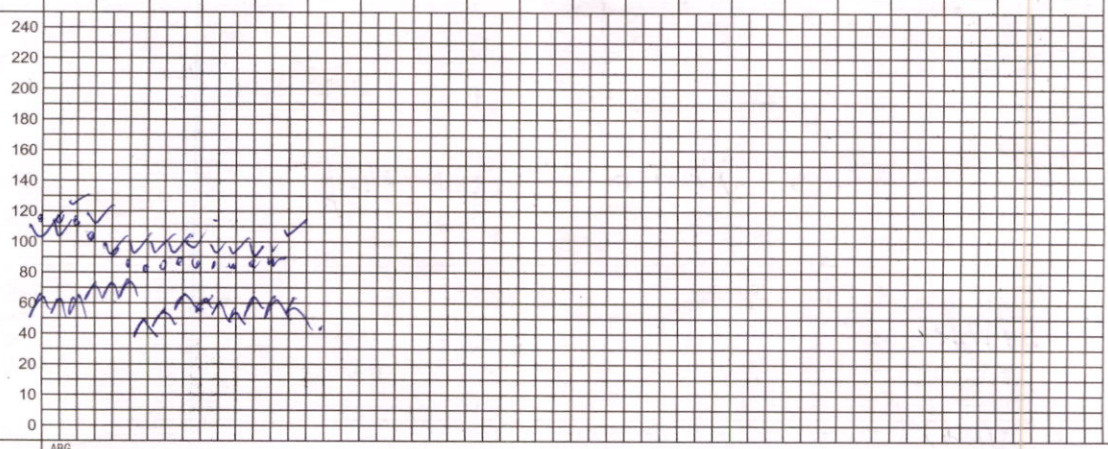
Blood Loss: ~100ml

NOTES: —

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out



LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP LUL
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead Blood
☑ Temp Site Skin.
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine.
☑ Pressure Points Checked

Eye Care:
☑ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 7.05 AM
OP Start: 7.15 AM
OP End: 8.00 AM
Leave OR: 8.15 AM

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: 1UL 18G
☐ IV:
☐ IV:

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☑ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☑ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: Sitting
Site: 28 GPP
Needle Size: 2-3 Depth: .....
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 0.5%
Bolus: Bupivacaine
Infusion: 12 mg/ml
Block Level: funkyl
Comments: .....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Mahtab
Signature of the Doctor: [signature]

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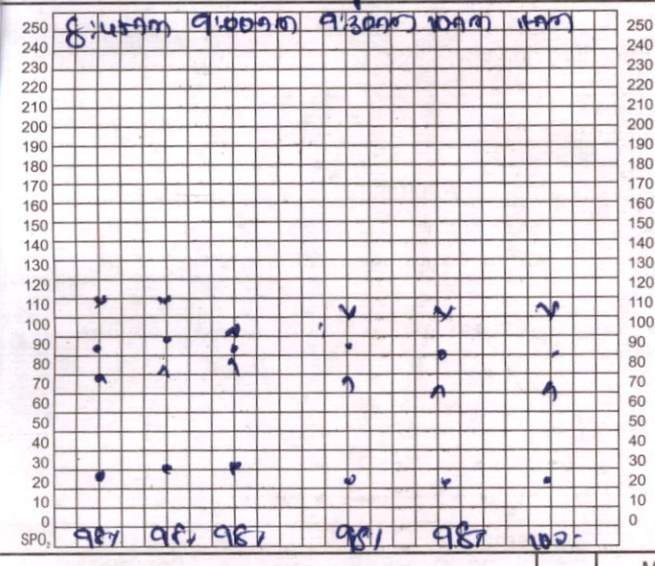
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sandya Time Received : 8:45AM Time Discharged : .....



IV Cannula Site : left hand

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: Inj: Zofer

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: 100 ml/hr

Oral Feeds: Nil

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	2	2	2	1	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	1	2	2	2	1	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	1	2	2	2	1	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	1	2	2	2	1	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	1	2	2	2	1	
	TOTAL	5	10	10	10	5	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6	9AM	2/10	under sedation	Sandya
2/6	10AM	4/10	Inj: PCM given	Sandya
2/6	1PM	1/10	NIL	Sandya

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 reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. AISHWARYA

Anaesthesiologist Signature: Aishwarya

Date & Time: 2/6/26 ; 3:15 pm

PACU Nurse Name : Sandya (016632) Transferred to Unit by (PACU): .....

PACU Nurse Signature: Sandeepa Date & Time: .....

Date & Time: 2/6/26 9:00AM

Patient Sticker

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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 : .....

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CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☑ Patient Attendant

Operative Procedure: ELECTIVE LOWER SEGMENT CESAREAN SECTION

Anaesthesiologist: Dr Ashita. Surgeon: Dr Rama Devi.

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders
☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease
☐ Others HYPOTENSION, PRURITUS, BRADYCARDIA, OBESITY

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
  ☑ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Arjumand

Name: Syeda Arjumand Fatima

Relationship with patient:

Date & Time: 2/6/26 1.00PM

Witness:

Signature: Kanees

Name: Kaneez Fatima

Date & Time: 2/6/26 1.00PM

Doctor (who is taking consent):

Signature: Ashita Name: Dr Ashita N Date 2/6/26 Time: 1.00PM

Patient Sticker

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Your Right to a Safe Delivery

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
  ☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జీ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనస్ యాక్సెస్, ఆర్టీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్పష్టమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్:

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Syeda Arjumand Fatima Gender: ☐ Male ☐ Female Age : 32 years

UHID No : BAH-00657843 Date : 1/06/2026

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)

Elective lower segment Caesarean Section

upon

Syeda Arjumand Fatima (Name of the Patient)

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 thereon.

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
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Ramadevi K

Consentee :

Signature : Arjumand.

Name : Mrs. Syeda Arjumand Fatima

Date & Time : 1/6/26, 10pm

Patient Attendant :

Signature : Abedi

Name : S. Kausain Agha Abedi

Relationship with Patient: Husband

Date & Time : 1/6/26, 10pm

Witness :

Signature : Kaneez

Name : Kaneez Fatima

Date & Time : 1/6/26, 10p.m

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

BAH-00657643 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 14 D (F)
Dr. K RAMA DEVI

305

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/6/26 Time: 8:20am

Origin: Indian Height: 155cm Weight: 72kgs BMI:

Food Allergies: No

Diagnosis: POD-1 / Rt: LSCS (Lower Segment Cesarian Section)

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

Diet Advised:
Soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's
Signature: Arjumand
Name:
Date & Time: 3/6/26 @ 8:20am

Dietician's
Signature: Saima
Name: Saima
Date & Time: 3/6/26 @ 8:20

DIETARY NOTES

	Time	Notes	Sign
4/6/26	9:30am	patient is strable, oral intake is good continue soft diet	Saiv

BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

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FLUID CHART

Sheet No. : 0

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.

11/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm					NA						
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		Water								0	Preeti
Total Intake :						**Total Output :**						
	08:00 pm		Tablet								0	Preeti
	09:00 pm		Water							✓	0	Preeti
	10:00 pm										0	Preeti
	11:00 pm		Water							✓	0	Preeti
	12:00 am										0	Preeti
	01:00 am		Water							✓	0	Preeti
Total Intake :		Tablet				**Total Output :**				Passed		
	02:00 am										0	
	03:00 am										0	
	04:00 am		NBM								0	
	05:00 am		NBM								0	
	06:00 am		NBM								0	
	07:00 am		NBM								0	
Total Intake :			Taken.			**Total Output :**					Passed	

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	passed

(F)

FLUID CHART

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2/6/26

ml.

separately. Make additions across the page to obtain 24 hrs. total of intake and output.
ered in the kardex in RED.

Intake			Output						
Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
Mouth	I.V	N.G							
	100ml								
	100ml						200ml	0	
Nl	100ml			NP				0	
B	100N							0	Sandeys
n	100ml							0	
H2O	100ml							0	
							800ml	0	
							Total Output : U- 2000 ml		
Water	100ml							0	Sandeys
	100ml							0	Sandeys
H2O	100ml						300ml	0	Sandeys
	100ml			NP				0	Durga
H2O	100ml							0	Durga
								0	Durga
							Total Output : U = 300ml M-0		
	100ml							0	Such
H2O	100ml						500ml	0	Such
	100ml							0	Such
H2O	100ml			NP			700ml	0	Such
	100ml							0	Such
H2O							200	0	Such
							Total Output : M-0 U-1200ml		
	100ml						200ml	0	Such
H2O	100ml							0	Such
	100ml			NP				0	Such
H2O	100ml							0	Such
	100ml						300ml	0	Such
								0	Such
							Total Output : M-0 U- 500ml		

Total - 1900 Kendog

Total 24 hrs. Output	M-0 U-3000ml

AL/092

BAH-00657843 IP5-00174621
Mrs SYEDA ARJUMAND FATIMA
20-04-1994 32 Y 1 M 13 D (F)
Dr. K RAMA DEVI

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FLUID CHART

Sheet No. : (3) 3/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	Durga
	08:00 am		H_2O								0	Durga
	09:00 am									✓	0	Durga
	10:00 am		H_2O				NP				0	Durga
	11:00 am										0	Durga
	12:00 pm		H_2O							—	0	Durga
	01:00 pm										0	Durga
Total Intake :						**Total Output :** U – 2 M – 0						
	02:00 pm		H_2O								0	Durga
	03:00 pm						Liquid stool ✓				0	Durga
	04:00 pm		H_2O							✓	0	Durga
	05:00 pm										0	Durga
	06:00 pm		H_2O								0	Durga
	07:00 pm									✓	0	Durga
Total Intake :						**Total Output :** U – 2 M – 0						
	08:00 pm										0	Sneh
	09:00 pm		H_2O							✓	0	Sneh
	10:00 pm						NP				0	Sneh
	11:00 pm		H_2O							✓	0	Sneh
	12:00 am										0	Sneh
	01:00 am		H_2O								0	Sneh
Total Intake :						**Total Output :** M – 0 U – 2						
	02:00 am										0	Sneh
	03:00 am		H_2O							✓	0	Sneh
	04:00 am										0	Sneh
	05:00 am		H_2O								0	Sneh
	06:00 am						✓			✓	0	Sneh
	07:00 am		H_2O								0	Sneh
Total Intake :						**Total Output :** M – 1 U – 2						

Total 24 hrs. Intake		Total 24 hrs. Output	M – 1 U – 8

74621
A
(F)

FLUID CHART

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.....

in ml.

n separately. Make additions across the page to obtain 24 hrs. total of intake and output.

ntered in the kardex in RED.

Intake				Output						
ature Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	Mouth	I.V	N.G							
				Total Output :						
				Total Output :						
				Total Output :						
				Total Output :						

		Total 24 hrs. Output	