Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00176694 **Admit Date** : 21-Jul-2026 **Admit Time** : 08:40 AM **UHID** : BAH-00645577

Patient Details :

Patient Name	: Mrs SAEED UNISA	**Age**	: 26 Y
Guardian	: MR MOHAMMED MASIUDDIN	**DOB**	: 20-09-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: PLOT NO: 26/4, PHASE 2, TNGOS COLONY, FINANICIAL DISTRICT, Gachibowli Hyderabad Telangana INDIA 500032	**Phone No**	: 9030614609/
		E-mail	: 9030614609@g

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 419 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 419 **Admission Type** : First Visit

Contact Details :

Name : MR MOHAMMED MASIUDDIN **Relationship** : Husband

Contact Address : PLOT NO: 26/4, PHASE 2, TNGOS COLONY, FINANICIAL DISTRICT, Gachibowli Hyderabad Telangana INDIA 500032 **Phone No** : 9030614609 /

Signature

Doctor Details :

Doctor Name : Dr. DR.M PRATHYUSHA REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

BAH-00645577 IP5-00176694
Mrs SAEED UNISA (F)
20-09-1999 26 Y
Dr. DR.M PRATHYUSHA REDDY

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	12:20	BB - II	3rd floor	Gayathri

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
21/7/26	CBP	260730430	
21/7	NST - (1)	265036492	
21/7	NST (2)		
21/7	NST — (3)	265036493	
21/7	NST — (4)		Anjali (Cross checked)

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	Infusion pump	12:00mn		9715379	Shoby
21/7	Cardiac monitor	2pm			Coy
21/7	Epidural pump	2pm			Coy
				cross checked.	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	1	9715377	
21/7/26	PAC	1	9715378	Shobha
21/7/26	Catheterization	1	9715377	Anjali
			cross checked	

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o Leaking P/V.

Obstetric Formula: Primi

Obstetric Hostory: 1 - SI Conception, Booked at 11 weeks; G. Hypothyroid

Present Pregnancy Record:

RISK FACTORS:

β thal trait
Husband HPLC (N)

Height: .... cm

Weight: .... kg

Allergies: Nil.

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious. Pallor: absent

Icterus: absent. Edema: absent

Temp: afebrile. PR: 82/min.

BP: 138/78 mmHg. DTR: (-)

CVS: S1S2 (+) RS: BAE (+)

Liver/Spleen: Not palpable Urine Output: adequate

LMP: 25/10/25. EDD:

Corrected EDD: 31/7/25 GA: 38+4

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: Term.

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ____________

Head Fifths Palpable: ____________________

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ½ ☐ Partially effaced ☐ Effaced

Os: Closed ____________ Dilated 1F.

Membranes: ☐ Present ☑ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

Primigravida 38^{+4} wk GA β thal trait ~~Pot LSL~~ In labor.
G. Hypothyroid.

BAH-00645577 IP5-00176694
Mrs SAEED UNISA (F)
20-09-1999 26 Y
Dr. DR.M PRATHYUSHA REDDY

Family History: Fathe - HTN.	**Surgical History:** Nil
Medical History: β thalassemia trait Husband HPLC - (N).	**Medication History:** T. Iron T. chelcal T. thyronorm 12.5mg, 25mg Fri hol
Plan of Care: Admission NST on admission prep of parts Check Blood availability send CBC. NST 3rd h vitals & FHR Monitory w/f POL T. PGE 25mcg - 8Am.	**Investigations:** A (+) ve. virals - NR. 3/2/26: 31+5 / wt - 1.8kg - 41% / Ac - 12% / AFI - 10.4 cm / pl - post. upper segment doppler (N)

Doctor Name: Dr. Ashy.
Signature:
Date & Time: 21/7/26, 8Am.

Consultant Name: Dr. Prathyusha.
Signature: Prathyusha
Date & Time: 21/7/26 at 11Am.

DR. M. PRATHYUSHA REDDY
Registration No: 59755

BAH-00645577 IP5-00176694
Mrs SAEED UNISA
20-09-1999 26 Y 10 M 2 D (F)
Dr. DR.M PRATHYUSHA REDDY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for ~~Restraint~~ Vaginal	1			
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for ~~MTP~~ labour	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list Pain	2			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note Antenatal	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	2			
	Total No. of Pages	37			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date :

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00645577 IP5-00176694
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Dr. DR.M PRATHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

C/H Dr. pradyuma

Date & Time	Progress Notes	Doctor's Order
21/7/26 10AM.	Primigravida 38+4 wks GA β thalassemia trait & Hypothyroid in labor.	
	G/C fair afebrile vitals - stable	Adv - NS/ 3rd 4 - vital & FHR 4th - Now 7. PGE2 - 25mg Now
	P/A - ut mildly acting FHR ⊕	- Start oxytocin at 12pm at 6ml/h
	P/V: Cx 1/4, inch long 2 finger. Vx @ -3. Mem ⊕ Cleclp.	
		Dr. Anshu
21/7/26 12pm	pt stable vitals (N) P/A - ut term acting, cephalic FHR - good N/E - Cx 50% effaced os 2 cm Vx - 2 clear liquor	Adv - Enema - Epidural SOS - wfr progress of labor Start syntocinon 10U at 12ml/hr

DR. M PRATHYUSHA REDDY Registration No: 59763

Dr Haleem

Docu. No. : RCHBH /FRM / CLINICAL / 088

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Mrs SAEED UNISA
20-09-1999 26 Y (F)
Dr. DR.M PRATHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 1:30PM	Primi / 38+4 wks c/S/B Dr. Prathyusha	
	O/E vitals stable P/A - ut acting.	Adv
	P/V - OS 3cm dilated 60-70% effaced V - 2 clear liquor	
on syntocinon at 36 ml/hr		
		Adv: FHR monitoring - w/f progress of labour - NST now
		[illegible]
21/7/26 8:10pm		Adv - w/f POC - vitals and delivery - CTG hourly - Inform [illegible]
↓ Epidural	O/E GC - fair vitals stable P/A - [illegible] dilated 60% effaced clear liquor + V - 2 station	
Synto @ 42ml/hr		Dr Sameer

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

BAH-00645577 IP5-00176694
Mrs SAEED UNISA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/20. 7pm	PND-0 / AVD / P1L1 - β thalassemia trait	
	Immediate post op post delivery.	
	Pt is stable	
	BP - 110/64 [73]	
	PR - 70 bpm	
	SpO_2 - 100% on RA	
	P/A - Ut well retracted	
	c/c - BWNL	
	Episiotomy intact	
		Advice
	U/O - 200ml, clear & cupped	① Soft diet
		② Hydrate & ambulate
		③ Drugs as charted
		④ Vitals & I/O & c/o bleeding p/v every 15min for 1hr f/b 1hr for 2hr
		⑤ c/o hypotension, tachycardia, bleeding p/v
		⑥ Perineal care TID.
		⑦ Inform SOS
	Noted by Anjali	Swathi

BAH-00645577 IP5-00176694
Mrs SAEED UNISA
20-09-1999 26 Y 10 M 1 D (F)
Dr. DR.M PRATHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 11:45 PM	⇒ PND-0; P,L, AVD - B thalassemia trait	
	BP - 118/61 [75]	
	PR - 74bpm	
	SpO_2 - 100% on RA -	
	P/A - Ut well retracted	
	c/c - BWNL.	
	⇒ Episiotomy - intact, no swelling, no trickling;	
	⇒ U/o - Grossly clear	
	⇒ Advice:-	
	① Soft diet	
	② Hydrate & ambulate	
	③ Drugs as charted.	
	④ Vitals & I/O 4th hrly	
	⑤ c/o/f hypotension, tachycardia, bleeding p/v	
	⑥ Shift to ward.	
	⑦ Remove Foleys @ 6AM on 22/7/20	
		Sd/-
		N/B Sangeetha

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Mrs SAEED UNISA
20-09-1999 26 Y 10 M 1 D (F)
Dr. DR.M PRATHYUSHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10AM	PND-1 / PIL / AVD / B-thalassemia trait	
B-NKO U ✓ F ✓ S ✓ U/E S/I / diet	Pt: Comfortable & Ambulating GC: fair Vitals: stable P/A: Ut ® contd Soft RS (T) P/V: NAD Plan discharge by evening	1) Monitor vitals - 4th 2) Soft diet ē plenty of oral fluid 3) Drug as charted 4) W/f P/V bleeding 5) Inform SOS. — Dr Sruthi N/B Jessie

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00645577 IP5-00176694
Mrs SAEED UNISA (F)
20-09-1999 26 Y
Dr. DR.M PRATHYUSHA REDDY

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RESULT SHEET

Date	21/7/26					
Time						
Hb	10.1					
PCV						
RBC	4.72					
WBC	17.03					
N/L						
Platelets	313					
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						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: .... Shifted to: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. thyronorm	12.5mg ~~M/T/S~~ 25mg ~~Sat~~ Fri	Po	OD		☐ C ☑ ~~DC~~
2	T. Iron	1 tab	Po	OD		☐ C ☑ DC
3	T. Shelcal	1 tab	Po	OD		☐ C ☑ DC
4						☐ 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 : [signature] Dr. Ashya.

Date & Time : 21/7/26, 9Am.

Nurse Name & Signature: Shobha [signature]

Date & Time : 21/7/26 @ 9:15 AM

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

BAH-00645577 IP5-00176694
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DRUG CHART

Date of Admission: 9/7/22 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature

VERIFIED BY : Name .....

BAH-00645577 IP5-00176694
Mrs SAEED UNISA
20-09-1999 26 Y (F)
Dr. DR.M PRATHYUSHA REDDY

REGULAR PRESCRIPTIONS

Weight. .... Ward. OBS

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	TID	21/7/26

Name & Signature of the Doctor Starting the Drugs: Smitha Dr Smitha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	22/7
6am	Jillian / [illegible]
2PM	
10PM	

DRUG : T. DICLOFENAC.

Dose	Route	Frequency	Start Date
50mg	PO	TID	21/7/26

Name & Signature of the Doctor Starting the Drugs: Smitha Dr Smitha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7
7am	X	Jessie
3PM	X	
11pm	12am Jillian	

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Smitha Smitha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	22/7
6am	[illegible] / Jillian
6PM	

DRUG : SYP DUPHALAC BULK

Dose	Route	Frequency	Start Date
15ml	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Smitha Smitha

Additional Instructions: @ 10pm after dinner

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7
10PM	12am Jillian

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T-TAXIM O

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Smitha (signature)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ 21/7
Time ▾ 10am ✗ ; 10pm (initials)

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Patient Sticker

Weight. ..... Ward. OBS

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	8:00AM	T. PCM	25mg	PO		Shobha yamuna
21/7	9:00AM	Inj CEFOTAXIME	1gm	IV		Shobha yamuna
21/7	10:00AM	T. PCM	25mg	PO		Shobha yamuna
21/7/26	12pm	ENEMA	1	P/R		Shobha yamuna
21/7/26	4pm	Inj DROTIN	1amp	IV		Ajali Swarupa
21/7	6:25pm	Inj OXYTOCIN	10U	IM		Ajali Swarupa
21/7	6:50pm	JUSTIN SUPPOSITORY	100mg	P/R		Ajali Swarupa
21/7	6:55pm	T. MISOPROSTOL	100mg	P/R		Ajali Swarupa

Mrs SAEED UNISA IP5-00176694
20-09-1999 26 Y
Dr. DR.M PRATHYUSHA REDDY (F)

I.V. FLUIDS CHART

Weight. ..... 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
21/7/26	9:00 AM	RINGER LACTATE	IV	150		Shobha / Yamuna	21/7	SG	Shobha / Yamuna
21/7/26	2pm	RINGER LACTATE + 10U oxytocin	IV	6 ml		Shobha / Jamu	21/7	SG	Anjali / Swamy
21/7/26	12pm	RINGER LACTATE 500ml	IV	100ml/hr		Anjali / Swamy	21/7		Anjali / Swamy
21/7/26	6pm	RINGER LACTATE 500ml	IV	100ml/hr		Anjali / Swamy	21/7		Anjali / Swamy

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

BAH-00645577 IP5-00176694
Mrs SAEED UNISA
20-09-1999 26 Y 10 M 1 D (F)
Dr. DR.M PRATHYUSHA REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 21/7/26

Patient Name: Mrs. Saeed Unisa Date of Birth: 20/9/1999 Age: 26 Y

Gender: F Ward : BB - III UHID No.: BAH-00645577

Date of Surgery: 21/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : AVD c̄ Epidural

Time in : 6:20 pm Time Out : 7:20 pm

		NAME	AMOUNT
1.	Surgeon	: Dr. M. Prathyusha Reddy	
2.	Anaesthetist	: Dr. Sunidra	
3.	Assistant Surgeon	: Dr. Shruthi	
4.	OT Technician	:	
5.	Circulating Nurse	: Sr. Swarupa	
6.	Assistant Nurse	:	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9715290

Order by

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