


BAH-00657731 IP5-00174590  
Mrs MANJU BALASREE DINTYALA  
31-08-1997 28 Y 9 M 1 D (F)  
Dr. MALLEMALA SARADA REDDY



### SURGERY DETAILS

BAH-00657731 IP5-00174590  
Mrs MANJU BALASREE DINTYALA  
31-08-1997 28 Y 9 M 1 D (F)  
Dr. MALLEMALA SARADA REDDY

Date : 1/6/20

Patient Name:  Date of Birth: 31/8/1997 Age: 28yrs

Gender: ..... Ward: ..... UHID No.: BAH-00657731

Date of Surgery: .....  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency LSCS under Spinal Anesthesia

Time in : 11:00 pm

Time Out : 12:00 Am

	NAME	AMOUNT
1. Surgeon	Dr. Sarada Reddy	
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:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

Signature of Circulating Nurse,

Order No. 9638862

Order by:

Mrs. Manju

## CONSUMABLES OF OT

2943

Circulating staff : ..... Technician : ..... Date : ..... Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>less drupe</i>	1		Inj Vit.K		2
LMA			Sutures <i>2346</i>	2		Cord Clamp		1
ECG leads (A) P/N		03	<i>2364</i>	1		Suction Catheter		
HME filter : A / P / N			<i>2262</i>	1		Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		0
05 cc		05	Gloves <i>6 1/2, 6, 7</i>	2/2		Surgical Gloves <i>7</i>		2
02 cc		03	<i>p.f 7</i>	1		Gauze Pack		1
01 cc						Syringe 1ml / 2ml		2
Cautery plate (A) P/N		01	Surgical blade <i>22</i>	1		Surgical Blade # <i>20</i>		1
IV set			NG tube			Koochies (S) <i>1's</i>		1
RL		02	Cautery pencil	1				
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies <i>xc</i>	1				
<i>Mini Spike</i>		01	Ointments					
			Suction Catheter					
Fentanyl		01	Cap, Mask	10/10/10				
Morphine			Gauze Pack	2/1				
Ketamine			Mop Pack	2				
Propofol			Steristrip <i>2one</i>	1				
Rocuronium			Underpad	1				
Glycopyrolate			Draw sheet <i>Allenorb</i>	1				
Myopyrolate			Abgel	1				
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					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol: 100mg		01	Vaccum Suction set	1				
Justn : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost 200mg		02	Betadine Solution	2				
<i>Oxytocin</i>		03	Microshield					
			Cotton Balls	1				
			Latex Gloves	10				
			Ramdione Scrub					
			Saral <i>DL*</i>	2				

96388693

Surgeon

Anaesthesiologist

Nurse

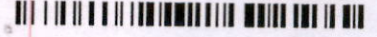
OT Technician

Order No. : ..... *9638886* .....Ordered by : ..... *Shalante* .....

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

### ADMISSION SHEET

#### Registration Details :



Admission No : IP5-00174590

Admit Date : 01-Jun-2026

Admit Time : 09:05 AM

UHID : BAH-00657731

#### Patient Details :

Patient Name : Mrs MANJU BALASREE DINTYALA

Age : 28 Y 9 M 1 D

Guardian : Mr MATHIGETTA VAMSI KRISHNA

DOB : 31-08-1997

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : H NO: 8-3-1114/101, KANAKA DHARAS RAMA  
KRUPA ENCLAVE, FLAT NO 101, KESHA  
NAGAR, Srinagar Colony Hyderabad  
Telangana INDIA 500073

Phone No : 9494154913

E-mail : NA@GMAIL.COM

#### Admission Details :

Bed Type : SHARED WARD

Bed No : SW 416

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 416

Admission Type : First Visit

#### Contact Details :

Name : Mr MATHIGETTA VAMSI KRISHNA

Relationship : Husband

Contact Address : H NO: 8-3-1114/101, KANAKA DHARAS RAMA  
KRUPA ENCLAVE, FLAT NO 101, KESHA  
NAGAR, Srinagar Colony Hyderabad  
INDIA 500073

Phone No : / 9494154913



Signature

#### Doctor Details :

Doctor Name : Dr. MALLEMALA SARADA REDDY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

#### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_

Date of Admission : \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

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Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
2/6/26	12:20 AM DR4 OT	DR4 OT	DR5 3rd floor	Sis. Rayer
2/6/26	5:00 AM	DR5	zone-C	Sis. Raj
2/6/26	10:30 AM	33B (Z-C)	305 zone-A	Sis. Sushantha
<del>2/6/26</del>		<del>33B</del>	<del>33B</del>	<del>Bareilly</del>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	3/6/26		
2				
3				
4				
5				
6				
7				
8				
9				
10				

**INVESTIGATIONS**

Date	Investigations	Order No.	Signature
11/6	CBP	26055526	Shobana
11/6	NST - <del>D</del>	265021684	Shobana
11/6	NST - <del>D</del>		Ravi
11/6/26	NST <del>(B)</del>	26055526	Shobana
21/11/26	NST <del>(W)</del>		Ravi
		<del>Cross checked by Ravi</del>	





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Patient Stic

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints: *Came with*

*lbw pain in lower abdomen since yesterday evening.*  
Obstetric Formula: *primigravida*

LMP: *7/8/2025* EDD: *26/6/26*

Corrected EDD: *14/5/26 (NT) 4 10/6/26* GA: *38+5 weeks*

Menstrual History: Regular:  Yes  No

Obstetric History: \_\_\_\_\_

### Obstetric Examination

Fundal Height: *NTERM.*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

Present Pregnancy Record:

*PP - Spontaneous conception booked with Dr. Sarada since conception @*

RISK FACTORS: *Shree Hospital*

*1gm. inj. fcm taken in 8th mon (Hb-9.2) (2/5/26)*

### Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated *2cm.*

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

Allergies: *NKOA.*

Breast:  Normal  Abnormal

General Examination:

Consciousness: *clear* Pallor: *absent*

Icterus: *Absent* Edema: *(mild)*

Temp: *afebrile* PR: *102 bpm.*

BP: *126/72 mmHg* DTR: *present*

CVS: *S12 (+)* RS: *BAE (+)*

Liver/Spleen: *not palpable* Urine Output: *adequate*

### DIAGNOSIS

*Primigravida / 38+5 weeks / in Early labour.*



<p>Family History:          father - DM/HIN.</p>	<p>Surgical History:          Lasix surgery (both eye) - 2024.</p>
<p>Medical History: Nil.</p>	<p>Medication History:          folic acid, vit B12</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>1) Admission</li> <li>2) Part preparation</li> <li>3) Frenum</li> <li>4) NST 3rd hourly.</li> <li>5) T- PGE<sub>1</sub> every 3rd hourly sublingual.</li> <li>6) Monitor vitals.</li> <li>7) Encourage voiding</li> <li>8) written &amp; informed consent.</li> <li>9) send &amp; trace CBP.</li> <li>10) w/F progression of labour</li> </ol>	<p>Investigations:</p> <p>BGT - A +ve.          Viral - NR</p> <p>14/4/26 CBP - Hb - 9.2 / 14, 110 / PLT - 2.31.          15/5/26 - CBP - 11.6 / 12.87 / 1.57          25/5/26          SVDL, 37+4 wks, cephalic,          PLT - post, AFI - 8-9 cm,          Ffw - 3.119 gram. cardiac activity with acceleration &amp; deceleration noted. with active fetal movements.          Dopplers - (N)          TIFFA @ 21+3 wks → (N)          fetal echo - (N)          FTS → Low risk (NT - 1.5mm)          urine ch - no growth.</p>

Doctor Name: Dr. Diney

Signature: *[Signature]*

Date & Time: 11/6/26, 9:10 am

Consultant Name: Dr. Sharadhe Reddy

Signature: *[Signature]*

Date & Time: .....

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
1/6/26 12:45pm.	primi / 38+5wks / in early labour. cl: pain in abdomen.	augmenting with paf, (2 doses - given) last dose @ 12:30pm
	<u>O/F</u> Gc - fair Bp - 110/70mmHg PR - 98 bpm. SpO2 - 98% RA. p/a - ut acting. p/v - 2cm dilated; 1/2 inch long; Vx - 3 station; mentum ⊕	<u>Adv</u> 1) NST 3rd hourly 2) T. paf, 2 smeg @ 3:30pm. 3) w/f progression of labour 4) FHR monitoring 5) Inform SJS <del>Dr. Dreyer</del> Dr. Dreyer
1/6/26 3:30pm	<u>O/F</u> Gc - fair Bp - 102/70mmHg PR - 88 bpm SpO2 - 98% RA p/a - ut mild acting p/v - 2cm dilated; 1 1/2 inch long Vx - 3 NST - retrace.	e/s/r - Dr. Sharada reddy <u>Adv</u> 1) NST 3rd hourly 2) T. paf, 1/2 2 smeg stat. 3) w/f p/a 4) Inform SJS. 5) continue the same treatment.
COP 11-6/12.87/0.52	Vx - 3 noted by developer 01/9580	<del>Dr. Dreyer</del> Dr. Dreyer

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 31-08-1997 28 Y 9 M 1 D  
 Dr. MALLEMALA SARADA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>1/06/2026</u>	Case discussed with Dr. Shavada.	
<u>6:30 PM</u>	c/o mild pains	
	P/A - vitals mildly acting FHR good	
	<p><u>V/S</u> - Cx 1/2 inch, 2 cm, ↓ aseptic precautions          ARM done          clean lab (P)          Vx (- 2).          ~ FHR checked on Doppler - 140 bpm</p>	
	<u>Advice:</u>	
	~ Inj. uterotaxim 1 gram IV - STAT after test done	
	~ Watch for Progress of labor	
	~ Monitor FHR	
	~ Reassess at 9:30 PM	
	~ Inform SES	
	By Ch. Deepika	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>1/06/2026</u>	Case discussed c Dr. Shanada	
<u>7:15 AM</u>	<p>child pains</p> <p>vitals - BP - 129/72 (86)</p> <p>PR - 90 bpm</p> <p>SpO<sub>2</sub> - 99% on RA</p> <p>P/A - vitals acting</p> <p>NST - reactive</p> <p>V/S - Cx 50% effaced, 2-3cm CP, ROP head not well applied</p> <p>Vx (-2).</p>	
		<p><u>Advice</u></p> <ul style="list-style-type: none"> <li>✓ NBM</li> <li>✓ Review at 10:30 PM</li> <li>✓ Need for Emg. VCS explained in case of NPO</li> <li>✓ Monitor vitals / PR</li> <li>✓ Inform SAs</li> </ul> <p><u>(By Ch. Peripha)</u></p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/06/2026		
10:20 PM	<p><u>C/S/B Dr. Sarada</u></p>	
	<p>HR good V/E - CX 50% applied 2-3cm, REP U(+) head not well applied Vx (-2)</p>	
	<p><u>Advice</u></p>	
	<p>Patient &amp; family counselled need for Eng V/E if/No NPO</p>	
	<ul style="list-style-type: none"><li>✓ PAC</li><li>✓ Informed &amp; written consent</li><li>✓ Pre-medication as charted</li><li>✓ Foley catheterisation</li><li>✓ shift to OT</li></ul>	
	<p><u>By Dr. Deepika</u></p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2/6/2026</u>		
<u>12:30 AM</u>	<u>POD-1 Emergency USG / P/A</u>	<u>Advice</u>
<u>Babywell</u>	Comfortable	
Urine output - 100ml, Clear	GC - Fair / afebrile	✓ NBM for 4 hours
	Vitals - BP - 130/79 (91)	✓ IVF @ 100ml/hr
	PR - 69bpm	✓ Drugs as charted
	SpO <sub>2</sub> - 99% on RA	✓ monitor vitals
	P/A - Vteus retracted well	✓ V/O monitoring
	soft	✓ mobilization
	VVE - Minimal Bleeding ⊕	✓ Inform SRS
		✓ watch for excessive Bleeding
		<u>(By Ch Dupika)</u>
<u>2/6/2026</u>		
<u>4 AM</u>	<u>POD-1 Emg. USG / P/A</u>	<u>Advice:</u>
<u>Babywell</u>	Comfortable	
V/O - 500ml clear	GC - Fair / afebrile	✓ Allow sips of H <sub>2</sub> O
	Vitals - BP - 126/70 (84)	followed by liquid diet
	PR - 80bpm	✓ soft diet x 8 AM
	SpO <sub>2</sub> - 99% on RA	✓ IVF @ 100ml/hr
	P/A - Vteus retracted well	✓ Urine output monitoring
	soft, BS ⊕	✓ monitor vitals
	VVE - Minimal Bleeding	✓ Drugs as charted
Shift to Room		✓ mobilization
		✓ watch for excessive Bleeding
		✓ Inform SRS
		<u>(By Ch Dupika)</u>

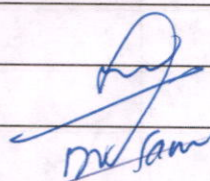
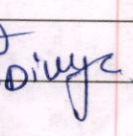


**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>C/c/B: Dr Sharada</u>	
2/6/26 8:45 AM	- PDD- - Pt is stable - o/e ac-fair BP-116/70mm PR-84bpm SpO <sub>2</sub> -100% on RA P/A- w/ well @ Dressing dry & intact U/E- Brown U/O- 200ml; clear & odourless	<u>Adm</u> ① Soft diet ② Hydration & ambulation ③ Drugs as charted ④ Monitor vitals q 4h ⑤ w/ bloody ph ⑥ Inform SAs
	Remove Foley @ 11am.	<del>Smile</del> <del>Noted by Sushruti</del>
2/6/26 2:25 PM	Pt comfortable o/e ac-fair vitals- stable P/A w/ well U/E Lochia Dressing	<u>Adm</u> - Soft diet - plenty of oral fluids - drugs as per charted - vitals q 4h - Ambulate - Inform SAs
VV fx st		 Dr. Samant



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 6:30pm W L SX	pt comfortable O/E Uterus vitals - stable P/A - ut @ well L/E - lochia healthy	Adv - soft diet plenty of oral fluids - drugs as per charted - vitals hourly - Ambulate - Inform SOS
		 Dr. Sushantha
3/6/26 8:00am W L SX	POD-2 / Em. 15/15 / P.L. 1 pt comfortable O/E Cervix BP - 119/74mmHg PR - 71BPM Spo2 - 98% RA P/A - ut @ well L/E - lochia healthy	Adv 1) soft diet, plenty of hydration. 2) Ambulation 3) Drugs as charted 4) vitals 6th hourly 5) w/f bleeding plv 6) Inform SOS
STE } DIE } plan discharge		 Dr. Sushantha Noted by Sushantha





## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Sharadha Reddy</i>	Date of Delivery: <i>1/6/26</i>
Assistant Surgeon: <i>Dr. Deepika</i>	Time of Delivery: <i>11:11pm</i>
Anaesthetist's Name: <i>Dr. Aditi</i>	Gender of Baby: <i>male</i>
Type of Anaesthesia: <i>↓ Spinal</i>	Weight of Baby: <i>2.960 kgs</i>
Neonatologist: <i>Dr. Poojitha</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis. Rajeshwari</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *Primigravida / 32<sup>W</sup> / Early labor*

Elective  Emergency Indication: *Non-progress of labor*

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: ..... Knief to rectus: .....

CTG Description: .....

If there was a delay give the reasons: .....

Surgical Procedure: *Emergency US under Spinal Anesthesia*

Post Operative Diagnosis: *P14 - POD-0*

Peri-Operative Complications:

- ✓ 1 loop of cord around the neck*
- ✓ sub-umbilical flattening*
- ✓ ROP*

Amount of Blood Loss: *~ 300ml* Blood Transfused (in ML): *Nil*

Name and Number of Surgical Specimen sent for examination:

*— Nil —*

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other .....  
5th Palpable: ..... *4/5th Palpable* .....  
Station:  -3  -2  -1  0  +1  +2  
Caput:  +  ++  +++  
Bladder Catheterized:  Yes  No

Cervical Dilatation: *2-3cm* ..... cm  
Fetal Position: *ROP* .....  
Moulding:  None  +  ++  +++  
Meconium:  None  +  ++  +++  
Urine:  Clear  Blood Stained

Skin Incision:  Pfannenstiel  Transverse  Midline  Other .....  
Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
Previous Scar:  Intact  Thinned out  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

Uterine Closure:  One Layer  Two Layers ..... *No 1-0 Vicryl* ..... Suture  
Peritoneal Closure:  Pelvic  Abdominal  None ..... *NONE* ..... Suture  
Sheath Closure: ..... *No 1 Vicryl* ..... Suture  
Fat Closure:  Yes  No ..... *No 2-0 Rapid Vicryl* ..... Suture  
Skin Closure:  Subcuticular  Mattress ..... *No 2-0 Rapid Vicryl* ..... Suture  
Vaginal Evacuated  Yes  No  
Drain:  Yes  No  Remove in ..... days  Await instructions  
Catheter  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: .....  
✓ NBM - 4-6 hours  
✓ IV & Analgesic - Axon  
✓ Drugs as charted  
✓ Monitor vitals  
✓ Urine Output Monitoring  
✓ Mobilization  
✓ Watch for excessive Bleeding  
✓ Inform SAs

Doctor Name: *Dr. Deepika* ..... Doctor Signature: *[Signature]* .....  
Date & Time: *2/6/2026, 12:30 AM* .....

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## POST-SURGICAL CARE PLAN FORM

Procedure Done:	Emergency USG Under Spinal Anesthesia
Post-Surgical Diagnosis:	P.I.E. - P.D.D.
Post-Operative Monitoring Parameters / Frequency:	BP / PR / SpO <sub>2</sub> - hourly monitoring
Wound Care:	Dressing x 48 hours
Drain / Special Lines / Catheters:	<ul style="list-style-type: none"><li>✓ Foley's in situ</li><li>✓ Urine output - hourly monitoring</li></ul>
Special Patient Positioning and Requirements:	Nil
Nutritional Instructions:	<ul style="list-style-type: none"><li>✓ NBM - 4-6 hours</li><li>✓ Liquid diet after 4-6 hours</li><li>✓ Soft diet - 10-12 hours</li></ul>
When to Start Mobilization:	<ul style="list-style-type: none"><li>✓ As soon as anesthesia wears off</li><li>✓ Ambulation after Foley's Removal</li></ul>
Special Referrals:	Nil
The new order for all required medications documented in the doctor order/medication sheet:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Post-Operative Care Needed including Required Follow Up	Nil
Treating Surgeon (Signature & Stamp)	
Date:	2/6/2026
Time:	12:30 AM
Note:	Plan of care will be readjusted if necessary.

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## RESULT SHEET

Date	11/6/26				
Time					
Hb	11.6				
PCV					
RBC	4.75				
WBC	12.87				
N/L					
Platelets	157				
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 <del>At</del>						
Viral JNK						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

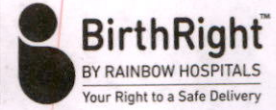
                  CT : .....

                  MRI : .....

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

BAH-00657731 IP5-00174590  
 Mrs MANJU BALASREE DINTYALA  
 31-08-1997 28 Y 9 M 1 D (F)  
 Dr. MALLEMALA SARADA REDDY

Patient Sticl



## MEDICATION RECONCILIATION FORM

Drug Allergies: N/A  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-IRON	1 tab	PO	OD	3/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T-calcium	1 tab	PO	OD	3/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-MVT	1 tab	PO	OD	3/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. MD Durga

Date & Time: 1/6/26 ; 9:10 am

Nurse Name & Signature: Saral

Date & Time: 1/6/26 @ 9:12 am

BAH-00657731 IP5-00174590  
 Mrs MANJU BALASREE DINTYALA  
 31-08-1997 28 Y 9 M 2 D (F)  
 Dr. MALLEMALA SARADA REDDY



Manju Balasree Dintyala



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward B.D.L.N

<b>DRUG :</b> TAB PANTOPRAZOL				Date Time	2/6	3/6																
Dose	Route	Frequency	Start Dt.																			
40mg	PO	BD	2/6/26	6:00	Prati	Prati																
Name & Signature of the Doctor Starting the Drugs:																						
Dr. Deepika																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b> TAB CEFIXIME				Date Time	3/6																	
Dose	Route	Frequency	Start Dt.																			
200mg	PO	BD	3/6	10:00 AM	Prati																	
Name & Signature of the Doctor Starting the Drugs:																						
Dr. Samire																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Doctor's Endorsement by a Sign																						

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

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

BAH-00657731 IP5-00174590  
 Mrs MANJU BALASREE DINTYALA  
 31-08-1997 28 Y 9 M 1 D (F)  
 Dr. MALLEMALA SARADA REDDY



# DRUG CHART

Date of Admission: 1/6/20 Drug Allergies: NKA  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)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. .... Ward. 2/c

<b>DRUG :</b> T PARACETAMOL				Date Time	2/6/16																		
Dose	Route	Frequency	Start Date																				
1gm	PO	QID	1/6/16																				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Aditi N. Aditi</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
<b>DRUG :</b> T DICLOFENAC				Date Time	2/6/16																		
Dose	Route	Frequency	Start Date																				
50mg	PO	TID	1/6/16																				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Aditi N. Aditi</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
<b>DRUG :</b> T TRAMADOL				Date Time	2/6/16																		
Dose	Route	Frequency	Start Date																				
100mg	PO	TID	1/6/16																				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Aditi N. Aditi</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
<b>DRUG :</b> INJ CEFOTAXIM				Date Time	2/6/16																		
Dose	Route	Frequency	Start Date																				
1gram	IV	BD	2/6/16																				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ch. Deepika</u>																							
Additional Instructions:																							
X 48 hours 1/6 oral																							
Daily Doctor's Endorsement by a Sign																							

~~STOP Dr. Sumanee RB~~  
2/6/16  
@Suman



DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	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
1/6/26	9:30AM	T-PGE <sub>1</sub>	25mcg	sublingual	<i>D.</i>	Shabare. Tunna.
1/6/26	12:30pm	T-PGE <sub>1</sub>	25mcg	sublingual	<i>D.</i>	Shabare Tunna.
1/6/26	3:30pm	T-PGE <sub>1</sub>	25mcg	sublingual	<i>D.</i>	Shabare Tunna.
1/6/26	6:30am	T-PGE <sub>1</sub>	25mcg	sublingual	<i>Suthi</i>	Shabare Tunna.
1/6/26	8pm	INS CEFOTAXIM	1gram	IV	<i>lip</i>	Shabare Tunna.
1/6/26	10:45pm	INS PANTOPRAZOLE	40mg	IV	<i>lip</i>	Shabare Tunna.
1/6/26	10:50pm	INS PERINDOM	10mg	IV	<i>lip</i>	Shabare Tunna.
2/6/26	12-AM	TRAMADOL Supp	100 mg	OR	<i>lip</i>	Shabare Tunna.
9/6/26	12:00AM	DILLOFENNA 100mg	100 mg	PR	<i>lip</i>	Shabare Tunna.

VERIFIED BY : Name .....

I.V. FLUIDS CHART

Weight. .... Ward. Ble



Position of I.V. Fluid  
 (ml/hr = Mcg/kg/min. etc)

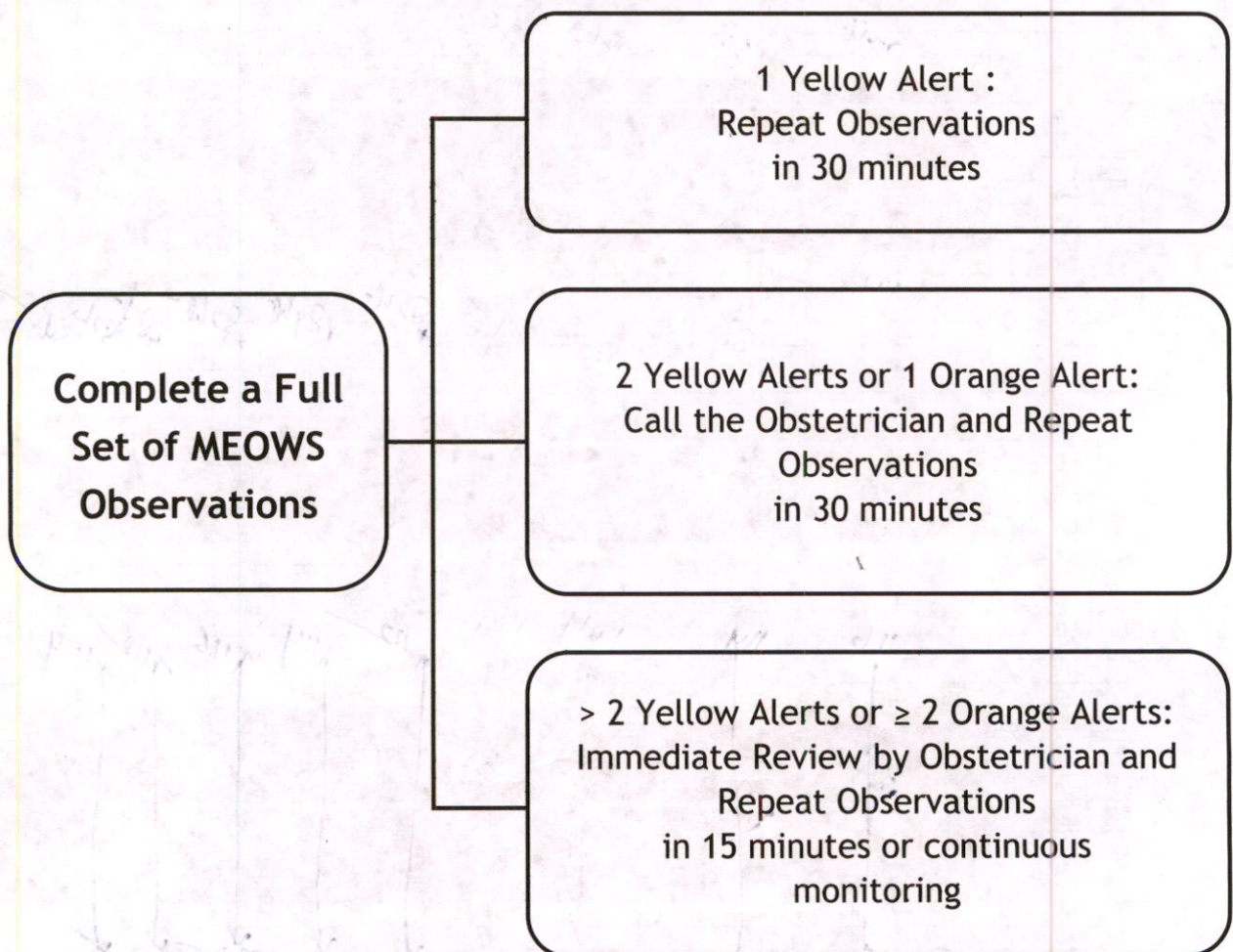
		Position of I.V. Fluid (ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/6/26	5:30 PM	PINGER LACTATE 500ml	IV	100ml/hr	Cp	Rafi Prer	1/6/26	Cp	Rafi Prer
1/6/26	6:00 PM	PINGER LACTATE 500ml	IV	100ml/hr	Cp	Rafi Prer	1/6/26	Cp	Rafi Prer
1/6/26	11:00	PINGER LACTATE	IV	100	Rafi	Rafi Prer	1/6/26	Cp	Rafi Prer
2/6/26	1:00 AM	PINGER LACTATE 500ml	IV	100ml/hr	Cp	Rafi Prer	2/6/26	Cp	Rafi Prer
2/6/26	3:00 AM	PINGER LACTATE 500ml	IV	100ml/hr	Cp	Rafi Prer	2/6/26		Rafi Prer
2/6/26	5:00 AM	PINGER LACTATE 500ml	IV	150ml/hr	Cp	Rafi Prer	2/6/26	Cp	Rafi Prer
2/6/26	10 AM	PINGER LACTATE 500ml	IV	100ml/hr	Cp	Rafi Prer	2/6/26		Rafi Prer

Signature

VERIFIED BY : Name



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00657731 IP5-00174590  
 Mrs MANJU BALASREE DINTYALA  
 31-08-1997 28 Y 9 M 2 D (F)  
 Dr. MALLEMALA SARADA REDDY

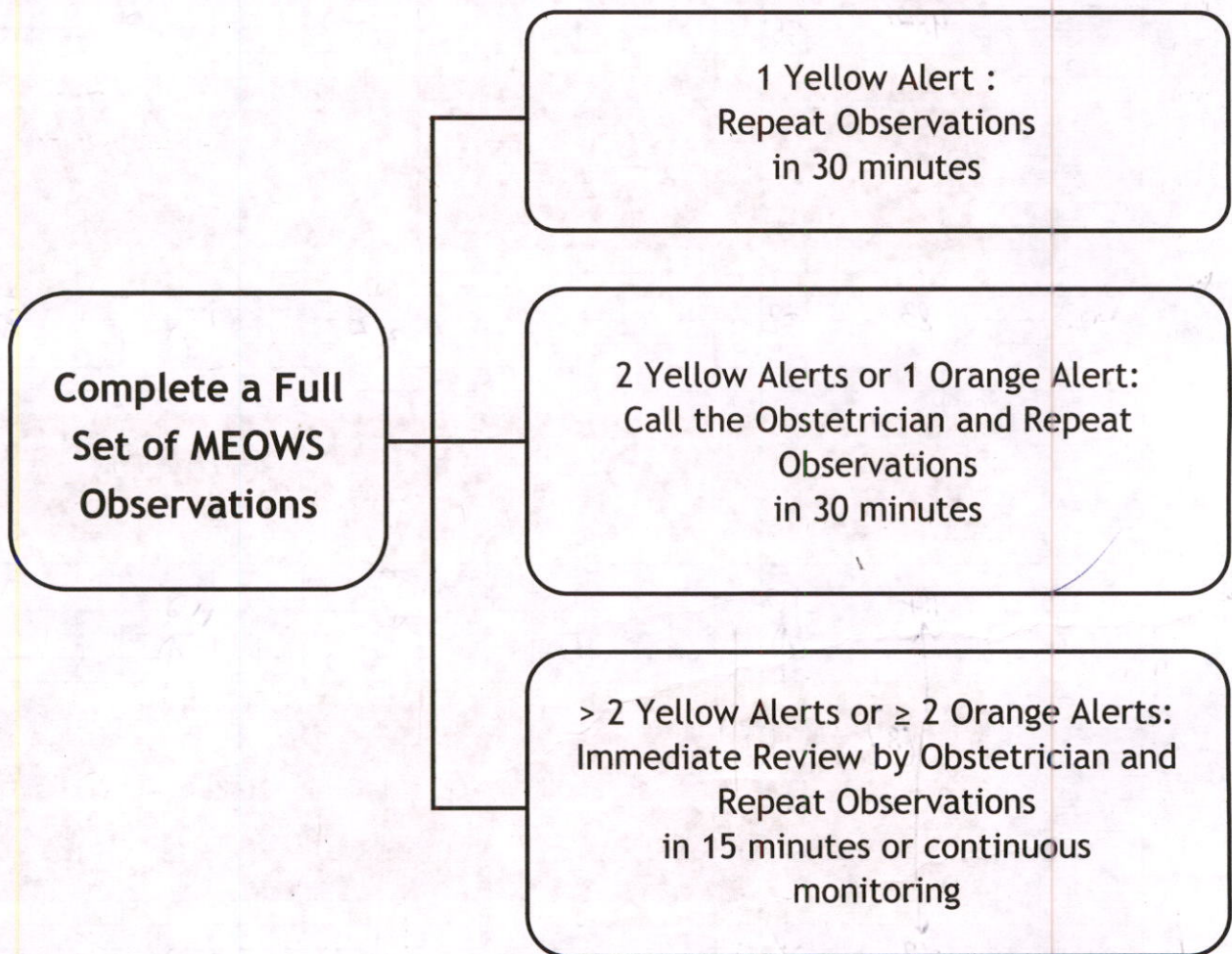


## Early Warning Observation Score Chart - Obstetrics

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

		Date	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		21										20					18					20				
	0 - 10																													
Saturations	94 - 100 %			99%		99%										99					94					98				
	< 94 %																													
Administered O <sub>2</sub> (L/min.)																99					99									
Temp °C	40																													
	39																													
	38																													
	37			98.2F		36.7										98.2					100					98.1				
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80			83			82									83					81					89				
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
40																														
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				
TOTAL ORANGE SCORES			0			0									0					0						0				
Nurse Initial			DR			DR									DR					DR						DR				

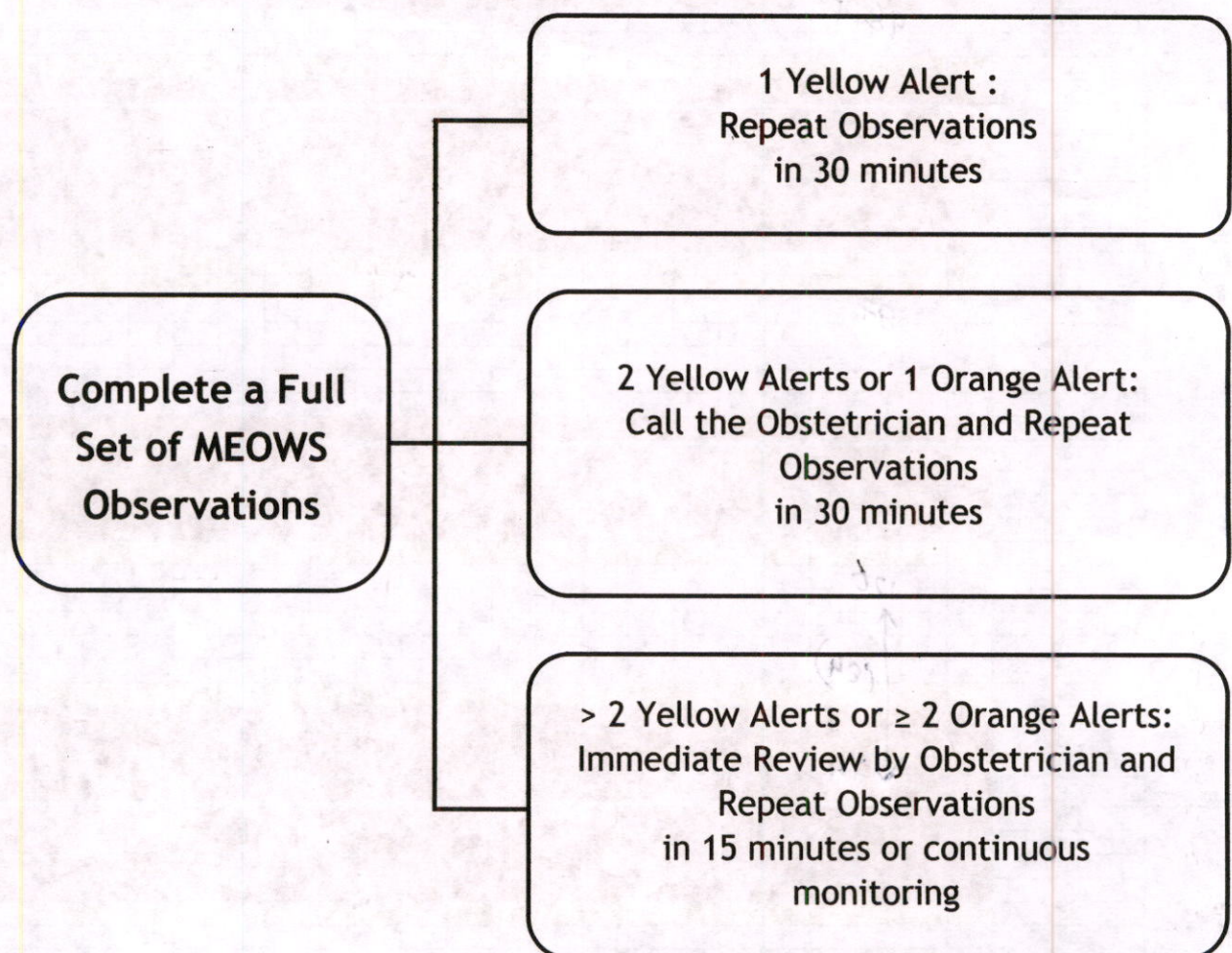
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

Patient Sticker

BAH-00657731 IP5-00174590  
Mrs MANJU BALASREE DINTYALA  
31-08-1997 28 Y 9 M 1 D (F)  
Dr. MALLEMALA SARADA REDDY

**FLUID CHART**

Sheet No. : ...

116126

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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am								✓	0		Sasha	
	10:00 am									0		Sasha	
	11:00 am	Sea - meal								0		Sasha	
	12:00 pm									0		Sasha	
	01:00 pm	lunch 500 200ml							✓	0		Sasha	
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					Passed		
	02:00 pm									0		feely	
	03:00 pm								✓	0		feely	
	04:00 pm									0		feely	
	05:00 pm								✓	0		feely	
	06:00 pm									0		feely	
	07:00 pm									0		feely	
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					passed		
	08:00 pm	RL		500ml						0			
	09:00 pm									0			
	10:00 pm								✓	0			
	11:00 pm	RL		500ml						0			
	12:00 am									0			
	01:00 am									200ml			
<b>Total Intake :</b>			1000ml			<b>Total Output :</b>					200ml m=0		
	02:00 am	RL		500ml						0		Phys	
	03:00 am			100ml						0		Phys	
	04:00 am			100ml						0		Phys	
	05:00 am	R		100ml						300ml		Phys	
	06:00 am	L		100ml						0		Phys	
	07:00 am			100ml						0		Phys	
<b>Total Intake :</b>			Taken			<b>Total Output :</b>					U=300ml m=0		

**Total 24 hrs. Intake** Taken

**Total 24 hrs. Output** U=500ml, m=0



# FLUID CHART

Sheet No. : ..... (2) .....

2/6/2026

- 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.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
2/6/26	08:00 am	Water				1			200ml	0	S	
	09:00 am					2				0	S	
	10:00 am	H <sub>2</sub> O								0	S	
	11:00 am					1			800ml	0	S	
	12:00 pm	H <sub>2</sub> O								0	S	
	01:00 pm									0	S	
<b>Total Intake :</b> Taken					<b>Total Output :</b> 0 - 1000 ml M - 0							
2/6/26	02:00 pm					1				0	S	
	03:00 pm	H <sub>2</sub> O								0	S	
	04:00 pm					NP				0	S	
	05:00 pm									0	S	
	06:00 pm	H <sub>2</sub> O								0	S	
	07:00 pm									0	S	
<b>Total Intake :</b> Taken					<b>Total Output :</b> 0 - NP - 2							
2/6/26	08:00 pm									0	S	
	09:00 pm	water				1				0	S	
	10:00 pm									0	S	
	11:00 pm					NP				0	S	
	12:00 am	water								0	S	
	01:00 am									0	S	
<b>Total Intake :</b> Taken					<b>Total Output :</b> 0 - 2 M - 0							
2/6/26	02:00 am					1				0	S	
	03:00 am	water								0	S	
	04:00 am					NP				0	S	
	05:00 am									0	S	
	06:00 am	water				1				0	S	
	07:00 am									0	S	
<b>Total Intake :</b> Taken					<b>Total Output :</b> 0 - 2 M - 0							

**Total 24 hrs. Intake :** Taken

**Total 24 hrs. Output :** 0 - 4 M - 4

BAH-00657731 IP5-00174590  
 Mrs MANJU BALASREE DINTYALA  
 31-08-1997 28 Y 9 M 2 D (F)  
 Dr. MALLEMALA SARADA REDDY



# FLUID CHART

Sheet No. : ..... (3) .....

3/6/2026

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

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

**Total 24 hrs. Intake** 1000

**Total 24 hrs. Output** 1000

Patient Sticker

# FLUID CHART



Sheet No. : .....

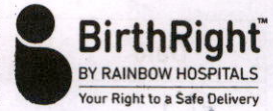
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

BAH-00657731 IP5-00174590  
Mrs MANJU BALASREE DINTYALA  
31-08-1997 28 Y 9 M 2 D (F)  
Dr. MALLEMALA SARADA REDDY



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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 8.55am

Origin: Indian Height: 160cm Weight: 72kg BMI: 25.7kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: POD-0 / Em. 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: *[Signature]*

Name: Manju

Date & Time: 2/6/26 @ 9:am

Dietician's

Signature: *[Signature]*

Name: Nikitha

Date & Time: 2/6/26 @ 8:56am

