



SURGERY DETAILS

Date : 2/6/26

Sl.No.

Patient Name : Age : Sex :

UHID No. : No. :

IP2-00056447

MAH-00344899

Mrs SOWMYA B 30 Y 5 M 28 D (F)

05-12-1995

DR. LAKSHMI KIRAN S

Date of Surgery : 2/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : EM bscs LSA

Baby mother side

Time in : 3:50pm

Time Out : 6:50pm

NAME	AMOUNT
1. Surgeon : Dr. Lakshmi Kiran
2. Anaesthetist : Dr. Shrey
3. Asst. Surgeon : Dr. Sameer
4. OT Technician : Shrey
5. Circulating Nurse : Ralee
6. Asst. Nurse : Anjali

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 942576/942577 Order by : Anjali

BRIGHTON



General Hospital
Brighton

OPERATIVE SHEET

10/10/02

Patient Name: ...

DRD No: ...

Date of Surgery: 10/10/02

Name of the Surgery: Baby mother's ...

Time: 9:30 AM

NAME

- 1. Surgeon: Mr. ...
- 2. Anesthetist: Mr. ...
- 3. Asst. Surgeon: Dr. ...
- 4. OT Technician: ...
- 5. Circulating Nurse: ...
- 6. Asst. Nurse: ...

Special Equipment: Laparoscopy Stereotaxic Harmonic Monitor ARM Cystoscopy

Signature of the Surgeon

Signature of the Anesthetist

Order No: ... Order by: ...

MAH-00344899 IP2-00056447
 Mrs SOWMYA B
 05-12-1995 30 Y 5 M 28 D (F)
 Dr. LAKSHMI KIRAN S



EM. LSCS ↓ S.A



CONSUMABLES OF OT

Circulating staff : Balu Technician : Shiva, Amreen Date : 2/6/26 Time : 3:50 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LRCS</u>		(1)	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : (A) P / N		(03)	2346	(4)		Suction Catheter		
HME filter : A / P / N			2364	(1)		Feeding Tube		
Syringes : 10 cc	(62)	(03)	1326	(1)		Vaccum Suction Set		
05 cc	(62)	(03)	Gloves			Surgical Gloves		
02 cc	(03)	(03)	PP/SG 6.5	(5)	(5)	Gauze Pack		
01 cc			SC 2.0	(2)		Syringe 1ml / 2ml		
Cautery plate (A) P / N		(01)	Surgical blade		(02)	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		(02)	Cautery pencil		(01)			
NS : 10ml / 100ml / 500ml / 1000ml	(01)		Koochies					
<u>Inj. Carbetocin</u>		(01)	Ointments		(01)			
<u>Inj. Tranexa 500mg</u>		(02)	Suction Catheter					
Fentanyl		(01)	Cap, Mask	(10)	(10)			
Morphine			Gauze Pack	(3)	(2)			
Ketamine			Mop Pack	(2)	(2)			
Propofol <u>Esquilgut 40mg</u>		(01)	Steristrip					
Rocuronium			Underpad <u>Alleg</u>	(3)	(01)			
Glycopyrolate		(01)	Draw sheet					
Myopyrolate			Abgel	(01)				
Ondansetron		(01)	Foleys catheter					
PenCan 25g/ Spinal Needle 22		(01)	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		(01)	Romodrain bag					
Antibiotics			Bandage <u>6"</u>	(01)				
<u>Inj. Lox 2%</u>		(01)	Tegaderm	(01)				
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		(01)	Vaccum Suction set		(02)			
Justin : 12.5 mg / 25mg / 100mg		(01)	Plastic Bed Sheet		(02)			
Tab. Misoprost : 200mg		(02)	Betadine Solution		(2)			
<u>Lox 2% jelly</u>		(01)	Microshield					
<u>Phenpress</u>		(01)	Cotton Balls		(2)			
<u>Atropine</u>		(01)	Latex Gloves		(20)			
<u>Adrenaline</u>		(01)	Ramdione Scrub					
<u>O₂ MASK (A)</u>		(01)	Saral					

Surgeon : Dr. L.K. Anaesthesiologist : Shilpa Nurse : Shilpa OT Technician : Shilpa

Order No. : Ordered by :
 Doc. No. : RCH / FRM / GENERAL / 125

ACTIVITY RECORD FOR BILLING

Name: MAH-00344899 IP2-00056447
 Mrs SOWMYA B 05-12-1995 30 Y 5 M 28 D (F) 2/6/26 (1)
 UHID No: Dr. LAKSHMI KIRAN S
 Date of Admission: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	7:30pm	600	406	<i>(Signature)</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Vaibhavi	4/6/26	943104	Sandhya
2.				
3.	<i>Cross checked by Sandhya 5/6/26 @ 9:15 AM</i>			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/6/26	Replacement	①	942608	@maju
2/6/26	PAC	①	942607	
2/6/26	Catheterization	①	942608	
2/6/26	em. USCS done by SA	①	942576	
2/6/26	DR. Lakshmi Kiran	①	942527	
cross checked by sis: Anika				
cross checked done by Anika 2/6/26 @ 8AM				

ANY OTHER INFORMATION

op file given to one pt. Attender

[Signature]

Date: 2/6/26

Time: 7:30pm

Prepared By: @maju

Staff Nurse Maju	Shift / Ward 6W to 406 Anika	Billing Assistant	Billing Supervisor
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ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

40 leaking pv :- half an hour
 no 40 abdominal pain

Obstetric Formula:

G2A1

Obstetric History:

A1 - 2025 (May) - missed miscarriage 6 weeks, MERP

Present Pregnancy Record:

G2 - PP / Spont. conception
 Booked at 6⁺³ weeks

RISK FACTORS:

NT scan - (N)
 MTAS - (N)
 FTS - Negative

Height: cm

Weight: kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness: Yes

Pallor: (-)

Icterus: -

Edema: (+)

Temp: afebrile

PR:

BP: 138/85 mmHg

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: 28/8/25

EDD:

Corrected EDD: 4/6/26

GA: 39⁺⁵ weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 36

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

(grade - I)

Vaginal Examination

Cervix: Long Partially effaced Effaced

40%

Os: Closed _____ Dilated 2 cm

Membranes: Present Absent

(gd - I)

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G2A1 | 39⁺⁵ weeks | PROM in latent labour
 Gest. hypotension



<p>Family History: Father - HTN</p>	<p>Surgical History: LASIK Surgery - 2023</p>
<p>Medical History: est hypothyroid</p>	<p>Medication History: Tab thyronorm 29 mcg</p>
<p>Plan of Care: Admission NST 2nd hourly Send CBC Inf Taxim 1 gram IV stat Provide sterile pad PAC check for PRBC availability consent for vaginal birth</p>	<p>Investigations: O+ve HIV } NR MBSAG } HCV } <u>7/3/26</u> Hb-11.3 WBC-12.3 USG obs at 38 weeks on 2/5/26 - cephalic, 3kg, 32%, AFI-14.6cm, Pl-aut. high dopplers (N)</p>



Doctor Name: Sameer
Signature: Sameer
Date & Time: 2/6/26

Consultant Name: Dr. Lakshmi Kiran
Signature: Lakshmi Kiran
Date & Time: 2/6/26



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3:30 PM	US B Dr. Lakshmi Kiran Ma'am	
	Patient and attendants counselled regarding liquor being meconium stained (grade-I) with cervical dilatation of 2cms. Explained regarding risk of meconium aspiration syndrome, ADS, NICU stay. Patient and attendants do not want further trial of vaginal delivery and wish for emergency USCS.	
	Adv - NBM - PAC, ports prepare; preop orders - catheterise - Check for PRBC availability - Shift to OT for emerg USCS	
2/6/26 4:45 PM	S: POD-0 o/e abdomen soft PR = 105/m BP = 120/75 mmHg P/A - uterine well contracted VE - bleeding wnl	Urop - 200ml (clear), Baby MS BF (+) 



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Adm - NBM x 2 hours</p> <p>- w/f bleeding pv</p> <p>- monitor vitals</p> <p>- follow drugg chart orders</p> <p>- CBF</p> <p>- Dupon 805</p>	
		<p><i>Sauer</i></p>
<p>noted by Manjeri 2/6/26 @ 4:45pm</p>		
<p>2/6/26 7PM</p>	<p>0-POD</p> <p>PR: 72</p> <p>BP = 136/88</p> <p>P/A = ut well</p> <p>contracted</p> <p>BS(7)</p> <p>plv: No active bleeding</p>	<p>Adm</p> <p>Liquid diet</p> <p>Vitals Monitoring</p> <p>CBF</p> <p>Start soft diet at 10PM</p> <p>Remove jellies on 3/6/26 @ 10AM</p> <p>w/f bleeding pv inform ser</p>
<p>Baby's mother</p>		
<p>U/O = 100 ml</p>		
	<p>Shift to Room</p>	<p><i>Sauer</i></p>
<p>noted by Manjeri 2/6/26 @ 7pm</p>		

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 Dr. LAKSHMI KIRAN S



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7AM	1-POD clo nil PR = 80	Adv Soft diet Vitals Monitoring
Baby's mother	BP = 116/72 PA = ut well contracted	ESF Remove jellies at 10AM Ambulation w/ bleeding pu in your seat
	P/V no active ultra 1500ml bloody	Dulcolax PR by crani for
FX		
	noted by Sandhya 3/6/26 @ 7AM	Raman
3/6/26 2PM		POD-1 Pls stable vitals (N) PA - ut well (2) (BP) WE - min pu bleed
Baby - mg		
W H Mx	Adv - Monitor vitals - Diet - ESF - Drug scheduled - Dulcolax after lunch - w/ excess pu bleed - Infusions	Raman



PROGRESS NOTES AND DOCTOR'S ORDER

Baby in NICU

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:45 pm	S: POO-1	
	cc - fair afebrile PR = 73/m BP = 116/72 mmHg P/A - uterus well retracted, soft. uc - bleeding w/nc u ✓ m ✓	Adv - (N) diet - Adequate hydration - follow drug chart orders - w/ft bleeding p/v - Infom 805
Noted By: Sushma 3/6/26 @ 7:45 pm		
4/6/26 8 am	S: POO-2	
	cc - fair afebrile PR = 75/m BP = 117/74 mmHg P/A - uterus well contracted soft, BS (+) uc - bleeding w/nc u ✓ m ✓	Adv - (N) diet - Adequate hydration - follow drug chart orders - w/ft bleeding p/v - Monitor vitals - Infom 805
Noted by Sankhya 4/6/26 @ 8 am		




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 2:30pm	POD-02 pt c/c ac fair, afebrile BR - 107/68 mmHg PR - 82 bpm baby - BF^{\oplus} , BF^{\oplus} U-P, N-P C/E - NAB	R ₀ → (N) diet → follow drug ward → monitor vitals → w/ bleeding rx → Ambulation → adq. hydration → Inform rx
<p>Noted By - Sushma 4/6/26 @ 2:30pm</p>		
4/6/26 8pm	POD-2 P/E afebrile BP = 130/80 mmHg PR = 82/min Baby ms BF^{\oplus} U ✓ MV ✓ PLA - UTRUR BK \oplus VLE - NAB	Adv - (N) diet - EBF - monitor vitals - drugs as charted - Ambulation - adequate hydration - Inform rx
<p>Noted By - Sushma 4/6/26 @ 8pm</p> <p style="text-align: right;">Dr. <u>Sushma</u></p>		

MAH-00344899 IP2-00056447
 Mrs BALANNAGARI SOWMYA (F)
 05-12-1995 30 Y 5 M 29 D
 Dr. LAKSHMI KIRAN S



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	8 AM.	Adm
	POD-3	- @ diet
	Pfcu	- EBF
	cephis	- drugs as
	aphebile	charted
Baby m/s	BP = 110 / 70 mmHg	- monitor vitals
Pfcu ⊕	PR = 78 / min ✓	- ambulation
	SPO ₂ - 99% @ RA	- adequate
	P/A - U/MER	hydration
U/V ✓	BS ⊕	- Inform car
M ✓	U/L - NAB	
		
<p>noted by Anura 5/6/26 @ 8 AM.</p>		

MAH-00344899 IP2-00056447
 Mrs SOWMYA B
 05-12-1995 30 Y 5 M 28 D (F)
 Dr. LAKSHMI KIRAN S



(Handwritten mark)



MEDICATION RECONCILIATION FORM

Drug Allergies: ~~Coco~~ - Nil 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: Coco Shifted to: YOL

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. Thyrocholm	2mcg	PO	BD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input 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

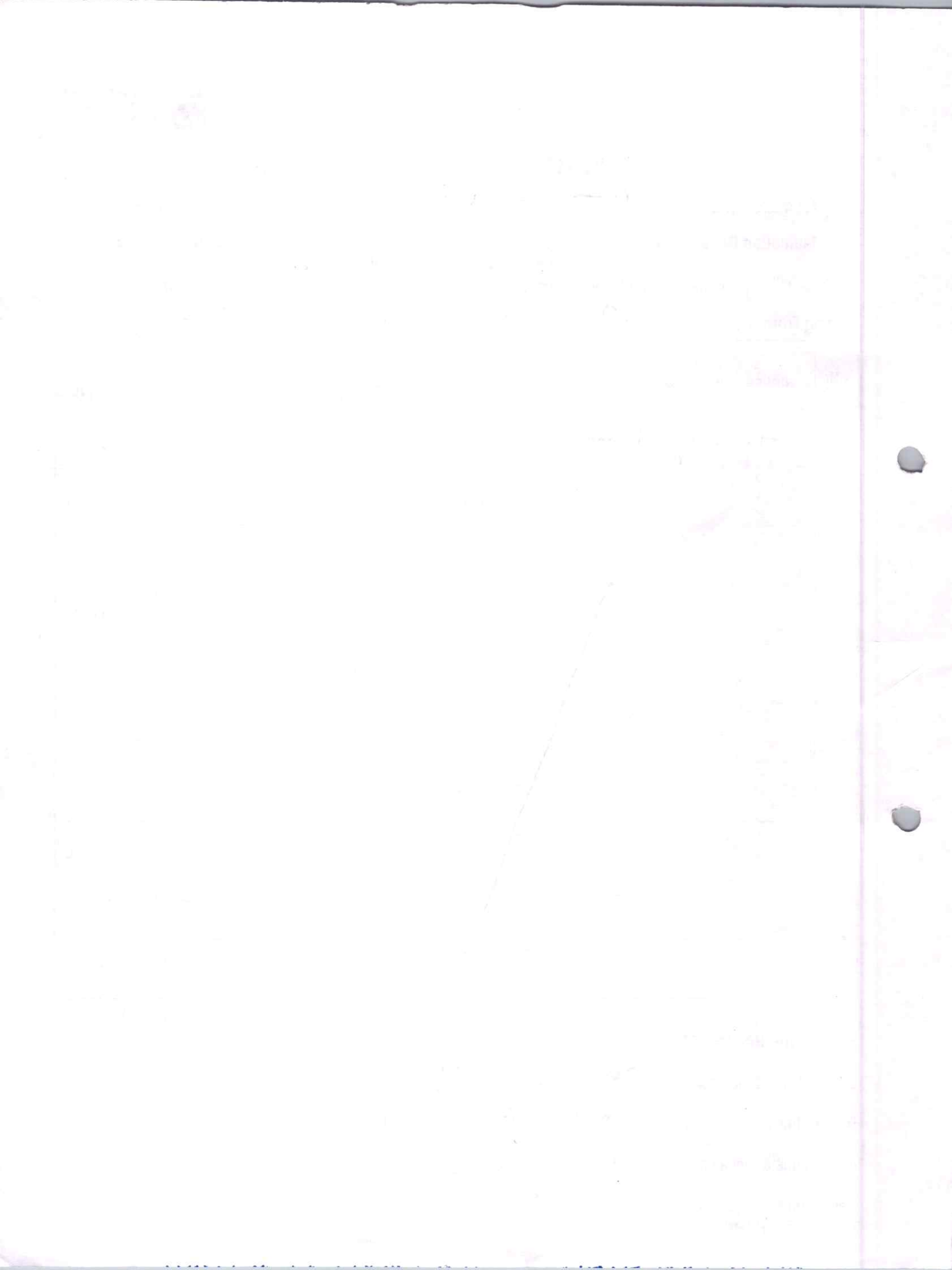
Doctor Name & Signature: Dr. Varani, Dr.

Date & Time: 2/6/26 @ 3pm

Nurse Name & Signature: Mary

Date & Time: 2/6/26 @ 3pm

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





DRUG CHART

Date of Admission: 26/26 Drug Allergies: Nil 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


REGULAR PRESCRIPTIONS

Weight Ward 600

DRUG: T. PARACETAMOL				Date	2/6/26	3/6	4/6	5/6											
Dose	Route	Frequency	Start Date	Time															
1gm	P/O	QID	02/06	12PM	X														
Name & Signature of the Doctor																			
Starting the Drugs:																			
DR SHINY SJ				6PM	X														
Additional Instructions:				12PM	X														
				6PM	X														
Daily Doctor's Endorsement by a Sign																			
DRUG: T. TRAMADOL				Date	2/6/26	3/6	4/6												
Dose	Route	Frequency	Start Date	Time															
100mg	P/O	TID	02/06	8AM	X														
Name & Signature of the Doctor																			
Starting the Drugs:																			
DR SHINY SJ				4PM	X														
Additional Instructions:																			
				2PM	X														
Daily Doctor's Endorsement by a Sign																			
DRUG: T. DICLOFENAC				Date	2/6	3/6	4/6												
Dose	Route	Frequency	Start Date	Time															
50mg	P/O	TID	02/06	7AM	X														
Name & Signature of the Doctor																			
Starting the Drugs:																			
DR SHINY SJ				3PM	X														
Additional Instructions:																			
				10PM	X														
Daily Doctor's Endorsement by a Sign																			
DRUG: INT ENOXAPARIN				Date	3/06	4/6	5/6												
Dose	Route	Frequency	Start Date	Time															
60mg	S.C	OP	03/06/26	5AM	X														
Name & Signature of the Doctor																			
Starting the Drugs:																			
DR SHINY SJ																			
Additional Instructions:																			
START AT 5:00 AM FOR 3 DAYS																			
Daily Doctor's Endorsement by a Sign																			

R: MAH-00344899 IP2-00056447
 C Mrs SOWMYA B
 H 05-12-1995 30 Y 5 M 28 D (F)
 Dr. LAKSHMI KIRAN S

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No. 1	Sheet No. 1	Wards C02	Weight (kg) —
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REGULAR PRESCRIPTIONS

DRUG : INS TAXIM				Date Time	9/6	3/6													
Dose	Route	Frequency	Start Dt.																
1 gram	PO	BD	2/6	3AM X															
Name & Signature of the Doctor starting the Drugs: Sauer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB TAXIM-D				Date Time	9/6	4/6	5/6												
Dose	Route	Frequency	Start Dt.																
200mg	P/O	BD	2/6	9AM X															
Name & Signature of the Doctor starting the Drugs: Sauer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : TAB PANTO P				Date Time	3/6	4/6	5/6												
Dose	Route	Frequency	Start Dt.																
40mg	P/O	OD	3/6	6AM X															
Name & Signature of the Doctor starting the Drugs: Sauer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T-MOZAC MS				Date Time	3/6	4/6	5/6												
Dose	Route	Frequency	Start Dt.																
TID	PO	QD		6AM X															
Name & Signature of the Doctor starting the Drugs: Sauer																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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 Mrs SOWMYA B
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 Dr. LAKSHMI KIRAN S

Ref. No. : F / HW / DC / RP / INPR / 05.a



	I.P. No. <i>(Signature)</i>	Sheet No. <i>(Signature)</i>	Wards <i>6W</i>	Weight (kg) <i>6</i>
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REGULAR PRESCRIPTIONS

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

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

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

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

3

Weight. Ward. 6000



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	3:15 pm	Zyj-TAXIM	1gm	IV	[Signature]	[Signature]
2/6/26	2:50 pm	Zyj-PANTOP	40mg	IV	[Signature]	[Signature]
02/06/26	4:00 pm	INT CARBETOCIN	100 mcg	IV	[Signature]	[Signature]
02/06/26	4:15 pm	INT TRANEXEMIC ACID	1gm	IV	[Signature]	[Signature]
02/06/26	4:20 pm	INT ONDANSETRON	4mg	IV	[Signature]	[Signature]
02/06/26	4:45 pm	SUP TRAMADOL	100mg	P/R	[Signature]	[Signature]
02/06/26	4:45 pm	SUP DICLOFENAC	100mg	P/R	[Signature]	[Signature]
2/6/26	4:40 pm	TAB MISOPROSTOL	400mcg	P/R	[Signature]	[Signature]
2/6/26	4:40 pm	DICLOFENAC	100 mg	P/R	[Signature]	[Signature]

3/6/26 4 pm SUPP. DULCOCAX 2 PR [Signature]

VERIFIED BY : Name Signature

CAESAREAN SECTION OPERATIVE NOTES

Name: Soumya Consultant I/C: Dr. Lakshmi Kiran Reg. No: _____

Surgeon's Name: <u>Dr Lakshmi Kiran</u>	Date of delivery: <u>2/6/26</u>
Assistant surgeon: <u>Dr Sameera</u>	Time of delivery: <u>4:00 pm</u>
Anaesthetist: <u>Dr Shiny</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal Anaesthesia</u>	Weight of baby: <u>3.050 kg</u>
Paediatrician: <u>Dr. Sri Vedyar</u>	Apgar score: <u>9/9</u>
Scrup Nurse: <u>Anitha sista</u>	NICU Admission: <u>NO</u>

Elective Emergency Indication: Maternal request

- 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 : _____ Knife to rectus: _____

CTG description Reactive

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: cephalic breech other _____

5th palpable: 3/5

Station: -3 -2 -1 0 +1 2

Caput: + ++ +++

Bladder catheterized Yes No

Cervical dilatation: 2 cm

Fetal position: _____

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: (N) Cord around the neck Yes No

Appearance of placenta: (N) Cavity explored Yes No

Uterus, tubes and ovaries: Normal Not normal Sterilization Yes No

Complications / Comments: _____

Uterine closure: One layer Two layers Vicryl - 0 Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: _____ Vicryl - 1 Suture

Fat closure: Yes No _____ Vicryl - 1 Suture

Skin closure: Subcuticular Mattress _____ Rapid vicryl 3-0 Suture

Vagina evacuated: Yes No Estimated blood loss: 400 ml ml

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 1 days Await instructions

Swap & instruments count correct? Yes No Post-op antibiotics Yes No

Intraoperative antibiotics cover: Yes No Thromboprophylaxis: Yes No

Post operative Comments: NBM x 2 hours, w/f bleeding pv, Monitor vitals, follow drug chart orders, EBF

Signature

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Laithi Khan
 Asst. Surgeon: Dr. Samir
 Anaesthetist: Dr. Shinder
 Scrub Nurse: Sr. Anitha

Patient Name: Mrs. Saranya Age: 30y Gender: F
 UHID No.: 340899 Surgery Name: Ph. LES
 Date: 26.12.16 In-time: 8:50pm Out-time: 11:50pm



Before Induction of Anaesthesia >

SIGN IN Time: 3:45pm

Patient Has Confirmed Identity Yes No NA

Site Yes No NA

Procedure Yes No NA

Consent Yes No NA

Site Marked Yes No NA

Anaesthesia Safety Check Completed Yes No NA

Pulse Oximeter on Patient & Functioning Yes No NA

Does Patient have a: required implants available Yes No NA

required equipments available and functional Yes No NA

Known Allergy? Yes No NA

Difficult Airway/Aspiration Risk? Yes No NA

Yes, & Equipment / Assistance Available Yes No NA

Risk of >500ml Blood Loss (7ml/kg in Children)? units available Yes No NA

Yes, and Adequate Intravenous Access and Fluids Planned Yes No NA

Blood Units Reserved Yes No NA

Signature: DR SHINDY

Name: DR SHINDY

Before Skin Incision >

TIME OUT Time: 3:55pm

Confirm all team members have introduced themselves by Name and Role Yes No NA

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Yes No NA

Correct Patient Yes No NA

Correct Site Yes No NA

Correct Procedure Yes No NA

Anticipated Critical Events Yes No NA

Surgeon Reviews: Yes No NA

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? less than 50ml

Anaesthesia Team Reviews: Yes No NA

Are There Any Patient-specific Concerns? Yes No NA

Nursing Team Reviews: Yes No NA

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes No NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? Yes No NA

Is Essential Imaging Displayed? Yes No NA

Signature of the Nurse: Dr. Baby Anitha

Before Patient Leaves Operating Room

SIGN OUT Time: 4:05pm

Nurse Verbally Confirms with the Team: Yes No NA

The Name of the Procedure Recorded Yes No NA

That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA

How the Specimen is Labelled (including patient name) Yes No NA

Whether there are any Equipment Problems to be addressed Yes No NA

Signature: Dr. Baby Anitha

Name: Dr. Baby Anitha

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

MAH-00344899 IP2-00056447
 Mrs SOWMYA B
 05-12-1995 30 Y 5 M 28 D (F)
 Dr. LAKSHMI KIRAN S



2/6/26 (1)

RESULT SHEET

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

BirthRight
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	2/6/26				
Time	2:45pm				
Hb	12.6				
PCV	37.5				
RBC	4.05				
WBC	11.55				
N/L					
Platelets	190				
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 gsweep	0 + ve	Reactivity	Agglut	Blood bank		
HIV	} NR					
HbsAg						
HCV						

Culture and Sensitivities :

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Radiology: USG :

 X-Ray:.....

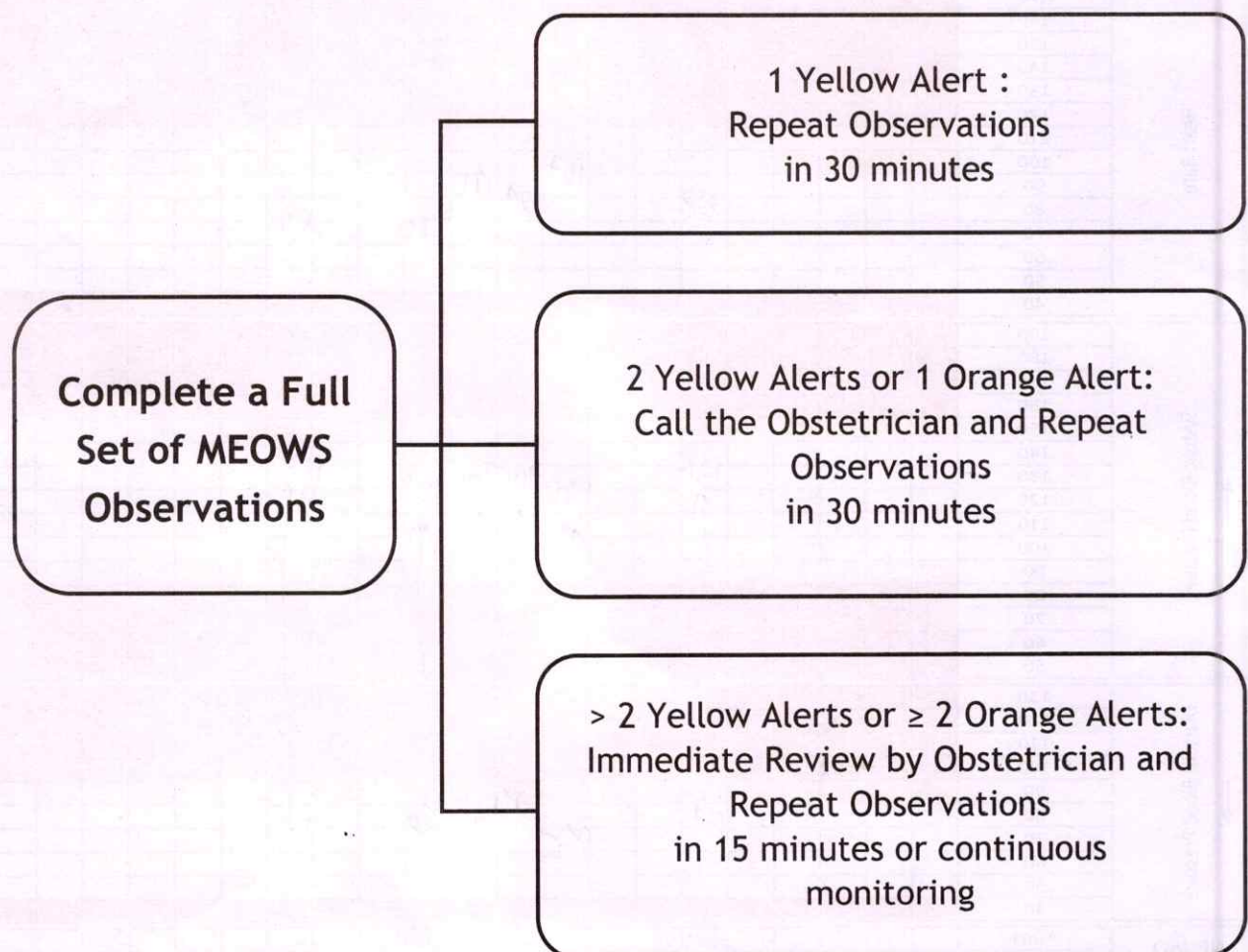
 ECHO:

 CT:

 MRI

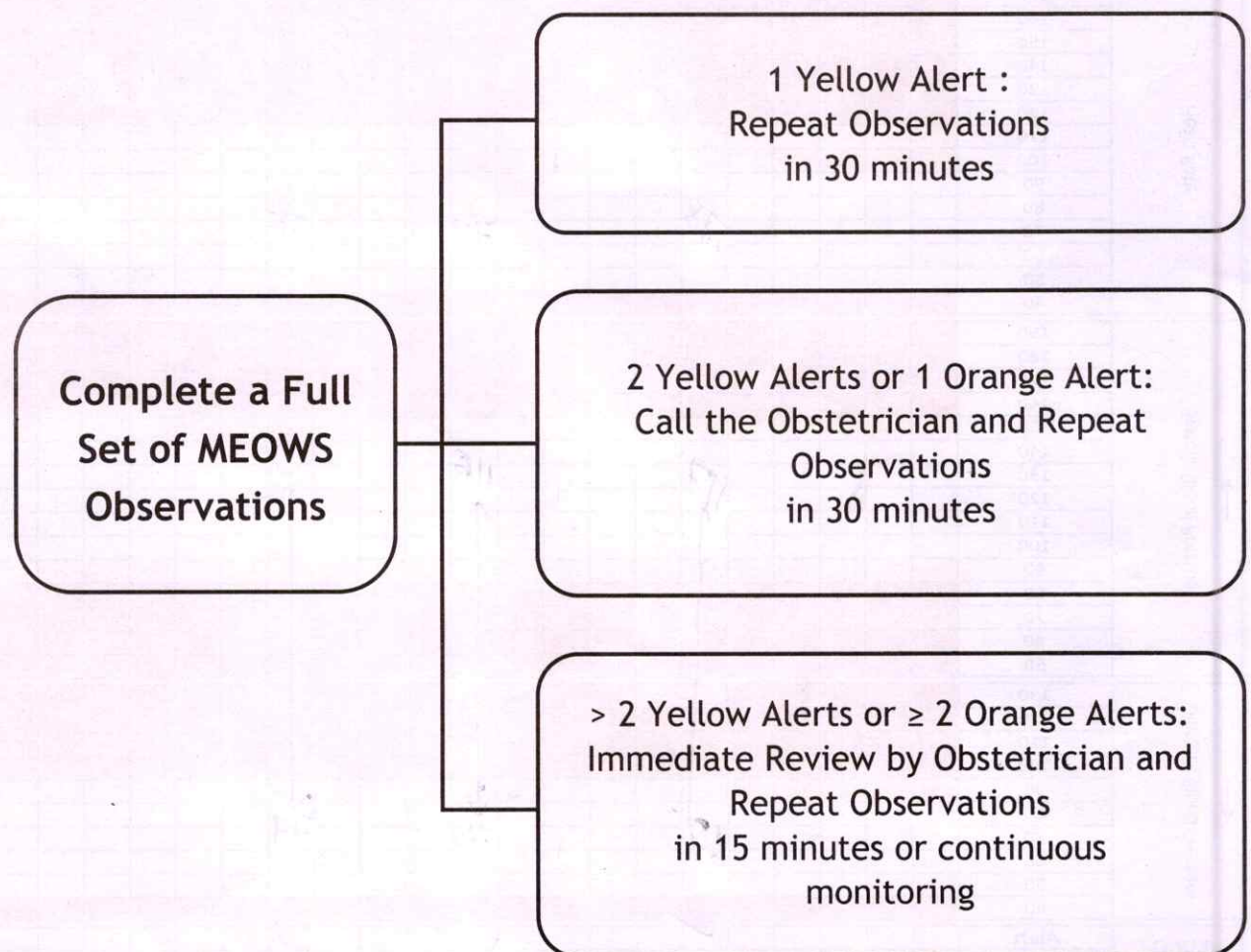
 Others (ECG, Contrast Studies etc.):

Obstetrics and Gynaecology Early Warning Signs



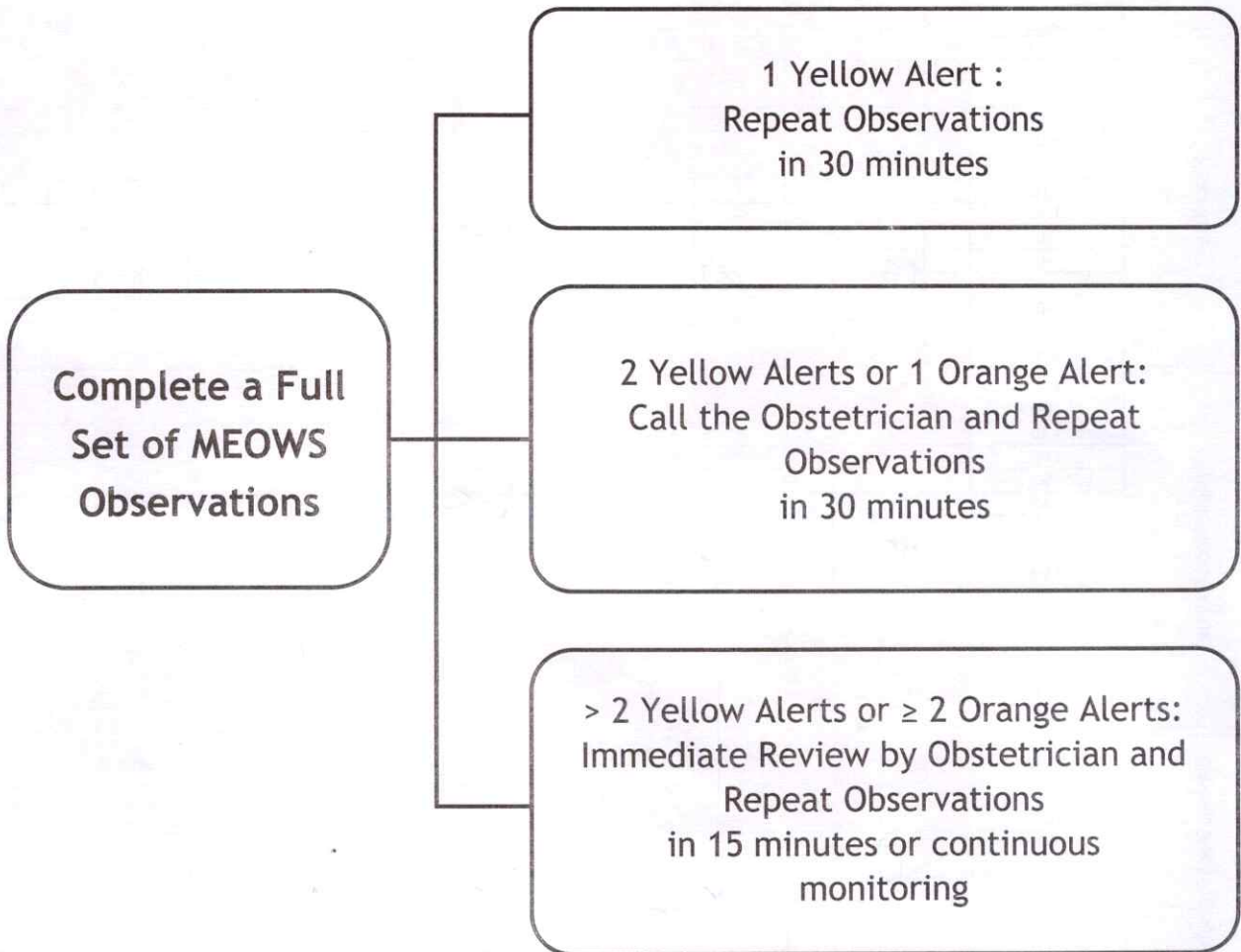
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



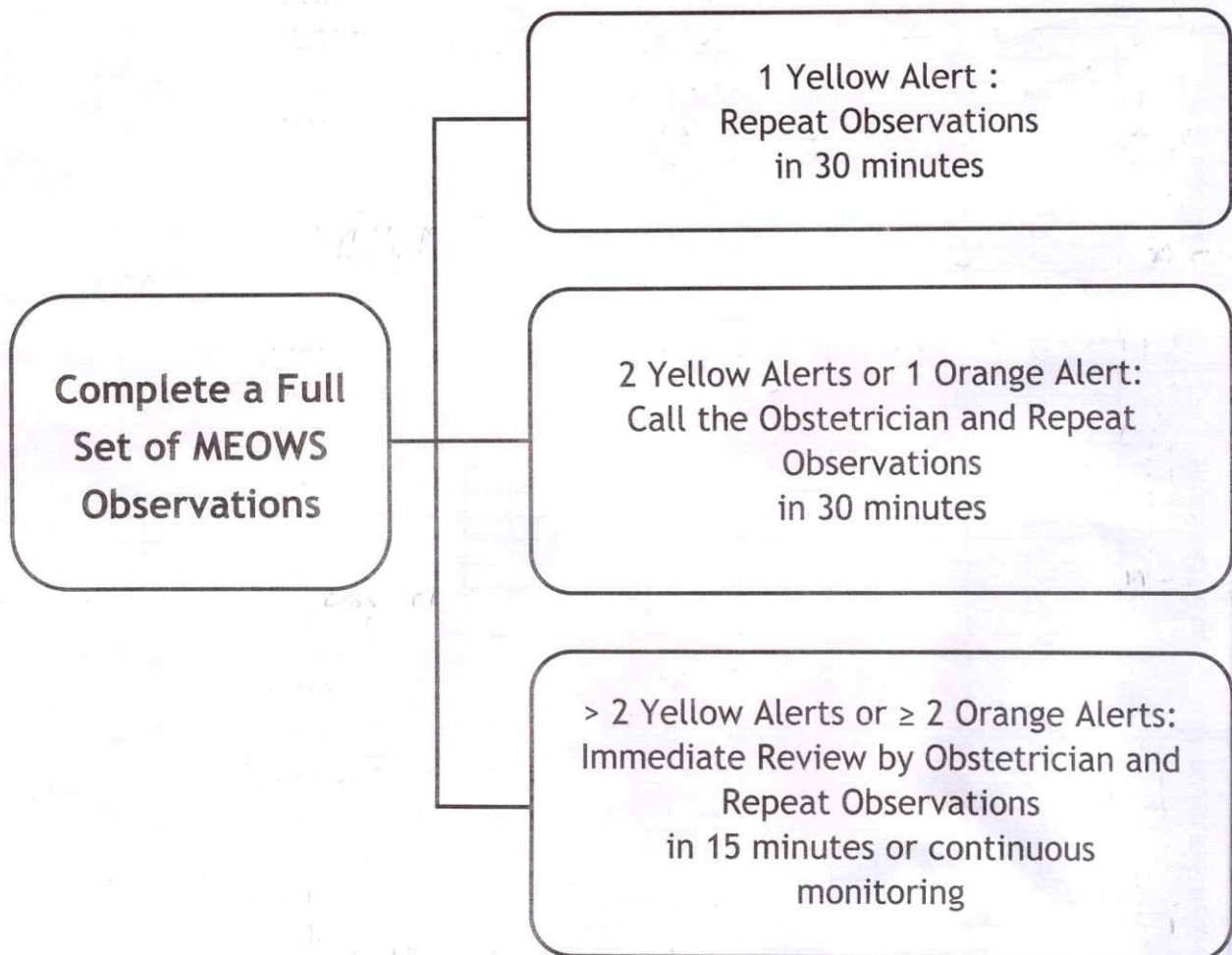
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

2/6/26

- 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm			RL 500ml								
	03:00 pm											
	04:00 pm			RL 500ml					(OT) 200ml			
	05:00 pm			RL 500ml								
	06:00 pm								50 ml			
	07:00 pm			W 200ml					50 ml			
Total Intake : W 200ml RL 1500ml					Total Output : U - 300ml m - 0							
	08:00 pm								100ml			
	09:00 pm			Soup 200ml					100ml			
	10:00 pm			W 100ml					100ml			
	11:00 pm			Idly					100ml			
	12:00 am								100ml			
	01:00 am			W 200ml					100ml			
Total Intake : W 200 + Soup + 800ml Idly					Total Output : U - 600ml m - 0							
	02:00 am			W 200ml					100ml			
	03:00 am								100ml			
	04:00 am			W 200ml					100ml			
	05:00 am								100ml			
	06:00 am			W 200ml					100ml			
	07:00 am								100ml			
Total Intake : W 600ml					Total Output : U - 600ml m - 0							
Total 24 hrs. Intake		Idly + 2000ml			Total 24 hrs. Output		U - 1500ml m - 0					



3/6/26

FLUID CHART

Sheet No. : 2

- 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									✓	0	
	09:00 am	Soup								✓	0	
	10:00 am	Daddy									0	
	11:00 am	H ₂ O									0	
	12:00 pm									✓	0	
	01:00 pm									✓	0	
Total Intake : Soup + Daddy + H ₂ O						Total Output : 0 - 3 M - 0						
	02:00 pm									✓	0	
	03:00 pm	Rice								✓	0	
	04:00 pm	Dal									0	
	05:00 pm	cosy								✓	0	
	06:00 pm	H ₂ O								✓	0	
	07:00 pm										0	
Total Intake : Rice, Dal, cosy, H ₂ O						Total Output : 0 - 2 M - 1						
	08:00 pm									✓	0	
	09:00 pm										0	
	10:00 pm	idly									0	
	11:00 pm	+ H ₂ O									0	
	12:00 am	Butter									0	
	01:00 am	milk									0	
Total Intake : idly + H ₂ O + Butter milk						Total Output : 0 - 1 M - 1						
	02:00 am									✓	0	
	03:00 am										0	
	04:00 am	H ₂ O									0	
	05:00 am	+ H ₂ O								✓	0	
	06:00 am										0	
	07:00 am										0	
Total Intake : H ₂ O						Total Output : 0 - 2 M - 0						
Total 24 hrs. Intake		Idly + H ₂ O + soup + Butter milk				Total 24 hrs. Output		0 - 8 M - 2				



u/6/26

FLUID CHART

Sheet No. : 3

- 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												Anjali
	09:00 am	Idly +											
	10:00 am	soup											
	11:00 am	+											
	12:00 pm												
	01:00 pm	H ₂ O											
Total Intake :			soup + H ₂ O - Idly			Total Output :					0-05 M-50		
	02:00 pm	Rice											Anjali
	03:00 pm												
	04:00 pm	Idly											
	05:00 pm	H ₂ O											
	06:00 pm	soup											
	07:00 pm												
Total Intake :			Idly, H ₂ O, soup + Rice			Total Output :					0-2 M-50		
	08:00 pm												Anjali
	09:00 pm	Rice											
	10:00 pm	+											
	11:00 pm	Gorur											
	12:00 am	chut											
	01:00 am	water + H ₂ O											
Total Intake :			Rice + Gorur chut + H ₂ O			Total Output :					0-1 M-1		
	02:00 am												Anjali
	03:00 am	H ₂ O											
	04:00 am	+											
	05:00 am												
	06:00 am												
	07:00 am	H ₂ O											
Total Intake :			H ₂ O			Total Output :					0-1 M-0		
Total 24 hrs. Intake		Rice + Gorur chut + H ₂ O				Total 24 hrs. Output		0-7, M-1					

Patient Sticker



MAH-00344899 IP2-00056447
 Mrs BALANNAGARJ SOWMYA
 05-12-1995 30 Y 5 M 30 D (F)
 Dr. LAKSHMI KIRAN S



FLUID CHART

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												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output