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**ACTIVITY** VIH-00197907 IP-00060121 **G**  
Mrs RANI SINGH  
15-02-1989 37 Y 3 M 11 D (F)  
Name: Dr. BHAVANA K


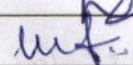
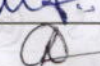
UHID No: 

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


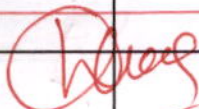
Date of Admission: 26/5/26 Time: 10<sup>28</sup> AM Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: 219 Ward: YW Suggested Billable bed type: \_\_\_\_\_




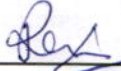

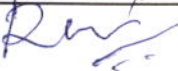

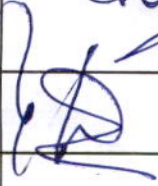


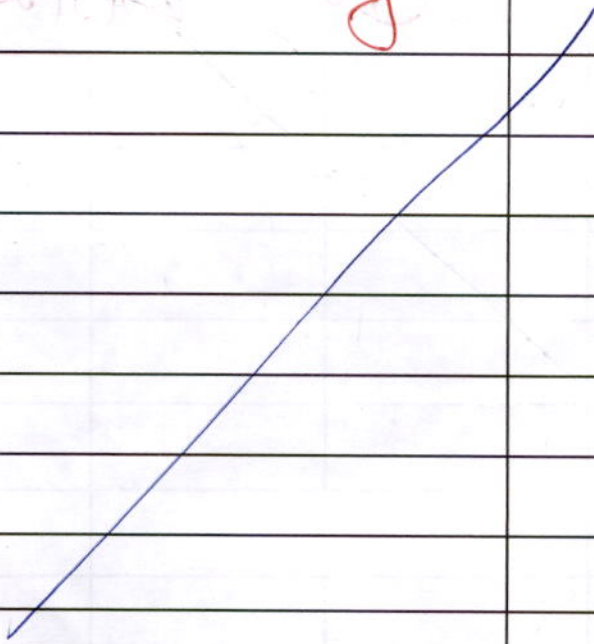
**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
27/5/26	10 AM	HW	OT.	
27/5/26	11:40 AM	<del>HW</del>	MICU	
27/5/26	5 PM	MICU	DIO	

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Kiran Macha	27/5/2026	3084355	
2.	<del>Cross checked by  27/5/2026 at 5:30 PM</del>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

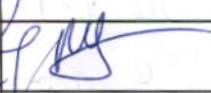
# INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	NSI at 9AM (1)	✓ R26-008526	
26/5/26	NSI at 1pm (2)	✓ R26-008527	
26/5/26	NSI at 5 <sup>30</sup> pm (3)	✓ R26-008546	
26/5/26	NST of 9:30pm (4)	✓ R26-008547	
26/5/26	NST at 1:30Am (5)	✓ R26-008548	
27/5/26	NST @at - 5:00 Am (6)	✓ R26-008549	
cross checked by Ravi 27/5/26 @ 6:30 Am			
27/5/26	NSI @ 10AM (7)	R26-008609	
27/5/26	CBP.	V126018332	
27/5	DCT, PCT	V126018455	
cross checked by Ravi 27/5/26 5:30pm			
27/5/26	ST new, vitamin B12	26018559	
cross checked by Ravi 29/5/26			
			

**MEDICAL EQUIPMENT ( WARD & ICU)**

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Infusion Pump	7AM	5.30PM		
27/5/26	cardiac monitor	7AM	5.30PM	308463	[Signature]
<del>27/5/26 Cardiac Monitor 7AM 5.30PM</del>					
<del>27/5/26 Cardiac Monitor 7AM 5.30PM</del>					
<del>27/5/26 Cardiac Monitor 7AM 5.30PM</del>					
<del>27/5/26 Cardiac Monitor 7AM 5.30PM</del>					
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<del>27/5/26 Cardiac Monitor 7AM 5.30PM</del>					

**PROCEDURE**

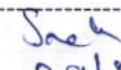
Date	Procedure	Quantity	Order No.	Signature
27/5/26	sw Placement	①		
27/5/26	Catheterization	①	3084/62	
27/5/26	PAC	①	3084/65	
<del>cross checked by [unclear] 27/5/2026 at 5:30 PM</del>				


**ANY OTHER INFORMATION**

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Date: 29/5/26

Time: 11:00

Prepared By:   
29/5/26

Staff Nurse  	Shift / Ward  20	Billing Assistant	Billing Supervisor
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### SURGERY DETAILS

Date : 27/5/26

Patient Name: Mrs. Rani Singh Date of Birth: 15-02-1989 Age: 37 yrs

Gender: Female Ward: OT UHID No: 197907

Date of Surgery: 27/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency lower segment cesarean section under spinal anaesthesia.

Time in : 10:40 AM

Time Out : 11:35 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Madhav	
3. Assistant Surgeon		
4. OT Technician	Teach. Suresh	
5. Circulating Nurse	Sri. Mania	
6. Assistant Nurse	Sri. Sheeja, Sri. Ruby F	

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

Dr. Nikulta

Signature of the Surgeon

Ruby F

Signature of Circulating Nurse

Order No: 3084177 / 3084178

Order by: Ruby F



Circulating Staff : Dr. Manik Technician : Suresh

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET Tube			Major pack 2808	1	1	Inj. Vit. K		1
LMA			Sutures 2346	1	1	Cord Clamp		1
ECG leads A/P/N		3	2364	1	1	Suction Catheter No. 8		1
HME Filter : A/P/N			1326	1	1	Feeding Tube		
Syringe 10 cc		3				Vaccum Suction Set		1
05 cc		2	Gloves 6/3AL	3	3	Surgical Gloves PP 6/7PP		2/1
02 cc			6/4PF 1750	2	2	Gauze Pack		1
01 cc						Syringe 1ml / 2ml		2
Cautery Plate : A/P/N			Surgical Blade 22	1	1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100ml/500ml/1000ml			Koochies			Protoguard		2
		1	Ointments					
		2	Suction Catheter					
Fentanyl Nitrogel		1	Cap. Mask	10	10	Cap + Mask		2/2
Morphine Bixamic			Gauze Pack	1	1			
Ketamine Methersin			Mop Pack	2	2	Nitrile Gloves		4
Propofol			Steristrip					
Rocuronium			Underpad	1	1			
Glycopyrolate			Draw Sheet Allesorb	1	1			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Grinage Catheter					
Bupivacine 0.25% (Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositoris			leban DiAprons	3	3			
Anmol:80mg / 250mg / 170mg			Double J Stent					
Supridol 100mg		1	Vaccum Suction Set	1	1			
Justin :12.5mg / 25mg / 100mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200mg		4	Betadine Solution	2	2			
			Microshield	1	1			
			Cotton Balls					
			Latex Gloves	10	10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavanale Anaesthesiologist Dr. Vinitha Nurse Ruby.F OT Technical Suresh  
Order No. 3084191 Order by Ruby.F

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Secunderabad



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,  
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,  
Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060121	Ward	N 2F-MICU
Patient Name	Mrs RANI SINGH	Bed Name	MICU 226
Age/Sex	37 Y 3 M 12 D / Female	Order No	0003084191
Date	27/05/2026 12:23	Prescription No	PRIP-1288789
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	Dispensed Date	27/05/2026 12:24
UHID	VIH-00197907		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MC00126	02/28	2	102.90	205.80
5	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO003	10/27	2	73.23	146.46
6	DISPOSABLE APRONS STERILE XL	Mediblu		26041802	03/28	3	120.00	360.00
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K92	01/31	3	28.13	84.39
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	Encore Microptic gloves- 6.5		H	26020311T	02/29	2	128.00	256.00
11	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI07052026	12/30	1	2,000.00	2,000.00
15	METHERGIN INJ 1 ML	Novartis India Ltd	H	605SPAJ5	05/27	1	15.92	15.92
16	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
17	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5098	08/30	1	997.00	997.00
18	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	2	949.00	1,898.00
19	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	10	23.43	234.30
20	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
21	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	3	91.00	273.00
24	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C8035M	02/31	1	91.00	91.00
25	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
26	SURGEONS CAP	Mediblu	General	VI22022026	12/99	10	10.00	100.00
27	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
28	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
29	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
30	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5008	09/30	1	988.00	988.00
31	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J	C1	T5013	05/30	1	951.00	951.00



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Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060144  
Patient Name Baby B/O RANI SINGH  
Age/Sex 0 Y 0 M 0 D 2 H / Female  
Date 27/05/2026 13:07  
Payor SELFPAY  
UHID VIH-00205335

Ward N 2F-MICU  
Bed Name CRDL-MICU-226-1  
Order No 0003084225  
Prescription No PRIP-1288807  
Dispensed Date 27/05/2026 13:08

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	2	24.00	48.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
6	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	2	10.00	20.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	4	23.43	93.72
8	PROTO GOWN (ADULT) (PROTECTCARE)		General	7115	12/29	2	450.00	900.00
9	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
10	SURGEONS CAP	Mediblu	General	VI22022026	12/99	2	10.00	20.00
11	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
12	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
<b>Total :</b>							<b>1,683.85</b>	<b>2,376.14</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



# RAINBOW CHILDREN'S MEDICARE LIMITED

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IP No	IP-00060121	Ward	N 2F-MICU
Patient Name	Mrs RANI SINGH	Bed Name	MICU 226
Age/Sex	37 Y 3 M 12 D / Female	Order No	0003084191
Date	27/05/2026 12:23	Prescription No	PRIP-1288789
Payor	GENERALI CENTRAL INSURANCE COMPANY LIMITED	Dispensed Date	27/05/2026 12:24
UHID	VIH-00197907		

Total :	9,514.36	11,840.96
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

INSURANCE COPY

<b>Name</b>	Mrs RANI SINGH	<b>UHID</b>	VIH-00197907
<b>Father/Guardian</b>	Mr PRAKASH SINGH	<b>Age/Gender</b>	37 Y 3 M 12 D/Female
<b>Address</b>	PLOT NO:12,SM ENTERPRISES,TADBUND, Bowenpally, Hyderabad, Telangana, INDIA, 500011		
<b>IP No</b>	IP-00060121	<b>Admission Date</b>	26-05-2026
<b>Ref Doctor</b>	SELF	<b>Discharge Date</b>	29-05-2026

## DISCHARGE SUMMARY

**Consultants:** Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** Primigravida with 37 weeks Hypothyroidism (88) with Fibroid uterus with Advanced Maternal Age with Thrombocytopenia with Vitamin B12 deficiency for Induction of labour.

**EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 27.05.2026.**

### **History:**

LMP: 09.09.2025

Obstetric formula: Primigravida

EDD: 16.06.2026

Gestation at admission: 37 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroid since 1 year on Tab Thyronorm 88mcg.

Family History: Father- DM, HTN

Mother- DM,HTN, Hypothyroid.

Surgical History: HSG in Aug 2025.

Allergies: Nil

Name

Mrs RANI SINGH

UHID

VIH-00197907

**Antenatal Details:** Mrs RANI SINGH was booked to Rainbow hospital at 5+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had h/o UTI 29+3 weeks, UCS - Klebsiella positive & managed conservatively. She was on Tab. Ecosprin 150 mg since conception, stopped at 36 weeks. She was admitted at 37 weeks Hypothyroidism (88) with Fibroid uterus with Advanced Maternal Age with Thrombocytopenia for Induction of labour.

**Investigations:** Enclosed

Blood group: "O" **POSITIVE.**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 3/4 inch long, 1-2 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. CBP done- 11.3/ 7550/1.3L. Physician review done. ICT, DCT done-Negative. Informed consent taken for Induction of labour. Labour induced with 3 doses of PGE1. Artificial rupture of membrane done at 2 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Further augmentation done using oxytocin infusion. NST done was showing sudden drop in fetal heart rate. Patient & attenders were explained regarding the drop in FHR with presumed fetal distress & risk of continuing with vaginal delivery & need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of drop in FHR with presumed fetal distress, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Name

Mrs RANI SINGH

UHID



**Surgery Notes:** Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

**Delivery Details:**

Date: 27.05.2026

Time of Delivery: 10:59 AM

Type of Delivery: Emergency LSCS

Indication: Drop in FHR with presumed fetal distress.

Analgesia: Spinal

**Baby Details:**

Date: 27.05.2026

Time: 10:59 AM

Sex: Female

Weight: 3.06 kg

Apgar: 8/10, 9/10.

Gestational Age: 37+1 weeks

NICU Admission: No

Name

Mrs RANI SINGH

UHID

VIH-00197907

**Post-Operative Notes:** Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. serum Iron, vitamin B12 sent. Vitamin B12-162.8. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 02.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 02.05.2026 (9am-2pm-9pm) after food.
3. Tab. Pantoprazole 40 mg once daily till 02.05.2026 (7am) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
6. Tab. Thyroxine 88 mcg once daily on empty stomach (6 am) till further orders.
7. Inj. Meaxon plus one ampoule IM weekly once for 8 weeks.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.
11. CBP after 2 weeks.
12. Trace Serum Iron
13. Ultrasound Pelvis after 6 weeks.

Review after 3 days on 01.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

Name	Mrs RANI SINGH	UHID
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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to [www.rainbowhospitals.in](http://www.rainbowhospitals.in)  
 In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

**For Women Who Have Had a Cesarean Section**

**Care of the wound:**

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name: *Prakash Kumar Singh*  
 Relationship: *Husband*  
 This summary was explained by:  
 Summary prepared by: Dr.

*[Signature]*  
 Signature:

**Registrar/Resident/C.M.O**

*[Signature]*  
**Dr. BHAVANA K**  
 MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),  
 CONSULTANT GYNECOLOGIST  
 & OBSTETRICIAN  
 54774

PatientName : Mrs RANI SINGH  
Age/Gender : 37 Y 3 M 11 D/ Female  
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060121  
Admit Date : 26-05-2026  
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :26-05-2026 11:47	
HEMOGLOBIN (Colorimetry)	11.2	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.55	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	31.6	VOL%	L 33 - 51
MCV (Calculated)	89.0	fL	80 - 100
MCH (Calculated)	31.6	pg/cells	26 - 34
MCHC (Calculated)	35.5	g/dL	32 - 36
RDW-CV (Calculated)	13.8	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	130	10 <sup>9</sup> /L	L 150 - 450
MPV (Calculated)	12.3	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	7.55	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	72	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	21	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	06	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)

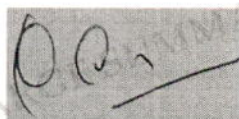
RBC : NORMOCYTIC / HYPOCHROMIC  
WBC : MORPHOLOGY NORMAL  
PLATELETS : REDUCED WITH FEW LARGE PLATELETS



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>DIRECT COOMBS TEST (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :27-05-2026 07:51	
DIRECT COOMBS TEST	NEGATIVE		



Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION

CONSULTANT,

Investigation	Result	Unit	Biological Reference Interval
<b>INDIRECT COOMBS TEST (Specimen : BLOOD)</b>		<b>TEST RESULT STATUS : REPORT AUTHORISED</b>	
		Order Date :27-05-2026 07:51	

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main  
Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002,

<b>PatientName</b>	: Mrs RANI SINGH	<b>Inpatient No.</b>	: IP-00060121
<b>Age/Gender</b>	: 37 Y 3 M 12 D/ Female	<b>Admit Date</b>	: 26-05-2026
<b>Ward/Bed</b>	: N 2F-LABOUR WARD/ LW 219	<b>Discharge Date</b>	:

Investigation	Result	Unit	Biological Reference Interval
INDIRECT COOMBS TEST	NEGATIVE		



Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION  
CONSULTANT,



MC-7373

### Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009  
040-42462200, Ext 2000,2001,2002.



**PatientName** : Mrs RANI SINGH  
**Age/Gender** : 37 Y 3 M 13 D/ Female  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219

**Inpatient No.** : IP-00060121  
**Admit Date** : 26-05-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>VITAMIN B12 (Specimen : SERUM)</b>			
<b>TEST RESULT STATUS : REPORT AUTHORISED</b>			
Order Date :27-05-2026 19:58			
VITAMIN B12 (CLIA)	162.8	pg/mL	L 182 - 820

*Rashida*

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP-00060121

Admit Date : 26-May-2026

Admit Time : 10:28 AM UHID : VIH-00197907

**Patient Details :**

Patient Name : Mrs RANI SINGH

Age : 37 Y 3 M 11 D

Guardian : Mr PRAKASH SINGH

DOB : 15-02-1989

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO:12,SM ENTERPRISES,TADBUND  
Bowenpally Hyderabad Telangana INDIA  
500011

Phone No : 8099026258/ 7488269378

E-mail : prakashvism@gmail.com

**Admission Details :**

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

**Contact Details :**

Name : Mr PRAKASH SINGH

Relationship : W/O

Contact Address :

Phone No :

Signature

**Doctor Details :**

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

**Payment Details :**

Deposit Amount : 20000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

**ADMISSION SHEET**

**Registration Details :**



**Admission No :** IP-00060121 | **Admit Date :** 26-May-2026 | **Admit Time :** 10:28 AM | **UHID :** VIH-00197907

**Patient Details :**

<b>Patient Name</b> : Mrs RANI SINGH	<b>Age</b> : 37 Y 3 M 11 D
<b>Guardian</b> : Mr PRAKASH SINGH	<b>DOB</b> : 15-02-1989
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> :
<b>Address (H)</b> : PLOT NO:12,SM ENTERPRISES,TADBUND Bowenpally Hyderabad Telangana INDIA 500011	<b>Phone No</b> : 8099026258/ 7488269378
	<b>E-mail</b> : prakashvism@gmail.com

**Admission Details :**

**Bed Type** : MICU | **Bed No** : LW 219 | **Ward Name** : N 2F-LABOUR WARD  
**Room No** : LW 219 | **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr PRAKASH SINGH | **Relationship** : W/O  
**Contact Address** : | **Phone No** :

*Prakash Singh*

Signature

**Doctor Details :**

**Doctor Name** : Dr. BHAVANA K | **Specialisation** : OBSTETRICS AND GYNECOLOGY  
**Referral Doctor** : SELF | **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash | **Deposit Amount** : 0.00  
**Payor Name** : SELFPAY

## GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RANI SINGH

Age : 37 Y 3 M 11 D

IP No: IP-00060121

Sex: Female

Consultant: Dr. BHAVANA K

Ward/Bed No: N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Patient Address:

Relationship:

PLOT NO:12,SM ENTERPRISES,  
TADBUND Bowenpally Hyderabad  
Telangana INDIA 500011

Date:

Time:

Witness Name:

Witness Signature:

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 11 D (F)  
 Dr. BHAVANA K



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify \_\_\_\_\_  
 Primary Language:  Telugu  English  Hindi  Others, specify \_\_\_\_\_  
 Do you require an interpreter?  Yes  No if Yes specify \_\_\_\_\_  
 Source of Information:  Patient  Family  Others, specify \_\_\_\_\_

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

Chief Complaints: \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. N. K. Kulkarni  
 Time Notified: 10:35 AM

Past Medical History: Obtained From  Patient  Family Member  Medical Record  Other (specify) \_\_\_\_\_

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroid</u>	<u>HSG (Aug 2025)</u>	<u>Yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>9/9/25</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G \_\_\_\_\_ P \_\_\_\_\_ L \_\_\_\_\_ A \_\_\_\_\_

Previous LSCS: NO

Current Medication:  None  Yes, If Yes, Fill the reconciliation form

Family History:  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other \_\_\_\_\_

Vital Signs / Measurements: Temp: 98.6 F HR: 78/nt RR: 20.5/nt  
 BP: 124/78 Weight: 81 kg Height: 159cm BMI: \_\_\_\_\_

Pain Assessment: Pain:  Yes  No (If Yes, complete the Pain Assessment / Reassessment Form)



**PHYSICAL ASSESSMENT**

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... (complete the Braden Q Sheet)

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. **Marital Status:**  Single  Married  Divorced  Widow

2. **Special Habits:** Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

**Social History:** Lives With ..... Family

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach :  Yes  No
- Waste Disposal Explained:  Yes  No
- Infusion Pump :  Yes  No
- Hand Hygiene Explained:  Yes  No
- Others

Above information given to .....

Name of Person Orientation was given to: ..... Mrs. Rani


Orientation not given Reason: .....

Nurse Signature: .....  
Nurse Name: .....  
Date & Time: ..... 26/5/26 @ 10 AM

2



# PATIENT TRANSFER FORM

Patient Name / I.P. No.  VIH-00197907 IP-00060121 Mrs RANI SINGH 15-02-1989 37 Y 3 M 12 D (F) Dr. BHAVANA K 		Date & Time of Admission 26/5/26 @ 10:28 AM	Date & Time of Transfer Order 27/5/26 @ 11:40 AM
		Transfer ordered by Dr. Madhav	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 30	Number of Imaging films NST @	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

### Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

### Shifting Summary / notes written by Doctor :

Dr. Bhavana . K

Name & Signature of Person who is Transferring Dr. Manitha	Name of Person Ordered Transfer Dr. Madhav
---	---

### Patient & Clinical records received by :

Jyoti

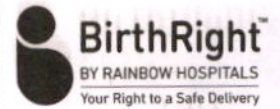
### Date & Time of Patient Received:

27/5/26 @ 11:00 AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable bed
- Nurse not available
- Available bed not ready

# PATIENT TRANSFER FORM



JH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K



Date & Time of Admission 26/5/26 @ 10:28 Am		Date & Time of Transfer Order 27/5/26 @ 10:40 AM
Treating Consultant Name	Transfer Ordered by Dr. Ashwini	Reason for Transfer EMCI
From Unit L/W	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 34	Number of Imaging Films NSI	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Dr.

Name & Signature of Person who is Transferring Sr.	Name of Person Ordered Transfer Dr. Ashwini
---	--

Patient & Clinical Records Received by :  
Sr. Maria

Date & Time of Patient Received : 26/5/26 10:40 AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed       Nurse not Available       Available Bed not ready

3

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00197907 Mrs RANI SINGH 15-02-1989 Dr. BHAVANA K IP-00060121 37 Y 3 M 12 D (F)		Date & Time of Admission  26/5/26 @ 10:28 AM	Date & Time of Transfer Order  27/5/26 @ 5 PM
Transfer Ordered by  DR. Bhavana		Reason for Transfer  ROOM (210)	
From Unit  MICU	To Unit  ROOM (210)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  39	Number of Imaging Films  251 (5)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	

### Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Paracetamol - 500mg	3
2.	Tab. Diclofenac - 50mg	9
3.	Tab. Mometasone - 100mcg	9
4.	Tab. Pantop	15
5.	Wound pad - 10 Seal - 10 Hand rub - 10	

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring  SR Jyothi	Name of Person Ordered Transfer  DR. Bhavana / DR. NIKHITA
---	--

Patient & Clinical Records Received by :

Padma

Date & Time of Patient Received :

27/5/26 @ 6:10 PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
- Nurse not Available
- Available Bed not ready



From: <u>St. Vincent's Hospital</u>	To: <u>St. Vincent's Hospital</u>
Room: <u>1000</u>	Room: <u>1000</u>
Bed: <u>1000</u>	Bed: <u>1000</u>
Physician: <u>Dr. [unclear]</u>	Physician: <u>Dr. [unclear]</u>
Admission Date: <u>10/1/75</u>	Admission Date: <u>10/1/75</u>
Transfer Date: <u>10/1/75</u>	Transfer Date: <u>10/1/75</u>
Transfer Time: <u>10:00 AM</u>	Transfer Time: <u>10:00 AM</u>
Transfer Method: <u>By Ambulance</u>	Transfer Method: <u>By Ambulance</u>
Transfer Agency: <u>St. Vincent's</u>	Transfer Agency: <u>St. Vincent's</u>
Transfer Agency Phone: <u>212-312-3123</u>	Transfer Agency Phone: <u>212-312-3123</u>
Transfer Agency Address: <u>1000 Grand St.</u>	Transfer Agency Address: <u>1000 Grand St.</u>
Transfer Agency City: <u>New York</u>	Transfer Agency City: <u>New York</u>
Transfer Agency State: <u>NY</u>	Transfer Agency State: <u>NY</u>
Transfer Agency Zip: <u>10013</u>	Transfer Agency Zip: <u>10013</u>

Remarks: Transfer to St. Vincent's Hospital, Room 1000, Bed 1000, by ambulance on 10/1/75 at 10:00 AM. Transfer agency: St. Vincent's, 1000 Grand St., New York, NY 10013, 212-312-3123.

Physician: Dr. [unclear]

Signature: [unclear]

Date: 10/1/75



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Decreased fetal movements in night since 3 days.

Obstetric Formula: *primigravida*  
 ML - *5yrs* NCM.

Obstetric History:  
 G<sub>11</sub> - *present pregnancy / sp. conception*

Present Pregnancy Record: *Booked to RCH at 5+2 wks. she had H10 urine infection at 29+3 wks, UCS - klebsiella +ve, managed conservatively. Tab. Ecosprin started since*

**RISK FACTORS:** *150mg conception & stopped at 36 weeks.*

*Thrombocytopenia  
 fibroid uterus  
 Hypothyroidism*

Height: *159* cm

Weight: *81* kg

Allergies: *Nil*

Breast:  Normal  Abnormal

General Examination: *pt is c/c/c*

Consciousness:  Pallor:

Icterus:  Edema:

Temp: *Afebr* PR: *78 bpm*

BP: *124/78 mmHg* DTR:

CVS: *S1S2 ⊕* RS - *B/AE ⊕*

Liver/Spleen: *NAD* Urine Output: *Adeq*

LMP: *9/09/2025* EDD:

Corrected EDD: *16/6/2026* GA: *37 weeks*

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: *- 37 wks*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

Head Fifts Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent  
*146 bpm*

## Per Speculum Examination *Not done*

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix: *3/4<sup>th</sup> inch*  Long  Partially effaced  Effaced

Os: Closed *norm* 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 @ 37 weeks with hypothyroidism (88) with fibroid uterus with advanced maternal age with corrected thrombocytopenia.*

*for induction of labour.*



<p>Family History:          Father - DM, HTN.          Mother - DM, HTN, Hypothyroid.</p>	<p>Surgical History:          HSG (Aug 2025)</p>
<p>Medical History:          Hypothyroid since 1 year.</p>	<p>Medication History:          Tab. Thyroxine 88 mcg OD.</p>
<p>Plan of Care:  <u>c/I to Dr. Bhavana mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Consent</li> <li>- part preparation</li> <li>- (N) diet</li> <li>- NSR 4th hourly</li> <li>- FHR monitoring</li> <li>- monitor vitals</li> <li>- Follow drug chart</li> <li>- send CBP.</li> <li>- 10 PRBC reserved at Tarnaka.</li> <li>- Inform SAS.</li> <li>- Tab. Miso 25 mcg po 6th hourly.</li> </ul> <p><i>Noted by          Dr. Sharmi          10 am</i></p>	<p>Investigations: <u>BG: 'O' POSITIVE.</u></p> <p>HJW } 4/05/26          HBSAG } NR CBP - 10.7 / 7270 / 10.5L          HCV } 6/4/26      3/4/26          VDRL }          LFT - (N), UCS - Kolesiela          PT/APTT/INR - 15/30/1.</p> <ul style="list-style-type: none"> <li>• <u>Growth Scan -</u>              5/5/2026              SLIUF              34 wks              PL - Aut. high.              AFI - 11.8 cm.              AC - 671.              EFW - 2613 gm.              Doppler (N)              Intamural fibroid              on ant. st. lat. wall              40 x 36 mm.</li> <li>• <u>TIFFA Scan -</u>              29/01/2026.              SLIUF              20 + 2 wks.              PL - Aut. high.              CL - 37 mm              - Small muscular VSD              - No anomalies.</li> <li>• <u>NT Scan -</u>              9/12/2025              SLIUF              12 + 4 wks.              NT - 2.8 mm.              NB (+)</li> </ul> <p>Fetal Echo - (N)</p> <p><u>FIS - low risk</u></p>

Doctor Name: Dr. Nikhita  
 Signature: [Signature]  
 Date & Time: 26/05/2026 10:35 AM.

Consultant Name: Dr. Bhavana K.  
 Signature: [Signature]  
 Date & Time: 26/05/2026.



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 11 AM	O/E Pt is c/c/c LC: fair Afebrile	Adv - Normal diet - w/f POL - Birthing ball exercises
Tab. Misoprostol 25 mcg kept PV at 11:15 AM	BP: 123/76 mmHg. PR: Q 2 bpm S/E: NAD PIA: Wn TG Relaxed	- NST x 4 hly - Amniocentesis - Hydration - Monitor vitals - follow drug chart - Inform SOS.
CBP - 11.2/7.55/1.07	FHR ⊕ 148 bpm V/E - Cx - 3/4th inch OS - LF PPV x 1-2	
<p>Assted by ce shami 26/5/26 11 AM</p> <p style="text-align: right;">Adv Dr. Arora</p>		
<u>U/S By Axon Team</u>		
26/5/26 2:45 PM	Primi, 37wks GA c <del>at</del> hypothyroidism c fibroid Uterus. pt - Conscious, Coherent. PR - 80 bpm BP - 120/70 mmHg SpO <sub>2</sub> - 99% on RA CVS - S/S ⊕ RS - B/L A/E ⊕ RE - 46 min on 4/5/26.	Adv
CBP - 11.2/7.55/1.07 (1.5 lakh)	!! Gestational Thrombocytopenia	<ol style="list-style-type: none"> <li>1) Monitor vitals &amp; watch for any bleeding</li> <li>2) No active intervention required as such</li> <li>3) <del>CBP</del> platelets to be repeated 6th hourly to look for any decreasing trend.</li> </ol>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 3pm	O/E - pt is c/c/c Gc - fair. Afebrile. BP - 124/76 mmHg PR - 76 bpm. S/E - NAD. P/A - ut - TG. Cephalic. Relaxed. FHR ⊕ 142 bpm.	Adv: - (N) diet - w/F POL - Ambulation - Birthing ball exercise - monitor vitals - Follow drug chart - FHR monitoring - Inform SOS
26/5/2026 5:20pm	O/E - pt is c/c/c Gc - fair. Afebrile. BP - 138/77 mmHg. PR - 94 bpm. S/E - NAD. P/A - ut - TG Cephalic. Relaxed FHR ⊕ 138 bpm.	Adv: - (N) diet - Ambulation - Birthing ball exercise - monitor vitals - FHR monitoring - Follow drug chart - Inform SOS. - w/F POL
	V/E - Cx - 138/77 mmHg long. OS - 1F loose. PPUx 2 memb ⊕	

Actual by  
 U Sharm 26/5/26  
 3pm

Dr. Nikita

2nd dose  
 Tab. misoprostol  
 25mg kept pu at 5:15pm  
 NST reactive.

U Sharm 26/5/26  
 3pm

Dr. Nikita



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9 PM	<p>O/E PE as d/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>BP - 100/70 mmHg</p> <p>PR - 74 bpm</p> <p>S/E - NAD</p> <p>P/A - Ct w TG</p> <p>Cephalic</p> <p>Relaxed</p>	<p><u>As</u></p> <p>- <u>(NO)</u> diet</p> <p>- Ambulation</p> <p>- Adequate hydration</p> <p>- Blowing Ball Exercises</p> <p>- FHR monitoring</p> <p>- W/F POC</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- Inform SAs</p> <p>- W/F POC</p>
NST reactive	<p>FHR ⊕ 140 bpm</p>	<p>- W/F POC</p>
<p>noted by prathysa @ 9pm</p>		
26/5/26 11:15 PM	<p>O/E PE as d/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>BP - 117/80 mmHg</p> <p>PR - 81 bpm</p> <p>S/E - NAD</p> <p>P/A - Ct w TG</p> <p>Cephalic</p> <p>Firm table</p>	<p><u>As</u></p> <p>- <u>(NO)</u> diet</p> <p>- Ambulation</p> <p>- Adequate hydration</p> <p>- Blowing Ball Exercises</p> <p>- FHR monitoring</p> <p>- Monitor vitals</p> <p>- Follow drug chart</p> <p>- Inform SAs</p> <p>- W/F POC</p>
<p>Sid die</p> <p>TC Misoprostol</p> <p>25mg kept PR</p> <p>@ 11:15 pm</p>	<p>FHR ⊕ 145 bpm</p> <p>V/E: CX - 1/2 inch long</p> <p>DS - 2cm</p> <p>PRV 6-21</p> <p>faem ⊕</p>	<p>- W/F POC</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 2:15 Am	<p>o/e Pt is c/c</p> <p>gc - fair</p> <p>Afebrile</p> <p>BP - 118/74 mmHg</p> <p>PR - 79 bpm</p> <p>S/E - NAD</p> <p>P/A - Uterus TG</p> <p>Cephalic</p> <p>2c/10-15 def no in</p> <p>FHR ⊕ 140 bpm</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- ⊕ diet</li> <li>- Ambulation</li> <li>- Adequate hydration</li> <li>- Blowing Ball Exercises</li> <li>- Monitor vitals</li> <li>- Follow dry diet</li> <li>- Inform ses</li> <li>- W/F POL</li> </ul> <p>Dr. Pratyusha</p>
27/5/26 5:15 Am	<p>Noted by Pratyusha @ 2:15 Am</p> <p>o/e Pt is c/c</p> <p>gc - fair</p> <p>Afebrile</p> <p>BP - 114/78 mmHg</p> <p>PR - 80 bpm</p> <p>S/E - NAD</p> <p>P/A - Uterus TG</p> <p>Cephalic</p> <p>2c/10-15 def no in</p> <p>FHR ⊕ 146 bpm</p> <p>v/e - Cf = 1/2 inch long</p> <p>Os - 2cm</p> <p>PBR (1-2)</p> <p>M ⊕ lig ⊕</p>	<p>Adv</p> <ul style="list-style-type: none"> <li>- Clear liquids</li> <li>- W/F POL</li> <li>- Adequate hydration</li> <li>- Ambulation</li> <li>- Monitor vitals</li> <li>- Follow dry diet</li> <li>- FHR monitoring</li> <li>- Inform ses</li> </ul> <p>Dr. Pratyusha</p>

AH-00197907 IP-00060121  
 Mrs RANI SINGH  
 5-02-1989 37 Y 3 M 12 D (F)  
 Jr. BHAVANA K



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	4I to Dr. Kiran	
7 AM	CBP - 11.2 / 7550 / 11.7	
	Reduced with few large platelets.	
		Adv -
		- Direct and indirect Coombs test
		Dr. Ashwin
	Noted by practitioner	
		@ 7 AM
27/5/26	OIEP + clc	Adv
a: 15 am	Cefazolin	- clear liquids
	afebrile	- WIF POI
	BP - 76	- NST 24 hr
	PR - 113 / 79 mmg	- ambulation
	STENAD	- hydration
ansysto	PIAUT NT4	- monitor vitals
	cephalic	- follow drug chart
same JCT & DCT	2 clt @ sellomlin	- inform SOS
	FUR @ 16:06 PM	
		Dr. Ashwin
	Noted by	
	Dr. Ashwin	
	27/5/26	
		9:10 am



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/5/26 10:40 AM	Counselling notes C/I to Dr Bhavana Mann	
	FHR (+) 70bpm. (+) 80bpm. O <sub>2</sub> and left lateral given <u>Asue</u> . RL PF started <u>Shift OT</u> .	
	Patient and attenders were explained regarding the drop in FHR and the fetal distress and the need for emergency LSCS. They opted for Em LSCS	
27/5/26 10:30 AM 28/5/26	The 12 L Prakash Kumar Singh (HUSBAND)	Dr. Naikhan
27/5/26 11:50 AM	POD-0 O/E - PT is c/c Gc - Fats. Afebrile	Adv: - NBM for 4 hours - I/O charting - Rest
S/O 200ml Clear, adequate	BP - 120/67 mmHg PR - 70 bpm. S/E - NAD. P/A - W N W/R. SOA, BS =/=	- monitor vitals - Follow durg chart - w/F bleeding pv - Infom sos.
27/5/26 11:50 AM	L/E - NAB. Baby ← A BF (+) M	Dr. Nikhita



VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 4:40 pm	POD - 0 (post LSCS) vitals stable	Adv: - soft diet at 10 pm
Pt. can be shifted to room	P/A - w/w/R soft, BS (+) L/E - NAB. U/O - clear, adequate.	- clear liquids - Flushing - Inform SOS.
noted by <u>Alene</u>		27/5/26 4:40 pm P.S. Nikhil
27/5/26 7 pm	C/I to DR. BHAVANA Mam	Adv
vitals stable		send sr Iron sr Vit B12
		Dr Yogeshwari

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9pm	POD-0 (LSCS)	
	O/E pt is c/c/c Gc fair Afebrile BP-114/70mmHg PR-86bpm S/E-NAD P/A-Ut-WR	Adv - Soft diet at 10 pm - W/f bleeding pv - Monitor vitals - Follow drug chart - Adequate hydration - I/O charting
	Soft Bst 1/4 +H	Inform soc - Ambulation
	L/E-NAB Baby $\rightarrow$ BF $\oplus$	
28/5/26 7AM	POD-1 (LSCS)	
	O/E pt is c/c/c Gc fair Afebrile BP-110/71mmHg PR-84bpm S/E-NAD P/A-Ut-WR	Adv - soft diet - W/f bleeding pv - Monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Inform soc
	Soft Bst 1/4 +H	
	L/E-NAB Baby $\rightarrow$ BF $\oplus$	

Direct & Indirect coombs test Negative

Vo-clear adequate

Trace Sr Iron  
Sr VitB12

Dr. Yogeshwari (Sharma)

Noted by Dr. Bhavana 27/5/26 9pm

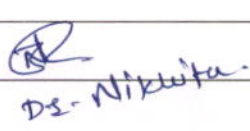
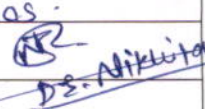
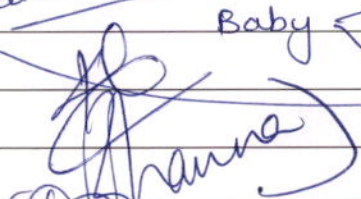


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026 1:30 pm.	POD - 1 (LSCS)	Adv: - N diet
	O/E - pt is c/c	- Hydration
urine passed	Gc - Fair	- Ambulation
Motion not passed	Afebrile.	- w/F bleeding PV
Teale ss. isom	BP - 120/80 mmHg.	- monitor vitals
	PR - 80 bpm	- Follow dry chest
	S/E - NAD	- Inform SOS.
	PIA - wt N W/R	Dr. Nikhita
	Soft, BS ⊕	
	L/E - NAB	
	Baby <sup>A</sup> <sup>M</sup> BF ⊕	
28/5/26 1:30 pm.	C/I to Dr. Kisan sir	Dr. Kishan
	ss. vit. B12 - 162.8	Adv: - Fy. Meaxon plus weekly once for 8 weeks.
	<del>Dr. Anur</del>	Dr. Nikhita
	Noted by Deepika 28/5/26 @ 2:30 pm	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 pm	<u>POD-1</u> (post LSCS)	
Urine passed	O/E - pt is c/c/c Gc - Fair Afebrile	<u>Adv:</u> - (N) diet - Hydration - Ambulation
Motion not passed	BP - 110/70 mmHg PR - 82 bpm S/E - NAD	- w/F bleeding pu - monitor vitals
Trace seison	P/A - wt ~ w/R Soft, BS (+) L/E - NAB	- Follow drug chart - Infosm sas
	Baby ← A BF (+) M	 Dr. Nikhita
29/5/26 8 AM	<u>POD-2</u> (post LSCS)	
Urine passed	O/E - pt is c/c/c Gc - Fair Afebrile	<u>Adv:</u> - (N) diet - Hydration - Ambulation
Motion not passed	BP - 112/70 mmHg PR - 90 bpm S/E - NAD	- w/F bleeding pu - monitor vitals
Aseptic dressing done	P/A - wt ~ w/R Soft, BS (+) L/E - NAB	- Follow drug chart - Infosm sas
Pt. can be discharged	Baby ← A BF (+) M	Per vaginal examination  done Dr. Nikhita
		Done by Dr. Naushreen Jr. nagni 29/5/26 8:30 AM





## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: Pneumonia 37 wli 2 hypothyroid 80 2 facial ulcers connected hemolysis for 50c						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....	
	Surgery / Procedure:						Post OP Day:	
<b>BACKGROUND</b>	Date	26/5/26	26/5/26	26/5/26	27/5/26	27/5/26	27/5/26	27/5/26
	Shift	Morning	Morning	Afternoon	M	M	M	E
	Medical Condition (Any special condition to be noted):	hypothyroid	hypothyroid	hypothyroid	hypothyroid	hypothyroid	hypothyroid	hypothyroid
Diet:	① diet	① diet	① diet	solid	NBM	NBM	S diet	
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: 98.6F	98.6F	98.6F	98.4F	98.4F	98.6F	98.6F
	Res:	20b/m	22b/m	18b/m	19b/m	19b/m	19b/m	19b/m
	SpO <sub>2</sub> :	100%	100%	99%	98b/m	99%	98%	98%
	Pulse:	86b/m	82b/m	86b/m	90b/m	88b/m	88b/m	95b/m
	BP:	110/70	116/70	110/70	114/69	115/70	115/70	106/69
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	15	15	15	15	15	15	10
Pain Score:	0	0	0	1 scale	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact	Intact	
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	nil	nil	nil	Nil	nil	nil	Nil
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	① diet	① diet	① diet	Nil	NBM	NBM	S diet
	Critical Lab Test / Values:	107	1.07	1.07	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:								
Handed Over By Name :		A. Shan		A. Shan		Mangey		Vanitha
Signature / ID :		[Signature]		[Signature]		[Signature]		[Signature]
Date:		26/5/26		26/5/26		27/5/26		27/5/26
Time:		2pm		8pm		10:50am		8pm
Taken Over By Name :		A. Shan		Rani		Sr. Maria		Deepika
Signature / ID :		[Signature]		[Signature]		[Signature]		[Signature]
Date:		26/5/26		26/5/26		27/5/26		27/5/26
Time:		2pm		8pm		10:50am		8pm



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure: -	Post OP Day: -				
BACKGROUND	Date	27/12/26 N	28/12/26 M	28/12/26 A	28/12/26 D	
	Shift	N	M	A	D	
	Medical Condition (Any special condition to be noted):	nil	nil	nil	nil	
ASSESSMENT	Diet:	l diet	⑤ diet		⑤ diet	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.5F	98.5F	98.6F	98.2F
		Res:	20b/m	20b/m	20b/m	20b/m
		SpO <sub>2</sub> :	98%	98%	98%	98%
		Pulse:	92b/m	92b/m	92b/m	90b/m
		BP:	105/59	105/59		106/62
		LOC:	conscious	conscious	conscious	conscious
Fall Risk Score:	10	10	10	10		
Pain Score:	0	0		0		
Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil	nil	nil	nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	l diet	⑤ diet		⑤ diet	
	Critical Lab Test / Values:	nil	nil	nil	nil	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent		
Post Operative Procedure Special Orders:	nil	-	-	nil		
Handed Over By Name :	Nagmani	Dupika	Varsha	Nagmani		
Signature / ID :	@0009	⑤ diet	908004	@000104		
Date:	28/12/26	28/12/26	28/12/26	28/12/26		
Time:	8 AM	@ 2 PM	@ 8 PM	@ 11 AM		
Taken Over By Name :	Dupika	Varsha	Nagmani			
Signature / ID :	607409	908004	@000104			
Date:	28/12/26	28/12/26	28/12/26			
Time:	@ 8 AM	@ 2 PM	8 PM			

File sending to  
 billing noted by dupika  
 28/12/26 @ 11 AM



# NURSING CARE RECORD



Date: 26/5/26

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify to check vitals every 4th hour
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

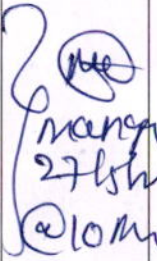
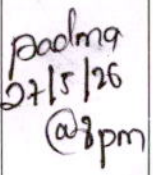
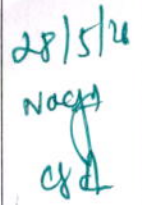
	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	Maintain fluid Balance	10AM	Encourage to take oral fluids	To prevent dehydration	Patient hydrated well	A. Sharma 26/5/26 CPN
	12pm	Ensure safety	12pm	Provided side rails	To prevent fall	patient is safe	
Afternoon	2pm	ENSURE safety	2pm	To provide side rails.	To prevent fall	Patient is good	A. Sharma 26/5/26 CPN
	4pm	Maintain fluid Balance	7pm	Encourage to take oral fluids	To prevent dehydration	Patient is safe	
Night	10pm	TO check NST every 4th hourly	10:15 PM	NST checked sb Reached FHR +90 bpm	FHR - check 142 bpm	Re-Assess NST + goal FHR - 142 bpm	Rani 26/5/26 CPN
	6am	monitored vitals	6am	checked vitals	vitals are normal	Patient was stable	

# NURSING CARE RECORD

Date: .....

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	⇒ ensure safety	9:10 AM	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	
	11PM	⇒ prevent infection	12:10 PM	⇒ TO prevent to infection	⇒ maintained hand hygiene	⇒ patient safely	
Afternoon	4PM	* maintain fluid balance * ensure safety.	7PM	* maintained the fluid balanced. * ensure safety.	* prevent to the fall, Rise.	* Re-Assessment Done. - every 4th hourly vitals.	
Night	9PM	Ensure safety	9:10PM	Side rails kept up	Prevent from fall.	Patient is stable.	
	10PM	maintain personal hygiene	10PM	Educated about personal hygiene.	Prevent infection.		

VIH-00167907

IP-00080121

Mrs RANI SINGH

15-02-1989 37 Y 3 M 12 D (F)

Dr. BHAVANA K



# NURSING CARE RECORD



Date: 28/5/2021

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Ensure safety Maintain personal hygiene.	2 PM	To provide safety To give handrub to patient	To prevent risk of falls To prevent infection	Re-Assessment was done, Patient is safe	Deepika 28/5/21 @ 2 PM
Afternoon	3 PM	Ensure safety Maintain fluid balance	4 PM	To provide the side rails Maintain fluid balance.	To prevent risk of falls To prevent dehydration	Re-assessment was done Patient is stable	Vasishtha 28/5/21 @ 4 PM
Night	9 PM 11 PM	Ensure safety Maintain fluid balance	9:10 PM 11 PM	Side rails kept up Advised the mother to take adequate fluids.	Prevent from falls. Maintain hydration.	Patient is stable.	29/5/21 Naga @ 11 PM



# NURSING CARE RECORD

Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
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- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<u>Discharge Notes</u>			
				Doctor came for rounds patient is safe Doctor		} noted by Deepika @ 8:30 AM	
Afternoon				said patient to be discharge			
Night							

VIH-00197907 IP-00060121  
Mrs RANI SINGH  
15-02-1989 37 Y 3 M 12 D (F)  
Dr. BHAVANA K

Ref. No. : F / HW/CONS.F/INPR / 01

# CONSULTATION FORM



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

Doctor Name : Dr. Ranu Singh

Date : 21/5/20 Hour : .....

Hospital : .....

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Referred for :  Opinion  Co-Management

Transfer of care

Date : ..... Time : ..... By : .....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: [Signature] M.D.

### Report of Findings and Recommendations :

Inspected with Neurologist

LEP (P)

PC-C 1.7

Ps - hypocleric

↓  
1.3

Car +

Car 7

Car 11

My

Co-ordinator  
— ID

— G. Gray

— G. ut B12

Consultant :  
Name : Dr. Ranu Signature : [Signature] Date & Time : 5.30 PM  
27/5/20

NOTE : If more space is required use another consultation sheet as continuation



**GENERAL CONSENT FOR TREATMENT**

Patient Name: Mrs RANI SINGH Age : 37 Y 3 M 11 D
IP No: IP-00060121 Sex: Female
Consultant: Dr. BHAVANA K Ward/Bed No: N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

I understand that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines.

We do not allow use of medication brought from outside by the patient. I have received attendant passes as per my room category. I understand that I have to return it back at the end of the stay. In case of failing the submission, I will pay 200/- Rs. (Receivers Signature)

3-IF Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4- Financial and billing counseling has been done to me.

Signature of Patient/Relative:

I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines.

Note: We do not allow use of medication brought from outside by the patient. I have received attendant passes as per my room category. I understand that I have to return it back at the end of the stay. In case of failing the submission, I will pay 200/- Rs. (Receivers Signature)

3-IF Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4- Financial and billing counseling has been done to me.

Signature of Patient/Relative:

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. RANI SINGH Gender:  Male  Female Age : 37 YEARS  
 UHID No : YIH-00197907 / 60121 Date : 27/05/26

**Instruction:**

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION.

upon MRS. RANI SINGH.

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION, ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE.

**My signature on this form indicates that**

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA K.

**Consentee :**

Signature : Rani Singh

Name : MRS. RANI SINGH

Date & Time : 27/05/2026 10:42 AM

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

Docu. No. : RCH / FRM / CLINICAL / 027

**Patient Attendant :**

Signature : Prakash

Name : Prakash Kaur Singh

Relationship with Patient: Husband

Date & Time : 27/05/2026 10:42 AM

**Doctor (who is taking the consent) :**

Signature : Ashwini

Name : Dr Ashwini

Date & Time : 27/05/2026 10:44 AM

**CONSENT FORM FOR GENERAL ANAESTHESIA / MONITORED ANAESTHESIA CARE**

VIH-00197907  
Mrs RANI SINGH  
15-02-1989  
Dr. BHAVANA K  
IP-00060121  
37 Y 3 M 12 D (F)



Patient Name : Ravi Singh Age : 27y.r Gender : Male  Female

UHID NO: VIH-00197907 Surgeon Name: Dr. K. Bhavana

Anaesthesiologist : Dr. Madhav / Dr. Vineetha

Operative procedure planned : Emergency lower segment caesarian section

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

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

- Heart disease       Hypertension       Diabetes mellitus       Renal failure
- Hepatic disorders       Shock       Multiple organ failure       Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : Hypotension, bradycardia, bleeding, PDPH

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Ravi Singh the above mentioned operation / Diagnostic / Therapeutic procedures Emergency lower segment caesarian section

I authorize and give consent for anaesthesia (  Regional /  General Anesthesia /  Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes     No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant:**

Signature : *[Handwritten Signature]*

Name : *Prachi Kona Sinha*

Relationship with Patient: *HUSBAND*

Date & Time : *27/05/26 9:40 AM*

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

**Doctor (who is taking the consent) :**

Signature : *[Handwritten Signature]*

Name : *DR. M. VINETHA*

Date & Time : *27/05/26 9:40 AM*

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**

VIH-00197907  
 Mrs RANI SINGH  
 15-02-1989  
 Dr. BHAVANA K  
 37 Y 3 M 12 D (F)  
 IP-00060121



Name: Rani Singh Age: 37yrs Sex: F UHID.No: VIH 00197907  
 Date: 27/05/26 Time: 10:45AM Proposed Operation: Emergency LSCS  
 Diagnosis: Primi  
 B.P / CRT: 145/98 H.R: 106 Weight: 81 kgs ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 11.2 gm/l Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ HIV: \_\_\_\_\_ X-Ray: \_\_\_\_\_  
 PCV: \_\_\_\_\_ Urea: \_\_\_\_\_ Alb: \_\_\_\_\_ HBS Ag: \_\_\_\_\_ ECG: \_\_\_\_\_  
 WBC: \_\_\_\_\_ Creat: \_\_\_\_\_ Total Bill: \_\_\_\_\_ HCV: \_\_\_\_\_ 2D Echo: \_\_\_\_\_  
 Plate: 1.07 lakhs/mm<sup>3</sup> Na: \_\_\_\_\_ Dir. Bill: \_\_\_\_\_ Blood group: \_\_\_\_\_ Stress/Angio: \_\_\_\_\_  
 PT: \_\_\_\_\_ K: \_\_\_\_\_ LDH: \_\_\_\_\_ T3 \_\_\_\_\_ Other: \_\_\_\_\_  
 PTT: \_\_\_\_\_ Ca++: \_\_\_\_\_ Alk phos: \_\_\_\_\_ T4 \_\_\_\_\_  
 INR: \_\_\_\_\_ Mg++: \_\_\_\_\_ Amylase: \_\_\_\_\_ TSH \_\_\_\_\_  
 Cl-: \_\_\_\_\_ SGOT/SGPT: \_\_\_\_\_

Allergies: NKDA

Medical History: CVS: (-)  
 RESP: \_\_\_\_\_ Diabetes: (-)  
 CNS: \_\_\_\_\_  
 Renal: \_\_\_\_\_  
 Hepatic / GE: \_\_\_\_\_ Physical Activity: Good  
 Others: \_\_\_\_\_

Past Anaesthetic History: Nil Significant.

Physical Exam:  
 Airway: MP 1 2 3 4 Mouth Opening: \_\_\_\_\_ Mentohyoid Distance: \_\_\_\_\_ Neck: \_\_\_\_\_ Teeth: \_\_\_\_\_  
 Lungs: Bilateral clear. adequate (N) (N) (N)  
 Heart: S1 (+) S2 (+)  
 CNS: NAD  
 Pregnant:  Yes  No  NA Venous Access Site: (+) Spine Exam for regional: (N)

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

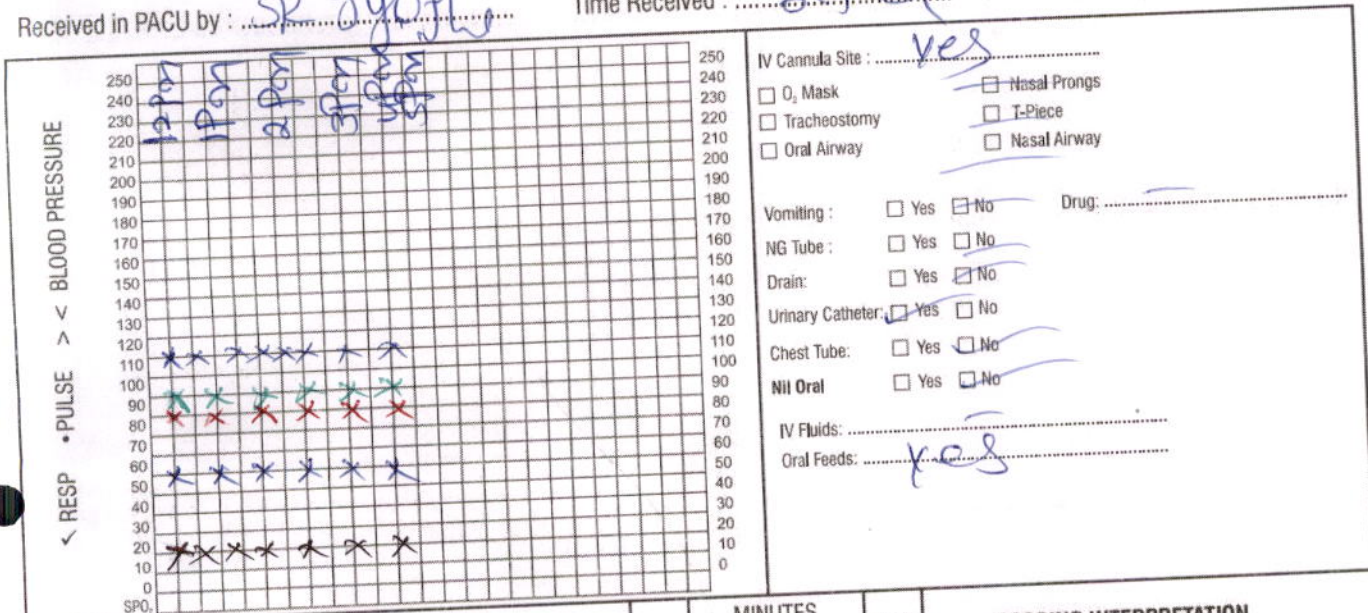
- Pre-Operative Instructions:**
- DVT Prophylaxis :
  - NIL ORAL  $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:

Signature: [Signature] Name: Dr P Madhav



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : SP dyokhi Time Received : 6 AM Time Discharged : .....



IV Cannula Site : yes  
 O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway  
 Vomiting :  Yes  No Drug : .....  
 NG Tube :  Yes  No  
 Drain :  Yes  No  
 Urinary Catheter :  Yes  No  
 Chest Tube :  Yes  No  
 Nil Oral  Yes  No  
 IV Fluids : .....  
 Oral Feeds : yes

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awakes = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
27/5/26			Tab: paracetamol 1gm	13
			Tab: diclofenac 50mg	9
			Tab: - Tramadol 100mg	9
			Tab: - pantop	15

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

- Reassessment Frequency:
- Every eight hours for all hospitalized patients.
  - For post surgical patient, patient with chronic pain, patient with severe pain
    - Every 2 hours for first 24 hours
    - After 24 hours every 4 hours
    - Prior to pain relieving intervention
    - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : DR vineetha  
 Anaesthesiologist Signature : .....  
 Date & Time : 27/5/26 @ 6 PM  
 PACU Nurse Name : SP dyokhi  
 PACU Nurse Signature : dyokhi  
 Date & Time : 27/5/26 @ 6 PM

Transferred to Unit by (PACU): SP dyokhi  
 Date & Time : 27/5/26 @ 6 PM

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K



Department of Anaesthesiology

# EPIDURAL ANALGESIA RECORD



Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :  
 a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by  
 Doctor Signature: .....

Doctor Name: .....

Date and Time : .....



# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. RANI SINGH Age : 37 yrs Gender :  M  F  
 UHID / IP No. : UH-00197907 / 60121 Date : 26/05/2026 Time : 10:20 AM

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : DR. BHAVANA K.

**Consentee :**  
 Signature : Rani Singh  
 Name : MRS RANI SINGH  
 Date & Time : 26/05/2026 10:20 AM

**Patient Attendant :**  
 Signature : [Signature]  
 Name : Peekal Singh  
 Relationship with Patient : Husband  
 Date & Time : 26/05/2026 10:20 AM

**Witness:**  
 Signature : [Signature]  
 Name : [Name]  
 Date & Time : 26/05/2026 at 10:20 AM

**Doctor :**  
 Signature : [Signature]  
 Name : DR. KASHMI  
 Date & Time : 26/05/2026 10:20 AM

# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K  
 Asst. Surgeon : .....  
 Anaesthetist : Dr. Manish  
 Scrub Nurse : Sr. Sheela, Dr. Kishu

VIH-00197907 IP-00060121  
 Mrs RANI SINGH 37 Y 3 M 12 D (F)  
 15-02-1989  
 Dr. BHAVANA K

Age : 37 Y Gender : F  
 Name : EM. L.S.C.S.  
 Out-time : 11:40 AM



## Before Induction of Anaesthesia >>

SIGN IN	Time: .....
<b>Patient Has Confirmed</b>	
Identity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Anaesthesia Safety Check Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Patient have a:</b>	
Known Allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Difficult Airway / Aspiration Risk?</b>	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : .....	
Name : .....	

## Before Skin Incision >>

TIME OUT	Time: <u>10:40 AM</u>
<b>Confirm all team members have introduced themselves by Name and Role</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticipated Critical Events</b>	
<b>Surgeon Reviews:</b>	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding 3500ml</u>
<b>Anaesthesia Team Reviews:</b>	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Nursing Team Reviews:</b>	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>Manish</u>	
Name : <u>Sr. Manish</u>	

## Before Patient Leaves Operating Room

SIGN OUT	Time: <u>11:35 AM</u>
<b>Nurse Verbally Confirms with the Team:</b>	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
<b>To Surgeon, Anaesthetist and Nurse:</b>	
What are the key concerns for recovery and management of this patient?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>DR. NIKHITA</u>	
Name : .....	

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K



## CAESAREAN SECTION OPERATIVE NOTES

Name: MRS. RANI SINGH Consultant I/C: Dr. Bhavana K. Reg.No: VIH-00197907

Surgeon's Name: <u>DR. BHAVANA K.</u>	Date of Delivery: <u>27/5/26</u>
Asst. Surgeon's Name: <u>—</u>	Time of Delivery: <u>10:59 AM</u>
Anaesthetist's Name: <u>DR. MADHAV.</u>	Sex of Baby: <u>Female</u>
Type of Anaesthesia: <u>SPINAL</u>	Weight of Baby: <u>3.06 Kgs</u>
Pediatrician: <u>DR. BARSHA.</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrup Nurse: <u>RUBY FLORENCE, SHEEPA SISTER.</u>	NICU Admission: <u>NO.</u>

Elective

Emergency

Indication: Non-reassuring NST  $\bar{c}$  dsop in FHR  $\bar{c}$  presumed fetal distress.

### 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: 10 min. Knief to rectus: .....

CTG Description: Non-Reassuring.

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

### Examination Findings when Appropriate:

Presentation:  Cephalic  Breech  Other .....

Cervical Dilatation: 2 cm

5th Palpable: .....

Fetal Position: .....

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

Moulding: None  +  ++  +++

Caput: +  ++  +++

Meconium: None  +  ++  +++

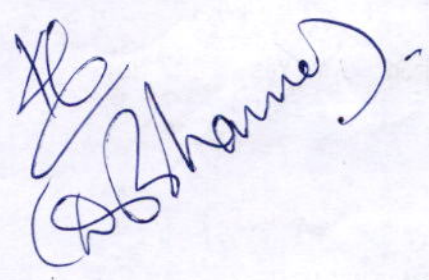
Bladder Catheterized:  Yes  No

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 ..... (N)     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 1-0 ..... Suture  
 Peritoneal Closure:     Pelvic     Abdominal     None    ..... Suture  
 Sheath Closure: ..... Vicryl No. 1 ..... Suture  
 Fat Closure:     Yes     No    ..... Suture  
 Skin Closure:     Subcuticular     Mattress    ..... Monocryl 3-0 ..... Suture

Vaginal Evacuated     Yes     No     Estimated Blood Loss: ..... 300 ..... ml  
 Drain:     Yes     No     Remove in ..... days     Await instructions  
 Catheter     Yes     No     Remove in ..... 12 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 Comments: ..... NBM for 4 hours, Flt charting, w/F bleeding PV, monitor vitals, follow drug chart, Infusem sos .....


  
 (Ashame)

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 11 D (F)  
 Dr. BHAVANA K



1

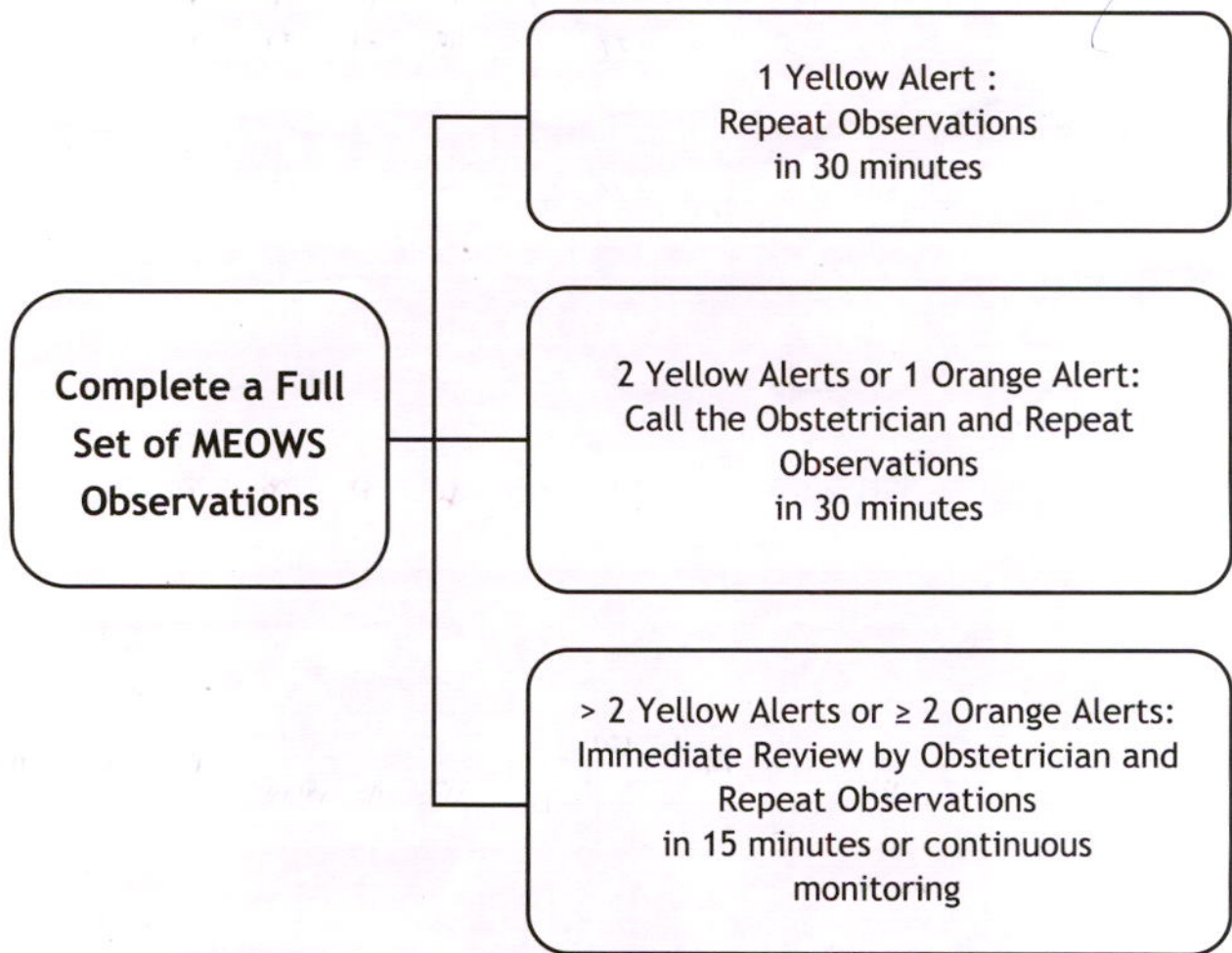


## Early Warning Observation Score Chart - Obstetrics

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			19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19		
Saturations	0 - 10																													
	94 - 100 %			99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
Administered O <sub>2</sub> (L/min.)	< 94 %																													
Temp °C	40																													
	39																													
	38																													
	37			35	35	36	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37		
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80			84	76	84	81	72	70	82	75	80	79	82																
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110			118	124	122	129																							
	100																													
	90																													
80																														
70																														
60																														
50																														
40																														
Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
90																														
80																														
70			70	76	86	86	70	71	71	72	70	72	76																	
60																														
50																														
40																														
NEURO RESPONSE [✓]	Alert			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																													
	Pain																													
	Unresponsive																													
URINE mls / hour	> 30			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal			NA	N	NA	NA	NA	N	N	N	NA	NA	N	N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																													
Liquor	Clear / Pink			NA	N	NA	NA	NA	N	N	N	NA	NA	N	N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																													
TOTAL YELLOW SCORES				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial				UN	UN	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

I/H-00197907

IP-00060121

Mrs RANI SINGH

15-02-1989

37 Y 3 M 12 D (F)

Patient: Dr. BHAVANA K



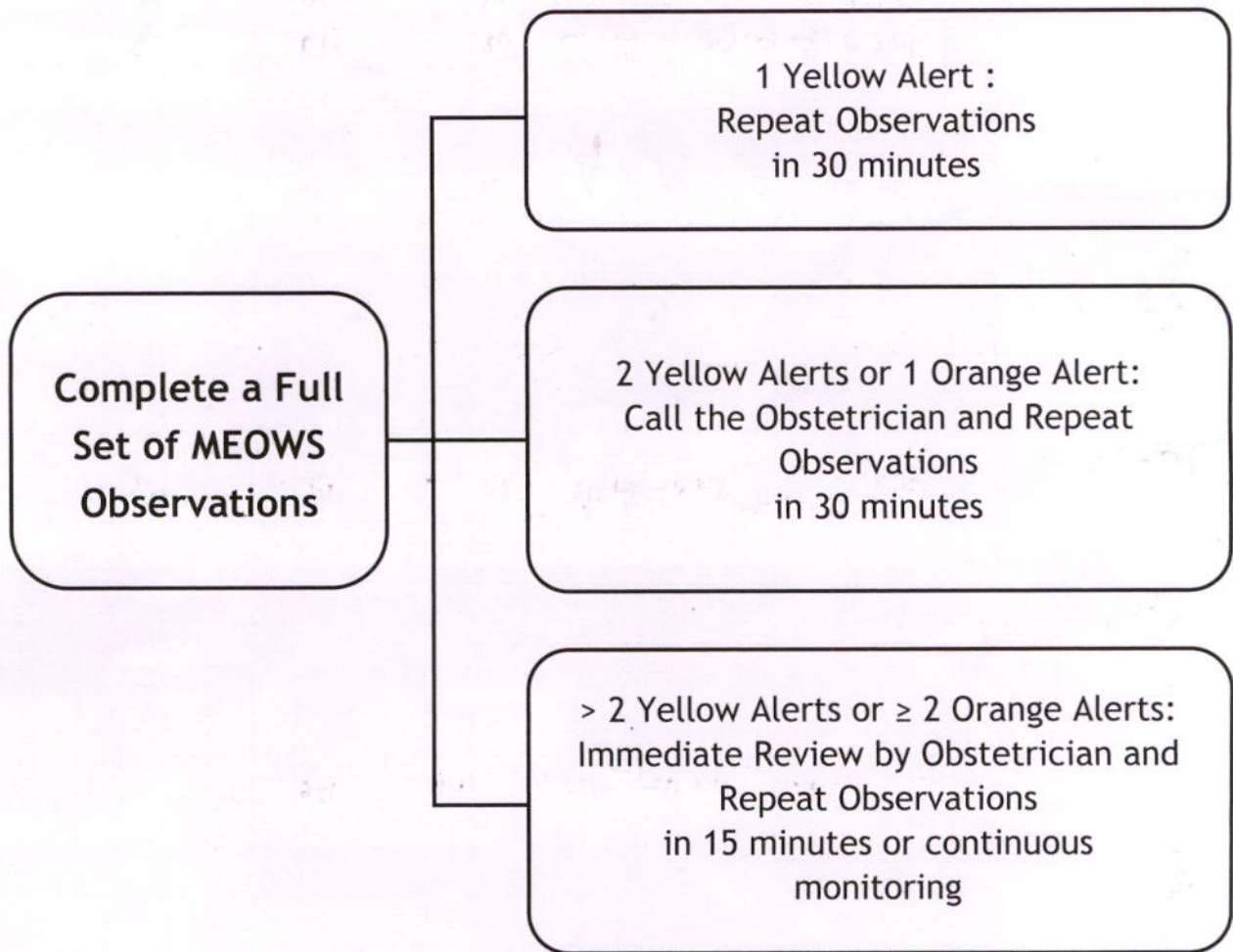
# Early Warning Observation Score Chart - Obstetrics

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

22/5/25  
②

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
		Time																										
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20																											
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %																											
Administered O <sub>2</sub> (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
80																												
70																												
60																												
50																												
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																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00197907 IP-00080121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K

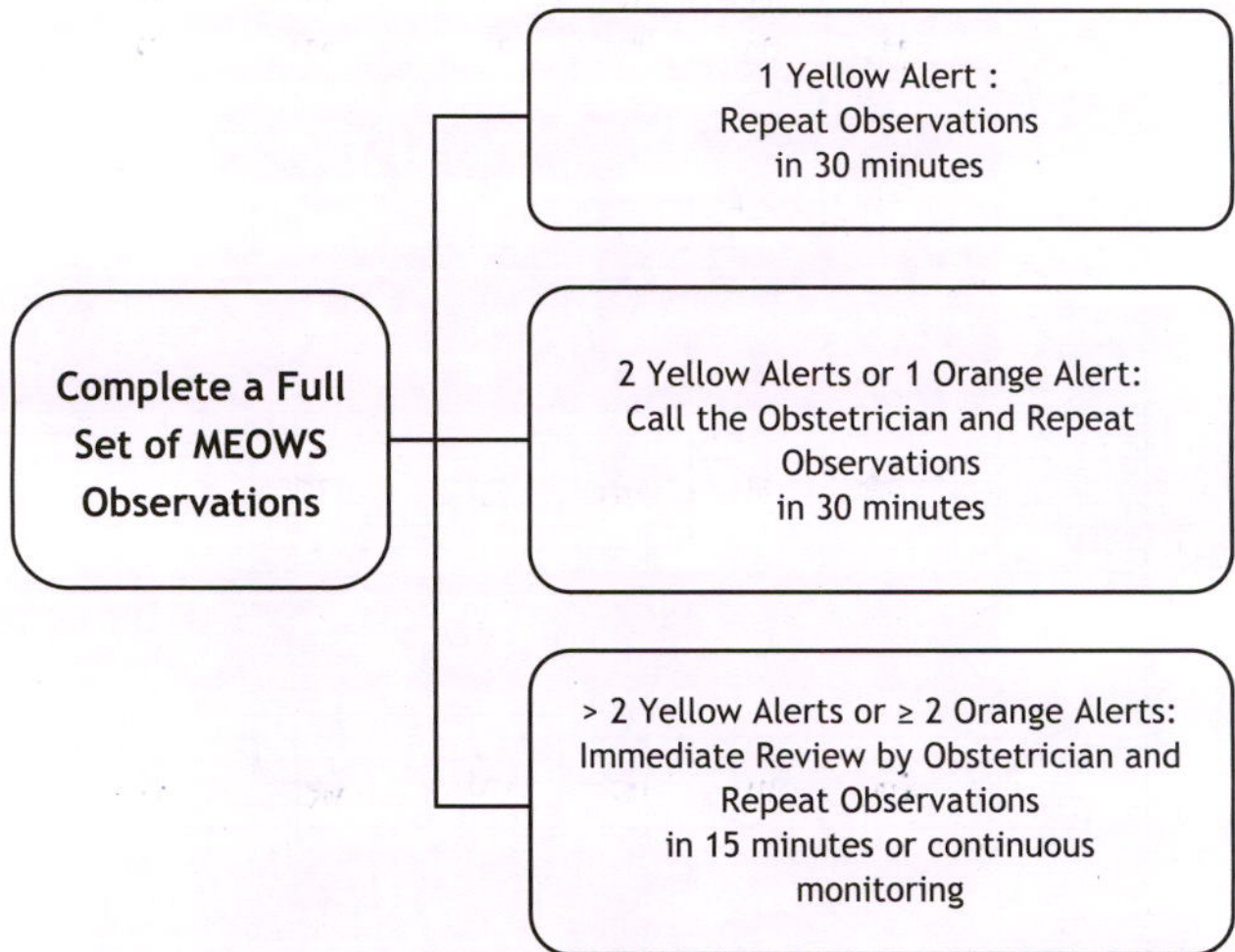


## Early warning Observation Score Chart - Obstetrics

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			19		19			18			19				19				19						
	0 - 10																									
Saturations	94 - 100 %			99		99			100			98				99				98						
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp <sup>o</sup> C	40																									
	39																									
	38																									
	37			37								36				36				36						
	36			36		36										36				36						
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									90
	80			80		84			76			82				85				86						
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			110		111			107			110				105				109						112
	100																									
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80			80		78			76			70				64				65						70
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert			✓		✓			✓			✓			✓				✓						
Voice																										
Pain																										
Unresponsive																										
URINE mls / hour	> 30			✓		✓			✓			✓			✓				✓						✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal			N		N			N			N			N				N				✓		✓	
	Heavy / Foul																									
Liquor	Clear / Pink			✓		✓			-			-			✓				N						N	
	Green																									
TOTAL YELLOW SCORES				0		0			0			0			0				0						0	
TOTAL ORANGE SCORES				0		0			0			0			0				0						0	
Nurse Initial				D		D			H			D			D				D						D	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



# FLUID CHART

Sheet No. : ..... C .....

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/5	08:00 am											
	09:00 am											
	10:00 am	Slu	100ml						✓	0	26/5/26 ipr	
	11:00 am	Slu	50ml							0		
	12:00 pm	Slu	100ml							0		
	01:00 pm	Slu	100ml						✓	0		
	<b>Total Intake :</b>			350ml		<b>Total Output :</b>						
26/5	02:00 pm	Slu	100ml									26/5 ipr
	03:00 pm								✓			
	04:00 pm	Slu	50ml									
	05:00 pm	Slu	100ml									
	06:00 pm	Slu	100ml						✓			
	07:00 pm											
	<b>Total Intake :</b>			350ml		<b>Total Output :</b>						
26/5	08:00 pm	H2O	100ml						✓		26/5 ipr	
	09:00 pm	H2O	100ml									
	10:00 pm	H2O	100ml						✓			
	11:00 pm	H2O	100ml									
	12:00 am	H2O	100ml						✓			
	01:00 am	H2O	100ml									
	<b>Total Intake :</b>			600ml		<b>Total Output :</b>						passed
27/5	02:00 am	H2O	100ml						✓		27/5 ipr	
	03:00 am	H2O	100ml									
	04:00 am											
	05:00 am	H2O	100ml						✓			
	06:00 am	H2O	50ml									
	07:00 am	H2O	100ml						✓			
	<b>Total Intake :</b>			450ml		<b>Total Output :</b>						Passed

<b>Total 24 hrs. Intake</b>	1750ml
-----------------------------	--------

<b>Total 24 hrs. Output</b>	Passed
-----------------------------	--------

# FHR Monitoring chart

<u>Date</u>	<u>Time</u>	<u>FHR</u>	<u>Contractions</u>	<u>date</u>	<u>Time</u>	<u>FHR</u>
26/5/26	10am	148 b/min		27/5/26	1pm	146 b/min
	10 <sup>30</sup> am	132 b/min			1:30pm	150 b/min
	11am	148 b/min	nil		2pm	139 b/min
	11 <sup>30</sup> am	132 b/min			2:30pm	140 b/min
	12pm	140 b/min			3pm	136 b/min
	1 <sup>30</sup> pm	136 b/min			3:30pm	142 b/min
	1pm	132 b/min			4pm	138 b/min
	1:30pm	140 b/min			4:30pm	136 b/min
	2pm	146 b/min			5pm	142 b/min
	2:30pm	130 b/min			5:30pm	148 b/min
	3:00pm	132 b/min			6pm	140 b/min
	3:30pm	148 b/min	Nil		6:30pm	146 b/min
26/5/26	4:00pm	142 b/min		7pm	136 b/min	
	4:30pm	148 b/min		7:30pm	133 b/min	
	5:00pm	150 b/min		8pm		
	5:30pm	152 b/min		8:30pm		
	6:00pm	148 b/min	Nil	9pm		
	6:30pm	156 b/min				
	7:00pm	147 b/min				
	7:30pm	138 b/min				
	8:00pm	150 b/min				
	8:30pm	142 b/min				
	9pm	155 b/min	Contractions irregular			
	9:30pm	156 b/min				
10pm	160 b/min					
10:30pm	147 b/min					
11pm	152 b/min					
27/5/26	11:30pm	149 b/min				
	12pm	150 b/min	Nil			
	12:30am	153 b/min				

/H-00197907  
 Mrs RANI SINGH  
 15-02-1989  
 Dr. BHAVANA K  
 IP-0060121  
 37 Y 3 M 12 D (F)

# 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	Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G									
27/5	08:00 am	H <sub>2</sub> O	100ml	+ RL	100ml						0	[Signature]		
	09:00 am	H <sub>2</sub> O	100ml	+ RL	100ml				100ml		0			
	10:00 am	H <sub>2</sub> O	100ml	+ RL	100ml				50ml		0			
	11:00 am	NBM	100ml	+ RL	200ml/hr				100ml		0			
	12:00 pm	NBM	100ml						100ml		0			
	01:00 pm	NBM	100ml						100ml		0			
<b>Total Intake :</b>				2200ml				<b>Total Output :</b>					450ml	
28/5	02:00 pm	NBM	100ml						200ml		0	[Signature]		
	03:00 pm	NBM	100ml						100ml		0			
	04:00 pm	Agar	200ml						60ml		0			
	05:00 pm	Agar	100ml						80ml		0			
	06:00 pm	Agar	100ml						120ml		0			
	07:00 pm								50ml		0			
<b>Total Intake :</b>								<b>Total Output :</b>					500ml	
29/5	08:00 pm								50ml		1	[Signature]		
	09:00 pm	Fix water							50ml		1			
	10:00 pm	water							50ml		0			
	11:00 pm								50ml		1			
	12:00 am	water							50ml		1			
	01:00 am								100ml		1			
<b>Total Intake :</b>								<b>Total Output :</b>					500ml	
30/5	02:00 am								100ml		1	[Signature]		
	03:00 am								50ml		0			
	04:00 am								50ml		0			
	05:00 am								100ml		1			
	06:00 am								100ml		1			
	07:00 am								100ml		1			
<b>Total Intake :</b>								<b>Total Output :</b>					2,000ml	
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								

# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- Ad. 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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
28/5/26	08:00 am											Durgita 28/5/26 @ 2pm
	09:00 am		Sally + H <sub>2</sub> O									
	10:00 am											
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						Total Output :						
28/5/26	02:00 pm											Vasishtha 28/5/26 @ 8pm
	03:00 pm											
	04:00 pm		H <sub>2</sub> O									
	05:00 pm									✓		
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
29/5/26	08:00 pm											Durgita 29/5/26 @ 8pm
	09:00 pm		Ice water							✓		
	10:00 pm											
	11:00 pm		water									
	12:00 am											
	01:00 am									✓		
Total Intake :						Total Output : 2 time						
29/5/26	02:00 am											Durgita 29/5/26 @ 8pm
	03:00 am		water									
	04:00 am											
	05:00 am		water									
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output : 1 time						
Total 24 hrs. Intake						Total 24 hrs. Output			6 times			



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... 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: ..... hwd/ncw ..... Shifted to: ..... (room) .....

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	INJ- CEFOTAXIME	1GM	IV	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB - PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB - PARACETAMOL	1GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB - DICLOFENAC	50 MG	PO	8TH HOURLY		<input type="checkbox"/> C <input type="checkbox"/> DC
5	TAB - TRAMADOL	100MG	PO	8TH HOURLY		<input type="checkbox"/> C <input type="checkbox"/> DC
6	TAB - THYROXINE	88 MG	PO	ONCE DAILY		<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. NEKHITA

Date & Time : 22/5/2020 10:20 AM

Nurse Name & Signature : Jyothi

Date & Time : 27/5/2020 5 PM

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 11 D (F)  
 Dr. BHAVANA K



## MEDICATION RECONCILIATION FORM

Drug Allergies: 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: OP Shifted to: W

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	TAB THYROXINE	88mcg	PO	ONCE DAILY	26/05	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB IRON	1 TAB	PO	ONCE DAILY	26/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB CALCIUM	1 TAB	PO	ONCE DAILY	26/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY	26/05	<input type="checkbox"/> C <input checked="" 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 Athar Aet

Date & Time: 26/05/26 10:30 AM

Nurse Name & Signature: C. Shanu

Date & Time: 26/5/26 11 AM



# DRUG CHART

Date of Admission: 26/05/2026 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)

<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 .....  
 Signature .....



REGULAR PRESCRIPTIONS

Weight. 81 kg Ward. 42

u Plavene 26/5/20 @ 12pm

<b>DRUG : TAB. THYROXINE</b>				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date	6	8	NOG	NOG													
88mg	PO	ONCE DAILY	26/05	AM	PM															
Name & Signature of the Doctor Starting the Drugs: <i>DR. NIKHITA</i>																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Plavene 27/5/20

<b>DRUG : TAB. PARACETAMOL</b>				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date	1g	NOG	NOG	NOG													
1g	PO	6 HRLY	27/05	AM	PM															
Name & Signature of the Doctor Starting the Drugs: <i>DR. M. VINETHA</i>																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Plavene 28/5/20

<b>DRUG : TAB. DICLOFENAC</b>				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date	50mg	NOG	NOG	NOG													
50mg	PO	8 HRLY	27/05	AM	PM															
Name & Signature of the Doctor Starting the Drugs: <i>DR. M. VINETHA</i>																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Plavene 29/5/20

<b>DRUG : TAB. TRAMADOL</b>				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date	100mg	NOG	NOG	NOG													
100mg	PO	8 HRLY	27/05	AM	PM															
Name & Signature of the Doctor Starting the Drugs: <i>DR. M. VINETHA</i>																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

VIH-00197907 IP-00060121  
 Mrs RANI SINGH  
 15-02-1989 37 Y 3 M 12 D (F)  
 Dr. BHAVANA K



I.P. No. Sheet No. Wards **W0** Weight (kg) **81kg**

REGULAR PRESCRIPTIONS

Day 20  
 Day 27/28  
 Chir 28/5/15

DRUG : TAB. PANTOPRAZOLE				Date	27/05	28/05															
				Time																	
Dose	Route	Frequency	Start Dt.																		
40mg	PO	ONCE DAILY	27/05																		
Name & Signature of the Doctor starting the Drugs:				6 AM / Noog Jang DR. NIKHITA																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

DRUG : INJ. CEFOTAXIME				Date	27/05	28/05																
				Time																		
Dose	Route	Frequency	Start Dt.																			
1GM	I/V	12TH HOURLY	27/05																			
Name & Signature of the Doctor starting the Drugs:				10 AM / Noog Jang DR. NIKHITA																		
Additional Instructions:				STOP DR. NIKHITA 28/05/26 9PM.																		
Daily Doctor's Endorsement by a Sign.																						

DRUG : TAB. CEFIXIME				Date	28/05																		
				Time																			
Dose	Route	Frequency	Start Dt.																				
200MG	PO	12TH HOURLY	28/05																				
Name & Signature of the Doctor starting the Drugs:				10 PM / S DR. NIKHITA																			
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.																								

VIH-00197907 IP-00060121

Mrs RANI SINGH

15-02-1989 37 Y 3 M 12 D (F)

Dr. BHAVANA K

Patient Name

I.P. No.

Sheet No. 10

Wards 212

Weight (kg) 21.6



**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.																							



Weight: 81 kg, Ward: L10



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5	11:15 AM	TAB. MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
26/5	5:15 PM	TAB. MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
26/5	11:15 PM	TAB MISOPROSTOL	25 MCG	PU	[Signature]	[Signature]
27/5	7:20 AM	INT. CEFOTAXIME (ARTERTEST DOSE)	1 GM	IV	[Signature]	[Signature]
27/5	6:30 AM	PROCTOLYSIS ENEMA	100ml	PR	[Signature]	[Signature]
27/05	11:00 AM	INTJ-CARBETOCIN	100 mcg	IV	[Signature]	Suresh Maria
27/05	11:10 AM	INTJ-TRANEXAMIC ACID	1 gm	IV	[Signature]	Suresh Maria
27/05	11:35 AM	SUPP-TRAMADOL	100 mg	PR	[Signature]	Suresh Maria
27/05	11:35 AM	SUPP. DICLOFENAC	100 mg	PR	[Signature]	Suresh Maria

VERIFIED BY: Name Signature

26/5 11:15 AM  
 26/5 5:15 PM  
 26/5 11:15 PM  
 26/5 7:20 AM  
 26/5 6:30 AM  
 26/5 11:00 AM  
 26/5 11:10 AM  
 26/5 11:35 AM



I.V. FLUIDS CHART

Weight: 81 kg Ward: 40

Signature .....

VERIFIED BY : Name .....

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
27/5	7:20 AM	INS. OXYTOCIN SUNITS IN RINGER LACTATE	IV	5ml hr		 Rai	27/5		
27/5	7:20 AM	RINGER LACTATE	IV	100ml hr		 Rai	27/5		
27/05	10:50 AM	RINGER LACTATE	IV	90ml hr		Suresh Moria	27/05		Suresh Moria
27/05	11:00 AM	INS. OXYTOCIN 10IU + RINGER LACTATE (200 ml)	IV	200ml hr		Suresh Moria	27/5		
27/5/26	2PM	RINGER LACTATE	IV	100ML HR		 Su	27/5		

## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/05/26 Time: 2PM

Origin: Indian Height: 159cm Weight: 81kg BMI:  ~26 kg/m<sup>2</sup>  
 ~28 kg/m<sup>2</sup>  
 ~30 kg/m<sup>2</sup>

Food Allergies: Nil

Diagnosis: Primigravida with 37 weeks with hypothyroidism (88) with fibroid uterus with advanced maternal age with corrected thrombocytopenia for induction of labour. TA

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots/ Tubers)

Patient's / Attendant's

Signature: Rani Singh

Name: Rani Singh

Date & Time: 26/05/26. 2PM.

Dietician's

Signature: Vidheyashori

Name: Vidheyashori

Date & Time: 26/05/26 2PM.





7) Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: .....

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify .....

**Triage Category:** (Please tick on the category)

**Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: ..... 10:35 AM

Nurse Name : ..... Nurse Signature: ..... 

Date: 26/5/26 Time: 10:15 AM

Reserve 10 PRBC



ANTENATAL RECORD

Antenatal No: 10246/V/25  
 Reg. No: VIT-10197907

Consultant: Dr Bhavani k

PERSONAL DETAILS

Name: Mr. Rano Singh Age: 26 yrs. Date of Birth: 15/02/1989 Education: BA (Hons)  
 Occupation: Housewife Phone No: 7488269378 Mobile: 8099026258  
 Husband's Name: Prakash Singh Age: 36 Education: PGDM Occupation: Private teacher  
 Address: Plot no-12, SM enterpriser Lower pally Tadband  
 Mobile: 8099026258 E-mail Id: Prakashvssm@gmail.com

IMPORTANT FEATURES

SUGGESTED MANAGEMENT

Primi  
 Hypothyroid (88)  
 AMA  
 Fibroid uterus (R) lateral  
 Fetal ns. VSD 5x4cm  
 Low Platelets (29uL)

Corrected EDD  
 16/6/26.  
 Fetus @  
 on ecosprin, duphaston  
 Fibroid uterus  
 26 wks.

HISTORY

Year of Marriage: 3 yrs  
 Menstrual History: Previous Periods  
 Consanguinity: NCM Contraception:

LMP 9/9/25 EDD Corrected EDD

OBSTETRIC FORMULA:  
 Gravida 1 Para 0 Live 0 Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
1			Spontaneous conception R. for fertility Booked at 5+2 wks.				

Medical History: Hypothyroid 8 months

Family History: Both parents - DM, HTN  
 Mother Hypothyroid.

Surgical History: HSG - Aug 2025

Allergies: Nil

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife **O POSITIVE** Husband **ICT 3.2 (3/4)** **3/4**  
 VDRL **NR** HIV **NR** HbSag **NR** TSH **6.38 (15/2)** GCT **90/174/157**  
 ROUTINE INVESTIGATIONS **HCV - NR** SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
16/10/25		CBP - 12.1 / 8590	1.55
		HBAIC 5%	
		ANTI TPO - 9.45	
18/10/25		HPLC - Hb 12.9	(N)
22/12/25		HPLC - (N)	
		sr creat - 0.5	
20/4/26		CBP - 10.7 / 7920	1.4

Date	GA Weeks	Investigations	Report
6/4/26		UFT - (N)	
		Coag - (N)	
3/4/26		uric acid - Kalsielle	
4/8/26		CBP - 10.7 / 7920	1.5

Tetanus Toxoid: 1<sup>st</sup> dose

2<sup>nd</sup> dose

✓ Tdap

FETAL EVALUATION

ULTRASONOGRAPHY

First Trimester	6/12/25 SLUF 12+4wks NT - 2.3mm CL - 32mm									
TIFFA	29/1/26 20w2d fibroid, small VSD, No anomalies CL = 37mm									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	6/4/26 5/5/26	25 <sup>6</sup> 34	C G	1.5 C	47 2613	57 <sup>th</sup> 77%	12.6mm AC - 67%	11.8 cm	AFH A, H Fibroid 40x30mm	UD (N) Doppl (N) Ant Rt lateral wall.
Others										

Were any Prenatal diagnostics done - Yes  No

If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
		USG → 6/11/25 8+2wks Ant Rt lateral myo serosal fibroid 30x24mm & 44x30mm -		FTS - low risk fetal Echo normal.



--- ANTENATAL ADMISSION ---

DOA	DOD	GA Weeks	Complaint	Management	Advice

--- BRIEF DELIVERY NOTES ---

Gestational age \_\_\_\_\_ Date & time of delivery: \_\_\_\_\_

Type of labour: Spontaneous

Induction: Indication \_\_\_\_\_

Method - PGE1  PGE2

Mode of delivery: SVD  AVD  Vacuum  Forceps

Indication: \_\_\_\_\_

Caesarean section: Emergency  Elective

Indication: \_\_\_\_\_

SALIENT FEATURES:

Baby details: Girl  Boy  Wt: \_\_\_\_\_ Apgar score: \_\_\_\_\_

Postpartum Period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

210  
28/05/26

Ref. No. F/INPR/12



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

VIH-00197907 IP-00060121  
Mrs RANI SINGH  
15-02-1989 37 Y 3 M 12 D (F)  
Dr. BHAVANA K

Registration No.: \_\_\_\_\_



*Medication*  
**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	1.00	<u>12AM</u> T. paracetamol - 1gm/po/6 <sup>th</sup> hourly	Nagma	
	2.00	T. Tramadol - 100mg/po/8 <sup>th</sup> hourly		
	3.00			
	4.00	<u>6AM</u> T. Thyroxine - 8mcg/po/once daily	Nagma	
	5.00	T. pantoprazole - 40mg/po/once daily		
	6.00	T. paracetamol - 1gm/po/6 <sup>th</sup> hourly		
	7.00			
	8.00	<u>7AM</u> T. Diclofenac - 50mg/po/8 <sup>th</sup> hourly	Nagma	
	9.00			
	10.00	<u>8AM</u> T. Tramadol - 100mg/po/8 <sup>th</sup> hourly	Nagma	
	11.00			
	12.00	<u>10AM</u> Inj. Cefotaxime - 1gm/iv/12 <sup>th</sup> hourly	Rani Singh	
	13.00			
	14.00	<u>12 pm</u> T. paracetamol - 1gm/po/6 <sup>th</sup> hourly	Rani Singh	
	15.00			
	16.00	<u>3pm</u> T. Diclofenac - 50mg/po/8 <sup>th</sup> hourly		
	17.00			
	18.00	<u>4pm</u> T. Tramadol - 100mg/po/8 <sup>th</sup> hourly	Rani Singh	
	19.00			
	20.00	<u>6pm</u> T. paracetamol - 1gm/po/6 <sup>th</sup> hourly		
	21.00			
	22.00	<u>10pm</u> Inj. Cefotaxime - 1gm/iv/12 <sup>th</sup> hourly	Nagma	
	23.00			

11pm  
T. Diclofenac - 50mg/po/8<sup>th</sup> hourly Nagma