(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

ACTIV **NG**

Name: --

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 11/7/26 Time : 4.7.36PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : L/W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	8:30AM	L/W	OT	
12/7/26	10AM	OT	MICU	Jyothi
12/7/26	7:30PM	MICU	Room	Megha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/7/26	NST at 7:30PM - 1	R26-011194	Tiya
11/7/26	CBP, CT, BT	V12602326H	Tiya
11/7/26	NST at 9:30PM - (2)	R26-011203	Tiya
11/7/26	NST at 1:30 AM (3)	R26-011204	Tiya
12/7/26	NST @4:30am - (4)	R26-011206	Tiya
12/7/26	NST @ 6Am - (5)	R26-011219	Rani
12/7/26	NST @ 7Am - (6)	R26-011220	
	cross checked by Rani 12/7/26 0.41PM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7/26	Infusion pump	5:00AM	6PM	3100593	Raju
12/7/26	Cardiac monitor	10:10AM	6 PM.	3100749	Rani
12/7/26	oxygen	4:00AM	6:30AM	3100783	
	Cross checked By Rani 12/7/26 @ 8PM.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/7/26	IV placement - (1)	(1)	3100897	Rani
12/7/26	catheterization - 1	(1)	3100782	Rani
12/7/26	PAC	(1)	3100781	Rani
	Cross checked by Rani	12/7/26 @	8 pm.	

ANY OTHER INFORMATION

Date : 14/7/26 Time : 11 AM Prepared By : Sneha 14/7/26 @ 11 AM

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sneha	2nd Floor		

INSURANCE COPY

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Name	Mrs BANDA SHRUTHI	**UHID**	VIH-00199336
Father/Guardian	Mr GURRALA SANDEEP	**Age/Gender**	36 Y /Female
Address	plot no-305, road no-3n, bhavani nagar colony, Kapra, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060671	**Admission Date**	11-07-2026
Ref Doctor	Self	**Discharge Date**	14-07-2026

DISCHARGE SUMMARY

Consultants: Dr. SRILATA PATNAIK, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

Diagnosis: Primigravida with 40 weeks with Hypothyroidism with Fibroid uterus for induction of labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 13.07.2026.

History:
LMP: 07.10.2025
Obstetric formula: Primigravida
EDD: 11.07.2026
Gestation at admission: 40 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.

Medical History: Nil
Family History: Mother - Hypothyroid, HTN
Surgical History: Lap right endometrioma excision & myomectomy in 2023.
Allergies: Nil

Name	Mrs BANDA SHRUTHI	UHID	VIH-00199336

Antenatal Details: Mrs BANDA SHRUTHI was booked to Rainbow hospital at 6 weeks of gestation. She was on Tab Ecospirin 150mg since conception & stopped at 35+5 weeks. She was diagnosed with Hypothyroidism at 28+5 weeks & was on Tab Thyroxine 12.5mcg. H/o UTI at 28+5 weeks & was managed conservatively. She had regular antenatal checkups and investigations as advised. She was admitted at 40 weeks with Hypothyroidism with Fibroid uterus for induction of labour.

Investigations: Enclosed
Blood group: **'B' POSITIVE**

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long, posterior and 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. NST was non-reactive at 2cm dilatation, RL free flow, left lateral position, Oxygen given. Repeat NST was reactive. Re-assessment after 2 hours showed Non-reassuring NST, RL free flow, left lateral position, oxygen given. Artificial rupture of membrance done at 4-5 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured mernbranes. Patient and attenders have been explained regarding the arrest of descent, signs of obstruction, chances of fetal distress and risk of continuing with vaginal delivery and need for Emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of arrest of descent, signs of obstruction, prepared with indwelling Foley's catheter and IV cannula 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.

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 400 mcg intra-cavitary & 400mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 12.07.2026
Time of Delivery: 9:14:22 AM
Type of Delivery: Emergency LSCS
Indication: Arrest of descent, signs of obstruction
Analgesia: Spinal

Baby Details:
Date: 12.07.2026
Time: 9:14:22 AM
Sex: Male
Weight: 4.230kg
Apgar: 8/10, 9/10
Gestational Age: 40weeks
NICU Admission: No

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. 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. Ceftum 500mg (Cefuroxime-200mg) twice daily till 18.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 18.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 18.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 18.07.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Continue Tab Thyroxine 12.5mcg once daily before breakfast as advised till further orders.
8. Nebasulf powder for local application.
9. Repeat TSH after 6 weeks and review with reports.
10. HPV vaccine after 6 weeks of delivery.

Review after one week on 18.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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: Signature:
Relationship:

This summary was explained by:
Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. SRILATA PATNAIK
MBBS MD
CONSULTANT OBSTETRICIAN
& GYNECOLOGIST

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,

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PatientName	: Mrs BANDA SHRUTHI	**Inpatient No.**	: IP-00060671
Age/Gender	: 36 Y / Female	**Admit Date**	: 11-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
BLEEDING TIME/CLOTTING TIME (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-07-2026 20:41
BLEEDING TIME	2 Min : 30 Sec	min.		1 - 5
CLOTTING TIME	4 Min : 50 Sec			3 - 7

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-07-2026 20:41
HEMOGLOBIN (Colorimetry)	12.5	g/dL		12 - 16
RBC COUNT (DC detection method)	**3.78**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	35.0	VOL%		33 - 51
MCV (Calculated)	92.5	fL		80 - 100
MCH (Calculated)	33.2	pg/cells		26 - 34
MCHC (Calculated)	35.9	g/dL		32 - 36
RDW-CV (Calculated)	12.5	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	155	10^9/L		150 - 450
MPV (Calculated)	9.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.51	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	60	%		35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	35	%		24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC,NORMOCYTIC / HYPOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Patient Name :

Ward:

IP.No: 60671

DOA: 11/7/26

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form				
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	5	✓		
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	medical Reconciliation	2	✓	✓	
	Braden Q	3	✓	✓	
	Thromboprophlebitis	1	✓	✓	
	Pain Assessment	2	✓	✓	
	Others	20	✓	✓	
	Total No. of Pages	68 pages			

Signature and Date : Asha 14/7/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

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
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060671 **Admit Date** : 11-Jul-2026 **Admit Time** : 07:36 PM **UHID** : VIH-00199336

Patient Details :

Patient Name	: Mrs BANDA SHRUTHI	**Age**	: 36 Y
Guardian	: Mr GURRALA SANDEEP	**DOB**	: 04-04-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062	**Phone No**	: 9966158459/ 9000054587
		E-mail	: na@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 GURRALA SANDEEP **Relationship** : Husband

Contact Address : plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062 **Phone No** : 9966158459

Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 7/10/2025 EDD:

Corrected EDD: 11/7/2026 GA: 40 weeks.

Obstetric Formula: primigravida. 6 yrs. NCM.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
G1 - Present pregnancy / sp. conception.

Obstetric Examination

Fundal Height: ~ TG.

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

Present Pregnancy Record: Booked to RCH at 6 weeks. She was on Tab. Ecospin 150 mg since conception, stopped at 35+5 wks. Diagnosed c̄ hypothyroidism at 28+5 wks, managed c̄ Tab. Thyroxin 12.5 mcg OD. H/o UTI at 28+5 wks, managed conservatively.

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ____

Head Fifths Palpable: ____

FHS: 140 bpm. ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Hypothyroidism.

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: Posterior. ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ____ Dilated 1 FL.

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 162 cm

Weight: 83.05 kg

Allergies: Nil Dust allergy

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (+)

Temp: Afeb. PR: 88 bpm.

BP: 113/81 mmHg. DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adeq.

DIAGNOSIS

Primigravida with 40 weeks with hypothyroidism (12.5) with fibroid uterus. (small)
for induction of labour

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Family History:
Mother - Hypothyroid, HTN.

Surgical History:
Lap. Right endometrioma excision & myomectomy in 2023.

Medical History:
Nil

Medication History:
T. Thyroxine 12.5 mcg OD.

Plan of Care:
c/I - to Dr. Srilata mam

- Admission
- Consent
- past preparation
- (N) diet
- FHR monitoring.
- Monitor vitals.
- NST 2nd hourly.
- Send CBP, BT, CT.
- Tab. misoprostol 25 mcg at ~~8PM~~
  - 10pm
  - 2AM
  - 6AM
- Ambulation
- Bisteing ball exercises.
- Enema.

Noted by Teja 11/7/26 at 8:00PM

Investigations:

BG: 'B' POSITIVE

HIV, HBsAg, HCV, VDRL } NR.

BT - 2:30
CT - 4:50
11/7/26

ECG - (N)
2D Echo - (N)

- Growth scan
  11/6/2026
  SLIUF
  35+5 wks.
  cephalic.
  PL - Aut. left lateral high.
  AFI - 14.4 cm.
  AC - 87%.
  EFW - 3081 gm.
  Doppless (N).

- TIFFA scan -
  27/2/2026
  SLIUF
  20+5 wks.
  PL - Aut. left lat. high.
  CL - 33 mm.
  fibroid ut - 18 x 18 mm. (Aut. wall)
  - No anomalies

- NT scan -
  3/1/2026.
  SLIUF
  13 wks.
  NT - 2.10 mm.

Fetal Echo - (N)

FTS - low risk

Doctor Name: Dr. Nikhita.
Signature: NR.
Date & Time: 11/7/2026 8PM.

Consultant Name: Dr. Srilata P.
Signature:
Date & Time: 11/7/2026.

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify L/W

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: dust allergy

If yes, identify

Chief Complaints: Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. NIKHITHA

Time Notified: 11/7/26 8:00PM

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Lap Right endometrioma excision & myomectomy in 2023	YES

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 7/10/2025

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☑ Yes

Others:

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P L A

Previous LSCS: No Nil

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 Hypothyroid

Vital Signs / Measurements: Temp: 98.6°F HR: 86/mt RR: 19/mt

BP: 113/81 mmHg Weight: 83.05 kgs Height: 162 cm BMI:

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

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score ...15... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ...23... (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 ...MRS. B. SHRUTHI.....

Name of Person Orientation was given to: ...MRS. B. SHRUTHI.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ...11/7/26 at 8:10PM

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199336 IP-00060671 Mrs BANDA SHRUTHI 04-04-1990 36 Y (F) Dr. SRILATA PATNAIK	11/7/26 at 7:36PM	12/7/26 @ 8:50 AM
	Transfer Ordered by Dr. Srilata patnaik	Reason for Transfer Em-lscs
From Unit 2/40	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films - NST - 6	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ 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. Nikhita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sis Meghna	Dr. Srilata patnaik

Patient & Clinical Records Received by : Jyothi

Date & Time of Patient Received : Clerk 12/7/26 @ 8:50 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

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199336 IP-00060671 Mrs BANDA SHRUTHI 04-04-1990 36 Y (F) Dr. SRILATA PATNAIK	11/7/26 @ 7:36 Am.	12/7/26 @ 10 Pm.
	Transfer ordered by DR. madhav.	Reason for Transfer post operative case
From Unit OT	To Unit MICU	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 38	Number of Imaging films NIL	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SR Jyothi	DR. madhav.

Patient & Clinical records received by :

Vanitha.

Date & Time of Patient Received: 12/7/26 @ 10:30 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

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VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Treating Consultant

Date & Time of Admission	Date & Time of Transfer Order
11/7/26 @ 7:36 pm	12/7/26 @ 7:30pm
Transfer Ordered by	**Reason for Transfer**
Dr. Srilata patnaik	Observation
From Unit	**To Unit**
MICU	Room (207)
Information to Attendant	Yes ☑ No ☐
Number of Sheets in Clinical File	42
Number of Imaging Films	NST-6
Personal belongings including clinical documents. If any handed over to attendant	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab- PCM (18)	
2.	Tab- Pan- (15)	
3.	Tab TRD - (6)	
4.	Tab - Dictofin -	
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Dr. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Meghna	Dr. Greeshma.

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 12/7/26 at 7:40 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

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Date	TIME THR Contraction	
11/7/26	7:00PM 149b/mt	
	7:30PM 144b/mt	
	8:00PM 140b/mt	
	9:00PM 142b/mt Nil	
	10:00PM 147b/mt	
	10:30PM 149b/mt	
	11:00PM 145b/mt	
	11:30PM 144b/mt	
12/7/26	12:00AM 139b/mt	
	12:30AM 137b/mt	
	1:00AM 140 b/mt	
	1:30AM 144b/mt Nil	
	2:00AM 146 b/mt	
	2:30AM 149b/mt	
	3:00AM 142b/mt	
	3:30AM 152 b/mt	
	4:00AM 143 b/mt	
	4:30AM 138 b/mt Nil	
	5:00AM 149b/mt	
	5:30AM 140b/mt	
	6:00AM 142b/mt	
	6:30AM 140b/mt	
	7:00AM 144b/mt	
	7:30AM 147b/mt	
	8:00AM 140b/mt	
	8:30Am 138 b/mt	

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI (F)
04-04-1990 36 Y
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026 10 pm.	O/E - pt is c/c/c	Adv:
	GC - Fair.	- (N) diet
	Afebrile.	- Adeq. Hydration
1st dose Tab miso 25 mcg kept PV at 10 pm	BP - 112/70 mmHg.	- Ambulation
	PR - 68 bpm.	- monitor vitals
	S/E - NAD.	- Blowing ball exercise
	P/A - ut ~ TG	- NST 4th hrly
	Relaxed	- Follow drug chart
CBP - 12.5/8510/1.55	Cephalic.	- FHR monitoring
	FHR (+) 142 bpm.	- Inform SOS
	V/E - Cx - long.	
	OS - 1 FL.	Dr. Nikhita
	PPUx - high up.	
Noted by Tiya 11/7/26 at: 10:00 PM		
12/7/2026 2 Am.	O/E - pt is c/c/c	Adv:
	GC - Fair	- (N) diet
	Afebrile.	- Adeq. Hydration.
2nd dose miso 25 mcg kept PV 2 Am	BP - 118/68 mmHg	- Ambulation
	PR - 82 bpm.	- monitor vitals
	S/E - NAD.	- Blowing ball exercises
	P/A - ut ~ TG.	- NST 4th hourly
	Relaxed	- FHR monitoring
	cephalic	- Follow drug chart
	FHR (+) 140 bpm.	- Inform SOS.
	V/E - Cx - long.	
	OS - 1 FL.	Dr. Nikhita
	PPUx - high up.	
noted by Prathyusha @ 2am		

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04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I to Dr. Srilata mam	
12/7/26 4:15AM	Pt c/o leaking PV	
	P/A - Ut ~ 34	
	cephalic	
	FHR ⊕ 134 bpm	
	4c/40sec/10min	
	PV - Cx long, soft, post	
	OS - 2 cm	
	M ⊕ leaking ⊕	Adv
	NST non-reactive	- Inj Drotin
	↓	40mg IM
	RL free flow	Stat
	left lateral, O₂	- Reassess at
	↓	5:45am
	NST reactive	- NST 8am
Noted by Fela 12/7/26 at 4:15Am		
		Dr. Ashwini
12/7/26 6:30AM	CI to Dr. Srilata mam	
	NST - non reassuring	
	↓	
	- RL free flow	Adv
	- left lateral	- continue NST
	O₂	for 20min
	↓	
	PV - Cx long, soft	
	OS - 2cm	Dr. Ashwini
	BOM ⊕	

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

②

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 7:30am	C/S by Dr. Srilata mam	
	P/A ut ~ 34	Adv
	4 U 40sec / 10 min	- W/F POL
Amn done Liq clear	cephalic	- Inj Protein 40mg IV stat
	FHR ⊕ 160bpm	
	P/V - Cx 50% effaced,	subpubic arch narrow
	OS - 4-5cm	TDO < 4 knuckles, ? android pelvis
noted by Meghna 12/9/26 @ 7:30am	PPUX - 2+ -1	~~Dr. Ashwini~~
12/7/26 8:35am		
	C/S by Dr. Srilata mam	
	P/V - Cx 50% effaced, thick lips	
	OS - 4-5cm	
	PPUX - 2+ -1	
	M⊖ Liq ©, 1 skin fold caput ⊕	
	Patient & attenders has been explained regarding, arrest of descent, signs of obstruction, chances of fetal distress and need of emergency LSCS & they accepted for it	
	Pt - Shruthi [signature] Husband	~~Dr. Ashwini~~

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Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/2026 10:30 AM	POD-0	Adv:
	O/E - pt is c/c/c	- NBM x 6 hrs.
	GIC - Fair	- Rest
P1L1 Hypothyroid	Afebrile	- monitor vitals
	BP - 115/79 mmHg	- Follow drug chart
	PR - 84 bpm	- I/o charting
U/O 400 ml clear, adeq	S/E - NAD	- Inform SOS
	P/A - Ut - W/R.	
	Soft, BS +ve	DR. Nikhita
	L/E - NAB.	
Noted by Meghu 12/7/26 @ 10:30 pm	Baby < A M BF +	
	POD-0	
12/7/26 4 pm	O/E - pt is c/c/c	Adv
	GCT fair	- Sips of oral fluids f/b clear liquids
P1L1 Hypothyroid	Afebrile.	- Soft diet after 8 pm.
	BP - 117/78 mmHg	- Wt/F Weekly PV
	PR - 88 bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
	P/A - Ut w/r	- I/o charting
U/O - 600 ml Adequate, clear.	Soft, BS +	- Inform SOS
	L/E - NAB	
	Baby < A M, BF +	
Shift to room	Noted by Meghu 12/7/26 4pm	Dr. Srilata

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0 (Post LSCS)	
12/7/26 8PM P1L1 c Hypothyroid U/O - 1080 ml Adequate, clear	O/E Pt is c/c/c GC- fair Afebrile BP- 116/75 mmHg PR- 80 bpm P/E- WNAD P/A- Ut n w/R Soft, BS (+) L/E- WNAB Baby [A/M], BF (+)	Adv - Clear liquids → soft diet - WIF Bleeding PV - Monitor vitals - Follow dry chart - Adequate hydration - Inferm/os - Mobilisation - TEDD stockings - Continue IV Antibiotics & Analgesics for 48 hrs.
13/7/26 7:30 Am P1L1 c Hypothyroid U/O - 1880 ml Adequate, clear Remove Foley's	POD-1 (Post LSCS) O/E Pt is c/c/c GC- fair Afebrile BP- 116/75 mmHg PR- 80 bpm P/E- WNAD P/A- Ut n w/R Soft, BS (+) L/E- WNAB Baby [A/M], BF (+)	Adv - Soft diet - WIF Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follow dry chart - Inferm/os - TEDD stockings - Continue IV Antibiotics for 48 hrs

Noted by 13/7/26 @ 8a

Dr. Sreedhar

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13.7.26 9.50AM	1st POD	SB Dr Srilata
	GC fair	Rx
	Vitals stable	1) Ambulation
Baby c̄ mother	Chest NAD	2) Remaldie
Sucking well	CVS	
Foleys removed	P/A soft	
	Wt well relaxed	Balanced
	BS ⊕	
	NSPD	
	for discharge	
Noted by staff 13/7/26		
	POD-1 (LSCS)	
13/7/26 1:30PM	O/E	
	Pt is c/c/c	Adv
	GC fair	- Normal diet
	Afebrile	- W/F bleeding PV
	BP-109/68mmHg	- Monitor vitals
Urine passed	PR-77bpm	- Follow drug chart
	S/E-NAD	- Adequate hydration
Motion not passed	P/A-U+~WR	+ Ambulation
	soft BS+	- Inform SOS
		- TEDD stocking
	LE-NAB	
Noted by staff 13/7/26	Baby - ALH BF ⊕	Dr Sravani / Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9PM	POD-1 (LSCS)	
	O/E Pt is c/c/c	Adv
	GC fair	- Normal diet
	Afebrile	- W/F bleeding PV
	BP- 109/60mmHg	- Monitor Vitals
	PR- 66bpm	- Follow drug chart
Urine passed	S/E-NAD	- Adequate hydration
	P/A-Ut+UR	- Ambulation
Motion Not passed	Soft BS+/+	- Inform SOS
		- TEDD Stocking
	L/E NAB	
	Baby-A, BF+	Esther Dr Tanmer
		Dr Yogeshwari
14/7/26 7AM	POD-2 (LSCS)	
	O/E	Adv
	Pt is c/c/c	- Normal diet
Urine passed	GC-fair	- W/F bleeding PV
	Afebrile	- Monitor Vitals
Motion Not passed	BP- 109/66mmHg	- Follow drug chart
Suppository kept	PR- 60bpm	- Adequate hydration
	S/E-NAD	- Ambulation
Aseptic dressing done c Regaden wound healthy	P/A-Ut+UR	- TEDD stocking
	Soft BS+/+	- Inform SOS
Pt can be discharged	L/E-NAB	Esther Dr Tanmer
	Baby-A, BF+	Dr Yogeshwari

Noted
14/7/26.

VIH-00199336 IP-00060671
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00199336 IP-00060671
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida c 40weeks c hypothyroidism (12.5), c fibroid Uterus (small) for induction of labour

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: nil

Post OP Day:

BACKGROUND	Date / Shift	11/7/26 NIGHT	12/7 M	M 12/7/26	12/7/26 E	12/7/26 E	12/7/26 N
	Medical Condition (Any special condition to be noted):	hypothyroidism	Hypothyroi	Hypothyroidism	Hypothyroid	Hypothyroid	Hypoth
	Diet:		NBM	NBM	clear liq	clear liquid	S diet
ASSESSMENT	Allergy:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No
	Vital Signs: Temp:	96.2°F	97.1°F	98.6°F	98.6°F	98.6F	98.6F
	Res:	19 b/mt	20 b/mt	19 b/m	19 b/mt	20 b/mt	19 b/m
	SpO_2:	96 %	98 %	98 %	99 %	100 %	99 %
	Pulse:	80 b/mt	88 b/m	86 b/m	96 b/mt	87 b/mt	87 b/m
	BP:	119/70 mmHg	110/71 mmHg	110/70	115/78 mmHg	110/69 (70)	105/65 (70)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	0	15	15	15	0	15
	Pain Score:	1	1	1	0	6	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	nil	nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	R diet	NBM	NBM	RA	clear liq	S diet
	Critical Lab Test / Values:	—	—	—	—	nil	
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	Dependent	dependent	Dependent
	Post Operative Procedure Special Orders:			—			—
	Handed Over By Name :	Prathyusha	Prathyusha	Jyothi	Meghna	Sushila	Ashla
	Signature / ID :	020533	020533	016116	M020232	816993	A60660
	Date:	12/7/26	12/7/26	12/7/26	12/7/26	12/7/26	13/7/26
	Time:	@ 8AM	@ 8:50am	10:10	7:50pm	8PM	@ 8
	Taken Over By Name :	Ravi	Ravi	Meghna	Sushila	Ashla	Syeda
	Signature / ID :	0104	016116	M020232	816993	A60660	016457
	Date:	12/7/26	12/7/26	12/7/26	12/7/26	12/7/26	13/7/26
	Time:	@ 8AM	9am	2pm	7:50pm	8pm	@ 8am

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI (F)
04-04-1990 36 Y
Dr. SRILATA PATNAIK

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: (12.5) primi gravida c 40 wks c Hypothyroidism with fibroid uterus small for indication of Labour

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: NIL

Post OP Day:

BACKGROUND

Date / Shift	13/7/26 M	13/7/26 E	13/7/26 N	14/7/26 M		
Medical Condition (Any special condition to be noted):	—	—	Hypothyroid	Hypothyroid		
Diet:	(S) diet	(S) diet	(S) diet	(N) diet		

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.0°F	98.0°C	98.0°F	99.6°F		
Res:	18/m	20/m	19/m	18/m		
SpO_2:	99%	90 %	99%	98%		
Pulse:	78/m	80 /m	82/m	80/m		
BP:	110/70 mmHg	110/66 mmHg		110/70 mmHg		
LOC:	Conscious	conscious	conscious	Conscious		
Fall Risk Score:	15	'15'	15	15		
Pain Score:	0	'0'	'0'	0		
Skin Integrity	Intact	Intact	Intact	Intact		

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	nil	Nil		
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	(S) diet	(S) diet	(S) diet	(N) diet		
Critical Lab Test / Values:	Nil	Nil	—	—		
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	Dependant	dependent	dependent		
Post Operative Procedure Special Orders:	—	—	—	—		
Handed Over By Name :	Syed	Roja	Jhansi Akkala	Syeda		
Signature / ID :	01645?	01492		01645?		
Date:	13/7/26	13/7/26	14/7/26	14/7/26		
Time:	@ 2pm	@ 8pm	@ 8a	@ 8 AM		
Taken Over By Name :	Roja	Jhansi	Syed	Syed		
Signature / ID :	01492		01645	Syed		
Date:	13/7/26	13/7/26	14/7/26	Syed		
Time:	@ 2pm	@ 8pm	@ 8a	Syed		

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 11/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify FHR & NST Hrly
- ☐ 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							
Afternoon							
Night	8:00PM	Maintain Airway and Oxygen-ation	8:10 PM	Maintain Airway and RA	Patient vitals Noraml	Patient was Stable	Tesu 12/7/26 at 6:00am
	12:00AM	Ensure Safety	12:10 AM	Provide side rails	patient safety	Patient extra Comfort-table	
	6AM	Any others Specify	6:10 AM	check FHR & NST Hrly	checked FHR & NST Hrly hourly	FHR & NST Good	

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

NURSING CARE RECORD

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

Date: 12/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ 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	6am	Ensure safety	10Am	provided side rails	To prevent falls	patient is safe	Meghna M 12/7/26 2pm
	1pm	Maintain fluid	1pm	IV fluids Administered as per doctor's order	To prevent dehydration	patient is well hydrated	
Afternoon	3pm	Relieve pain & discomfort	3pm	Analgesics given	To reduce pain	pain has reduced	Meghna M 12/7/26 7:30 pm
	6pm	Maintain personal hygiene	6pm	personal hygiene given	To prevent infection	patient is Comfortable	
Night	9 pm	* maintain fluid Balance	10 pm	* Encouraged pt to take plenty of fluids	* prevented Dehydration	* Re Assessment Done. pt condition is Stable	Abhi 13/7/26 @ 8am

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

NURSING CARE RECORD

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Date: 13/7/22

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ ~~Relieve~~ Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ 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	9Am	Maintain fluid balance Ensure safety	4/3pm	Maintained oral Intake provided side rails.	prevented for dehydration. prevented for fall risk.	Re assessed done every 4th hrly vitals checked pt is stable	13/7/22 @2pm
Afternoon	4 pm	* Relieve pain & discomfort.	4 pm	* Provided comfortable position to the patient.	* prevent pain & discomfort	* Re-Assessment done patient is condition is good	13/7/22 @8pm
Night	9 pm	* maintain fluid Balance. * Ensure safety	10 pm	* Encouraged pt to take plenty of fluids	* Prevented Dehydration	* Re-assessed Done. pt standing is stable	14/7/22 @8am

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Mrs BANDA SHRUTHI
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NURSING CARE RECORD

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Date: 14/3/22

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	9 Am			Discharge note - Dr came for round and advice pt will stable and file will send for billing -			Syed 14/3/22 @ 9 Am
Afternoon							
Night							

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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
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs BANDA SHRUTHI**	**Age :**	**36 Y**
IP No:	**IP-00060671**	**Sex:**	**Female**
Consultant:	**Dr. SRILATA PATNAIK**	**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 IP 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: Gurunadh Jadav
Relationship: Husband
Date: 11-07-2026 Time:
Witness Name:
Witness Signature:

Patient Address:
plot no-305, road no-3n, bhavani nagar colony Kapra Hyderabad Telangana INDIA 500062

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : M-ss. BANDA SHRUTHI Gender: ☐ Male ☑ Female Age : 36 Y.

UHID No : UIH-0019336 / 6067) Date : 12/7/2026.

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. BANDA SHRUTHI

(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. SRILATA P.

Consentee :

Signature : Shruthi

Name : M-ss. BANDA SHRUTHI

Date & Time : 12/7/2026 7:20 AM

Patient Attendant:

Signature :

Name : Guvvala Sandeep

Relationship with Patient: Husband

Date & Time : 12/7/2026 7:20 AM

Witness :

Signature :

Name :

Date & Time : 12/7/26 7:20 AM

Doctor (who is taking the consent) :

Signature :

Name : DR. NIKHITA.

Date & Time : 12/7/2026 7:20 AM

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Mrs BANDA SHRUTHI
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Shruthi. Age: 36y Sex: F. UHID.No :

Date: 12/7/24. Time: 7.30 PM Proposed Operation: EM. VSUS.

Diagnosis: 1°, 40 wks, Hypothyroidism, Fibroid Uterus.

B.P / CRT: 115/81 H.R: 88 Weight: 83.95 Kg. ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.5	Glucose:	Protein:	HIV:	X-Ray:
PCV: 35.0	Urea:	Alb:	HBS Ag: NR.	ECG:
WBC: 8570	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 1.55.	Na:	Dir. Bill:	Blood group: B+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: —

Medical History: CVS : NAD.

RESP : Diabetes : —

CNS :

Renal :

Hepatic / GE : Physical Activity: — Active

Others : Hypothyroid - 12.5 mg o.d.

Past Anaesthetic History: —

Physical Exam:

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

Lungs : NAD

Heart:

CNS:

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
Thyronorm	12.5 Mg od

Pre-Operative Instructions:

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

Signature: Name: Dr Srilata

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

04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Physical Status: ☑ Patient Identified ☑ Consent Present ☑ Chart Reviewed

Fasting Status: Adequate

H.R: 82/min B.P / CRT: 113/62 SpO_2: 100% R.R: 23/min Last Feed: >6hr

Pre-OP Diagnosis: Primi Operation: Emergency LSCS Date: 12/07/26

Surgeon: Dr. Srilata / Dr. Ashwini Anaesthesiologist: Dr. Madhav Technician: Vaishnavi

TIME (1) 9:30 (10)

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 (SaO_2) 100 100 100 100

$ETCO_2$

ECG NSR NSR NSR NSR

Temperature

Urine Output

Fluids / Blood RL → RL

Antibiotic

Suppository TRAMADOL 100mg PR

DICLOFENAC

Blood Loss 100ml RP

NOTES

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

240 220 200 180 160 140 120 100 80 60 40 20 10 0

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

ABG

GRBS

Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead 3leads
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other 09:08AM

Times:
Anaes Start: ~~09:15AM~~
OP Start: 09:19AM
OP End:
Leave OR: 10:00AM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-4
Needle Size: 25G(W) Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml 0.5% Bupivacaine
Bolus: 25mcg fentanyl
Infusion:
Block Level: T4
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor:
Signature of the Doctor:

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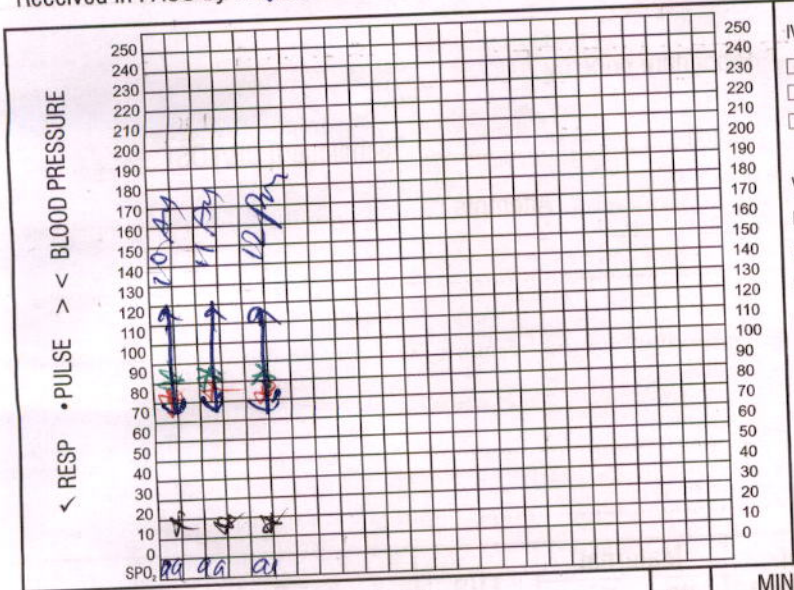
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : vanitha Time Received : 10 AM Time Discharged : 7.30pm



IV Cannula Site : 4.

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

Vomiting : ☐ Yes ☑ No
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No

Drug: As per DOCTORS Orders

IV Fluids: Yes
Oral Feeds: ad lib

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2	2	2
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	2
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	2
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2	2
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	2
	TOTAL	9	9	10	10	10

SCORING INTERPRETATION

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:

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/7/26	3pm	'2'	Analgesics given	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

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

Anaesthesiologist Name : DR. Madhav DR.M.VINEETHA
Anaesthesiologist Signature:
Date & Time: 12/7/26 @ 4pm

PACU Nurse Name : Rani
PACU Nurse Signature: Rani
Date & Time: 12/7/26 @ 4pm.

Transferred to Unit by (PACU): Neglue
Date & Time: 12/7/26 @ 7.30pm

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

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

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

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

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

Solution Composition : .....

Any other issues :

a) .....

b) .....

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

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

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

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Ref. No. : F / HW / CON / ANES / 02

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ONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Shruthi Age : 36 yrs

Gender : M ☐ F ☐ - IP No : Consultant : Dr. Srilatha

Ward / Bed No. : Anaesthesiologist : Dr. Sunidhara

Operative procedure planned : Emergency Cesarean 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 arid 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 / RTA

☐ Incapacitating COPD ☐ Others :

Comments : Hypotension, Bleeding.

- 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 I my patient Shruthi the above mentioned operation I Diagnostic I Therapeutic procedures Emergency Cesarean Section.

I authorize and give consent for anaesthesia (☑ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : .....
Name : Shanthi
Relationship with Patient: Sey.
Date & Time : 12/7/26, 7.30 AM

Witness :
Signature : .....
Name : Gurrala Sandeep
Date & Time : 12/7/26 7.30 AM

Doctor (who is taking the consent) :
Signature : .....
Name : Dr Sunidhara
Date & Time : 12/7/26, 7.30 AM

PRE - OPI

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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Date: 11/7/26

Patient's Name Age : 36Y Gender : ☐ M ☒ F

Blood Group : B' Positive UHID : 199338 199336

Planned Surgery : NVD & EM. LSCS Surgeon : DR. Srilata Patnaik

Anesthetist : DR. Madhav Date & Time of Operation : 11/7/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded? 83kg	☐	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☐	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☐	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☐	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☐	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☐	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☐	☐	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☐	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☐	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☐	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☐	☐	☐	☐	☐	☐
12.	Skin Preparation	☐	☐	☐	☐	☐	☐
13.	Site is marked	☐	☐	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☐	☐	☐	☐	☐
15.	Implants are available	☐	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☐	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☐	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : Nithil OT Nurse Name : Vaulte ER/Ward Nurse Name : manga RD

Billing Executive Signature Signature of OT Nurse : Vaulte Signature of ER/Ward Nurse :

Date & Time : 6:51 pm Date & Time : 12/7/26 Date & Time : 11/7/26 @ 8:40 pm

Doc. No. : RCHBH/ FRM / CLINICAL / 107

SURGICAL SAFETY CHECKLIST

Surgeon : DR Srilata
Asst. Surgeon : DR Ashwini
Anaesthetist : DR. Madhav
Scrub Nurse : BR Ratan

VIH-00199336
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK
IP-00060671

..... Age : ..... Gender : .....
gery Name : Emlscs
..... Out-time : 10:10Am
9Am

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 9:08Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

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

Signature : Dr Madhav 12/07/25

Name : .....

Before Skin Incision ➤ ➤

TIME OUT Time: 9:10Am

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐ Yes ☐ No
- Correct Site ☐ Yes ☐ No
- Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No

Signature : Jyothi

Name : Jyothi

Before Patient Leaves Operating Room

SIGN OUT Time: 10Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature : .....

Name : DR Srilata Patnaik

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Rainbow® Children's Hospital
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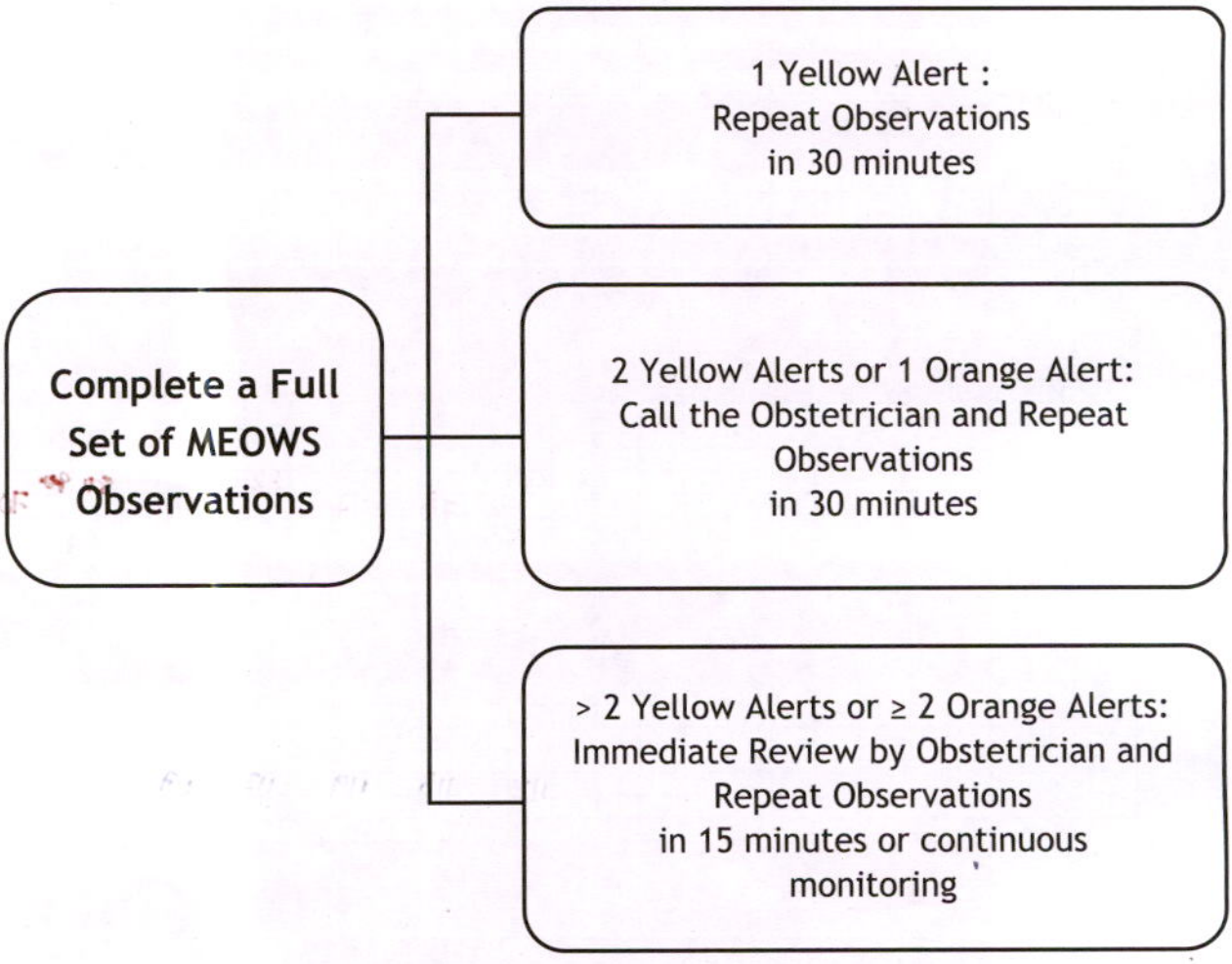
Early Warning Observation Score Chart - Obstetrics

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

11/7/26	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		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %											99		99		100		100		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36											36		36		36		36		36		36		36	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80											88						82				80	80		
	70													76		77				74				70	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																					120		116	
	110											113		116		119		112		117					
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80											81													
	70													77		76		74		70		72		76	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert											✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											NA		NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink											NA		NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES												0		0		0		0		0		0		0	
TOTAL ORANGE SCORES												0		0		0		0		0		0		0	
Nurse Initial												TMJ		TMJ		TMJ		TMJ		TMJ		CJ		CJ	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00189336 IP-00060671
Mrs BANDA SHRUTHI (F)
04-04-1990 36 Y
Dr. SRILATA PATNAIK

(2)

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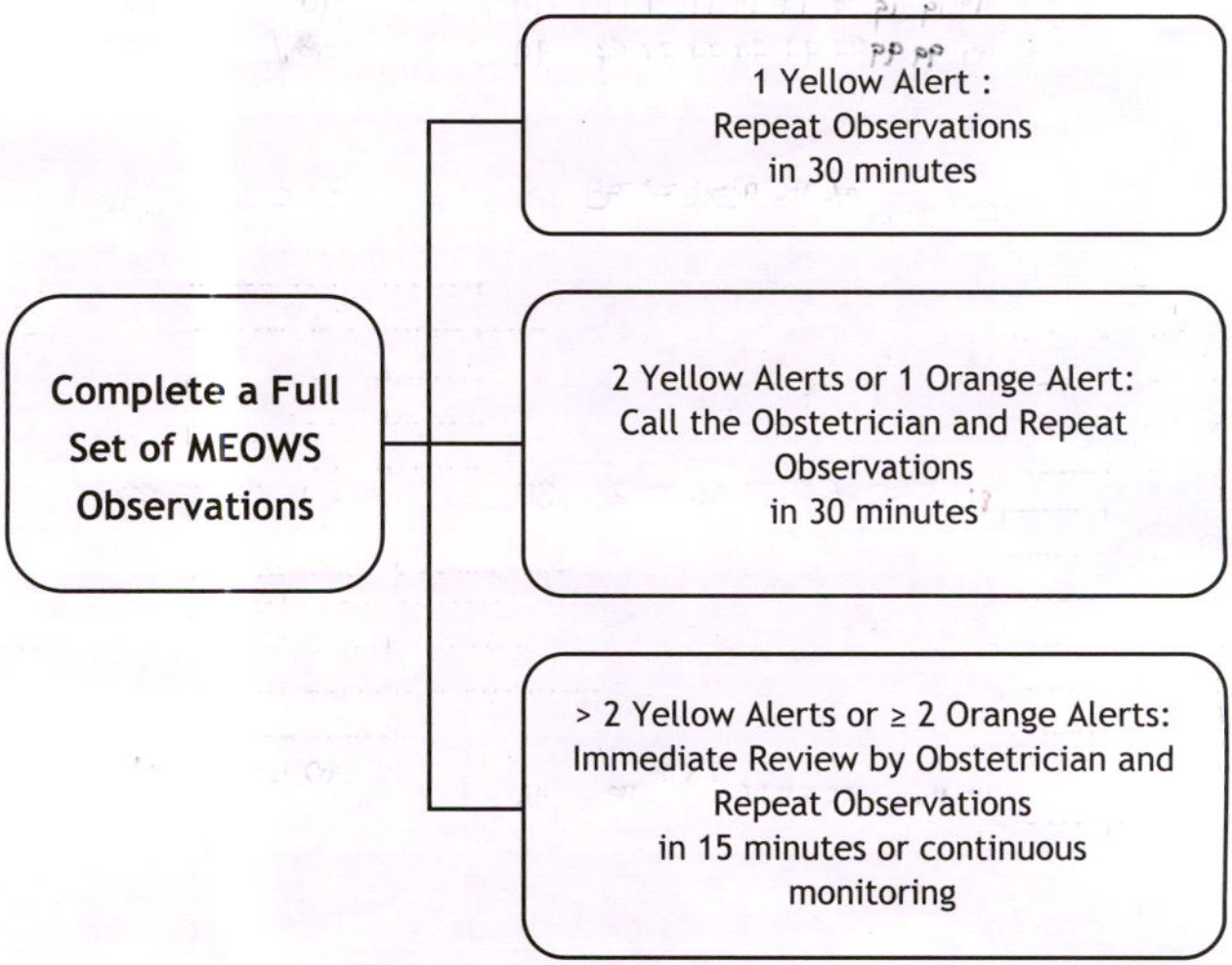
Early Warning Observation Score Chart - Obstetrics

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

12/7/26	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	19	19	19	19	19	19	19		19					19				16				19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99		99					99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37				37	37	37	37	37	37		37					37				37				36
	36	36	36	36																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	85	88	86	88	88	84	87	88		80					81				69				82
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120							125	126								112				111				105
	110	113	114	113	115	115	116			117		116													
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80							80		85															
	70	70	70	74	70	75		86			78	75					70				58				65
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA		✓					NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	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
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0		0					0				0				0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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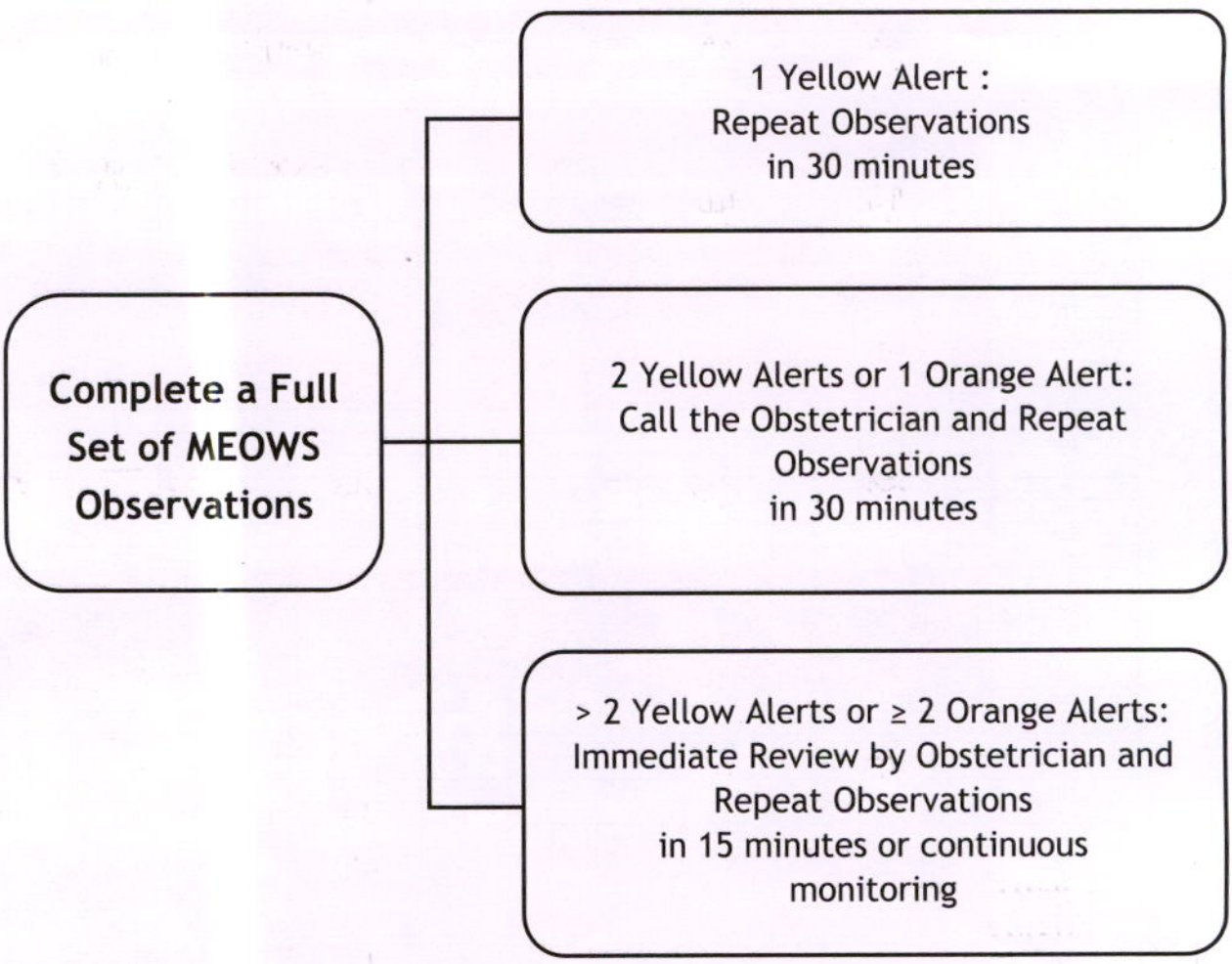
Early Warning Observation Score Chart - Obstetrics

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

13/7/26	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			15			15			19		19				19				19				19	
	0 - 10																								
Saturations	94 - 100 %			99			99			99		99				99				98				97	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36			36.6			36.4			36.6		36.6				36.5				36.5				36.5	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			77			72			80		86				70				72				79	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			109			112																		
	110									110															
	100											109				107				111				105	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			66			76																		
	60									66		66				60				53				57	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓		✓			✓			✓				✓				✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓		✓			✓			✓				✓				✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA			NA			NA		NA				NA				NA				NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA			NA			NA		NA				NA				NA				NA	
	Green																								
TOTAL YELLOW SCORES				0			0			0		0				0				0				0	
TOTAL ORANGE SCORES				0			0			0		0				0				0				0	
Nurse Initial				SJ			AN			AN		AN				A				A				A	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI 36 Y (F)
04-04-1990
Dr. SRILATA PATNAIK

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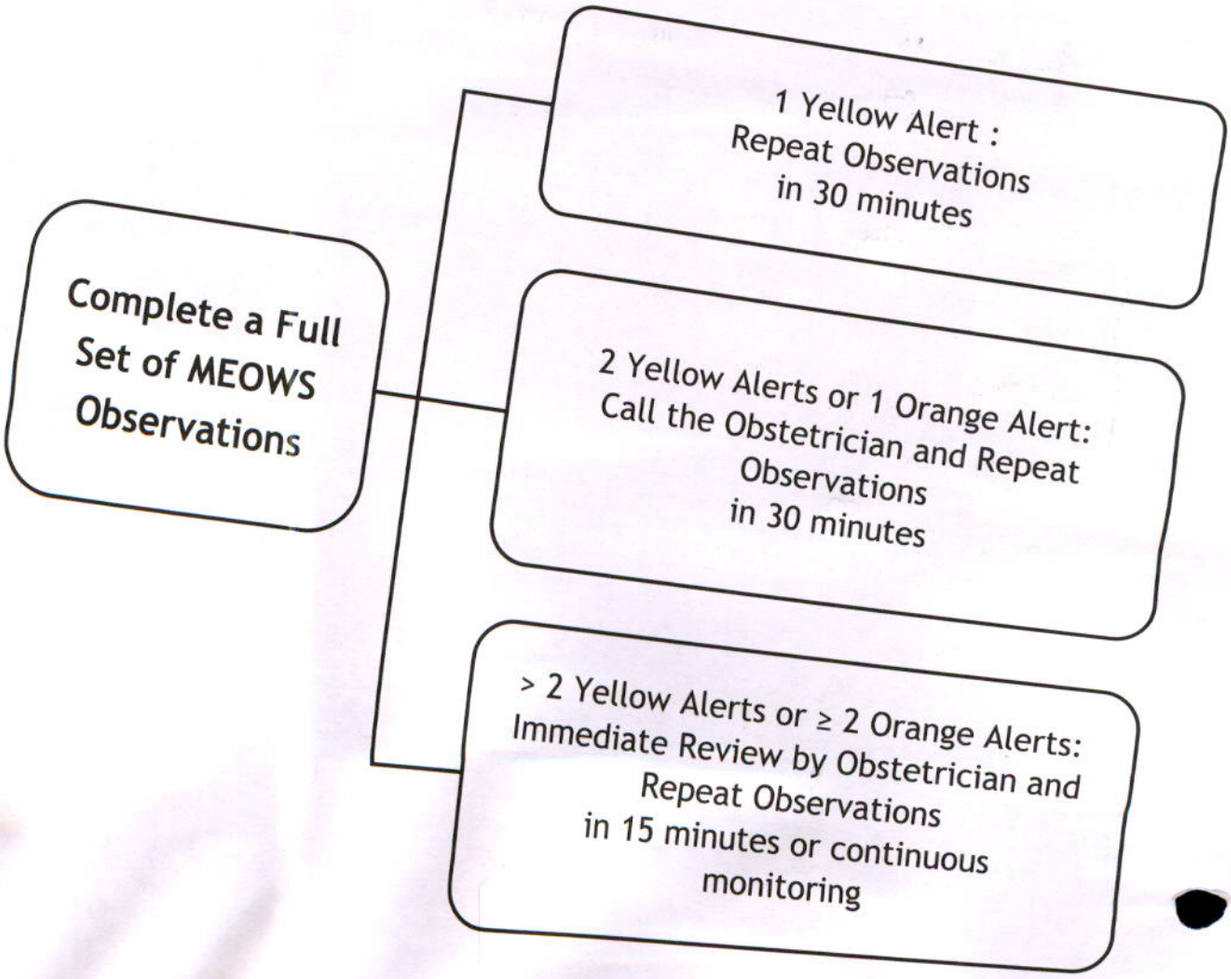
Early Warning Observation Score Chart - Obstetrics

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

Date	14/8/22																								
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			19																					
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			36.6																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			80																					
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			110																					
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			70																					
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			Nr																					
	Heavy / Foul																								
Liquor	Clear / Pink			Nr																					
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES				0																					
Nurse Initial				[illegible]																					

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : 1

FLUID CHART

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
7/26	05:00 pm											
	06:00 pm	H20	10 ml									
	07:00 pm	H20	100 ml									
Total Intake :		200 ml				**Total Output :**	Passed.					
	08:00 pm	H20	100 ml									
12/7/26	09:00 pm	H20	200 ml									
	10:00 pm	H20	100 ml									
	11:00 pm	H20	100 ml									
	12:00 am	H20	100 ml									
	01:00 am	H20	100 ml									
Total Intake :		600 ml				**Total Output :**	Passed					
	02:00 am	H20	100 ml									
13/7/26	03:00 am											
	04:00 am	H20	100 ml									
	05:00 am											
	06:00 am	H20	100 ml									
	07:00 am	H20	100 ml									
Total Intake :		400 ml				**Total Output :**	Passed					
Total 24 hrs. Intake						**Total 24 hrs. Output**	Passed					

12/7/26 at 1:00 pm

12/7/26

12/7/26

FRM / CLINICAL

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335 IP-00060671
A SHRUTHI
0 36 Y (F)
TA PATNAIK

FLUID CHART

No. : (2)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
12/7	08:00 am	NBM	RL 100ml [illegible]								0	[illegible]
	09:00 am	NBM	RL 100ml								0	
	10:00 am	NBM	RL 900ml (Pre							300ml	0	
	11:00 am	NBM	RL 100ml							150ml	0	Meghana
	12:00 pm	NBM	RL 100ml							150ml	0	12/7
	01:00 pm	NBM	RL 100ml							100ml	0	2pm
Total Intake : 1400ml										Total Output : 700ml		
12/7	02:00 pm	NBM + RL 500ml/hr								100ml	0	Cut
	03:00 pm	NBM + RL 100ml								80ml	0	Meghana
	04:00 pm	NBM + RL 100ml								50ml	0	12/7/20
	05:00 pm	H2O 50ml + RL 100ml								70ml	0	7:30pm
	06:00 pm	H2O 100ml								50ml	0	
	07:00 pm	H2O 100ml									0	
Total Intake : 1050ml										Total Output : 380ml		
	08:00 pm									100ml		
	09:00 pm		H2O							100ml		
	10:00 pm		(S) diet							100ml		
	11:00 pm									100ml		
	12:00 am									100ml		
	01:00 am		H2O							100ml		
Total Intake :										Total Output : 800ml		
	02:00 am									50ml		
	03:00 am		H2O							50ml		
	04:00 am									50ml		
	05:00 am									50ml		
	06:00 am									50ml		
	07:00 am											
Total Intake :										Total Output : 300ml		
Total 24 hrs. Intake										Total 24 hrs. Output 1980ml		

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/7/26	08:00 am										1	
	09:00 am		RBM + H2O									Sood 13/7/26 @2 pm
	10:00 am									✓		
	11:00 am										0	
	12:00 pm											
	01:00 pm										1	
Total Intake :						**Total Output :**						
13/7/26	02:00 pm		(5) diet + water								1	Rajan 13/7/26 @7 pm
	03:00 pm									✓		
	04:00 pm										0	
	05:00 pm											
	06:00 pm		H2O									
	07:00 am									✓		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Rice								✓		
	10:00 pm	+										
	11:00 pm											
	12:00 am	H2O								✓		
	01:00 am										0	
Total Intake :						**Total Output :**						
	02:00 am											14/7/26 @8 am
	03:00 am	H2O								—		
	04:00 am											
	05:00 am											
	06:00 am	+								—		
	07:00 am	H2O										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/4	08:00 am											
	09:00 am		D4									
	10:00 am		NM							✓	0	
	11:00 am											13/4/26
	12:00 pm										1	09 Am.
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(1)

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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: ..... L/W ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	12.5 MCG	PO	ONCE DAILY	11/7	☑C ☐DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY		☑C ☑DC
3	T. IRON.	1 TAB	PO	ONCE DAILY	11/7	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NIKHITA .....

Date & Time : ..... 11/7/2026. 6 PM. .....

Nurse Name & Signature: .....

Date & Time : ..... 11/7/26 at 6:0PM .....

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(2)

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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: MICU Shifted to: Room (207)

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	12H daily	12/2	☑C ☐DC
2	T. THYROXINE	125 mcg	PO	ONCE DAILY	12/2	☑C ☐DC
3	T. PARACETAMOL	2GM	PO	6H daily	12/2	☑C ☐DC
4	T. TRAMADOL	100MG	PO	8H daily	12/2	☑C ☐DC
5	T. DICLOFENAC	50 mg	PO	8H daily	12/2	☑C ☐DC
6	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	12/2	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Geeshma.

Date & Time : 4 PM, 12/2/26

Nurse Name & Signature: Meghana RN

Date & Time : 12/2/26 4pm

00199336 IP-00060671
BANDA SHRUTHI
4-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
11/7/26	05:00 pm											
	06:00 pm	H20	100 ml							✓	-	Priya
	07:00 pm	H20	100 ml									
Total Intake :		200 ml				**Total Output :**				Passed		
	08:00 pm	H20	100 ml								-	
11/7/26	09:00 pm	H20	100 ml							✓	-	
	10:00 pm	H20	100 ml								-	
	11:00 pm	H20	100 ml								-	Priya
	12:00 am	H20	100 ml							✓	-	12/7/26
	01:00 am	H20	100 ml								-	at 1:00 am
Total Intake :		600 ml				**Total Output :**				Passed		
	02:00 am	H20	100 ml								0	
12/7/26	03:00 am										0	
	04:00 am	H20	100 ml							✓	0	Prabhat
	05:00 am										0	at 2 pm
	06:00 am	H20	100 ml								0	
	07:00 am	H20	100 ml							✓	0	12/7/26
Total Intake :		400 ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1200 ml	Total 24 hrs. Output	Passed

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Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	
12/7	08:00 am	NBM		RL 100ml/hr.							0	
	09:00 am	NBM		RL 100ml							–	
	10:00 am	NBM		RL 900ml/hr						300ml	0	Jyothi
	11:00 am	NBM		RL 100ml						150ml	0	
	12:00 pm	NBM		RL 100ml						150ml	0	12/7
	01:00 pm	NBM		RL 100ml						100ml	0	2pm
Total Intake : 1400ml									**Total Output :**	700ml		
12/7	02:00 pm	NBM		+RL 500ml/hr						100ml	0	
	03:00 pm	NBM		+RL 100ml						80ml	0	Megha
	04:00 pm	NBM		+ RL 100ml						80ml	0	12/07/25
	05:00 pm	H2O 50ml		+ RL 100ml						70ml	0	7:30pm
	06:00 pm	H2O 100ml								50ml	0	
	07:00 pm	H2O 100ml									6	
Total Intake : 1050ml									**Total Output :**	380ml		
	08:00 pm									100ml		
	09:00 pm		H2O							100ml		
	10:00 pm		(S) diet							100ml		
	11:00 pm									100ml		
	12:00 am									100ml		
	01:00 am		H2O							100ml		
Total Intake :									**Total Output :**	600ml		13/07/25 @8am
	02:00 am									50ml		
	03:00 am		H2O							50ml		
	04:00 am									50ml		
	05:00 am									50ml		
	06:00 am									50ml		
	07:00 am									50ml		
Total Intake :									**Total Output :**	300ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1980ml

Docu. No. : RCH /FRM / CLINICAL / 092

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04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
13/12/26												
	08:00 am										1	
	09:00 am		RBM									
	10:00 am		H2O									Sripal 13/12/26 @2p.m
	11:00 am									✓	0	
	12:00 pm											
	01:00 pm										1	
Total Intake :						**Total Output :**						
13/12/26	02:00 pm											
	03:00 pm		(5) diet + water							✓	1	Rajan 13/12/26 @7:pm
	04:00 pm											
	05:00 pm										0	
	06:00 pm		RLO									
	07:00 pm									✓	1	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Rice								✓		
	10:00 pm	+										
	11:00 pm											
	12:00 am	H2O								✓		
	01:00 am										0	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	H2O								—		14/12/26 @8a
	04:00 am											
	05:00 am											
	06:00 am	+								—		
	07:00 am	H2O										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/4	08:00 am											
	09:00 am		Dly							/	0	Syal 13/4/26
	10:00 am		NPO									
	11:00 am										1	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... L/W ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	12.5 MCG	PO	ONCE DAILY	11/7	☑ C ☐ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY		☑ C ☑ DC
3	T. IRON.	1 TAB	PO	ONCE DAILY	11/7	☐ C ☑ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. NIKHITA .....

Date & Time : ..... 11/7/2026. 6 PM. .....

Nurse Name & Signature: .....

Date & Time : ..... 11/7/26 at 8:0PM .....

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(2)

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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: MICU Shifted to: Room (207)

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	12H daily	12/2	☑C ☐DC
2	T. THYROXINE	125 mcg	PO	ONCE DAILY	12/2	☑C ☐DC
3	T. PARACETAMOL	2GM	PO	6H daily	12/2	☑C ☐DC
4	T. TRAMADOL	100MG	PO	8H daily	12/2	☑C ☐DC
5	T. DICLOFENAC	50 mg	PO	8H daily	12/2	☑C ☐DC
6	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	12/2	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Greeshma.

Date & Time : 4 PM, 12/2/26

Nurse Name & Signature: Meghna RN

Date & Time : 12/2/26 4 pm

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Mrs BANDA SHRUTHI (F)
04-04-1990 36 Y
Dr. SRILATA PATNAIK

(1)

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DRUG CHART

Date of Admission: 11/7/2025 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

36 Y
Dr. SRILATA PATNAIK (F)

REGULAR PRESCRIPTIONS

Weight. 83.05kg Ward. L/W

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
12.5 MCG	PO	ONCE DAILY	11/7

Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date / Time	12/7/26	13/7	14/7
6AM		pt taken	

S. meenal kumari 11/7/26

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6thly	12/07

Name & Signature of the Doctor Starting the Drugs: Dr. Dr P Madhaw

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7
12 AM			
6 AM			
12 PM			
6 PM			

Chith 12/7/26

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	8thly	12/07

Name & Signature of the Doctor Starting the Drugs: Dr. Dr P Madhaw

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7
6 AM			
2 PM			
10 PM			

Chith 12/7/26

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	8thly	12/07

Name & Signature of the Doctor Starting the Drugs: Dr. Dr P Madhaw

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7	14/7
7 AM			
3 PM			
11 PM			

Chith 12/7/26

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04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 83.05kg Ward MICU

DRUG : INJ-CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th hrly	12/7

Name & Signature of the Doctor Starting the Drugs: Dr. Geetha.

Additional Instructions:

Date / Time	12/7	13/7	14/7
6 AM	✓	✓	✓
6 PM	✓	✓	STOP 14/7/26 7 AM Dr YOGESHWARI

Daily Doctor's Endorsement by a Sign

12/7/26 Chithu

DRUG : Tr PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	12/7

Name & Signature of the Doctor Starting the Drugs: Dr. Geetha

Additional Instructions:

Date / Time	13/7	14/7
6 AM	✓	✓
6 PM	✓	✓

Daily Doctor's Endorsement by a Sign

12/7/26 Chithu

DRUG : T. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500mg	PO	12TH HOURLY	14/7/26

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

Additional Instructions:

Date / Time	14/7
10 AM	✓
10 PM	

Daily Doctor's Endorsement by a Sign

Verified by Dr. Rishika Clinical Pharmacologist

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

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Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 83.05 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
12/07	09:15 Am	Inj. CARBETOCIN	100mcg	IV			
12/07	10:00 Am	Sup. TRAMADOL	100mg	PR			
12/07	10:00 Am	Sup. DICLOFENAC	100mg	PR			
12/07	09:20 Am	Inj. TRANEXAMIC ACID	1gm	IV			
12/7	10AM	T. MISOPROSTOL	400 MCG	INTRAUTERINE			
12/7	10AM	T. MISOPROSTOL	400 MCG	PR			
14/7/20	10am	SUPPOSITORY BISACODYL	20 MG	PR			

Verified
Dr. Rishika
Clinical Pharmacologist

Verified
Dr. Rishika
Clinical Pharmacologist

Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

Weight. 63.05kg Ward. L(W).....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/7	11:30 PM	ENEMA PROCTOLLYSIS	100 ML	PR		Teja
11/7	10PM	T. MISOPROSTOL	25 MCG	PV		Teja
12/7	2AM	T. MISOPROSTOL	25 MCG	PV		Teja
12/7	5 Am	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		Teja
12/7	4:45AM	INJ DROTAVARINE	40MG	IV		Teja
12/7	5:10Am	INJ. ONDANSETRON	4 MG	IV		Teja
12/7	8:40 PM	INJ. PANTOPRAZOLE	40 MG	IV		Mr
12/7	8:40 AM	INJ. METOCLOPRAMIDE	10 MG	IV		Mr
12/7	7:00AM	INJ. DROTAVERINE	40 MG	IV		Mr

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

Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

I.V. FLUIDS CHART

Weight. 83.05kg Ward. 2/W

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
11/7	4 AM	RINGER LACTATE	IV	FF	[illegible]	[illegible] Teja	12/7	[illegible]	[illegible] Teja
12/7	4:30 AM	RINGER LACTATE	IV	FF	[illegible]	[illegible] Teja	12/7	[illegible]	[illegible] Teja
12/7	5 AM	RINGER LACTATE	IV	100 ml/hr	[illegible]	[illegible] Teja	12/7	[illegible]	[illegible] Teja
09/07	09:20 AM	RINGER LACTATE	IV	900 ml	[illegible]	[illegible]	12/7	[illegible]	[illegible]
12/7	2PM	RINGER LACTATE	IV	100ml/hr	[illegible]	[illegible]	12/7	[illegible]	[illegible]

Signature .....

VERIFIED BY : Name .....

VIH-00199336 IP-00060671
Mrs BANDA SHRUTHI
04-04-1990 36 Y (F)
Dr. SRILATA PATNAIK

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	11/7/26					
Time	at: 8:41PM					
Hb	12.5					
PCV	35.0					
RBC	3.78					
WBC	8.51					
N/L						
Platelets	155					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
~~Cells~~ BT	2 min : 30 sec					
~~N/L~~ CT	4 min 50 sec					

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping :- 'B' positive						
HIV	Non Reactive					
HBSAG						
HCV						
VDRL						

Culture and Sensitivities : .....

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.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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