VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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SURGERY DETAILS

Date : 16/7/26

Patient Name: Mrs. Pooja choudhary Date of Birth: 25/4/19998 Age: 28 y

Gender: Female Ward : OT UHID No.: 206985

Date of Surgery: 16/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : ELECTIVE LOWER SEGMENT CESAREAN SECTION

Time in : 10:25 Am Time Out : 11:15 Am

	NAME	AMOUNT
1. Surgeon	: DR. Supriya m	OT Charges.
2. Anaesthetist	: DR. madhav / DR. Vineetha	
3. Assistant Surgeon	: DR. Soreshma	
4. OT Technician	: Br. Rakesh	
5. Circulating Nurse	: SR maria / Asha	
6. Assistant Nurse	: SR Bhavani	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3102217/18 Order by: Sreeja

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OR BILLING

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

Date of Admission : 16/7/26 Time : ---------- Date of Discharge : ----------

Room / Bed No : ---------- Ward : MICU. Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Sig
16/7/26	at: 10:15 Am	MICU	OT	
16/7/26	11:20 Am	O.T	MICU	
16/7/26	at: 5:20 pm	MICU	(205)	

Cross Consultation Visit

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

Investigations	Order No.	Sign
-(1)	R26-011480 ✓	Rani
checked By Rani 16/7/26 @ 4:30pm.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Infusion pump.	7:30Am	4Pm	3102152	Rani
16/7/26	cardiac monitor.	11:25Am	4Pm		
	Cross checked By Rani		16/7/26 @ 4:30Pm.		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	IV placement	(1)	3102151	Rani
16/7/26.	PAC	(1)	3102153	
16/7/26	catheterization	(1)	3102151	
	Cross checked By Rani 16/7/26 @ 4:30 pm.			

ANY OTHER INFORMATION

Date : 18 · 07 · 2026 Time : 11:28 Am Prepared By : 18/07/26 @ 11:29 Am

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis.	Sis.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206985 IP-00060726

Patient Name : Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

IP.No: 60728

Ward:

DOA: 16/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary	2	–	–	
3	Nursing Initial assessment form	1	–	–	
4	Patient Trasfer Forms	3	–	–	
5	In-patient Medical Record	1	–	–	
6	Doctors Progress Sheets	3	–	–	
7	Nurses Progress notes	3	–	–	
8	Consultation Sheets				
	General Consent for Treatment	1	–	–	
10	Conset for Surgery				
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				
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	3	–	–	
26	Intake and Output chart (fluid Chart)	3	–	–	
27	Drug Chart (Regular prescription)	3	–	–	
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				
	medication form	2	+	–	
	Braden Q	2	–	–	
	pain Assessment	3	–	–	
	Triage form	1	–	–	
	Total No. of Pages				

40 - total pages

Padma

Signature and Date : 18/7/26 @7am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

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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-00060726 **Admit Date** : 16-Jul-2026 **Admit Time** : 07:31 AM **UHID** : VIH-00206985

Patient Details :

Patient Name	: Mrs POOJA CHOUDHARY	**Age**	: 28 Y 2 M 21 D
Guardian	: Mr SOMESH CHOUDHARY	**DOB**	: 25-04-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 12-10-590/122/3 KUSHAL JEWELLERS WARASIGUDA Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 6301802121
		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 SOMESH CHOUDHARY **Relationship** : Husband

Contact Address : 12-10-590/122/3 KUSHAL JEWELLERS WARASIGUDA Sitaphal Mandi Hyderabad Telangana INDIA 500061 **Phone No** : 6301802121

Signature

Doctor Details :

Doctor Name : Dr. SUPRIYA M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

VIH-00206985 IP-00060726
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25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 16/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify —

Primary Language: ☐ Telugu ☐ English ☑ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify —

Chief Complaints: —

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ashwini

Time Notified: at 7:30 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
panic attacks, depression on & off, took ketamine till 6 months before conception	DNC 2023/2024	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: .....

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 Primi P — L — A —

Previous LSCS: 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 —

Vital Signs / Measurements: Temp: 98.6F HR: 88bpm RR: 19bpm

BP: 110/70 Weight: 88kgs Height: 156cm BMI: .....

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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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 ..12.. (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 ....

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. POOJA..

Name of Person Orientation was given to: ..POOJA..

Orientation not given Reason: ....

Nurse Signature: ....

Nurse Name: ..POOJA..

Date & Time: ..16/7/26 at 9 am

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PATIENT TRANSFER FORM

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 @ 7:31 AM	16/7/26 5.20 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Greeshma	for observation

From Unit	To Unit	Information to Attendant
MICU	(205)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(10)	(1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	(1) Tab paracetemol – (15)	Soap (1)
2.	(2) Tramadol – (10)	Underpad (1)
3.	(3) diclofenac – (10)	Bacimed – (1)
4.	(4) panto prozole – (15)	(1)
5.		

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

Dr. Greeshma.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Pooja	Dr. Nikhitha

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 16/7/26 at 8:30 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

PATIENT TRANSFER FORM

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VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 at 7:32 am	16/7/26 @ 10:15 AM
Treating Consultant Name	Transfer Ordered by: Dr. Nikhitha	Reason for Transfer: EL. LSCS.
From Unit: MICU.	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 35	Number of Imaging Films: NST - (1)	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.	— Nil —	
2.		
3.		
4.		
5.		

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

Dr.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS. pooja	Dr. Nikhitha

Patient & Clinical Records Received by :

Date & Time of Patient Received : 16/7/26 @10:15 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-00206985 IP-00060726 Mrs POOJA CHOUDHARY 25-04-1998 28 Y 2 M 21 D (F) Dr. SUPRIYA M	Date & Time of Admission 16/7/26 @ 7:31 Am	Date & Time of Transfer Order 16/7/26 @ 11:20 Am
	Transfer Ordered by Dr. Madhan	Reason for Transfer Postop care
From Unit 01	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films NST-1	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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Bhavani	Dr. Madhan

Patient & Clinical Records Received by : Pooja

Date & Time of Patient Received : 16/7/26 12 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

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: - 24/10/2025 EDD:

Corrected EDD: 27/7/26 GA: 38+3 wk

Obstetric Formula: married: 4yrs, Nconsg
G1 - 4wk/SP. miscarriage/2023/DRC

Obstetric History:
G2 - 3 month/ missed miscarriage/2025/DRC.
G3 - PP, SP conception
unbooked to RCH. Bew. ANCs

Present Pregnancy Record:
at Women care & policlinic
Had H1O bleeding PV at 4 mog
managed conservatively.
was on Tab. Ecosprin 150mg OD
STO Med at 34 weeks
Had H1O acute bronchitis at 16 wk & 9 mog managed conservatively
& NoDepression & panic attack

RISK FACTORS:
CPD
Hypothyroidism

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height:

Ut Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe (irritable.)

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

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

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 156 cm
Weight: 88 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: 98 F PR: 82 bpm
BP: 110/70 mmg DTR: ⊕
CVS: S1S2 ⊕ RS AEBE
Liver/Spleen: Urine Output:

DIAGNOSIS

PPIUI @ 38+3 weeks @ Hypothyroidism @
G3A2
CPD for elective LSCS

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

Family History:

Mother – hypothyroidism

Surgical History:

D&C 2023, 2024

Medical History:

H/O depression & panic attacks 6 yrs
took Inj. ketamine till 6 month befor conention.

Medication History:

N.I

Plan of Care: CS by. Dr. Supriya mam

Admission
consent
PAC
Part preparation
foleys catheterisation
NST stat
monitor vitals
follow drug chart
in process

Noted by Suhasini 6/7/26 7AM

Investigations:

HIV
HCV
HBsAg
VDRL
} NR.

A POSITIVE

11/7/26
CBP – 10.9 | 8700 | 1.5L
PT | APTT | INR – 10 | 30.1 | 1.02
Creat – 0.5
URBS – 71

10/7/26
AFI+D.
35+6wk
AFI 13cm
P1-Post.
AC-31cm.

14/5/26
29+3wk
SLIUF
cephalic
29+3wk
AC – 25.45cm
GRW – 1418±2 gm
Dopp (N).

TIFFA
18/3/26 20+3wk
No anomalies
CL-35mm

NT scan
19/1/26 12+2wk
NT-1.3mm

Doctor Name: Dr. Ashwini
Signature: A
Date & Time: 16/7/26 2AM

Consultant Name: Dr. Supriya M
Signature:
Date & Time: 16/7/26 7AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 11:30 Am	POD-0 (Post LSCS)	
P1L1 c̄ Hypothyroidism	O/E Pt is c/c/c	Adv
	GC- fair	- NBM x 4hrs
	Afebrile	- Rest
	BP-136/101 mmHg	- I/O charting
U/O - 400ml	PR - 102 bpm	- Monitor vitals
Adequate, clear	S/E-NAD	- Follow drug chart
	P/A - Ut ~ W/R	- Infusion SOS
	Soft, BS ⊖	
	L/E-NAB	
	Baby mother side $\ulcorner^{A}_{H}$, BF ⊕	Dr. Greeshma
	Noted by pooja	
16/7/26 3:30 PM.	POD-0 (LSCS)	
	O/E - pt is c/c/c	Adv:
	G/C-Afair	- water sips f/b clear liquids.
P1L1 Hypothyroidism	Afebrile.	
	BP - 109/92 mmHg	- soft diet at 9:30 pm.
	PR - 70 bpm.	- I/O charting
U/O 300 ml	S/E - NAD.	- W/F bleeding PV
clear, Adeq.	P/A - Ut - W/R.	- monitor vitals
	soft, BS ⊕	- Follow drug chart
pt can be shifted to room	L/E - NAB.	- Infusion SOS.
	Baby $<^{A}_{M}$ BF ⊕	Dr. Nikita
	Noted by pooja	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 .8pm	POD-0 (LSCS)	
	O/E pt is c/c/c	Adv
P1L1 Hypothyroidism	Gc fair	- clear liquids
	Afebrile	- soft diet at 9:30pm
	BP-130/80mmHg	- W/f bleeding PV
VO-clear adequate.	PR- 88bpm	- Monitor vitals
	S/E-NAD	- Follow drug chart
	P/A-Ut ~ WR	- Adequate hydration
	Soft BS+	- I/o charting
	L/E-NAB	- Inform SOS
	Baby A/H BF+	
	Noted by padma 16/7/26	Dr yogeshwari
17/7/26 7AM	POD-1 (LSCS)	
	O/E	Adv
	pt PS c/c/c	- Soft diet
P1L1 Hypothyroidism	Gc fair	- w/f bleeding pv
	Afebrile	- Monitor vitals
VO-3020ml clear adequate	BP-120/80mmHg	- Follow drug chart
	PR- 80bpm	- Adequate hydration
	S/E-NAD	- Ambulation
Remove foley's	P/A-Ut ~ WR	- Inform SOS
	Soft BS +/+	
	L/E-NAB	
	Baby A/H BF+	Dr yogeshwari

Noted by padma 17/7/26

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	POD-1 (LSCS)	
1 pm.	O/E- pt is c/c/c	Adv:
	G/C - Fair	- Normal diet
P1L1 hypothyroid	Afebrile	- W/F bleeding PV
	BP - 110/73 mmHg	- Adeq. Hydration
urine passed	PR - 79 bpm	- Ambulation
	S/E - NAD	- monitor vitals
motion not passed	P/A - ut - W/R	- Follow drug chart
	soft, BS (+)	- Inform SOS.
	L/E - NAB.	
	Baby c A/M BF(+)	Dr. Nikita
	Noted by Deepika 17/07/26 @2pm	
17/7/26		Adv
	O/E Pt c/c	T. LACTARE
	afebrile	0 — 0 — 0 x 5 days
urine passed	pain free	Galact granules 2 Tsp
	Vitals stable	c milk
		twice daily x 5 days
motion not passed.	P/S sn	
	WNL	Rest OST.
	L/E - NAB	T. Dulcolax P/R (2)
		@ 10PM

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026 9:15 pm.	POD-1 (LSCS)	
P/L/ Hypothyroid	O/E- pt is c/c/c	Adv:
	Gc- Fair.	- (N) diet
	Afebrile.	- Adeq. Hydration
	BP- 124/74 mmHg	- Ambulation
	PR- 82 bpm.	- monitor vitals
Urine passed motion not passed	S/E- NAD.	- W/F bleeding PV
	P/A- Ut - W/R.	- Follow drug chart
	Soft, BS (+)	- Inform SOS.
	L/E- NAB.	Dr. Nikhita
	Baby < A M BF (+)	
Noted by padma. 17/7/26		
18/7/2026 8:15 Am.	POD-2 (LSCS)	
P/L/ Hypothyroid	O/E- pt is c/c/c	Adv:
	Gc- Fair.	- (N) diet
	Afebrile.	- Adeq. Hydration
	BP- 102/71 mmHg	- Ambulation
	PR- 79 bpm.	- monitor vitals
Urine passed. motion passed	S/E- NAD.	- W/F bleeding PV
	P/A- Ut - W/R.	- Follow drug chart
	Soft, BS (+)	- Inform SOS.
pt. can be discharged	L/E- NAB.	
	Baby < A M BF (+)	Dr. Nikhita
Noted by padma 18/7/26		

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ~~G3P2~~ ~~pregnant~~ 38+3 weeks ~~of~~ Hypothyroidism & CPD for.

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

Surgery / Procedure: Elective LSCS

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	16/7/26 M	16/7/26 M	16/7/26 E	16/7/26 E	16/7/26 N	17/7/26 M
Medical Condition (Any special condition to be noted):	–		–	Nil	Hypothy on thyroxine	Hypothyroidism
Diet:	NBM	NBM	NBM		Ⓢ diet	Ⓢ diet
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:	98.6F	98.6F	98F	98.6F	98.7F	98.6°F
Res:	18bmt	20b/m	20b/m	20b/mt	19b/m	20 b/m
SpO_2:	99%	99%	99%	99%	99%	99%
Pulse:	82 bmt	82 b/m	84 b/m	89b/mt	79b/m	73 b/m
BP:	110/70	110/70	110/70 mmHg	104/64 (76)	105/70	114/73 (82)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	10	0	0	0	0	0
Pain Score:	10	0	0	1	0	0
Skin Integrity	Surgery	Intact	Intact	Intact	Intact	Intact
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	–	–	–	Nil	Nill	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	NBM		Ⓢ diet	Ⓢ diet
Critical Lab Test / Values:	–	–	–	Nil	Nill	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):	dependant	dependant	dependent	dependant	dependant	Dependant
Post Operative Procedure Special Orders:	–	NBM	W/F Bleeding	catheter care		
Handed Over By Name :	pooja	Bhagyashree	Pooja	sushila	padma	Sushila
Signature / ID :	RS	016993	Pooja	016993	606329	016993
Date:	16/7	16/7/26	16/7/26	16/7/26	17/7/26	17/7/26
Time:	at 10 Am	@ 1Pm	@ 5 pm	8Pm	@ 8Am	8Pm
Taken Over By Name :	maria	Pooja	sushila	Padma	Sushila	Akanksha
Signature / ID :	618133	Pooja	016993	606329	016993	606609
Date:	16/7/26	16/7/26	16/7/26	16/7/26	17/7/26	17/7/26
Time:	10 am.	12 pm	5:30pm	@ 8pm	8 Am	@ 2pm

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3P2 @ 38+3 weeks c hypothyroidism c CPD for Elective LSCS

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: N/A

Surgery / Procedure: Elective LSCS.

Post OP Day:

BACKGROUND

Date / Shift	17/7/26 E	17/7/26 N	18/7/26 M			
Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Hypothyroid			
Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet			

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.0°F	98.6°F	98.0°F			
Res:	19/hr	18/min	19/min			
SpO_2:	99%	99%	99%			
Pulse:	82/hr	78/min	82/hr			
BP:	124/74(E)	120/80	120/74(CVH)			
LOC:	conscious	conscious	conscious			
Fall Risk Score:	'15'	0	'15'			
Pain Score:	'0'	0	'0'			
Skin Integrity	Intact	Intact	Intact			

Recommendations

Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nill	Nil			
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Ⓝ diet	Ⓝ diet	Ⓝ diet			
Critical Lab Test / Values:	-	Nill	-			
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			

Post Operative Procedure Special Orders:	-		-			
Handed Over By Name :	Akanksha	padma	Akanksha			
Signature / ID :	606607	606329	606607			
Date:	17/7/26	18/7/26	18/7/26			
Time:	@8pm	@8AM	@2pm			
Taken Over By Name :	padma	Akanksha	file sending to billing			
Signature / ID :	606329	606607				
Date:	17/7/26	18/7/26				
Time:	@8pm	@8am	noted by Akanksha 18/7/26 @12pm			

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

NURSING CARE RECORD

Hospital
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Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Ensure Safety		provide side rails	To prevent bed falls	patient is comfortable	pooja 16/7/26 @ 10AM
	1pm	prevent Infection		Given by Inj: Cefotaxime	prevent infection	patient is safe	
Afternoon	2pm	Ensure Safety		provide side rails	To prevent bedsore	patient is safe	pooja 16/7/26 @ 2pm
	4pm	maintain fluid Balance		provide RL 100ml per ot doctor order	To prevent body dehydration	patient is safe	
Night	11pm	* maintain fluid Balance.	7Am	* maintain fluid Balanced Nutritional Status.	* Prevent to the dehydrition.	* Re-Assessment Done. Patient Condition is Stable.	Padma 17/7/26 @8Am

Dr. SUPRIYA M 26 Y 2 M 21 D (F)

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 17/7/26

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	10 AM	* Relieve pain and discomfort.	10:10 AM	* Provided comfortable position to the patient.	* Reduce pain and discomfort	* Re Assessment done patient condition is good.	Sushila 17/7/26 @8pm
	12 PM	* Ensure Safety	12:10 PM	* provide side rails	* prevent fall risks.		
Afternoon	3 pm	* Maintain fluid Balance. * Ensure Safety	4 pm	* Encouraged pt to take plenty of fluids * Provided side Rails upside.	* prevented Dehydration. * Reduced fall Risk.	* Re-Assessment Done. pt condition is stable.	Akeesha 17/7/26 @8pm
Night	11pm	+ maintain fluid Balance.	7AM	* Maintained the fluid Balanced. Nutritional Status.	* prevent to the dehydration.	* Re-Assesment Done. Patient condition is Stable.	Padma 17/7/26 @7AM

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 18/7/26

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	9 Am	* Improve Activity Tolerance. * Ensure Safety	10 Am	* Encouraged pt to Ambulate. * Provided Side Rails upside.	* Improved Activity. * prevented falls Risk.	* Re-Assessment Done. pt condition is Stable	18/6/26 @12pm.
Afternoon				Discharge notes Doctor came for rounds & Advice Discharge.			
Night				noted by Akankshe 18/07/26 @2pm			

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs POOJA CHOUDHARY**	**Age :**	**28 Y 2 M 21 D**
IP No:	**IP-00060726**	**Sex:**	**Female**
Consultant:	**Dr. SUPRIYA M**	**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.

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.
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: Dinesh Chaudhary
Relationship: Brother
Date: 16/7/26 Time: 7:31 pm
Witness Name:
Witness Signature:

Patient Address:
12-10-590/122/3 KUSHAL JEWELLERS
WARASIGUDA Sitaphal Mandi
Hyderabad Telangana INDIA 500061

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. SUPRIYA M	Date of Delivery: 16/07/26
Assistant Surgeon: Dr. GREESHMA	Time of Delivery: 10:42:31 AM
Anaesthetist's Name: Dr. VINEETHA	Gender of Baby: FEMALE
Type of Anaesthesia: SPINAL	Weight of Baby: 2.737 kg
Neonatologist: Dr. SUMEDHA	AGPAR Score: 9/10, 9/10, 10/10
Scrub Nurse: SIS BHAVANI	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis: G3A2 Σ 38+3 weeks Σ Hypothyroidism Σ CPD for Elective Lower Segment Cesarean Section

☑ Elective ☐ Emergency Indication: Cephalo Pelvic Disproportionation (CPD)

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: Reactive

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

Surgical Procedure: ELECTIVE LOWER SEGMENT CESAREAN SECTION
↓ SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: ~ 150 ml	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

–

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... cm

5th Palpable: ..... Fetal Position: .....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☑ Yes ☐ No Urine: ☑ Clear ☐ Blood Stained

---

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☐ Manual ☑ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: NORMAL Cord around the neck ☑ Yes ☐ No 1 loop of cord around neck

Appearance of placenta: NORMAL Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

---

Uterine Closure: ☐ One Layer ☑ Two Layers VICRYL 1-0 Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None VICRYL Suture

Sheath Closure: VICRYL 1-0 Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress MONOCRYL 3-0 Suture

Vaginal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in 12 Hours days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: NBM x 4hrs, Rest, Flo charting, Monitor vitals, Follows drug chart, Inform SOS.

Dr Suprya

Doctor Name: Dr. SUPRIYA M Doctor Signature: .....

Date & Time: 16/7/26, 11:30 AM

SURGICAL SAFETY CHECKLIST

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

Surgeon : Dr. Supriya m
Asst. Surgeon : DR. Greeshma
Anaesthetist : DR. madhav/DR. vinoth
Scrub Nurse : SR. Bhavani | Date : 16/7/26 In-time : 10:20am Out-time : 11:20am
Age : 28 y Gender : F
Surgery Name : EL LSCS

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 10:20am

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 : [signature]
Name : DR. M. VINOTHAN

Before Skin Incision ➤ ➤

TIME OUT Time: 10:25am

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? Bleeding, 1hr, 300ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: L4-L5 Nerve
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes. ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : [signature]
Name : Mani

Before Patient Leaves Operating Room

SIGN OUT Time: 11:15am

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 : [signature]
Name : Dr Greeshma

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. POOJA Gender: ☐ Male ☑ Female Age : 28 Y

UHID No : 206985 Date : 16/7/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION upon

(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, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION, POST PARTUM HEMORRHAGE

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. SUPRIYA M.

Consentee :

Signature :

Name : mrs. Pooja

Date & Time : 16/7/26 7AM

Patient Attendant :

Signature :

Name : Dinesh Choudhury

Relationship with Patient: Brother

Date & Time : 16/7/2026 7:00 AM

Witness :

Signature :

Name : RAVI

Date & Time : 16/7/26 @ 8AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 16/7/26 7AM.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. Pooja Age : 28y Gender : Male ☐ Female ☑

UHID NO: 206985 Surgeon Name: Dr. Supraja

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Cesarean delivery

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 / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Pooja the above mentioned operation / Diagnostic / Therapeutic procedures Elective cesarean delivery

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

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

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

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

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

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

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : Pooja

Relationship with Patient: .....

Date & Time : 16/7/26 at 7:45 am

Witness :

Signature : .....

Name : Dipti Choudhary

Date & Time : 16/7/26 7:40 A.M.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bhanda

Date & Time : 16/7/26, 7:45 am

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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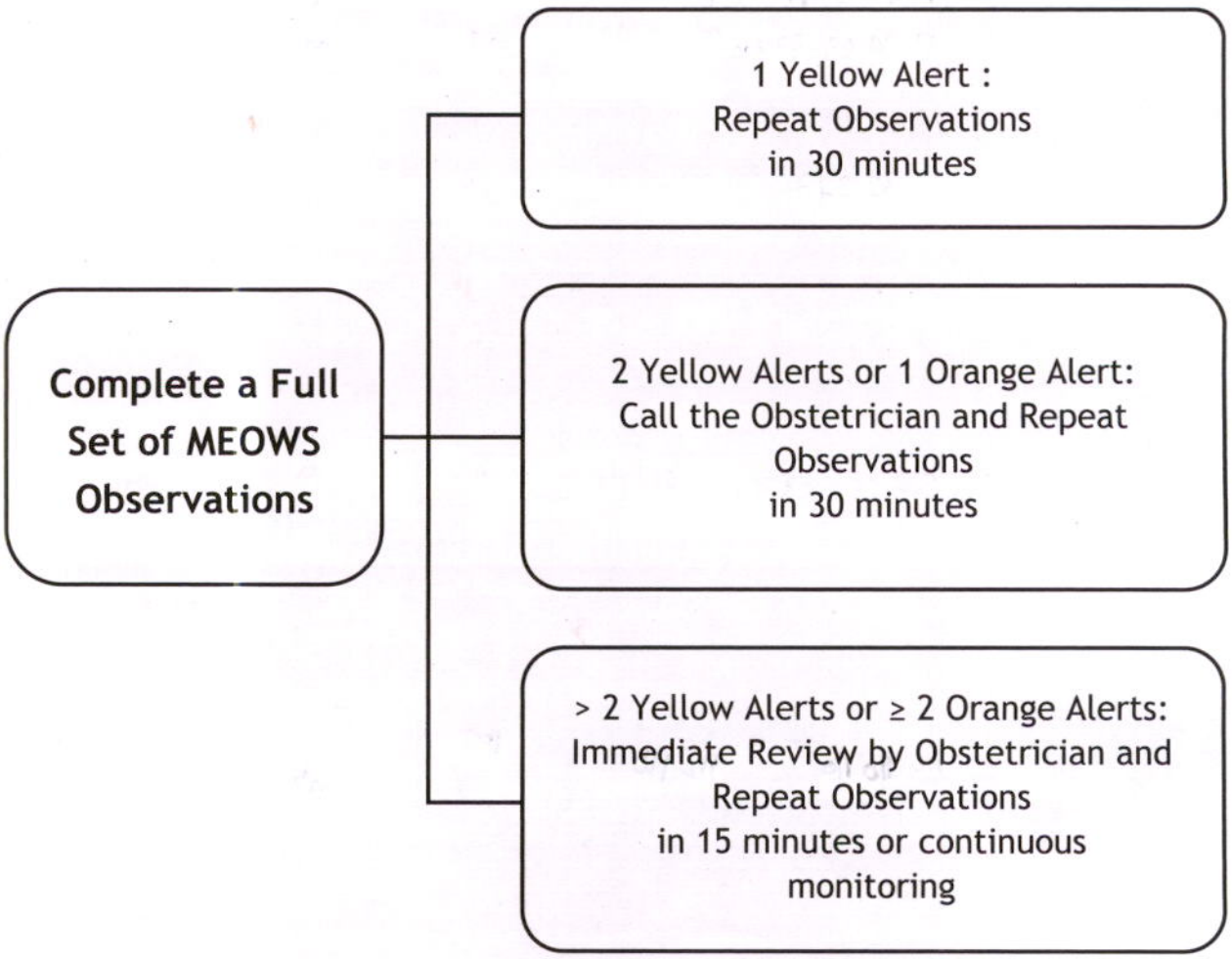
Early Warning Observation Score Chart - Obstetrics

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

16/7/26

		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	20	17	19	19	19	19	19			19				19				19				18
	0 - 10																									
Saturations	94 - 100 %			99	99	99	99	99	99	99	99			99				99				99				98
	< 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																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			82	89	90	85	87	80	86	84			88				79				80				82
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130													130												
	120			110	110	110	132	138	112	110								120				115				111
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80													80												
	70			70	70	70	70	81	72	80								80				79				69
	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
	Heavy / Foul																									
Liquor	Clear / Pink			✓	✓	✓	✓	✓	NA	NA				NA				NA				NA				NA
	Green																									
TOTAL YELLOW SCORES				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
Nurse Initial				P	P	P	P	P	P	P				P				P				P				P

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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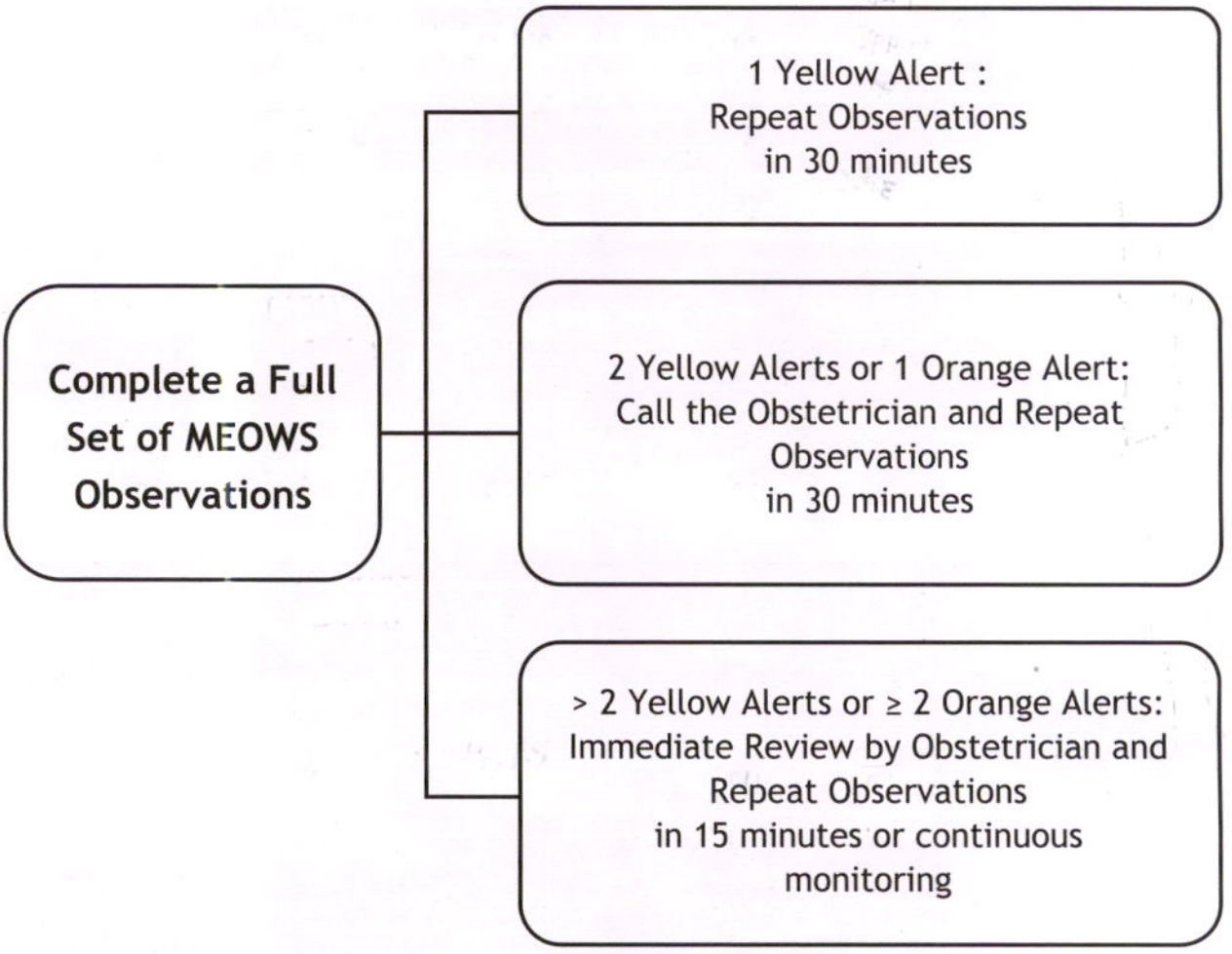
Early warning Observation Score Chart - Obstetrics

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

17/7/26	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			20			19					19	19				19				19				19
	0 - 10																								
Saturations	94 - 100 %			99%			99					99	96				99				98				99
	< 94 %																								
Administered O_2 (L/min.)				2																					
Temp°c	40																								
	39																								
	38																								
	37			37°C			36°C					36°	36°C				37°C				36°C				37°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80						79					81/82					79				72				79
	70			73																					
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120											129	124				120								
	110			114			110														110				109
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90											90													
	80						73																		
	70			73									79				80				70				71
	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
	Heavy / Foul																								
Liquor	Clear / Pink			✓			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				SM			O					A	A				P				P				P

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

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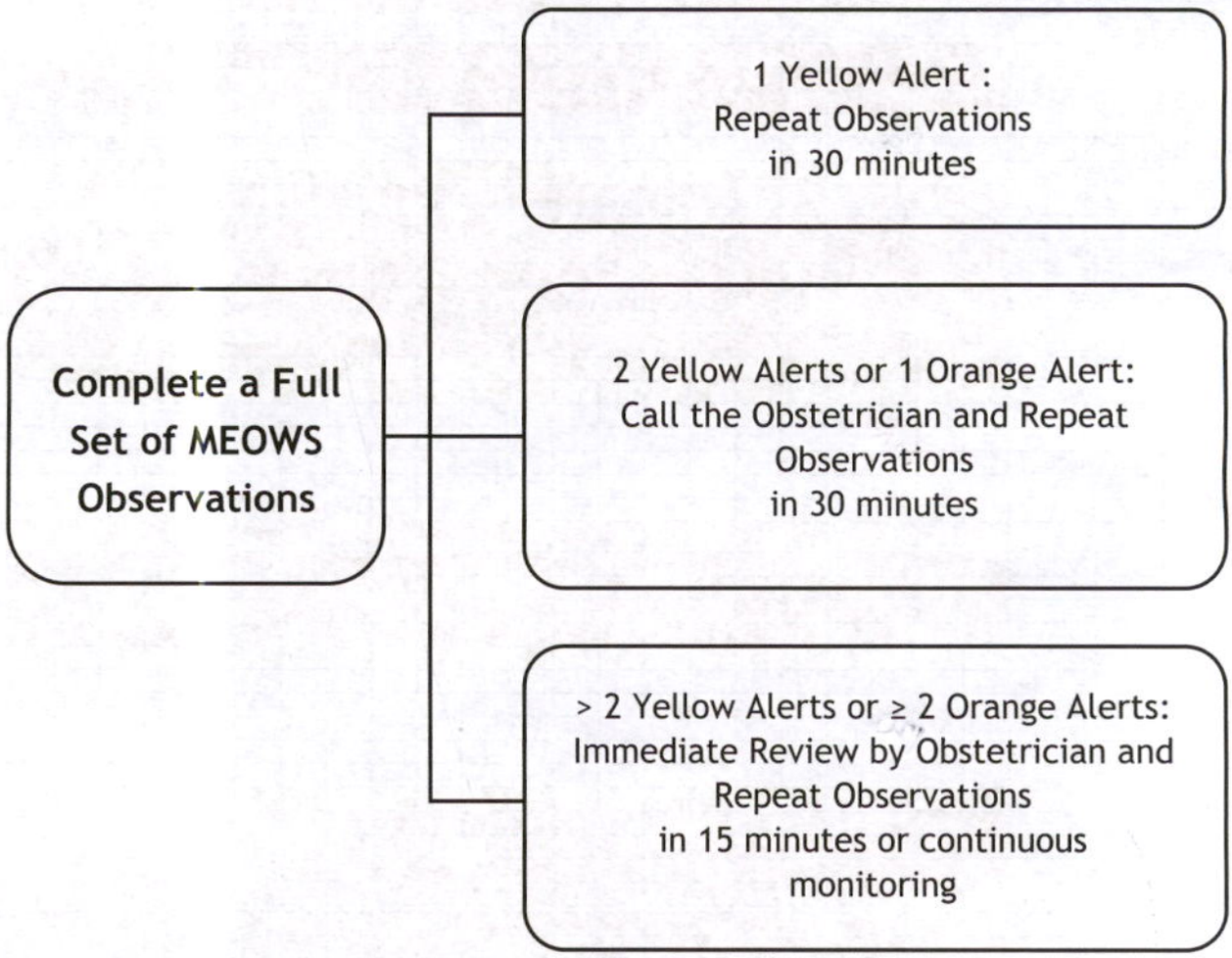
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
18/7/26		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																					
	0 - 10																									
Saturations	94 - 100 %				99%																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37																									
	36			36																						
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			72																						
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120			120																						
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			74																						
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				NA																					
	Heavy / Foul																									
Liquor	Clear / Pink				NA																					
	Green																									
TOTAL YELLOW SCORES					2																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					J																					

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

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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

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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
16/7/26	08:00 am	RL 500ml FF IV									0	
	09:00 am	RL 100ml IV									0	pooja
	10:00 am	RL 100ml IV + RL 500/ml/hr.								Empty	0	16/7/26
	11:00 am	RL 200ml/hr								400	0	@8 am
	12:00 pm	RL 100ml/hr								100ml	0	
	01:00 pm	RL 100ml/hr								100ml	0	
Total Intake :		2000ml				**Total Output :**				600ml		
16/7/26	02:00 pm	RL 100ml/hr								50ml	0	
	03:00 pm	RL 100ml/hr								100ml	0	Pour
	04:00 pm	H20 100ml								100ml	0	
	05:00 pm	H20 100ml								50ml	0	16/7/26
	06:00 pm									100ml	0	4 pm
	07:00 pm									100ml	0	
Total Intake :						**Total Output :**				500ml		
17/7	08:00 pm	Daily H20								200ml		
	09:00 pm									300ml		
	10:00 pm									100ml		
	11:00 pm									150ml		
	12:00 am	H20								120ml		
	01:00 am									150ml		
Total Intake :						**Total Output :**				1,020ml		padma 17/7/26 @ 8am
17/7	02:00 am									150ml		
	03:00 am									200ml		
	04:00 am									250ml		
	05:00 am	H20								100ml		
	06:00 am									100ml		
	07:00 am									200ml		
Total Intake :						**Total Output :**				900ml		

Total 24 hrs. Intake		Total 24 hrs. Output	3'020 ml

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

17/7/26

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							
17/7/26	08:00 am									✓		
	09:00 am		Idly + water									
	10:00 am											
	11:00 am									✓		
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
17/7/26	02:00 pm		① diet									
	03:00 pm		+ H2O							✓		
	04:00 pm											
	05:00 pm		H2O							✓		
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		⑤ diet									
	10:00 pm		+ H2O							✓		
	11:00 pm											
18/7	12:00 am		H2O				✓					
	01:00 am									✓		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am		water									
18/7	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY (F)
25-04-1998 28 Y 2 M 22 D
Dr. SUPRIYA M

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FLUID CHART

Sheet No. : .....

18/7/26

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							
28/7	08:00 am		Rdyt 120							✓	1	18/7/26 @2pm
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 22 D (F)
Dr. SUPRIYA M

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

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

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

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

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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: OT

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	125MCG	PO	OD	16/7	☑C ☐ DC
2	T. IRON	1TAB	PO	OD	15/7	☐C ☑DC
3	T. CALCIUM	500 MG	PO	OD	15/7	☐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 Ashwin

Date & Time : 16/7/26 7am

Nurse Name & Signature: poojа

Date & Time : 16/7/26 at 9 Am

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: CROSS

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	25 MCG	PO	ONCE DAILY		☑C ☐DC
2	T. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		☑C ☐DC
3	T. PARACETAMOL	1 GM	PO	6TH HOURLY		☑C ☐DC
4	T. DICLOFENAC	50 MG	PO	8TH HOURLY		☑C ☐DC
5	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		☑C ☐DC
6	T. TRAMADOL	100 MG	PO	8TH HOURLY		☑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 : 16/7/2026 3:30 PM.

Nurse Name & Signature: Pooja

Date & Time : 16/7/26 3:30pm

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: ..... 16/5/26 ..... Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY Name .....

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

I.V. FLUIDS CHART

Weight. 88 kgs. Ward. ICU

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
16/7	9:10 am	RINGER LACTATE	IV	ff			16/7		
16/7	9:20 pm	RINGER LACTATE	IV	100 ML/HR			16/7		Rakesh Azad
16/07	10.45 am	RINGER LACTATE	IV	900 ml/hr		Rakesh	16/07		Rakesh
16/07	11.45 am	RINGER LACTATE	IV	200 ml/hr			16/7		Ravi
16/7	9:15 pm	RINGER LACTATE	IV	100 ML/HR		Ravi	16/7		Ravi

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

Mrs POOJA CHOUDHARY IP-00060726
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

Weight. 88 kgs Ward. 4W

DRUG :		Date ▸ / Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
			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
16/7	9:40 Am	INJ CEFOTAXIME (AFTER TEST DOSE)	1 gm	IV	[signature]	Suhasini / megha
16/7	7:30 Am	INJ PANTOPRAZOLE	40 mg	IV	[signature]	megha / Suhasini
16/7	7:30 am	INJ METOCLOPRAMIDE	10 mg	IV	[signature]	megha / suhasini
16/07	10.43 Am	INJ. CARBETOCIN	100 mcg	IV	[signature]	Rakesh / [signature]
16/07	11:10 Am	SUPP. TRAMADOL	100 mg	PR	[signature]	[signature] / [signature]
16/07	11:15 Am	SUPP. DICLOFENAC	100 mg	PR	[signature]	[signature] / [signature]
16/07	11:15 Am	T. MISOPROSTOL	600 mcg	PR	[signature]	[signature] / [signature]
17/7	9:50pm	T. BISACODYL	10 MG	PO	[signature]	Padma / Krishna
18/7/26	12:15 Am	INJ. ONDANSETRON	4 MG	IV	[signature]	Padma / Krishna

Verified Dr. Rishika Clinical Pharmacologist

VERIFIED BY : Name ... Signature

VIH-00206985 IP-00060726
Mrs POOJA CHOUDHARY
25-04-1998 28 Y 2 M 21 D (F)
Dr. SUPRIYA M

REGULAR PRESCRIPTIONS

Weight. 58 kgs. Ward. LLW

DRUG : T THYROXINE

Dose	Route	Frequency	Start Date
25MCG	PO	OD	16/7

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

Additional Instructions:
ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date→	17/7	18/7
Time		
6 AM	X	Padma

Verified Dr. Rishika Clinical Pharmacologist
16/7/20

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6HRLY	16/07

Name & Signature of the Doctor Starting the Drugs:
DR. M. VINEETHA

Additional Instructions:

Date→	16/7		18/7
Time			
12 AM		Padma	Padma
6 AM		Padma	Padma
12 PM			
6 PM			

Verified Dr. Rishika Clinical Pharmacologist
16/7/20

DRUG : TAB TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	PO	8HRLY	16/07

Name & Signature of the Doctor Starting the Drugs:
DR. M. VINEETHA

Additional Instructions:

Date→	16/7	17/7	18/7
Time			
6 AM		Padma	Padma
2 PM			
10 PM	Padma		Padma

Verified Dr. Rishika Clinical Pharmacologist
16/7/20

DRUG : TAB DICLOFENAC

Dose	Route	Frequency	Start Date
50 mg	PO	8HRLY	16/07

Name & Signature of the Doctor Starting the Drugs:
DR. M. VINEETHA

Additional Instructions:

Date→	16/7	17/7	18/7
Time			
7 AM		Padma	Padma
3 PM			
11 PM	Padma		

Verified Dr. Rishika Clinical Pharmacologist
16/7/20

Daily Doctor's Endorsement by a Sign