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VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

A BILLING

N rekha

UHID No : 171212 IP No : 60538 Consultant : ---------- Dept : ----------

Date of Admission : 2/7/26 Time : 12:04pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 219 Ward : I/w Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	12:37 pm	I/w	OT	
2/7/26	2:40pm.	OT	MICU	

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
2/7/26	GRBS 81mg/dL 12pm	V12602220 8	Rani
	cross checked by	Rani 2/7/26	Rani

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Infusion pump	12 Pm	5:50 PM	3096750	Rani
2/7/26	Cardiac Monitor	2:40 Pm	4:30 PM		
	cross checked by Rani 2/7/26 @ 4pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	IV placement	①	3096714	
2/7/26	PAC	①	3096715	
	Cross checked by Rani 2/7/26 @ 4Pm.			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Patien

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 2/7/26

Patient Name: MRS shirisha Date of Birth: 21/8/1999 Age: 26yrs

Gender: female Ward : OT UHID No.: 0171315

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

Name of the Surgery : cervical cerclage + SA

Time in : 12:50pm Time Out : 1:30pm

		NAME	AMOUNT
1.	Surgeon	DR Bhavana.k	OT-charge
2.	Anaesthetist	DR. Vineetha	
3.	Assistant Surgeon	DR Ashwini.	
4.	OT Technician	BR Rakesh.	
5.	Circulating Nurse	SR Jyothi	
6.	Assistant Nurse	SR Prasoona	

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

Signature of the Surgeon Dr. Ashwini

Signature of Circulating Nurse

Order No: 3096719 | 3096720

Order by: Ruby. Florence

Ref. No. F/CONB/SUR/OT/02

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CONSUMABLES OF OT

Cerelage (2)

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

..... Age : .....
.....
me : 12.30 to 1.20pm

Circulating Staff : SR Jyothi Technician : Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3	5061		1	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		3				Vaccum Suction Set		
05 cc			Gloves sgl 6 6½ 7 1 1 1 1			Surgical Gloves		
02 cc		2	Encore 6		2	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		1	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		1	Koochies			Nelton catheter		
[redacted]			Ointments			10		2
			Suction Catheter					
Fentanyl Thomicon		1	Cap. Mask	8	8			
Morphine			Gauze Pack		1			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		1			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%		1	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm Allesoob		1			
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		8			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 3096723 Ordered by : [signature]

CONSUMABLES OF OT

BirthRight

Patient Name .... Age ....

Gender ☐ M ☐ F UHIS No. ....

Date .... Time 12:50

Technician ....

Anaesthesia Disposables	Qty	Surgical disposables	Qty	Disposables (Bab/Sister)	Qty
		Major Pack		Inj. Vit K	
		Sutures		Cord Clamp	
				Suction Catheter	1
				Feeding Tubes	
				Vaccum Suction set	
		Gloves		Surgical Gloves	
				Gauze Piece	
				Syringe ml	
		Surgical blade		Surgical Gloves	
		NG tube		Koochies	
		Cautery Pencil	1		
		Koochies	1		
		Ointments			
		Suction Catheter			
		Cap, Mask	1		
		Gauze Pack			
		Mop Pack			
		Sterstrip			
		Underpad			
		Draw Sheet			
		Adpel			
		Foley's Catheter			
		Urobag	1		
		Chest Drinage Catheter	1		
		Romodrain bag			
		Bandage			
		Tegaderm			
		Ioban			
		Double J Stent			
		Vaccum Suction set			
		Plastic Bed Sheet			
		Betadine Solution			
		Microshield			
		Cotton Balls			
		Latex Gloves			
		Remidone Scrub			
		Sanal			

Surgeon .... Anaesthesiologist .... Nurse .... OT Technician ....

Ordered by ....

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060538	**Ward**	N 2F-LABOUR WARD
Patient Name	Mrs P.SHIRISHA	**Bed Name**	LW 219
Age/Sex	26 Y 10 M 11 D / Female	**Order No**	0003096723
Date	02/07/2026 13:40	**Prescription No**	PRIP-1294084
Payor	SELFPAY	**Dispensed Date**	02/07/2026 13:42
UHID	VIH-00171315		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713922	12/27	1	31.47	31.47
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	3	28.13	84.39
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	1	11.25	11.25
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
8	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	230301041T	03/29	2	128.00	256.00
9	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	8	10.00	80.00
10	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
11	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610O64A	12/30	2	78.00	156.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	8	23.43	187.44
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C261641	02/29	1	44.93	44.93
14	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	25A25G82I7	01/30	1	469.69	469.69
15	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262078	03/29	1	69.39	69.39
16	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	1	91.00	91.00
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
18	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
19	SURGEONS CAP	Mediblue	GENERAL	VI03062026	12/30	8	10.00	80.00
20	TRUSILK 4 SN5061 PCM	Sutures India		BB250633	10/30	1	511.00	511.00
21	UNDER PAD 60X90 10's Pack - MEDICUBE		GENERAL	06260501	04/29	1	146.20	146.20
						Total :	**2,673.69**	**3,465.91**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060538	**Ward**	N 2F-LABOUR WARD
Patient Name	Mrs P.SHIRISHA	**Bed Name**	LW 219
Age/Sex	26 Y 10 M 11 D / Female	**Order No**	0003096724
Date	02/07/2026 13:42	**Prescription No**	PRIP-1294085
Payor	SELFPAY	**Dispensed Date**	02/07/2026 13:42
UHID	VIH-00171315		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	THEMICAR 30MG INJ 10ML		H	TMR2500Z	01/27	1	331.24	331.24
						Total :	**331.24**	**331.24**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Printed Time : 02-07-2026 14:01

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-00060538 **Admit Date** : 02-Jul-2026 **Admit Time** : 12:04 PM **UHID** : VIH-00171315

Patient Details :

Patient Name	: Mrs P.SHIRISHA	**Age**	: 26 Y 10 M 11 D
Guardian	: Mr P.PRADEEP	**DOB**	: 21-08-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: DUBBAK, SIDDIPET Dubbak Medak Telangana INDIA 502108	**Phone No**	: 9912113711
		E-mail	: pradeep.ps1629@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 P.PRADEEP **Relationship** : Husband

Contact Address : DUBBAK, SIDDIPET Dubbak Medak Telangana INDIA 502108 **Phone No** : 9912113711 / 6304901662

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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Name	Mrs P.SHIRISHA	**UHID**	VIH-00171315
Father/Guardian	Mr P.PRADEEP	**Age/Gender**	26 Y 10 M 11 D/Female
Address	DUBBAK, SIDDIPET, Dubbak, Medak, Telangana, INDIA, 502108		
IP No	IP-00060538	**Admission Date**	02-07-2026
Ref Doctor	Self	**Discharge Date**	

DISCHARGE SUMMARY

Consultants : Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G4P1L1A2 with 26+3weeks with Monochorionic Diamniotic Twins with Previous LSCS with Short cervix admitted for Cervical Cerclage
CERVICAL CERCLAGE DONE ON 2.7.2026 UNDER SPINAL ANAESTHESIA

History:
LMP: 24.12.2025
Obstetric formula: G4P1L1A2
EDD: 5.10.2026
Gestation at admission: 26+3 weeks

Obstetric History:
G1 - 6WEEKS/ SP. Miscarriage/ SERPC/ 2021
G2 - 6weeks/ Missed miscarriage/ SERPC/ 2021
G3 - male/ 16months/ FTLSCS/ Maternal Request/ RCH VKP/ BW 3.2kg/ GDM (D)/ uneventful/ A&H/ BF 6months

Name	Mrs P.SHIRISHA	UHID	VIH-00171315

G4 - PP, SP. Conception

Medical History: Nil
Family History: Father- DM
Surgical History: Previous LSCS 2025
SERPC 2021
Allergies: Nil

Antenatal Details: Mrs P.SHIRISHA was booked to Rainbow hospital at 21+5 weeks of gestation. Previous ANCS done at Siddipet. She was started on Tab Ecosprin 150mg OD and Inj Clexane 20mg OD since conception. She had h/o loose motions with fever at 26+1weeks and managed conservatively. AFI+Doppler scan done at 26+1week showed Cervical length dynamic ranging from 24mm to 28mm. She was admitted at 26+3weeks with Monochorionic Diamniotic Twins with Previous LSCS with Short cervix admitted for Cervical Cerclage

Investigations: Enclosed.
Blood group: O POSITIVE
Surgery Notes:
Operation performed: Cervical Cerclage done under SA.

Indication: Short cervix (24-28mm)
Operative findings-
- Cervix short

Operative Procedure :

-Under strict aseptic condition , under spinal anaesthesia
- Patient kept in lithotomy position
- Parts painted ann draped
- Anterior and posterior vaginal wall retracted with speculum .
- Anterior lip of cervix held with Babcocks .
- Cervical cerclage done with MC Donald procedure using Silk suture.

- Knot placed anteriorly .
- Hemostasis checked and acheived

.

Post-Operative Notes: Postoperative period: - Uneventful. Patient vitals stable, Both twins FHR good at the time of discharge.

Advice:

1. Tab. Taxim-O 200mg twice daily till 5.7.2026 (9am - 9pm) after food.
2. Tab Metronidazole 400mg Thrice daily till (9am-2Pm-9Pm) 5.7.2026 after food.
3. Tab. Calpol 500mg (2tabs)thrice daily till 5.7.2026 (7am-3pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 5.7.2026 (7am) before food.
5. Modified bed rest
6. Tedd Stockings
7. Strict fetal kick count
8. Continue Tab Duphaston 10mg Twice daily (10Am-10Pm) till further orders
9. Inj Proluton 500mg twice weekly Intramuscular till further orders
10. Continue Tab Ecosprin 150mg Once Daily from 3.7.2026 till further orders
11. Continue Inj Enoxaparin 20mg Subcutaneously once daily from 3.7.2026 till further orders
12. Review SOS if Bleeding PV, Leaking PV, abdominal Pain
13. Growth scan on 13.7.2026 review with reports

Review after two weeks on 13.7.2026 in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free

Name	Mrs P.SHIRISHA	UHID	VIH-00171315

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

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 : P.Shirisha Signature : P.Shirisha

Relationship with patient : self

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
for CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

(1)

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify c/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: .....

If yes, identify .....

Chief Complaints: cervical cerclage

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr Yogeshwari

Time Notified: Yogeshwari 12pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	previous LSCS 2025 TWO SERPC in 2021	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: Regular

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 24/12/2025

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 4 P 1 L 1 A 2

Previous LSCS: Yes

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 Father - Diabetes

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

BP: 117/76 mmHg Weight: 69.55 kg Height: 152 cm BMI: 30.1 kg/m² (obese class 1)

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

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..25.. (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. Sirisha..

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

Orientation not given Reason: -

Nurse Signature: ..Meghana..

Nurse Name: ..Me..

Date & Time: ..2/7/26 at 12pm..

PATIENT TRANSFER FORM

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00171315 IP-00060538 Mrs P.SHIRISHA 21-08-1999 26 Y 10 M 11 D (F) Dr. BHAVANA K	2/7/26 at 12:04 pm	2/7/26 at 12:37pm
	Transfer ordered by Dr Ashwini	Reason for Transfer Cervical cerclage
From Unit L/w	To Unit OT	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 30	Number of Imaging films -	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 :
Dr Ashwini

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

Patient & Clinical records received by :
Jyothi

Date & Time of Patient Received: 2/7/26 @ 12:37PM

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 & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00171315 IP-00060538 Mrs P.SHIRISHA 21-08-1999 26 Y 10 M 11 D (F) Dr. BHAVANA K	2/7/26 @	2/7/26 @ 1:40pm.
	Transfer Ordered by DR. Vineetha	Reason for Transfer post operative case
From Unit OT	To Unit Micu.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File ~~30~~ 33	Number of Imaging Films —Nill—	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.	—Nill—	
3.		
4.		
5.		

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

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

Patient & Clinical Records Received by : Meghana

Date & Time of Patient Received : 2/7/26 @ 1:50pm

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-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 24/12/2025 EDD:

Corrected EDD: 5/10/26 GA: 26+3 weeks

Obstetric Formula: G4P1L1A2
ML-4yr III° CM

Obstetric Hostory:
I - 6wk, sp miscarriage | SERPC | Siddipet | 2021
II - 6wk ~~ABd~~ miscarriage | SERPC | Siddipet | 2021
III - Male | 16month | FTLSCS | Maternal Request | VKP | 3.2kg | uneventful | GDM(D) | AP w/ BF x 6 month
IV - PP. sp. conception.

Booked to RCH at 21+5wks.

Present Pregnancy Record: previous Swecha Hospital Siddipet. On Tab Ecosprin 150mg & Inj clexane since conception. H/o loose motions & fever at 26+1wk. My conservatively. AFI Doppler scan showed cp length - 24-28mm (Short cervix)
Came ~~for~~

RISK FACTORS:
MCDA twins
previous LSCS
Short cervix (24-28mm)

Height: 152 cm
Weight: 69.55 kg
Allergies: Nil
Breast: [x] Normal [ ] Abnormal

General Examination:

Consciousness: c/c/c
Pallor: (-)
Icterus: (-)
Edema: (-)
Temp: Afebrile
PR: 112bpm
BP: 99/87 mmHg
DTR: (+)
CVS: S1S2 (+)
RS BAE (+)
Liver/Spleen: Normal
Urine Output: Adequate

Menstrual History: Regular: [x] Yes [ ] No

Obstetric Examination

Fundal Height: 26 wks

Ut. Activity: [x] Relaxed [ ] Mild [ ] Mod [ ] Severe

Liquor: [x] Adequate [ ] Oligo [ ] Poly

PP: [ ] Cephalic [ ] Breech Others ________
I - Cephalic
II - Breech

Head Fifths Palpable: ________

FHS: [x] Normal [ ] Tachy [ ] Brady [ ] Absent
I - 140 bpm
II - 148bpm

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

DIAGNOSIS

G4P1L1A2 with 26+3 weeks with Monochorionic Diamniotic twins with previous LSCS with short cervix.

for cervical cerclage.

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

Family History:

Father- DM

Surgical History:

previous LSCS - 2025
TOO SERPC in 2021

Medical History:

Nil

Medication History:

T. ECOSprin 150mg OD
Inj Clexane 20mg OD
Inj proluton once a week
T. Duphaston 10mg twice daily.

Plan of Care: C/I to Dr Bhavana mam

- Admission
- NBM
- Part preparation
- Consent
- Monitor FHR
- Monitor Vitals
- Follow drug chart
- PAC
- Inform SOS

GRBS - 82 mg/dl

Noted by Meghana
2/7/26 at 12pm

Investigations:

BG - 'O' POSITIVE

HIV
HBsAg } NR
HCV
VDRL
2/7/26

CBP - 11.9 | 11200 | 1.3L

30/6/26

AFI Doppler
26+1 wks
MCDA twins
Twin II - I
Breech cephalic
AFI - 6.9 cm DVP AFI - 5.9 cm DVP
PI-Post High Post High
Doppler (N) (N)
CL - dynamic ranging from 28 - 24mm long & internal os closed
no signs of funneling

15/6/2026

Growth scan
24 wks
MCDA twins.

Twin	I	II
	Breech	cephalic
EFW	713 gm	687 gm
AC	52%	53%
AFI	6 cm	6.3 cm DVP
PI	Post High	Post High
Doppler	(N)	(N)

26/5/2026

TIFFA
21+1 wks
MCDA twins
Twin I - No anomalies
Twin II - No anomalies
CL - 32 mm

27/3/26 (Outside)

NT scan
12-13 wk
NT - I - 1.1mm
II - 1.2mm
CL - 34 mm.

FTS - LOW RISK

Doctor Name: Dr Yogeshwari
Signature:
Date & Time: 2/07/2026

Consultant Name: Dr. Bhavana K
Signature:
Date & Time: 2/07/2026

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 1:30pm	POD-0	Adv
	o/c Pt c/c/c	- NBM x 2hrs
	a/c/a/i	- ~~E+OW~~
	afebrile	- W/F bleeding
	BP - 100/70 mmg	- monitor vitals
1 gauze kept inside, to be removed before discharge	PR - 82 bpm	- follow drug chart
	HENAD	- inform SOS
	P/A ut ~ 26wk	
	twin I - FHR ⊕ 140bpm	
	II - FHR ⊕ 152bpm	H Dr. Ashwini
	P/V - NAB	
	Noted by Meghana 2/7/26 1:30pm	
2/7/26 3pm	POD-0	
Pt can be discharged	o/c Pt c/c/c	Adv
	a/c/a/i	- Sips of water
	afebrile	f/b clear liquids
1 gauze to be removed	BP - 100/63 mmg	f/b soft diet
	PR - 81 bpm	- W/F bleeding PV
	HENAD	- monitor vitals
	P/A ut ~ 26wk	- follow drug chart
	twin I FHR ⊕ 130bpm	- Inform SOS
	II - FHR ⊕ 142bpm	
		H Dr. Ashwini
	Noted by Meghana 2/7/26 @ 3pm	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G4P1L0A2 with 26+3 weeks with monochorionic diamniotic twins with previous with short cervix for cervical cerclage

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

Surgery / Procedure: Cerclage.

Post OP Day:

BACKGROUND

Date / Shift	2/7/26 M	2/7/26 M	2/7/26 E			
Medical Condition (Any special condition to be noted):	-	-	-			
Diet:	NBM	NBM	Soft 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:	98.6°F	98.6°F	98.2°F			
Res:	19 b/mt	19 b/m	19 br/mt			
SpO_2:	99%	99%	99%			
Pulse:	86 b/mt	86 bpm	90 b/mt			
BP:	117/78 mmHg	117/60	105/70 mmHg			
LOC:	Conscious	Consc	Conscious			
Fall Risk Score:	0	0	'0'			
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:	-	-	-			
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	NBM	NBM	Soft 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			
Post Operative Procedure Special Orders:		-	-			
Handed Over By Name :	Meghana	Jyothi	Meghana			
Signature / ID :	M020232	016116	M020232			
Date:	2/7/26	2/7/26	2/7/26			
Time:	@12:37pm	1:50pm	@ 4pm			
Taken Over By Name :	Jyothi	Meghana				
Signature / ID :	016116	M020232				
Date:	2/7/26	2/7/26				
Time:	12:37pm	1:50pm				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow Children's Hospital
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Date: 2/7/26

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	11:40 pm	Ensure safety	11:40 Am	provided side rails	TO prevent falls	patient is safe	Meghna 2/7/26 2pm
	12pm	Maintain personal Hygiene	12pm	personal Hygiene given	TO prevent infection	patient is Comfortable	
Afternoon	2pm	Maintain fluid Balance	2pm	IV fluids Administered as per doctor order	→ TO prevent dehydration	patient is well hydrated	Meghna 2/7/26 2:30pm
	4pm	Maintain Good Nutritional Status	4pm	Soft diet given	→ TO maintain good nutritional status	patient took soft diet	
Night							

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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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 P.SHIRISHA**	**Age :**	**26 Y 10 M 11 D**
IP No:	**IP-00060538**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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

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

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

"I 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: [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: [signature]

Name: PRADEEP
Relationship: Husband.
Date: 02/07/26 Time: 12.04 P.M
Witness Name: [illegible]
Witness Signature: [signature]

Patient Address:
DUBBAK, SIDDIPET Dubbak Medak
Telangana INDIA 502108

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. P. SHIRISHA Gender: ☐ Male ☑ Female Age : 26 YEARS

UHID No : VIH-00171315 | IP- Date : 2/07/2026

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)

CERVICAL CERCLAGE

upon MRS P. SHIRISHA
(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, INFECTION, CHANCES OF RUPTURE OF MEMBRANES CHANCES OF SPONTANEOUS MISCARRIAGE, CHANCES OF PRETERM LABOUR.

My signature on this form indicates that

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

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

Consentee :

Signature : P.Sk

Name : P. Shirisha

Date & Time : 2/7/26 11:50 AM

Patient Attendant :

Signature : P Pradeep

Name : P. Pradeep

Relationship with Patient: Husband

Date & Time : 2/7/2026, 11:50AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 2/7/26 11:50 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : P. Sravitha Age : 28yr. Gender : Male ☐ Female ☑

UHID NO: VIH-00171315 Surgeon Name: Dr. K. Bhavana

Anaesthesiologist : Dr. M. Vineetha.

Operative procedure planned : cervical cerclage.

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 : Hypotension, bradycardia, PDPH.

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient P. Sravitha the above mentioned operation / Diagnostic / Therapeutic procedures cervical cerclage.

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 : P. Shirisha

Name : P. Shirisha

Relationship with Patient: self

Date & Time : 2/7/2026

Witness :

Signature : P. Pradeep

Name : P. Pradeep

Date & Time : 2/7/2026

Doctor (who is taking the consent) :

Signature :

Name : DR. M. VINEETHA

Date & Time : 02/07/2026.

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Mrs. P. Shirisha Age: 26 yr. Sex: female. UHID.No : VIH - 00171315

Date: 02/07/26. Time: 12:15 PM. Proposed Operation: Cervical cerclage.

Diagnosis: G4P1L1A2 @ 26+1 wks @ Previous LSCS @ twin Pregnancy.

B.P / CRT: 104/60 mmHg H.R: ..... Weight: ..... ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.9	Glucose:	Protein:	HIV: NR.	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR.	ECG:
WBC: 11,200	Creat:	Total Bill:	HCV: NR.	2D Echo:
Plate: 1.32L	Na:	Dir. Bill:	Blood group: 'O' positive	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA.

Medical History: CVS :

RESP : Mild dry cough (+) since yesterday. Diabetes :

CNS :

Renal :

Hepatic / GE : Nil significant

Others :

Physical Activity: METS 4.

Past Anaesthetic History: H/o 1 Previous LSCS in 2025 @ SMB - uneventful.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (W) Neck: (W) Teeth: Bulzer

Lungs : BL AE (+), clear.

Heart: S1 S2 (+)

CNS: HMF (+).

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : (+) (R) IOL

Spine Exam for regional : (W) spaces. midline

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
INJ. CLEXANE	20mg OD - last dose 30/06
TAB. ECOSPIRIN	150mg OD - last dose 01/07/26

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours / Others 6 Hours — last feed - Solids @ 7.30 AM
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: DR. M. VINEETHA.

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

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

ANAESTHESIA CHART

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No | Fasting Status: Adequate

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

H.R: 118/min | B.P / CRT: 100/70 mmHg | SpO_2: 100% | R.R: 16/min | Last Feed: 7.30 AM

Pre-OP Diagnosis: G4P1L4A2 c 25 wks c prev LSCS c twin pregnancy | Operation: cervical cerclage | Date: 02/07/26

Surgeon: Dr. K. Bhavana / Dr. Ashwini | Anaesthesiologist: Dr. M. Vineetha | Technician: Mr. Rakesh

TIME	12.45	1.00	15	30
N_2O /AIR /O_2 LPM				
HALO /SO /SEVO				
Drugs: INJ. TRANEXAMIC ACID i.v.		1gm		
FiO_2 / SaO_2	100	100	100	
$ETCO_2$				
ECG	SR	SR	SR	
Temperature				
Urine Output				
Fluids: RL	→	→	→	
Blood				

Antibiotic: given.
Suppository: SUP. TRAMADOL 100 mg PR
Blood Loss
NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate
Scale: 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
(vertical annotation on chart: SAB with 0.5% (H) BUPIVACAINE)

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: (L) UL
☐ Art Site:
☑ EKG Lead 3 lead
☐ Temp Site
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Lithotomy
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 12.50 PM.
OP Start: 1.05 PM
OP End: 1.20 PM.
Leave OR: 1.30 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☑ IV: (R) DL, 18G
☐ 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-L4
Needle Size: 25G (Q) Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 0.5% (H) BUPIVACAINE 2cc
Bolus:
Infusion:
Block Level: T6
Comments:
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: DR. M. VINEETHA
Signature of the Doctor: [signature]

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Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

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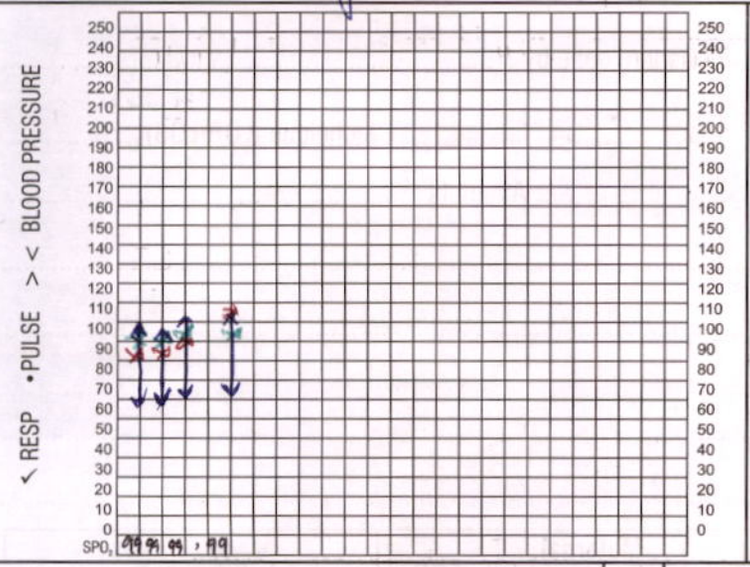
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Meghana Time Received : 1:50 pm Time Discharged : 4pm



IV Cannula Site : Right hand

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

Vomiting : ☐ Yes ☑ No Drug: As per doctor's order
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No
IV Fluids: RL
Oral Feeds: NIL

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
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	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely 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	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name : DR. M. VINEETHA
Anaesthesiologist Signature:
Date & Time: 02/07/26

PACU Nurse Name : Meghana
PACU Nurse Signature:
Date & Time: 2/7/26 @ 1:50pm

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

Transferred to Unit by (PACU): Meghana
Date & Time: 2/7/26 @ 4pm

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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 Left Right	Maternal BP	Maternal Pulse	FHR	Comments

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 : .....

SURGICAL SAFETY CHECKLIST

Surgeon : DR-Bhavana
Asst. Surgeon : DR Ashwini.
Anaesthetist : DR Vineetha
Scrub Nurse : SR-Prasanna

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Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
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Age : 26y Gender : F
Name : ~~Mrs~~ Cerclage
Date : 2/7/26. In time : 12:50pm Out-time : 1:30 pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 12:45PM

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-VINEETHA

Before Skin Incision ➤ ➤

TIME OUT Time: 12:50 pm

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 : Jui

Before Patient Leaves Operating Room

SIGN OUT Time: 1:30 pm

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: Ashwini.

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OPERATION NOTES

Surgeon : DR. Bhavana	Asst. Surgeon : DR Ashwini

Pre-Operative Diagnosis:

Surgical Procedure : Cervical cerclage ↓ SA

Indications for Surgery : Short cervix (24-28mm)

Date : 21/7/26	Start Time : 12:30pm	End Time : 1:30pm.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:- 20 ml	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

-

Operation Notes:

- under strict aseptic conditions, under SA, patient kept in Lithotomy position. Parts painted & draped.

- Anterior & posterior vaginal walls retracted with Sims speculum
- Anterior lip of cervix held with babcocks
- Anterior lip of cervix held with babcocks
- Cervical cerclage done with Mc. Donald's procedure using silk suture.
- Knot placed anteriorly.
- Hemostasis checked & achieved

Intra-op findings - cervix - short.

Adv - NBM x 2 hrs
PIF bleeding PV
monitor vitals
follow drug chart
inform SOS

Dr. Ashwini

Name of the Surgeon: Dr. Bhawana K

Signature of the Surgeon: .....

Date & Time: 21/7/26.

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(1)

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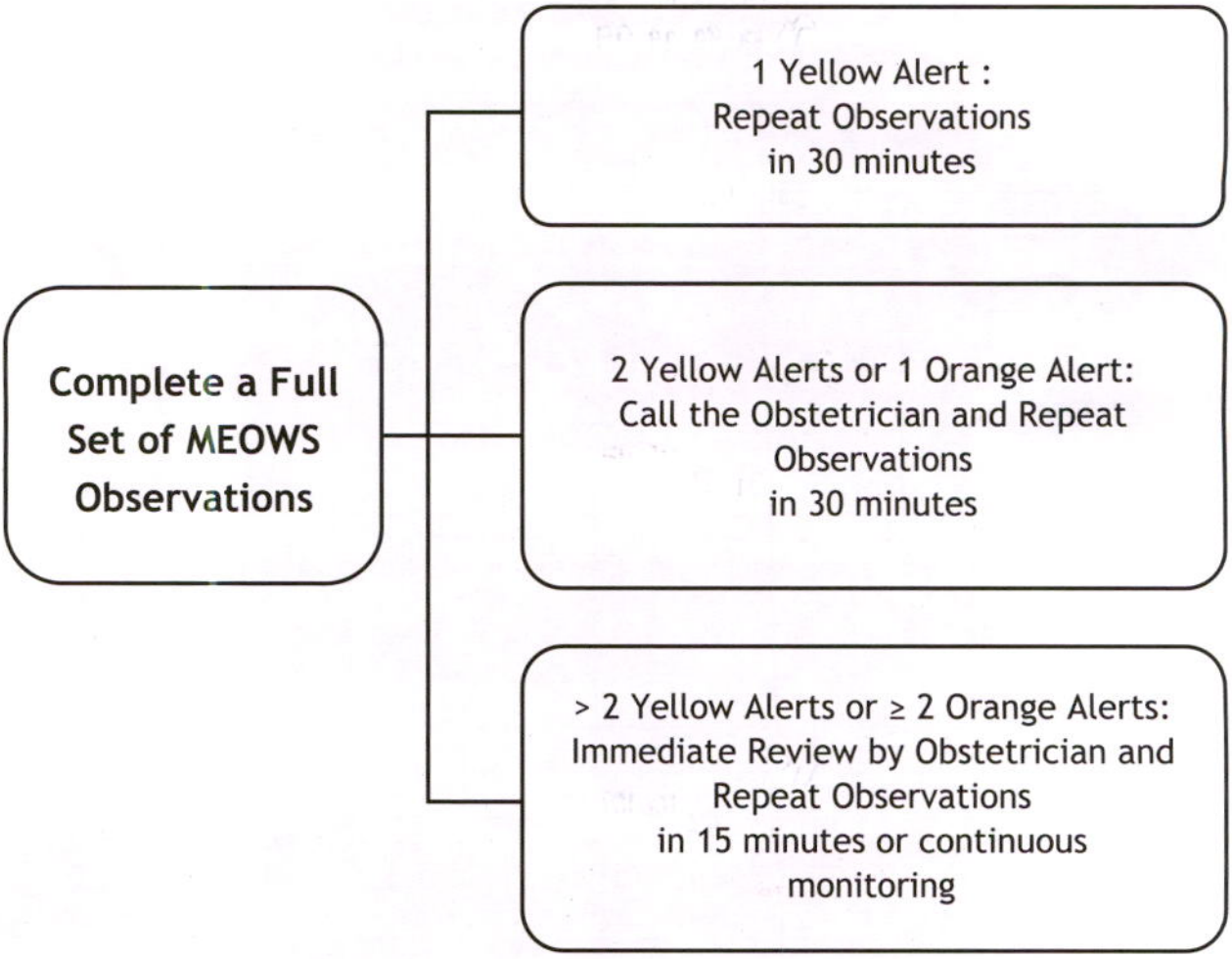
Early warning Observation Score Chart - Obstetrics

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

2/7/26	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															
	0 - 10																								
Saturations	94 - 100 %					99	99	99	99	99															
	< 94 %																								
Administered O, (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37					36	36	36.5	36.5	37															
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90									95	97														
	80					84	82	82																	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					115	109																		
	100																								
	90							96	100	109															
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70					75																			
	60						64	63	65	70															
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓		✓	✓	✓															
	Voice						✓																		
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30						✓	✓	✓	✓															
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					NA	NA	NA	NA	NA															
	Heavy / Foul																								
Liquor	Clear / Pink					NA		NA	NA	NA															
	Green																								
TOTAL YELLOW SCORES						0	0	0	0	0															
TOTAL ORANGE SCORES						0	1	0	0	0															
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

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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
1/7/26												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	NBM + RL 500ml HR								✓	0	
	01:00 pm	NBM RL 500ml HR								—	0	
Total Intake : 1000ml						Total Output : passed						
2/7/26	02:00 pm	NBM + RL 100ml/HR									0	Night 02/7/26 to 4pm
	03:00 pm	NBM + RL 100ml/HR									0	
	04:00 pm	~~BBM~~ 20 100ml									0	
	05:00 pm										4	
	06:00 pm										4	
	07:00 pm										6	
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	

Patient Sticker

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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							
	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**	

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: NIL ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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REGULAR PRESCRIPTIONS Weight. 64.55kg Ward. 4/w

DRUG : TAB. PARACETAMOL				Date ▸ / Time ▾	2/7
Dose	Route	Frequency	Start Date	12 Am	/
1gm	PO	6 HRLY	02/07		
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				6 Am	/
Additional Instructions:				12 pm	/
				6 pm	
Daily Doctor's Endorsement by a Sign					

2/7/25

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VIH-00171315 IP-00060538
Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
Dr. BHAVANA K

Weight. 69.55kg 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.	

Signature .... VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7/26	12:40pm	INJ. CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	[signature]	[signature]
2/7/26	12:12pm	INJ PANTOPRAZOLE	40MG	IV	[signature]	[signature]
2/7/26	12:12pm	INJ. METOCLOPRAMIDE	10MG	IV	[signature]	[signature]
02/07	1:20PM	SUPP: TRAMADOL	100 mg	PR	[signature]	[signature]
02/07	1.15Pm	INJ. TRANEXAMIC ACID	1gm	IV	[signature]	[signature]

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Mrs P.SHIRISHA
21-08-1999 26 Y 10 M 11 D (F)
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I.V. FLUIDS CHART

Weight. 69.55kg 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
2/7/24	12:10pm	RINGER LACTATE	IV	100ml/hr			02/07		
02/07	13.15	RINGER LACTATE	IV	500ml/4hr			2/07		
2/7	2pm	RINGER LACTATE	IV	100ml/HR			2/7		

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

VIH-00171315
Mrs P.SHIRISHA
IP-00060538
21-08-1999
Dr. BHAVANA K
28 Y 10 M 11 D (F)

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	1/7/26	☐ C ☑ DC
2	T CALCIUM	1 TAB	PO	ONCE DAILY	1/7/26	☐ C ☑ DC
3	T. ECOSPIRIN	150mg	PO	ONCE DAILY	1/7/26	☐ C ☑ DC
4	T. DUPHASTON	10mg	PO	12th July	1/7/26	☐ C ☑ DC
5	INJ. ENOKAPARIN	40mg	SC	ONCE DAILY	30/6/26	☐ C ☑ DC
6	INJ PROLUTON	500 mg	IM	ONCE WEEKLY	30/6	☑ C ☐ DC
7	T. FOLIC ACID	5MG	PO	OD	30/6	☑ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Geethma

Date & Time : 2/7/26, 12:10 PM

Nurse Name & Signature: Meghana M

Date & Time : 2/7/26 @ 12:10 pm

ESTIMATION SLIP

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date : 02/07/26 UHID/IP No.: VIH - 171315 Sl. No.: 29120

Name of Patient : Ms. P. Shirisha Age : 27 Gender : F

Father's / Husband's Name : Mr. pradeep Corporate/Occupation :

Address: Phone : 9912113711 Email :

Procedure/Plan: Cerclage DOS :

MODE OF PAYMENT : ☑ SELF ☐ TPA : ☐ GIPSA : ☐ OTHER

TARIFF INFORMATION : Dr. Bhavana.K

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
(Per Day) Room Rent & Nursing Charges						8 hrs of		₹	1
Doctor's Fee							stay		
L. Tax									4,800

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	36,000/-
O.T Consumables	3,000/- Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen:	Infusion Pump/Syringe Pump: 900/-	
	Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy	Single Surface:	Double Surface:	Triple Surface:

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation
Package	Rec - 2,000/- MED - 2,500/-
Others	
Initial Minimum Deposit 45,000/-	

REMARKS :

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I P. Pradeep have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client | Signatory Relationship | Signature of the Financial Counselor