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ACTIVITY RECORD FOR BILLING

Name: VIH-00203942 Mrs B MADHAVI IP-00060223

UHID No 04-03-1986 40 Y 3 M 0 D (F) Dr. BHAVANA K

---------- Consultant : Dr. Bhavana K. Dept : Labour ward

Date of Admission: ne : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	@ 12:50pm	MICU	OT	
4/6/26	01:40PM	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
4/6/26	CBP	V126019304	
	[redacted]		
	Urine checked	by C. Bhanu	4/6/26
			3pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
~~11/6/26~~	~~Infusion pump~~				
11/6/26	Cardiac Monitor	1^{40} pm	3^{30} pm	3086822	[signature]
	Cross checked by a Shami 11/6/26 at 3^{30} pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	✕ Placement	(1)	3086824.	SR
4/6/26	PAC	(1)	3086823	SR
	Crown checked by		A Shamili	4/6/26 at 3pm

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Patient

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D
Dr. BHAVANA K

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SURGERY DETAILS

Date : 4/6/26

Patient Name: Mrs. B. Madhavi Date of Birth: Age: 40yrs

Gender: Female Ward : OT UHID No.: 203942

Date of Surgery: 4/6/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Cervical Cerclage I/SA

Time in : 1:02pm Time Out : 1:30pm.

		NAME	AMOUNT
1.	Surgeon	: Dr. Bhavana.K	OT Charges.
2.	Anaesthetist	: Dr Madhav	
3.	Assistant Surgeon	: Dr. Nausheen	
4.	OT Technician	: Lakesh.	
5.	Circulating Nurse	: Ruby.P	
6.	Assistant Nurse	: Bhavani.K	

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

Dr Nausheen
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3086853 / 3086852 Order by: Ruby Florence

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

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3086852 53

CONSUMABLES OF OT

Coralage (2)

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D
Dr. BHAVANA K

..... Age : .....

..... Time : .....

Circulating Staff : Sr Bhavani Technician : Rakesh

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			~~Major Book~~ Prophylaxis		1	Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : A/P/N		3	5061		1	Suction Catheter		
HME filter : A/P/N			Nelton 10hr		1	Feeding Tube		
Syringe 10 cc		3	Nelton 12 hr		1	Vaccum Suction Set		
05 cc		3	Gloves 7SCL		2	Surgical Gloves		
02 cc		2	7PF		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			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies					
			Ointments Thericaine gel		1			
			Suction Catheter					
Fentanyl			Cap. Mask	3	8			
Morphine			Gauze Pack		2			
Ketamine			Mop Pack		1			
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet Allesorb		2			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		1	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			~~Ibran~~ Diazepam		3			
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					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavana 3086852 Anaesthesiologist Dr. Madhav Nurse Reeby, Persis OT Technician Rakesh

Order No. : ..... Ordered by : ..... Reeby

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-00060223	**Ward**	N 2F-MICU
Patient Name	Mrs B MADHAVI	**Bed Name**	MICU 227
Age/Sex	40 Y 3 M 0 D / Female	**Order No**	0003086854
Date	04/06/2026 13:19	**Prescription No**	PRIP-1289849
Payor	SELFPAY	**Dispensed Date**	04/06/2026 13:22
UHID	VIH-00203942		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			2605I1I	03/29	2	775.00	1,550.00
2	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BBUI25018	11/27	1	30.66	30.66
3	DISPOSABLE APRONS STERILE XL	Mediblue		26050203	04/28	3	120.00	360.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	3	28.13	84.39
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
8	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	2	128.00	256.00
9	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	7	10.00	70.00
10	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
12	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610064A	12/30	1	78.00	78.00
13	NELTON CATHETER 12FR	Polymed	GENERAL	251497BH	07/30	1	78.00	78.00
14	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
15	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	1	450.00	450.00
16	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D20O5	03/31	2	91.00	182.00
17	SURGEONS CAP	Mediblue	General	VI22022026	12/99	7	10.00	70.00
18	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
19	TRUSILK 4 SN5061 PCM	Sutures India		BB250633	10/30	1	511.00	511.00
						Total :	**3,957.11**	**5,643.74**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

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-00060223 **Admit Date** : 04-Jun-2026 **Admit Time** : 10:54 AM **UHID** : VIH-00203942

Patient Details :

Patient Name	: Mrs B MADHAVI	**Age**	: 40 Y 3 M 0 D
Guardian	: Mr B RAJASEKHAR	**DOB**	: 04-03-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: RAGHAVENDRA COLONY, Qutubulapur Suchitra Hyderabad Telangana INDIA 500067	**Phone No**	: 8790777999/ 9177003272
		E-mail	: rajasekhar.arbl@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 B RAJASEKHAR **Relationship** : W/O

Contact Address : RAGHAVENDRA COLONY, Qutubulapur Suchitra Hyderabad Telangana INDIA 500067 **Phone No** : 8790777999 / 9177003272

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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VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 4/6/26

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: cervical Cerclage.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. ATHAR.

Time Notified: 11Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Yes	yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 21/02/26

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 21/02/26

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 3 P 1 L 1 A 3

Previous LSCS: NO

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

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other —

Vital Signs / Measurements: Temp: 98.6F HR: 88 bpm RR: 20 bpm

BP: WNL formula Weight: 77 kgs Height: 152 BMI: 33.3

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

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 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 ..0.. (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. madhavi..
Name of Person Orientation was given to: ..prathusha..
Orientation not given Reason: ..–..

Nurse Signature: .....
Nurse Name: ..pooja..
Date & Time: ..11/6/26 @ 12 pm..

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00203942 IP-00060223 Mrs B MADHAVI 04-03-1986 40 Y 3 M 0 D Dr. BHAVANA K	4/6/26 @ 10:54 Am	4/6/26 @ 1:40PM
	Transfer Ordered by: Dr. Madhav	Reason for Transfer: Postop care
From Unit: OT	To Unit: MICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 36	Number of Imaging Films: - NIL -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	NIL	
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 Madhav

Patient & Clinical Records Received by : Pooji 4/6/26 at 1 pm

Date & Time of Patient Received :

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

IOL

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PATIENT TRANSFER FORM

UHID-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K
Treating Consultant Name

	Date & Time of Admission	Date & Time of Transfer Order
	4/6/26 @ 10:50 AM	4/6/26 @ 12:50 pm
	Transfer Ordered by	Reason for Transfer
	Dr. Ashwini	for cervical cerclage
From Unit	To Unit	Information to Attendant
MICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	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 : Yes ☑ No ☐

Dr.

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

Patient & Clinical Records Received by : 4/6/26 @ 12:50 pm

Date & Time of Patient Received :

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-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 21/02/26 EDD:

Corrected EDD: 06/12/26 GA: 13+4 w

Obstetric Formula: G5P1L1A3

ML: 12 yrs NCM

Obstetric History:

G1: 5m / SP miscarriage / Ex incompetence / 2015

G2: ♂ / 9y / LSCS / Cerclage / Amalaparam / Oligo / 3kg / Uneventful / ASH / Bf x 2y

G3: 3m / missed Miscarriage / SERPC / 2019

Present Pregnancy Record:

G4: 6m / Previable PPROM / 2023 / Cerclage / TOP

G5: PP, sp conception.

- Booked to RCH at 6+6 weeks. She had h/o lower abd pain & discharge at 8+5 weeks, managed conservatively. She was started on Tab Ecospirin 150 mg OD at 6+6 weeks.
  - BOH
  - Hypothyroidism
  - Type II DM
  - Prev LSCS

RISK FACTORS:

Height: 152 cm

Weight: 77 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination: Pt is c/c/c

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afeb PR: 96 bpm

BP: 116/75 mmHg DTR: ⊕

CVS: S_1S_2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adequate

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: 12 w

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

⊕ 140 bpm checked on

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

G5P1L1A3 with 13+4 weeks with Type II Diabetes Mellitus with Previous LSCS with Hypothyroidism with Bad obstetric history. for Cervical Cerclage.

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

Family History:

Mother: HTN, DM, Hypothyroid

Surgical History:

- Prev LSCS
- C2-C3 Neck Implant.
- Cervical cerclage

Medical History:

- Type II DM for 4 years
- Hypothyroidism for 3 years

Medication History:

Tab Thyroxine 75 mcg OD
Tab Ecospirin 150 mg OD.
Inj Insulin 12+16 U
Tab: metformin 500mg BD

Plan of Care: C/I to Dr Bhavana Ma'am

- Admission
- NBM
- Consent
- Part Prepration
- ~~Confirm~~
- FHR monitoring
- Monitor Vitals
- follow drug chart
- Inform SOS
- Send CBP.
- PAC.

GRBS: 100mg/dl (op basis)

Noted by pooja
4/6/26 @ 11:Am

Investigations: BG: B POSITIVE

HbsAg, HCV, VDRL, HIV – NR

CBP: 11/8750/2.84L.

29/5/26 - HVS - No growth.

NT Scan 01/06/26

SLIUF c 12+3 w
FHR ⊕ 163
NT : 1.50 mm
Cx : 35 mm.

TSH : 2.548
Uric Acid : 3.0
PT 13.2
APTT 28.4
INR : 0.98
Anti TPO : >400
Na+ : 135
K+ : 3.9
Cl- : 104
LFT : WNL.

Doctor Name: DR ATHAR
Signature:
Date & Time: 04/06/26 11:00 Am

Consultant Name: DR BHAVANA K
Signature:
Date & Time: 04/06/26 11:00Am.

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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(B)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 1:40pm	POD-0	(Post Cervical Cerclage)
	O/E pt is c/c/c	Adv
	GC Fair	- NBM
	Afeb	- Rest
	BP-105/72mmHg	- Vitals charting
	PR - 80bpm.	- w/f bleeding PV
2 vaginal gauze insitu	S/E NAD	- Follow drug chart
	P/A soft	- FHR monitoring
	FHR ⊕	- Inform SOS.
	V/E → 2 gauze insitu	
	[signature]	Dr Nausheen
	Noted by prathyusha @ 1:40pm	
4/6/26 2:30pm.	POD-0	(Post cervical cerclage)
	O/E - pt is c/c/c	
	GC - Fair.	Adv:
	Afeb.	- clear liquid soft diet after 3:40 pm.
pt. can be discharged	BP - 116/77 mmHg	- Rest.
	PR - 82 bpm.	- monitor vitals
vaginal packs to be removed before discharge	S/E - NAD	- FHR monitoring
	P/A - soft, NT.	- Follow drug chart
	ut - Just palpable.	- Inform SOS.
	FHR ⊕	
noted by [illegible] 4/6/26 @ 2 pm	V/E - 2 gauze insitu	Dr. Nikita

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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	11Am 1pm	Ensure safety prevent infection		To provide siderails To given by patient Inj: antibiotic treatment	To prevent falls To prevent infection	patient is safe patient is safe	pooja e12 pm 2/1/6/26
Afternoon							
Night							

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs B MADHAVI**	**Age :**	**40 Y 3 M 0 D**
IP No:	**IP-00060223**	**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:.....)

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: B. Raja Sekhar
Relationship: Husband
Date: 4/6/26 Time:
Wittness Name:
Wittness Signature:

Patient Address:
RAGHAVENDRA COLONY, Qutubulapur Suchitra Hyderabad Telangana INDIA 500067

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. B. MADHAVI Gender: ☐ Male ☑ Female Age : 40YRS

UHID No : VIH-00203942 / 00060223 Date : 4/6/26

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)

CERVICAL CERCLAGE

upon MRS. B. MADHAVI
(Name of the Patient)

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

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

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

BLEEDING, NEED FOR TRANSFUSION OF BLOOD AND ITS PRODUCTS AND ITS ASSOCIATED REACTIONS, INFECTIONS, RISK OF PRETERM LABOUR, RISK OF PRETERM PREMATURE RUPTURE OF MEMBRANES RISK OF SPONTANEOUS MISCARRIAGE

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 : Madhavi

Name : B. Madhavi

Date & Time : 4/6/26 12:20 PM.

Witness :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : PAB

Name : B. Rajasekhar

Relationship with Patient: Husband

Date & Time : 4/6/26 12.20 PM.

Doctor (who is taking the consent) :

Signature :

Name : DR. NAUSHEEN

Date & Time : 4/6/26 ; 12:20 PM

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : B. Madhavi Age : 40 yr.
Gender : M ☐ F ☑ - IP No : VIH-0020342 Consultant : Dr. K. Kalavathi
Ward / Bed No. : 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 / RTA
☐ Incapacitating COPD ☐ Others : Hypotension, Bradycardia, PPH.
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 I my patient Mrs B Madhavi the above mentioned operation I Diagnostic I Therapeutic procedures Cervical Cerclage.

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

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

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

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

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

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

- Pregnant ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Madhavi

Name : B. Madhavi

Relationship with Patient: Self

Date & Time : 4/6/26

Witness :

Signature : B.R.

Name : B. Rao Sekhar

Date & Time : 4/6/26.

Doctor (who is taking the consent) :

Signature :

Name : DR. M. VINEETHA

Date & Time : 04/06/26

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: B. Madhavi Age: 40 yr. Sex: female UHID.No : VIH - OD203942

Date: 04/06/26 Time: 10.35 AM Proposed Operation: Cervical cerclage.

Diagnosis: G5P1L4A3 @ 13+4 wks @ prw. LSCS

B.P / CRT: 116/75 H.R: 91/m Weight: 77 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

GRBS-100mg/dl

Laboratory Data:

Hgb: 12.1 (30/5)	Glucose:	Protein:	HIV: NR	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:	
WBC:	Creat: 0.4	Total Bill: 0.4 (0.1 / 0.3)	HCV: NR	2D Echo:	
Plate:	Na: 135	Dir. Bill:	Blood group: B positive	Stress/Anglo:	
PT: 13.2	K: 3.9	LDH:	T3	Other:	
PTT: 28.4	Ca++:	Alk phos:	T4		
INR: 0.8	Mg++:	Amylase:	TSH: 2.5		
HbA1c: 5.3% (Apr'22)	Cl-: 104	SGOT/SGPT: 12/15			

Allergies: NKDA.

Medical History: CVS: no active cardio respiratory complaints.

RESP :

CNS :

Renal : Hypothyroidism (+) :: 8yrs.

Hepatic / GE :

Others : H/O surgery @ C3-C6 level & GA in 2022 after RTA - implant (+).

Diabetes : Diabetes :: 4 yrs. on Inj. Insulin 12-16-16 :: 2M. Tab. Glycomet 850 mg BD.

Physical Activity: Good.

Past Anaesthetic History: H/O LSCS & SAB in 2016.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (N) Neck: (N) movements Teeth: Pulzer no loose teeth.

Lungs : BAE (+)

Heart: S1S2 (+)

CNS: NAD (+)

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : accessible | Spine Exam for regional : (N), Midline spaces felt.

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

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

CURRENT MEDICATIONS	DOSAGE
T. Thyroxine	75 mcg stop 2M
T. Ecosprin	150 mg - last dose yesterday
Inj. Insulin	12-16-16
T. Glycomet	850 mg BD.

Pre-Operative Instructions:

1. DVT Prophylaxis : Breakfast @ 8am (solids).
2. NIL ORAL → Water / ORS 2 Hours → Others 6 Hours / replenish
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: - CBP

Signature: Name: DR. M. VINEETHA

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 98/min | B.P / CRT: 106/75 | SpO_2: 100% | R.R: 26/min | Last Feed: >6hr.

Pre-OP Diagnosis: G5P1L4A3 @ 34w.1SCS & Cervical incompetence | Operation: Cervical cerclage | Date: 04/01/24

Surgeon: Dr. Bhavana / Dr. Manohar | Anaesthesiologist: Dr. Madhav | Technician: Rakesh

TIME (1) 1'30 (2)

N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:

FIO_2 / SaO_2 100 100 100
$ETCO_2$
ECG NSR NSR NSR
Temperature
Urine Output

Fluids
Blood

Antibiotic
Suppository
Blood Loss
NOTES

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

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

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

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☑ Cuff Site: RUL
☐ Art Site:
☑ EKG Lead 3 leads
☐ 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: 01:02pm
OP Start: 01:15pm
OP End:
Leave OR: 1:30pm.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

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

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

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

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

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

Regional:
Extremity Specify:
☑ Spinal ☐ Epidural ☐ Caudal
Others:
Position: Sitting
Site: L3-4
Needle Size: 25G(W) Depth:
Parasthesia ☐ Yes ☑ No
Catheter at skin ..... cm
Drug Name & Conc: 2ml 0.5%.
Bolus: Bupivacaine
Infusion:
Block Level: T6
Comments:

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

Name of the Doctor:
Signature of the Doctor: Dr Madhav

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Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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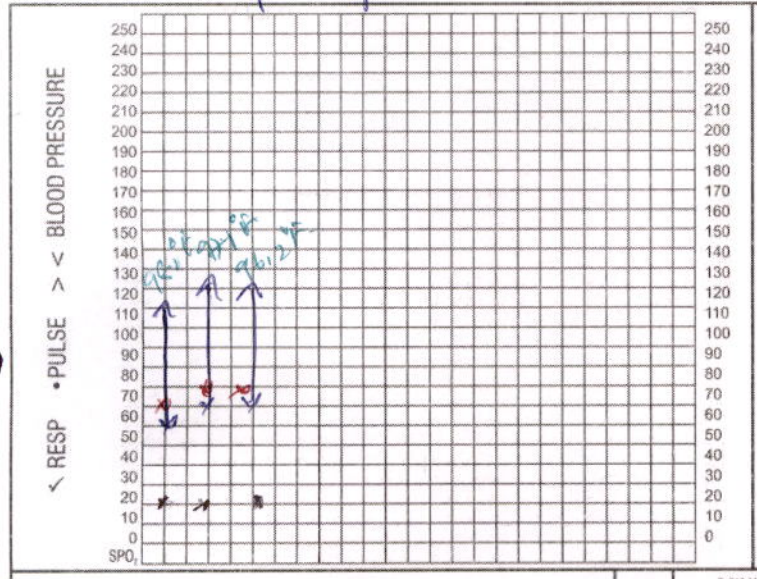
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : prathyusha Time Received : 1:40 pm Time Discharged : 3:4 pm



IV Cannula Site : removed for annular

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ 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: –
Oral Feeds: –

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0	CIRCULATION	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	1	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		
	TOTAL	8	8	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/6/26	2pm	'0'	–	

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

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

Anaesthesiologist Name : Dr. madhav
Anaesthesiologist Signature:
Date & Time: 4/6/26 @ 3:30 pm

PACU Nurse Name : prathyusha
PACU Nurse Signature:
Date & Time: 4/6/26 @ 3:30pm

Transferred to Unit by (PACU): –
Date & Time: –

Patient Sticker

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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 : .....

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OPERATION NOTES

Surgeon : Dr. Bhavana. K.	Asst. Surgeon : Dr. Nausheen

Pre-Operative Diagnosis: G5P1L1A3 with 13+4 weeks c type II DM with prev LSCS with hypothyroidism c BOH.

Surgical Procedure : Cervical Cerclage + SA

Indications for Surgery :

Date : 4/6/26	Start Time : 01:02 PM	End Time : 01:30 PM

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Operation Notes:

- Under strict aseptic conditions, under Spinal anesthesia, patient placed in lithotomy position parts painted and draped.

- Anterior and posterior vaginal walls retracted using sims Speculum.
- Anterior lip of cervix held using babcocks
- Cervical cerclage done using Mc Donald's stitch and knot placed anteriorly.
- Hemostasis secured.
- Instruments & gauze count tallied.

Adv

- NBM
- Rest
- FHR monitoring
- Monitor Vitals
- follow chart
- 2 vaginal gauze insitu to be removed after 2 hrs
- Inform SOS.

Name of the Surgeon: DR. Bhavana K

Signature of the Surgeon:

Date & Time: 4/6/26 ; 1:30pm.

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G5P1L1A3 c̄ 13+4 weeks c̄ Type II diabetes mellitus c̄ Previous LS			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: c̄ Hypothyroidism c̄ Bad Obstetric History			Post OP Day: For Cervical Circlage			
BACKGROUND	Date / Shift	4/6/26 M	4/6/26 A	4/6/26 E			
	Medical Condition (Any special condition to be noted):	—	—	—			
	Diet:	NBM	NBM	NBM			
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: Venflon	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F	98.6F			
	Res:	20 bpm	19 bpm	19 bpm			
	SpO_2:	99%	99%	99%			
	Pulse:	82 bpm	85 bpm	85 bpm			
	BP:	116/70 mmHg	110/70 mmHg	110/70 mmHg			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	'15'	'15'	'15'			
	Pain Score:	'0'	'0'	'0'			
	Skin Integrity	Integrity	Integrity	Integrity			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	NBM	NBM	NBM			
	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):	Dependent	Dependent	Dependent			
Post Operative Procedure Special Orders:		—	→ NBM. → ① gave 3 KAP	NBM ② quec-top			
Handed Over By Name :		pooja	Manimala	pooja			
Signature / ID :		[illegible]	015100	9050150			
Date:		4/6/26	04/06/26	4/6/25			
Time:		@ 12:55 PM	@ 1:40 PM	@ 4 pm			
Taken Over By Name :		Bhavani	pooja				
Signature / ID :		015003	9050150				
Date:		4/6/26	4/6/26				
Time:		@ 12:55 Pm	@ 2pm				

VIH-00203942
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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-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

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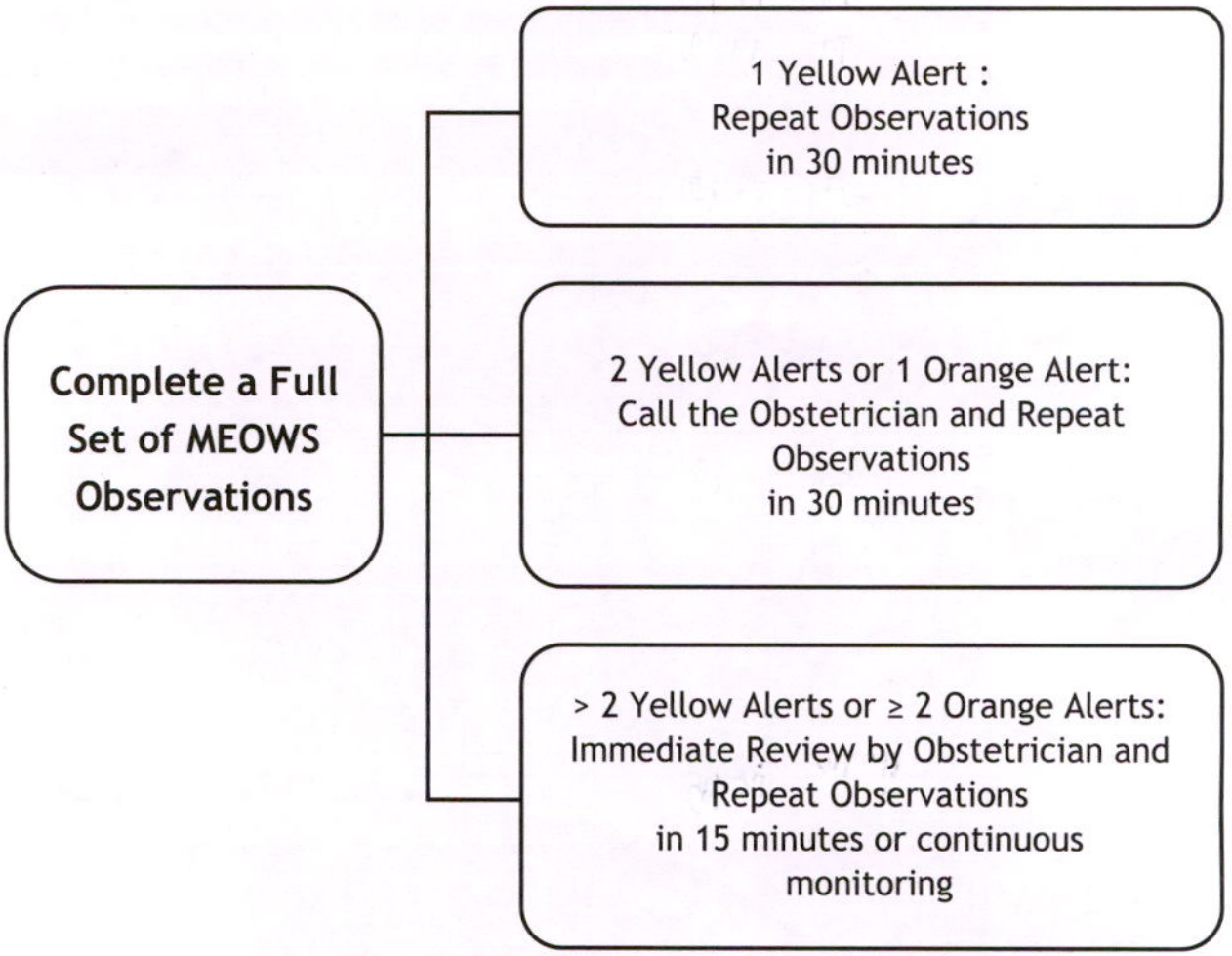
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		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																	
	0 - 10																									
Saturations	94 - 100 %					99		99	99																	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37					37		37	37																	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80					82			80																	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				116	116		110	105																	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70					77		65	72																	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert					✓		✓	✓																	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30					✓		✓	✓																	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal					M		NA	NA																	
	Heavy / Foul																									
Liquor	Clear / Pink					✓		NA	NA																	
	Green																									
TOTAL YELLOW SCORES						0		0	0																	
TOTAL ORANGE SCORES						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.

		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							
4/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	RL + 500ml FF									✓	
	12:00 pm	RL + 100ml										
	01:00 pm	RL NBM 100ML/hr									0	
Total Intake :		700 ml				**Total Output :**				Voided		
	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: 4/6/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

VIH-00203942 IP-00060223
Mrs B MADHAVI 40 Y 3 M 0 D (F)
04-03-1986
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 77 kg.S Ward. I/W

DRUG : T. THYROXINE				Date / Time
Dose	Route	Frequency	Start Date	
75 Mcg	PO	ONCE DAILY	4/6/24	
Name & Signature of the Doctor Starting the Drugs: DR. YOGESHWARI				
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				

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-00203942 IP-00060223
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Dr. BHAVANA K

Weight. 77 kgs Ward. 1Ku

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.	

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
4/6/26	12:15 pm	INJ HYDROXY PRO-GESTERONE CAPROATE	500 MG	IM	[illegible]	pooja [illegible]
4/6/26	12:10 pm	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	[illegible]	[illegible]
4/6/26	11:45 AM	INJ PANTOPRA-ZOLE	40 MG	IV	[illegible]	pooja / [illegible]
4/6/26	11:45 am	INJ METOCLOPRA MIDE	10 MG	IV	[illegible]	pooja / pratiksha

4/6/26 2pm

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

VIH-00203942 IP-00060223
Mrs B MADHAVI
04-03-1986 40 Y 3 M 0 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 77 kgs Ward. CIW

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
4/6/26	10:40 AM	RINGER LACTATE	IV	FF			2/6		
4/6/26	11:50 AM	RINGER LACTATE	IV	100ml HR			4/6		

Signature .....

VERIFIED BY : Name .....

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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. IRON	1 TAB	PO	ONCE DAILY	~~3~~4/6/26	☐C ☑DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	3/6/26	☐C ☑DC
3	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	3/6/26	☐C ☑DC
4	T. DYDROGESTERONE	10MG	PO	8TH HOURLY	3/6/26	☑C ☑DC
5	T. ECOSPRIN	150MG	PO	ONCE DAILY	3/6/26	☐C ☑DC
6	T. THYROXINE	75MCG	PO	ONCE DAILY	4/6/26	☑C ☐DC
7	T. METFORMIN + ~~GLIMEPIRIDE~~	850MG	PO	AT AFTERNOON AND NIGHT	3/6/26	☐C ☑DC
8	INJ INSULIN (NOVARAPID)	12 UNITS	SC	AT MORNING	4/6/26	☐C ☑DC
9	INJ INSULIN (NOVARAPID)	16 UNITS	SC	AFTERNOON AND NIGHT	3/6/26	☐C ☑DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. YOGESHWARI

Date & Time : 4/6/2026 11 AM

Nurse Name & Signature: Pooja

Date & Time : 4/6/26 @ 11 AM