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

VIH-00205068
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K
IP-00060624

ACTIVITY

Name: --

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

Date of Admission : 8/7/26 Time : 6:32pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	8:45pm	HW	217	

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
8/7/26	CBP	V12602284 8	
8/7/26	NST ① 6:30pm - ①	R26-010959	Rani
9/7/26	NST @ 12:30pm - ②	R26-101969	
9/7	NST @ 5 AM - ③	R26-101970	
9/7	NST @ 8:30AM - ④	R26-011020	
9/7/26	NST at 1:30pm ⑤	R26-011021	
	cross checked by Subashini 9/7/26 8pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	Infusion Pump	7:30 AM	4pm	3099281	Rani
9/7/26	Cardiac Monitor	7 AM	4:30pm		
9/7/26	Epidural pump.	10AM	4pm		
	cross checked by Sulochana 9/7/26 8pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7	IV placement	(1)	3099282	Rani
8/7/26	catheterisation	(1)		
9/7/26	PAC	(1)	3099283	
	crew checked by manager on 8/7/26 @ 8:30AM			

ANY OTHER INFORMATION

Date : 10/7/26 Time : 10AM Prepared By : Tmishra.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ghorsi	8/7/26 10AM.		

Name	Mrs K DIVYA	**UHID**	VIH-00205068
Father/Guardian	Mr R VINAY KUMAR	**Age/Gender**	29 Y /Female
Address	flat no-c-101, sterling abode,bankers colony, Sainikpuri, Hyderabad, Telangana, INDIA, 500094		
IP No	IP-00060624	**Admission Date**	08-07-2026
Ref Doctor	Self	**Discharge Date**	10-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 38+5 weeks with Recurrent UTI admitted for Induction of labour.

NORMAL VAGINAL DELIVERY WAS DONE UNDER EPIDURAL ANAESTHESIA ON 9.07.2026

History:
LMP: 4/10/2025
Obstetric formula: Primigravida
EDD: 17/7/2026
Gestation at admission: 38+5 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Father- DM
Mother- HTN
Surgical History: Nil
Allergies: Nil

Name	Mrs K DIVYA	**UHID**	VIH-00205068

Antenatal Details: Mrs. K. DIVYA was booked to Rainbow Hospital at 31+4 weeks of gestation. She had previous ANC's done at Ankura hospital. She had regular antenatal checkups and investigations as advised. She had history of Recurrent UTI, Urine culture showed Klebsiella pneumoniae at 31+4 weeks and managed conservatively. She was admitted at 38+5 weeks with Recurrent UTI admitted for Induction of labour.

Investigations: Enclosed.
Blood group: 'O' POSITIVE
Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 3/4 th inch long and 2cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 1 dose of PGE1. Patient opted for epidural analgesia at 4 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Artificial rupture of membrance done at 4-5 cms dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 3.15 pm. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 3.40 pm. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by vaginal delivery with one loop of cord around neck , Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Name	Mrs K DIVYA	UHID	VIH-00205068

Delivery Details:
Date: 9/7/2026
Time of Delivery: 3:54 PM
Type of Labour: Induced
Type of Delivery: Normal
Analgesia: Epidural

Baby Details:
Date: 9/7/2026
Time: 3:54 PM
Sex: Female
Weight: 3.007 kg
Apgar: 7/10, 8/10
Gestational Age: 38+6weeks
NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 15/07/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 15/07/2026 (9am-2pm-9pm) after food.

Name	Mrs K DIVYA	UHID	VIH-00205068

3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 15/07/2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 15/07/2026 (7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 13/07/2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

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

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	Mrs K DIVYA	**UHID**	VIH-00205068

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

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

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

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INSURANCE COPY

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PatientName	: Mrs K DIVYA	**Inpatient No.**	: IP-00060624
Age/Gender	: 29 Y / Female	**Admit Date**	: 08-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD) — TEST RESULT STATUS : REPORT AUTHORISED
Order Date :08-07-2026 19:29

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**10.9**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	**3.69**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**30.7**	**VOL%**	L	33 - 51
MCV (Calculated)	83.2	fL		80 - 100
MCH (Calculated)	29.5	pg/cells		26 - 34
MCHC (Calculated)	35.4	g/dL		32 - 36
RDW-CV (Calculated)	**13.2**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	246	10^9/L		150 - 450
MPV (Calculated)	7.3	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.05	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**73**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**23**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	**03**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

SURGERY DETAILS

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VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

Sl.No.

Date : 9/7/26

Patient Name ..... Age : 29Y Sex: F

UHID No. VIH-00205068 ..... IP No: 60624

Date of Surgery : 9/7/26 OT : ☐ OT 1 (BB-T) ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal delivery & Episiotomy

Time in : 3:30PM Time Out : 4:30PM

	NAME	AMOUNT
1. Surgeon	DR. Bhavana Kasu	.....
2. Anaesthetist	:.....	.....
3. Asst. Surgeon	:.....	.....
4. OT Technician	:.....	.....
5. Circulating Nurse	:.....	.....
6. Asst. Nurse	:.....	.....

Special Equipment : ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C - ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3099613 Ordered by : .....

DEFICIENCY VIH-00205068 IP-00060624 AL CASE SHEET

Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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Patient Name: IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	–
2	Discharge Summary	2	–	–	–
3	Nursing Initial assessment form	1	–	–	–
4	Patient Trasfer Forms	1	–	–	–
5	In-patient Medical Record				
6	Doctors Progress Sheets	4	–	–	–
7	Nurses Progress notes	3	–	–	–
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	–
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	–	–	–
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	–	–	–
21	Pre Operative checklist	1	–	–	–
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	8	–	–	–
	Intake and Output chart (fluid Chart)	2	–	–	–
27	Drug Chart (Regular prescription)	6	–	–	–
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	–
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	–	–	–
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Braden Q	2	–	–	–
	pain Assessment	2	–	–	–
	Thrombophlebitis	1	–	–	–
	other pages	10			
		~~45~~ pages			
	Total No. of Pages				

Signature and Date : sushma

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 4/10/2025 EDD:

Corrected EDD: 17/7/2026 GA: 38+5 w/cs.

Obstetric Formula: Primigravida.
ML – 4 yrs NCM

Obstetric History:
G1 – present pregnancy / sp-conception

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ TG.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: ______

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
150 bpm.

Present Pregnancy Record: Booked to at 31+4 weeks. previous ANCs done at Ankura hosp. H/o recurrent UTI, klebsiella pneumoniae isolated at 31+4 wks, managed conservatively.

RISK FACTORS:

– Recurrent UTI

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long (3/4 inch long) ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 2cm

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 159 cm
Weight: 76.35 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: pt is c/c/c
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile. PR: 72bpm
BP: 116/70mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: adeq.

DIAGNOSIS

primigravida with 38 + 5 weeks with Recurrent UTI

for induction of labour.

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

Family History:

Father - DM
Mother - HTN.

Surgical History:

Nil

Medical History:

Nil

Medication History:

Plan of Care:

C/I to Dr. Bhavana mam

- Admission
- Consent
- (N) diet
- past preparation
- Monitor vitals
- FHR monitoring.
- NST 4th hrly
- Follow drug chart.
- send CBP
- Ambulation
- Bisthing ball exercises.
- Tab. misoprostol 25 mcg PV 6th hourly.

noted by Suhasini 8/7/26

Investigations:

BG: 'O' POSITIVE.

HIV, HBsAg, HCV, VDRL } NR

12/6/2026
CBP - 10.8 / 11200 / 2.46L.

19/5/26
UCS - klebsiella pneumoniae.

AFI / Doppler Scan

8/7/2026.
SLIUF
38+5 wks.
Cephalic
PL - post. high
AFI - 10.7 cm.
Doppler - (N)

TIFFA Scan

1/3/2026
SLIUF
PL - post. lower margin 45 mm from int. OS.
CL - 37 mm.
No anomalies.

Growth scan

18/6/2026
SLIUF
35+6 wks.
Cephalic
PL - post. high
AFI - 13 cm.
AC - 17 y.
EFW - 2562 gm.
Doppler - (N)

• NT Scan -

3/1/2026
SLIUF
12+2 wks
NT - 1.2 mm

FTS - low risk

Signature

Doctor Name: Dr. Nikhita.
Signature: (N)
Date & Time: 8/7/2026. 6:50 PM

Consultant Name: Dr. Bhavana k.
Signature:
Date & Time: 8/7/2026.

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060624 **Admit Date** : 08-Jul-2026 **Admit Time** : 06:32 PM **UHID** : VIH-00205068

Patient Details :

Patient Name	: Mrs K DIVYA	**Age**	: 29 Y
Guardian	: Mr R VINAY KUMAR	**DOB**	: 27-05-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094	**Phone No**	: 8309858154/ 8106522400
		E-mail	: na@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr R VINAY KUMAR **Relationship** : W/O

Contact Address : flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094 **Phone No** : 8309858154 / 8106522400

8/7/26
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** : ELECTRONIC CORPORATION OF INDIA

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 8/7/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: ..... Doctor Notified on Admission: ☑ Yes ☐ No

IOL ..... Name of the Doctor: Dr. Nikhita.

..... Time Notified: 6:50 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 4/10/25

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 0 P Primi L ..... A .....

Previous LSCS: Nil

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other Father & mother

Vital Signs / Measurements: Temp: 98.6F HR: 82b/m RR: 18b/m

BP: 110/80mmHg Weight: 76.3kg Height: 159cm BMI: 32 kg/m²

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

0 score.

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (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. Divya..

Name of Person Orientation was given to: ..mrs. Divya..

Orientation not given Reason: .....

Nurse Signature: ..K. S..

Nurse Name: ..K. Sahithi..

Date & Time: ..8/7/26 6:55pm..

PATIENT TRANSFER FORM

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VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 6:32pm	9/7/26 @ 8:45pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Greeshma.	observation
From Unit	**To Unit**	**Information to Attendant**
L/W	217	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
– 39 –	– NIL –	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- pan 40mg – (10)	under pad – (1)
2.	Tab:- cefixime – (15)	Saral – (1)
3.	Tab:- paracetamol – (15)	sterilizam – (1)
4.	Tab:- diclofenac – (10)	
5.	Syp. Lactulose – (1)	

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

Dr. Greeshma

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sulochini	Dr. Greeshma

Patient & Clinical Records Received by : Sushila

Epidural Catheter Removed YES / NO Dr. M. VINEETHA

Epidural Catheter Removed YES / NO

Date & Time of Patient Received : Sushila 9/7/26 at 9pm

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-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

(t)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26		Adv:
7PM	O/E – pt is c/c/c	– (N) diet
	GC – Fair.	– Adeq. Hydration
	Afeb.	– Ambulation
1st dose	BP – 121/70 mmHg	– Birthing ball exercise
Tab. miso	PR – 90 bpm.	– monitor vitals
25 mcg	S/E – NAD.	– FHR monitoring
kept PV	P/A – ut ~ TG.	– NST 4th hrly
at 7 pm.	cephalic	– Follow drug chart
	FHR (+) 146 bpm.	– Inform SOS.
	relaxed.	
noted by Saheena 8/7/26 7PM	V/E – Cx – 3/4th inch long.	Dr. Nikhita
	Os +-2 cm.	
	PPU x 1-2	
8/7/26		
11PM	O/E pt c/c/c	Adv
	GC – fair	– (N) diet
	afebrile	– adq hydration
10.9/100 50/ 2,46C	BP – 115/78 mmg	– ambulation
	PR – 92 bpm	– W/F POL
	S/E NAD	– monitor vitals
	P/A ut ~ 24	– birthing ball exercise
	cephalic	– follow drug chart
	FHR (+) 150 bpm	– NST 4th hrly
	?? 30 sec / 10 min	– FHR monitoring
	PV – Cx 1/4th inch	– inform SOS
noted by pathyusha @ 11pm	OS 2-3 cm	
	PPU x 2 ?(+)	Dr. Ashw

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 3 AM.	O/E - pt is c/c/c	Adv:
	GC - Fair	- (N) diet
	Afebrile.	- Adeq. Hydration
	BP - 110/65 mmHg	- Ambulation
NST reactive	PR - 72 bpm.	- Birthing ball exercises
	S/E - NAD.	- NST 4th hourly
	P/A - ut ~ TG	- FHR monitoring
	Cephalic	- monitor vitals
	FHR (+) 140 bpm.	- Follow drug chart
		- Inform SOS.
	Noted by pradyuth @ 3 Am	Dr. Nikhita
9/7/26 5:15 AM.	c/I to Dr. Bhavana mam	
	V/E - Cx - 50 % effaced.	
	OS - 3 cm	
NST reactive	PPU x 1-2	
	BOM (+)	
	P/A - FHR (+) 140 bpm.	
	3C / 30-35 sec / 10 min.	Dr. Nikhita
	Noted by pradyuth @ 5:15 Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 7:30am	O/E pt c/c/c	Adv
	GC fair	- clear liquids
	afebrile	- continue FHR
	BP - 100/60mmHg	monitoring
↓epidural	PR - 76bpm	- NST 4th hrly
	S/E NAD	- monitor
	P/A - Ut ~ 34	vitals
Repeat NST	cephalic	- follow drug
after 1hr	3 C/30sec/10min	chart
	FHR ⊕ 140bpm	- W/F POL
	PV - Cx - 50% effaced	- inform SOS
	OS - 3 cm	
	BOM ⊕	
	PPUX - 21	Dr Ashu

Noted by Prathyusha @ 9:30 am

Date & Time	Progress Notes	Doctor's Order
9/7/26 9:30Am	O/E Pt c/c/c	
	GC fair	Adv
	Afebrile	- Clear liquids
↓Epidural	BP - 116/78mmHg	- Continuous FHR monitoring
	PR - 76bpm	- NST 4th hrly
	S/E - NAD	- W/F POL
NST	P/A - Ut ~ 36	- Monitor vitals
Reactive	Cephalic	- Follow drug charts
	4c/30sec/10min	- Inform sos
Noted by [illegible] 9:20 Am 9/7/26	FHR ⊕ 148bpm	
	PV - Cx 60% effaced	Dr [illegible]
	OS - 4cm, BOM ⊕ / PPUX+11	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	IVJ) IOL	
9/7/26		Rx
10AM	pt clcc	→ clear liquids
	GC fair, afebrile	→ follow diet chart
	BP- 109/74 mmHg	→ monitor vitals
	PR- 91 bpm	→ wait POL
	S/E - NAD	→ NST 4th hrly
NST reactive	P/A - Ut NTG	→ FHR monitoring
	4c/30sec/10mins	→ birthing ball
epidural	FHR ⊕ 148bpm	exercises
	V/E - Cx - 60-70% effaced	→ adq. hydration
noted by	os - 4 cms	→ Inform SOS
Saloni	BOM ⊕	
9/7/26 10AM	PP ≤ ^{v}x -1 ↓	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(V) IOL	
9/7/26 12.50PM		Rx
	pt c/c/c	
	conscious, afebrile	→ clear liquids
	BP- 110/74 mmHg	→ follow Duty
↓ epidural	PR- 98bpm	chart
	S/E-NAD	→ monitor vitals
NST - reactive	P/A - ut NTG	→ WH POL
@9.30AM	4c/30-35sec/10mins	→ birthing ball
	FHR ⊕ 140bpm	exercises
	V/E - Cx - 70-80% effaced	→ NST 4th hrly
	OS - 4-5cms	→ FHR monitoring
NST - now	ARM done, liquor clear	→ adq. hydration
	PP/Vx	→ syntocin
	-1 ↓	titration
syntocin titration		→ Inform sos
	Noted by Saloni 12:50pm 9/7/26	
9/7/26 3:15PM	Pt is c/c/c vitals-stable	
	P/A - Ut ~ FG	Adv
	© 4c/30sec/10min	- Continuous FHR
	FHR ⊕ 130bpm	- Monitor vitals
Noted by Salini 9/7/26 3.15PM	P/V - Cx fully effaced	- Adequate hydration
	OS - fully dilated	- Inform sos
	PPVx 1+2	
	M⊖ clear liquor	
		Y Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 4:45 PM	Delivery Notes	
		Dr. Bhavana K.
		Dr. Farnaz / Dr. Yogeshwari
		Sis. Teja
		Sis Sahasini
	Under strict aseptic conditions perineum painted and draped. At the time of crowning At peak of contraction. Right mediolateral Episiotomy given under 2% lignocaine. A female baby of weight 3.007 kg of APGAR 7/10, 8/10 delivered at 3:54 pm on 9/7/2026 with one loop of cord around neck. Baby cried immediately cord clamped & cut. Baby handed over to pediatrician. placenta and membranes expelled. Episiotomy sutured in layers. No perineal tears or extension noted. Hemostasis secured. PR done NAD.	
	female 3.007 kg	9/7/2026 3:54 pm 7/10 8/10

Dr Yogeshwari

Patient Sticker

MRs K. DIVYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 5 PM	PND- 0	
	O/E pt is c/c/c	Adv
	Gc fair	- Soft diet
	Afebrile	- W/F bleeding PV
	BP- 109/72 mmHg	- Monitor vitals
	PR- 76 bpm.	- Follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - Ut ~ WR	- Rest
	Soft "	- Inform SOS
Noted by Sukanya 9/7/26 9 pm	L/E NO active bleeding	
	Baby A/M, BF (+)	
		Dr. Yogeshwari
9/7/26 6:40 PM	PND- 0	
	O/E Pt is c/c/c	Adv
	GC- fair	- Normal diet
	Afebrile	- W/F Bleeding PV
Urine Passed	BP- 116/78 mmHg	- Ambulation
Motion not passed	PR- 78 bpm	- Adequate hydration
	S/E- NAD	- Monitor vitals
	P/A - Ut ~ WR	- Follow drug chart
	Soft, BS (+)	- Inform SOS
Shift to Room	L/E - No Active bleeding	
	Baby A/M, BF (+)	
Noted by 6:40 pm 9/7/26		Dr. Gayathri

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PND-1	
10/7/26 7AM	O/E Pt is c/c	Adv
	GC-fair	- (N) diet
	Afebrile	- W/F Bleeding PV
	BP- 115/69 mmHg	- Ambulation
Urine Passed	PR- 82 bpm	- Adequate hydration
Motion ~~not~~ Passed	S/E-NAD	- Monitor vitals
	P/A- Ut NWR	- Follow diet chart
	Soft BS(+)	- Inform Doc
Patient can be discharged	L/E- NAB	
	Baby (A/M), BF (+)	Dr. Gnanalina
		noted by sashi 10/7/26 at 8AM
10/7/26 10AM	PND-01	
	pt c/c	
	vitals stable	
	P/A - Ut NWR	
baby - MS (A/H) BF (+)	soft,	
	L/E - NAB	
	vaginal examination done,	
	no active bleeding noted	
pt can be discharged		
noted by		

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi 38+5wks c NTP IOL			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	8/7/26 E	8/7/26 N	9/7/26 M	9/7/26 E	9/7/26 N	10/7/26 M
	Medical Condition (Any special condition to be noted):	–	–	–	–	Nil	Nil
	Diet:	N diet	N diet	N Diet	N diet	N. diet	N diet
ASSESSMENT	Allergy:	No	No	☐ Yes ☐ No	No	No	No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	No	No	Yes	No	No	No
	Vital Signs: Temp:	98.6F	97.2°F	98.6°F	98.6F	98.6F	98.6°F
	Res:	18b/m	19b/m	19b/m	19b/m	20b/m	20b/m
	SpO_2:	99%	98%	99%	99%	100%	100%
	Pulse:	82b/m	80b/m	89b/m	82b/m	92b/m	80b/m
	BP:	110/70mm	113/71mmHg	109/74mmHg	101/70mmHg	103/67 mmHg	100/60 mmHg
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	15	15	15	15	0	0
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy:	–	–	–	–	Nil	–
	Others Specify:	No	No	No	No	No	No
	Special Diet:	N diet	N diet	N diet	N diet	N. diet	N diet
	Critical Lab Test / Values:	–	–	–	–	Nil	Nil
	Other Special Orders / Medications:	No	No	No	No	No	No
	PU Prophylaxis:	No	No	No	No	No	No
	DVT Prophylaxis:	No	No	No	No	No	No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		W/F POL	W/F PoL	W/F	W/F Bleeding	Nil	Nil
Handed Over By Name :		K. Selvi	Prathyusha	K. Selvi	K. Selvi	Sushila	Thami
Signature / ID :		020477	020533	020477	020477	018803	17542
Date:		8/7/26	9/7/26	9/7/26	9/7/26	10/7/26	10/7/26
Time:		8pm	@8am	2pm	8:45pm	8AM	
Taken Over By Name :		Prathyusha	K. Selvi	K. Selvi	Sushila	Thami	Noted by
Signature / ID :		020533	020477	020477	018803	17542	[illegible]
Date:		8/7/26	9/7/26	9/7/26	9/7/26	10/7/26	10/7/26
Time:		@8pm	8Am	2pm	@pm	@8am	2pm

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27-05-1997 29 Y (F)
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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:							

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VIH-00205068
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K
IP-00060624

NURSING CARE RECORD

Date: 8/7/26

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							
			(pm)	Maintain fluid balance	Prevent fall	Patient safe	8/7/26 8pm
Night	10pm	Maintain fluid balance	10pm	provide oral fluids	Provided oral fluids	Patient was dehydrated	Jyothi 10pm 8/7/26
	5am	monitor vitals	5am	checked vitals	Vitals are normal	Patient was stable	Jyothi 5am 9/7/26

Docu. No: RCH /FRM /

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DIVYA
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NURSING CARE RECORD

Date: 9/7/26

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	8Am	Ensure Safety.	8Am.	To provide side rails	To prevent falls	patient is safe	[signature] 9/7/26 2pm
	10Am	Maintain Fluid Balance	10Am	Provide oral Fluids	Provided oral Fluids	patient was dehydrated	
Afternoon	2pm	maintain fluid. Balance	2pm	RL 100ml/hr	Prevent dehydrat-ion / Pati.	Pati- / patient safe	6pm
	6pm	Ensure Safety	6pm	To prevent fall		patient is stable	sushi [signature] 10/7/26 08Am
Night	10pm	maintain good nutritional status	10:00 PM	To provided good nutritional diet	oral intake is good		
	7Am	Ensure safety	7:00 AM	To provided side rails	To prevented fall risk		

RE RECORD

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- ☐ 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

…ecify……………………

Date: 10/7/2…

	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge Note Patient is stable. Doctor's round are done and advised for discharge. Noted by Sr. [signature] 10/7/26			
Afternoon					
Night					

…ure patient safety
…medicine.

VIH-00205068 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

NURSING CARE RECO

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

	Time	Plan of Care	Time	Implementation	Evaluation
Morning					
Afternoon					
Night					

Re-Assessment

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 K DIVYA**	**Age :**	**29 Y**
IP No:	**IP-00060624**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) 8/7/26
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: 8/7/26

Name: Vinay Kumar
Relationship: Husband.
Date: 8/7/26 Time: 6:32 pm.
Wittness Name:
Wittness Signature:

Patient Address:
flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs-k-divya Age: 27 Sex: female UHID.No :

Date: Time: Proposed Operation: labour analgesia

Diagnosis:

B.P / CRT: 120/74 H.R: 76/m Weight: 76 kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10-9	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG:
WBC: 10.05	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 246	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: –

Medical History: CVS : (–)

RESP : (–) Diabetes :

CNS : (–)

Renal : (–)

Hepatic / GE : (–) Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

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

Lungs : NAD

Heart:

CNS:

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site : | Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: Name: SAI BHARGAV.

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No	Fasting Status:

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

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: .... Operation: .... Date : ....

Surgeon: .... Anaesthesiologist: .... Technician: ....

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

FIO_2 / SaO_2
$ETCO_2$
ECG
Temperature
Urine Output

Fluids
Blood

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

Antibiotic

Suppository

Blood Loss

NOTES

LAB Values
ABG
GRBS
Others

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

Position: ....
☐ 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: ....
OP Start: ....
OP End: ....
Leave OR: ....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: ....
☐ 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: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : ....

Signature of the Doctor : ....

Patient Sticker

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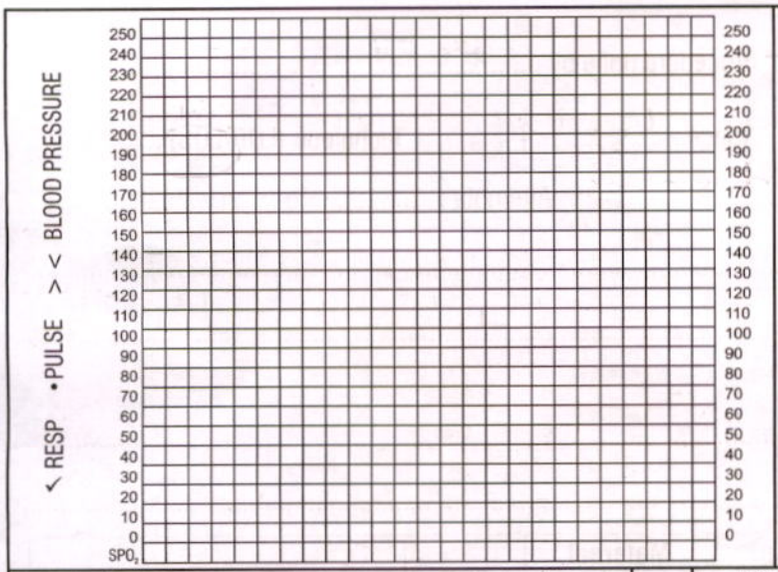
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

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

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

IV Fluids: .....
Oral Feeds: .....

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						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						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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 : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 9/1/26 Time: 7.15am Procedure done by Dr Bhag..

CSE /Spinal /Epidural (circled: Epidural) Position : Sitting Space : L3 – L4 Technique (LOR/LOS) (circled: LOS)

Depth: 3.5cms Catheter at Skin: 9.5cms Attempts : 1

Parasthesia : Yes/No (circled: No) If yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
7.15am		10	–	–	110/70	86	128	0.8% lignocaine 0.1% Bupivacaine
7.30	8		T_{10}	T_{10}	102/60	82	138	0.1% Bupivacaine + 2 mcg/cc fentanyl

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 :

DR M V NEETHA

Epidural Catheter Removed.
YES / NO (circled: YES)

PRE - OPE

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Date: 8/7/26

Patient's Name : ..... Age : 29 Y Gender : ☐ M ☑ F

Blood Group : ..... UHID : 205068

Planned Surgery NVD & EM-LSCS Surgeon : DR. Bhavana Kasu

Anesthetist : DR. Madhav Date & Time of Operation : .....

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

S.No	INSTRUCTIONS	ER/Ward Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded? 76.35Kgs	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☐	☑	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
13.	Site is marked	☐	☑	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☑	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☑	☐	☐	☐	☐	☐

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

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : .....
Billing Executive Signature : .....
Date & Time : .....

OT Nurse Name : .....
Signature of OT Nurse : .....
Date & Time : .....

ER/Ward Nurse Name : .....
Signature of ER/Ward Nurse : .....
Date & Time : 8/7/26 at 7:29 PM

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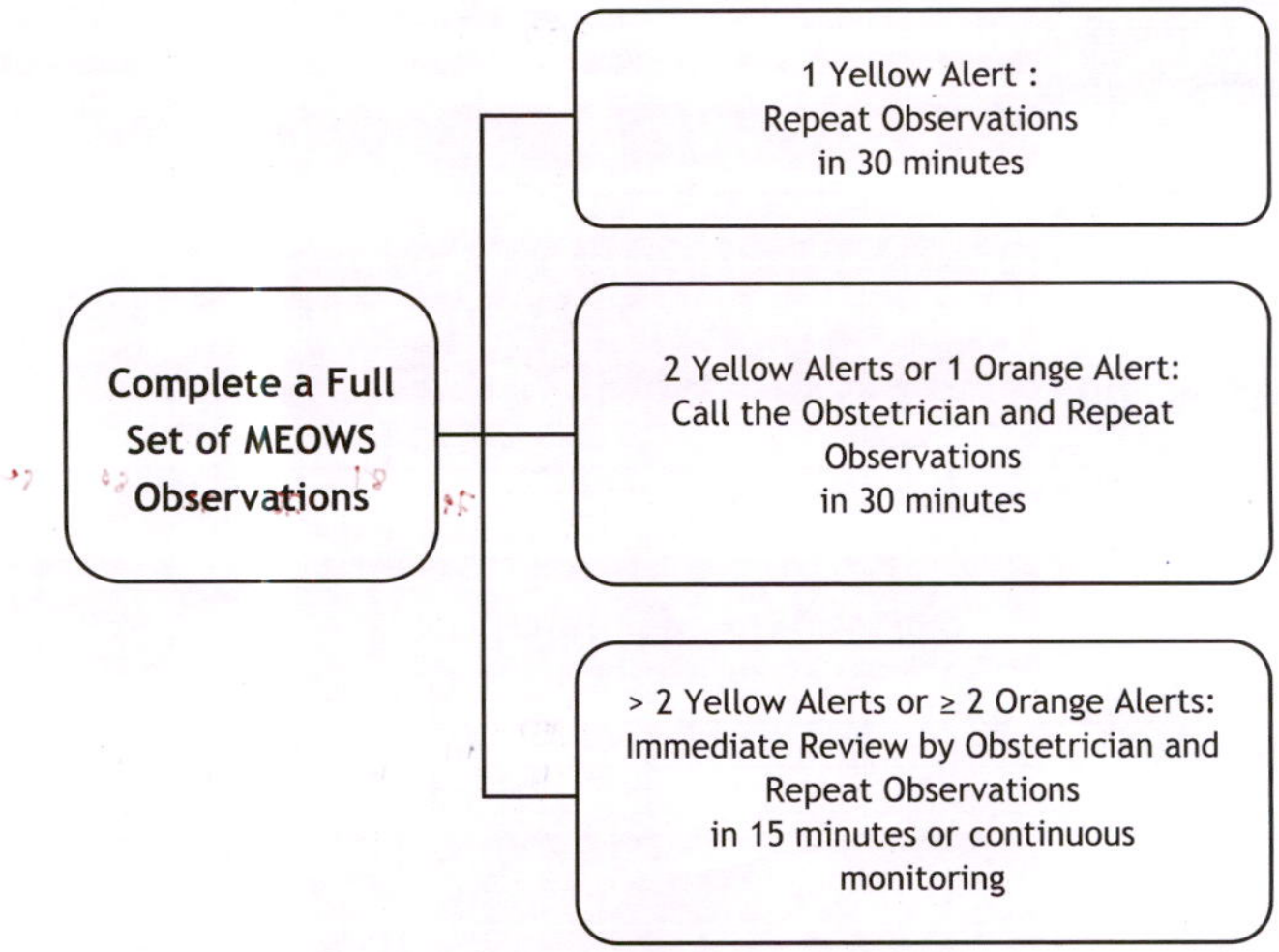
Early Warning Observation Score Chart - Obstetrics

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

28/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20												19		19		19		19		19		19		19
	0 - 10																								
Saturations	94 - 100 %												99		99		99		99		99		99		97
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37												38		36.4°C		37.4°C		36.2°C		36.3°C		37.0°C		36.4°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80												80				81						80		
	70														79				76		72				
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130												130												
	120														124				123				120		
	110												110				115				110				115
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70												70		72				71				70		
	60																69				68				69
	50																								
	40																								
NEURO RESPONSE [✓]	Alert												✓		✓		✓		✓		✓		✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30												✓		✓		✓		✓		✓		✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal												NA		NA		NA		NA		NA		NA		NA
	Heavy / Foul																								
Liquor	Clear / Pink												NA		NA		NA		NA		NA		NA		NA
	Green																								
TOTAL YELLOW SCORES													0		0		0		0		0		0		0
TOTAL ORANGE SCORES													0		0		0		0		0		0		0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : mrs. k. divya. Gender: ☐ Male ☑ Female

UHID No : .... Department : .... Date : 9/7/26.

I k. divya S/D/W/O ....

Here by give consent for procedure of : ....

For my patient, Named : k. divya.

The doctors have clearly explained to me that the procedure has following possible complications:

catheter misplacement ; PDPH ; unilat block. pruritis ; hypotension ; catheter migration.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Entonox ; I.V. opioids

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Bhargi

Patient Attendant :

Signature : R. Vinay Kumar

Name : R. Vinay Kumar

Relationship with Patient: Husband

Date & Time : 09/07/2026 & 06:50 AM

Witness :

Signature : K. Divya

Name : K. DIVYA

Date & Time : 09/07/2026 & 06:50 AM

Doctor (who is taking the consent) :

Signature : Sai Bhargi

Name : Sai Bhargi.

Date & Time : 9/7/26 6.45 am

Nsg goals to be documented

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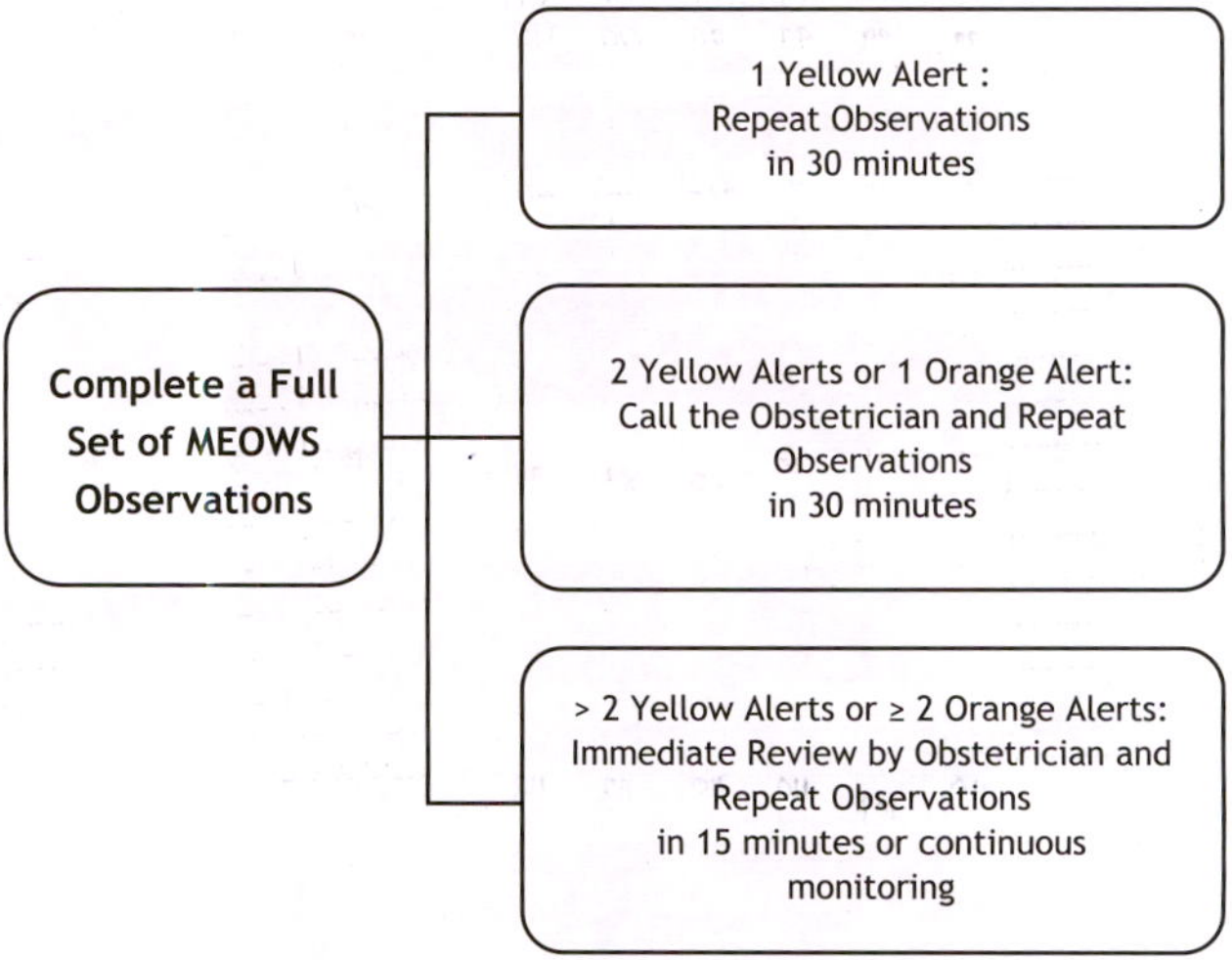
(2)

Early Warning Observation Score Chart - Obstetrics

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

9/7/26	Date																							
	Time	(8)	9	(10)	11	(12)	1	2	3	4	5	6	7	8	9	(10)	11	12	(1)	2	3	(4)	5	6	(7)
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		19		19		19		19		19				19			19			19			19
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99		99				99			99			99			99
	< 94 %																								
Administered O, (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37.2		37.2		37.2		36.4		36.6		36.2				36.8			36.4			36.6			36.6
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	92		91		98		80		83		89				110			87			88			90
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110				110		110		112		113				120			102			101			
	100			109																					100
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		74		70		70		74		70				69			61			62			60
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓				✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓				✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA		NA		NA				NA			NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NA		NA				NA			NA			NA			NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0		0				0			0			0			0
TOTAL ORANGE SCORES		0		0		0		0		0		0				0			0			0			0
Nurse Initial		NC		NC		[illegible]		[illegible]		[illegible]		[illegible]				[illegible]			[illegible]			[illegible]			[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

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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			20																						
	0 - 10																									
Saturations	94 - 100 %			99%																						
	< 94 %																									
Administered O_2 (L/min.)				2																						
Temp°c	40																									
	39																									
	38																									
	37																									
	36			36.2																						
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			72																						
	60																									
	50																									
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	160																									
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	110																									
	100			100																						
	90																									
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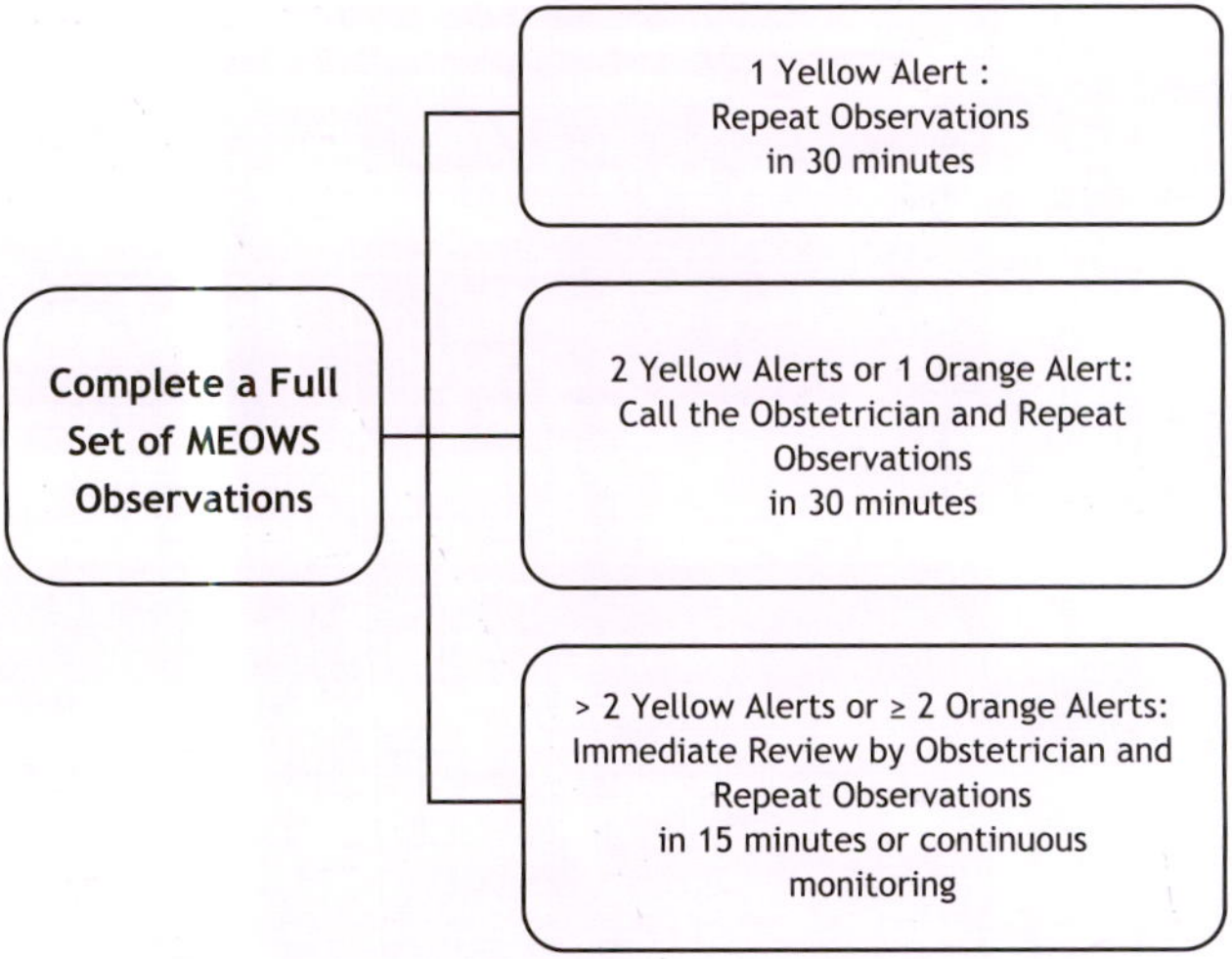
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60			60																						
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30			330																						
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal			N																						
	Heavy / Foul																									
Liquor	Clear / Pink			P																						
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial																										

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

Obstetrics and Gynaecology Early Warning Signs



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

Mrs K DIVYA IP-00060624
27-05-1997 29 Y
Dr. BHAVANA K (F)

Patient

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FLUID CHART

Sheet No. : C

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
8/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm	IV 100ml								✓	0	8/7/26 Shiv
Total Intake :		100ml				**Total Output :**				passed.	-	
	08:00 pm	H_2O 100ml									0	Shiv
	09:00 pm	H_2O 100ml								✓	0	
	10:00 pm	H_2O 100ml									0	@ 10pm
	11:00 pm	H_2O 50ml									0	8/7/26
	12:00 am									✓	0	
	01:00 am	H_2O 100ml									0	
Total Intake :		450ml				**Total Output :**				Passed		
	02:00 am	H_2O 100ml									0	
	03:00 am									✓	0	Shiv
	04:00 am	H_2O 100ml									0	
	05:00 am										0	@ 3am
	06:00 am	H_2O 100ml								✓	0	
	07:00 am	H_2O 50ml									0	8/7/26
Total Intake :		350 ml				**Total Output :**				Passed		

Total 24 hrs. Intake	900 ml

Total 24 hrs. Output	Passed

Patient Sticker

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	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
9/7/26	08:00 am	H2o + RL + 100ml								50ml	0	
	09:00 am	H2o + RL + 100ml								100ml	0	
	10:00 am	H2o + RL + 100ml								100ml	0	
	11:00 am	H2o + RL + 100ml								100ml	0	
	12:00 pm	H2o + RL + 100ml								100ml	0	
	01:00 pm	H2o + RL + 100ml								100ml	0	
Total Intake :		600ml				Total Output : 550ml						
9/7/26	02:00 pm	H2O	100ml							100ml	0	
	03:00 pm	H2O	50ml							100ml	0	
	04:00 pm	H2O	50ml							100ml	0	
	05:00 pm	H2O	100ml							50ml	0	
	06:00 pm	H2O	100ml							100ml	0	
	07:00 pm	H2O	100ml							100ml	0	
Total Intake :		500ml				Total Output : 550ml						
9/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		Rice water								0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
10/7/26	02:00 am											
	03:00 am		Water									
	04:00 am										0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00205068
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K
IP-00060624

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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										1	
	09:00 am										0	
	10:00 am	H_2O										10/01/26
	11:00 am										1	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm						Noted by					
	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**	

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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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... L&D ..... Shifted to: ..... BB-T .....

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		☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY		☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 8/7/2026 6:50 PM.

Nurse Name & Signature: K. Suhasini

Date & Time : 8/7/26 6:50 pm

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Dr. BHAVANA K

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: HDU Shifted to: 217

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. CEFIXIME	200mg	PO	~~ONCE~~ D HOLD		☐ C ☐ DC
2	T. CEFIXIME	200mg	PO	12 PM daily	9/7/26	☑ C ☐ DC
3	T. PARACETAMOL	1GM	PO	8 PM daily	9/7/26	☑ C ☐ DC
4	T. DICLOFENAC	50MG	PO	8 PM daily	9/7/26	☑ C ☐ DC
5	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	9/7/26	☑ C ☐ DC
6	SYRUP DUPHALAC	15ml	PO	~~AT BED~~ TIME	9/7/26	☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Greeshma

Date & Time : 9/7/26, 6:30 PM

Nurse Name & Signature: K. Sahithi

Date & Time : 9/7/26 6:30pm

DR. M. VINEETHA

Epidural Catheter Removed
YES / NO

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

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DRUG CHART

Date of Admission: 8/7/2026 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 ....

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Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 76.35kg Ward. 210

DRUG: T. CEFIXIME				Date/Time	9/7/26	10/7
Dose	Route	Frequency	Start Date	9 AM	/	[signature]
200MG	PO	12TH HOURLY	9/7/26			
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				9 PM	[signature]	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Chitti 9/1/26

DRUG: T. PARACETAMOL				Date/Time	9/7/26	10/7
Dose	Route	Frequency	Start Date	6 AM	/	[signature]
1GM	PO	8TH HOURLY	9/7/26			
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				2 PM	/	
Additional Instructions:				10 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

Chitti 9/1/26

DRUG: T. DICLOFENAC				Date/Time	9/7/26	10/7
Dose	Route	Frequency	Start Date	7 AM	/	[signature]
50MG	PO	8TH HOURLY	9/7/26			
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI				3 PM	/	
Additional Instructions:				11 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

Chitti 9/1/26

DRUG: T. PANTOPRAZOLE				Date/Time	10/7
Dose	Route	Frequency	Start Date	6 AM	[signature]
40MG	PO	ONCE DAILY	9/7/26		
Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Chitti 9/1/26

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Mrs K DIVYA
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Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	620	96.35kg

REGULAR PRESCRIPTIONS

Chute 9/7/26

DRUG : SYRUP LACTULOSE

Dose	Route	Frequency	Start Dt.
15ML	PO	ONCE DAILY	9/7/26

Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI

Additional Instructions: AT BED TIME

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼	9/7
10 pm	[signature]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time ▼

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Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

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STAT / ONCE ONLY DRUGS

Name: MRS. K. DIVYA

Weight: 76.35 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
9/7/26	3:05 pm	INJ OXYTOCIN	10 UNITS	IM	✓	Teja	
9/7/26	3 pm	SUPPOSITORY DICLOFENAC	100 MG	PR	✓	Teja	
9/7/26	4 pm	T. MISOPROSTOL	600 MG	PR	✓	Teja	

Docu. No. : RCH /FRM / CLINICAL / 136

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Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

Weight. 76.35kg Ward. LW

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route LOCAL APPLICATION Start Date 9/7/2026		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Dr. YOGESHWARI		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 : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route LOCAL APPLICATION Start Date 9/7/2026		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor Dr. YOGESHWARI		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
8/7	7 PM.	T. MISOPROSTOL	25 MCG	PV		Teja
9/7	6:50 AM	ENEMA PROCTOCLYSIS	100 ML	PR		Teja
9/7	1PM	INJ. DROTAVARINE	40 MG	IV		Teja
9/7	1:30PM	INJ. VALETHAMATE BROMIDE	8 MG	IV		Teja
9/7/26	10 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		Teja
9/7/26	2 PM	INJ. DROTAVERINE	40MG	IV		Teja
9/7/26	2:30PM	INJ VALETHAMATE BROMIDE	8MG	IV		Teja
9/7/26	3PM	INJ DROTAVERINE	40MG	IV		Teja
9/7/26	3:15 PM	INJ VALETHAMATE BROMIDE	8MG	IV		Teja

Dr. Rishika Clinical Pharmacologist 9/7/26

Signature ..... VERIFIED BY : ..... ie

VIH-00205068
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K
IP-0006024

I.V. FLUIDS CHART

Weight: 76.35kg Ward. LW

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
9/7	6:35 PM	INJ OXYTOCIN 5UNITS IN RINGER LACTATE	IV	5ML/HR		HOLD			
9/7/26	10 AM	RINGER LACTATE	IV	100ML/HR		Tejaq	9/7/26		Tejaq
9/7	12:53 PM	INJ OXYTOCIN 5U IN RINGER LACTATE.	IV	5ml/hr.		Tejaq	9/7/26		Tejaq
9/7/26	3:54 PM	INJ OXYTOCIN 15UNITS IN RINGER LACTATE	IV	FF		Tejaq	9/7/26		Tejaq

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

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RESULT SHEET

Date	8/7/16					
Time	7:29pm					
Hb	10.9					
PCV	30.7					
RBC	3.69					
WBC	10.05					
N/L						
Platelets	246					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping 'O' positive						
HIV	NIR					
HCV						
HBSAg						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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