VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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SURGERY DETAILS

Date : 16/7/26

Patient Name: Mrs D. Sunita Date of Birth: Age: 28y

Gender: Female Ward : OT UHID No.:

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

Name of the Surgery : Elective Lower Segment Cesarean Section + SA

Time in : 9:00AM Time Out : 10:00AM

		NAME	AMOUNT
1.	Surgeon	Dr. K. Sirisha Reddy	OT charges.
2.	Anaesthetist	Dr. Madhavi	
3.	Assistant Surgeon	Dr. Monika / Dr. Nausheen	
4.	OT Technician	Vaishnavi	
5.	Circulating Nurse	Bhavani	
6.	Assistant Nurse	Ruby.F	

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: 3102201 / 3102202 Order by:

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ACTIVI ... NG

Name: - ----------

UHID No : ---------- Consultant : dr. shirisha reddy Dept : labour ward

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

Room / Bed No : (1) ---------- Ward : MICU ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	8:55 AM	MICU	OT	
16/7/26	10:10AM	OT	MICU	
16/7/26	at 7:15pm	MICU	(204)	

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
16/7/26	CBP. APTT, PT, INR	V1260239199	
16/7/26	NST 7AM (1)	R26-011436	
16/7/26	10.40am. GRBS 108mg/dl	V1260239233	
16/7/26 @6pm	GRBS. 95mg/dl	V1260240026	Rani
	Cross checked By Rani 16/7/26 @6pm.		
17/7/26	GRBS @2Am - 131 mg/dl.	26024099	
17/7/26.	GRBS FBS at 7am. 118mg/dl.	26024100	
17/7/26	GRB @ 10Am - 150mg/dl	26024232	
18/7/26	CBP	26024230	
	Cross checked done by Rani 18/07/26 @ 8:43a		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Infusion pump	7AM	5 Pm	3102119	Rani
16/7/26	cardiac Monitor	10:15 Am	5 Pm		
	Cross checked By Rani 16/7/26 @ 6pm.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	iv placement	(1)	3102118	
16/7/26	POC	(1)	3102120	
16/7/26	catheterization	(1)	3102118	Rani
	Cross checked By	Rani 16/7/26 @ 6 pm.		

ANY OTHER INFORMATION

Date : 18.07.2026 Time : 8:44 Am Prepared By : 18/07/26 @ 8:41 Am

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

Patient Name :

Ward:

IP.No: 60725

DOA: 206820

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

45 totalpages

Signature and Date : Padma 18/7/26 @7Am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060725 **Admit Date** : 16-Jul-2026 **Admit Time** : 06:32 AM **UHID** : VIH-00206820

Patient Details :

Patient Name	: Mrs DUNNA SUNITA	**Age**	: 28 Y
Guardian	: Mr DUNNA DEVARAJ	**DOB**	: 05-01-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 2-9-105/6/1, MARUTHI NAGAR COLONY, BURTONGUDA, BOLLARAM Bolaram Hyderabad Telangana INDIA 500010	**Phone No**	: 6309644051/
		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 DUNNA DEVARAJ **Relationship** : W/O

Contact Address : H NO 2-9-105/6/1, MARUTHI NAGAR COLONY, BURTONGUDA, BOLLARAM Bolaram Hyderabad Telangana INDIA 500010 **Phone No** : 6309644051

Signature

Doctor Details :

Doctor Name : Dr. KOPPULA SIRISHA REDDY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 16/7/26 Time of Arrival: 5:30 Am Time Seen by Nurse: 5:30 Am

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: EL LSCS

3) **Vital Signs:** Temperature: 98.6F Pulse: 97/m RR: 18/m SpO_2: [illegible] BP: 110/70 mm Weight: 103kg

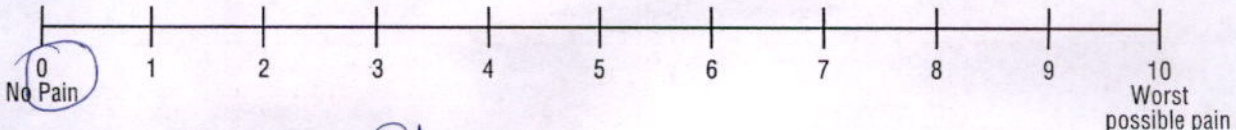
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 8/11/25 EDD: 15/4/26 Gestational Age: 35+5wks

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: Nil
- Duration: Nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: Nil
- Frequency: Nil
- Interventions: Nil

6) **Past History:**

a) Surgeries: previous LSCS

b) Medical: T. metformin

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05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

7) **Allergy:** ☐ Yes ☐ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 6AM

Nurse Name : K. Sukanya Nurse Signature: K

Date: 16/7/26 Time: 5:55AM

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05-01-1998 28 Y
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 16/7/26

Baseline Information:

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

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

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

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

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

If yes, identify —

Chief Complaints: el-LSCS.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ashwini

Time Notified: 6am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
T. metformin	prev LSCS	yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 8/11/25

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 2 P 1 L 1 A —

Previous LSCS: 35+5wks prem LSCS

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: 98.6°F HR: 92b/m RR: 18b/m

BP: 110/70mmHg Weight: 103kg Height: 149 BMI: .....

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

0 score

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA (F)
05-01-1998 28 Y
Dr. KOPPULA SIRISHA REDDY

PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..28.. (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. Sunita..

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

Orientation not given Reason: .....

Nurse Signature: ..

Nurse Name: ..

Date & Time: ..16/7/26 at 6:10 AM..

PATIENT TRANSFER FORM

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Dr. KOPPULA SIRISHA REDDY

Date & Time of Admission	Date & Time of Transfer Order
16/7/26 at. 6.32 Am	16/7/26 at 1.57 Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	D.r Yogeshwari	for observation

From Unit	To Unit	Information to Attendant
MICU	209 ROOM	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
35	1	Yes ☑ No ☐ If yes, what? op fails given to attender 1. kavana

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab- pantop-(5)	
2.	Saral — (1)	
3.	under-pad-(1)	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
sis. pooja	dr. Yogeshwari

Patient & Clinical Records Received by : Pooja

Date & Time of Patient Received : 16/7 @ 7.30 Pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ navailable Bed ☐ Nurse not Available ☐ Available Bed not ready

. No. : RCH /FRM / CLINICAL / 102

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

P FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	16/7/26 at	16/7/26 at 8:55AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr.	EL. LSCS
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**
35	NST - (1)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SPS.	Dr.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 16/7/26 @ 8:55AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206820 IP-00060725 Mrs DUNNA SUNITA (F) 05-01-1998 28 Y Dr. KOPPULA SIRISHA REDDY	16/7/26 @6:32AM	16/7/26 @ 10:10AM
	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 35	Number of Imaging Films MCT-1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : pooja 16/7/26 @ 11:20 Am

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

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: — 8/11/2025 EDD:

Corrected EDD: 15/8/26. GA: 35+5 wk.

Obstetric Formula: G2P1L4

married 8 yr, NCM

Obstetric Hostory:

G1 — 9/14 yr/ F-T LSCS/ Big baby/ GDM c/c/ BW-4.4kg/, A&W/ uneventful orissa/ BF-1½ yr

G2 — PP. SP conception

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Present Pregnancy Record: Booked to RCH at 34+6 wk - PRV. ANCS at Prashansa hospital hyderabad & Haryana Diagnosed with GDM at 34wk Diabetologist review done managed with insulin 2 doses of steroid covered at.

Fundal Height:

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent 160 bpm

RISK FACTORS:

PRV LSCS
Polyhydramnios
L4A baby
GDM (I).
NT scan + FTS not done
Wgt BMI
steroid covered

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 149 cm

Weight: 103 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: (−)

Icterus: (−) Edema: (−)

Temp: afeb PR: 86 bpm.

BP: — 119/78 mmg DTR: (+)

CVS: S1S2 (+) RS AEBC

Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L4 with 35+5 weeks ⊂ previous LSCS with polyhydramnios ⊂ GDM (I) ⊂ L4A baby ⊂ high BMI ⊂ steroids for elective LSCS covered.

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

Family History:

Mother - DM
Father - HTN

Surgical History:

Prev. LSCS.

Medical History:

Nil

Medication History:

T. METFORMIN after dinner
breakfast 500 BD
Insulin humalog mix 25U.
10units morning & night

Plan of Care: c/c to Dr. Sirisha Reddy

NBM GRBS - 127 mg/dl
Daily catheterisation
Part preparation
NST stat
Send CBP, PT, APTT
INR
Monitor vitals
follow drug chart
FHR monitoring
in form 5cs

noted by Suhasini
16/7/26 7Am.

Investigations: 'B' POSITIVE

HIV
HBsAg
HCV
] NR

11/7/26 CBP - 13.3/8.4/2L
OGTT 151/296/267

growth scan

11/7/26 EFW - 3.3 kg
35 wk AFI - 23.3 cm
cephalic Fetal D - (N)
PI - P, N uterine artery
AC - 294. increased resistance

~~TIFFA~~
19 wk
21/3/26
no anomalies

2nd trimester markers - low risk

Doctor Name: Dr. Ashwini
Signature: A
Date & Time: 16/7/26 6 am

Consultant Name: Dr. K. Sirisha Reddy
Signature:
Date & Time: 16/7/26 6 am

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 8:38 am	CBP 11.9 / 8880 / 2.26 PT APTT INR - 14/1/29	
16/7/26 10 am	POD-0	(Post LSCS)
P2L2 4 DM(I) high BMI	O/E pt is c/c/c fc fair Hfeb	Adv - NBM - GRBS 8th hrly
urine output 350ml clear	BP-111/68mmHg PR-62bpm	- Monitor Vitals - follow drug chart
GRBS - 108 mg/dl	~~B/E~~ NAD P/A soft ut NW/R	- SCD stockings - foleys for 6 hrs. - W/F bleeding PV
Noted by Rani 16/7/26 @8:38 am.	L/E NAB Baby NICU	- Inj Tranexa after 8 hrs. - Inform SOS
16/7/26 11 Am.	c/I to Dr. Nivedita mam GRBS at 10:40 Am - 108 mg/dl.	Dr Navneen Adv: - Infosm if sugars > 150 mg/dl.
		Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 2pm'	POD-0 (LSCS)	
	O/E- pt is c/c/c	Adv:
	GC - Fair	- NBM till 4 pm.
P2L2	Afebrile	- passive ambulation.
GDM (I)	BP - 120/75 mmHg	- monitor vitals.
high BMI	PR - 89 bpm.	- w/f bleeding PV
	S/E - NAD.	- I/o charting
urine output 650 ml.	P/A - Ut - W/R.	- Follow drug chart.
clear, adequate	Soft, BS - sluggish	- Inform SOS.
	L/E - NAB	- GRBS 8th hrly
	Baby - NICU	Dr. Nikhita
	Noted by pooja 16/7/26 @ 2pm	
16/7/26 4pm.	POD-0 (Post LSCS)	
	O/E Pt is c/c/c	
	GC - fair	Adv
P2L2 C GDM (I) C High BMI	Afebrile	- Sips of oral fluids feb clear liquids
	BP - 110/78 mmHg	- Soft diet diabetic at 8pm
	PR - 84 bpm.	- I/o charting
	S/E - NAD	- W/F Bleeding PV
U/o - 750ml.	P/A - Ut NW/R	- Adequate hydration
Adequate, clear	Soft BS +/+	- Monitor vitals
Remove Foleys	L/E - NAB	- Follow drug chart
	Baby - NICU	- Inform SOS.
Shift to Room		- Ambulation GRBS 8th hrly
	-	Inj. Tranexa at 8pm.
	Noted by pooja	Dr Sirisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 6pm	GRBS at 6pm - 95 mg/dl	Dr yogeshwari
16/7/26 8pm	POD- 0 (LSCS)	
	O/E	
	Pt is c/c/c	Adv
	Gc fair	- Diabetic soft diet
P2L2 E 4DM(I) E High BMI	Afebrile	- Monitor Vitals
	BP- 110/70mmHg	- Adequate hydration
Urine passed	PR- 86 bpm.	- Ambulation
	S/E - NAD	- GRBS 8th hrly
	P/A - Ut ~wr soft BS +/+	- Follow drug chart
		- w/f bleeding PV
		- Inform SOS
	L/E - NAB	- ~~Rfo Chart~~
	Baby- NICU	
		Dr yogeshwari
17/7/26 2AM	GRBS at 2AM - 131 mg/dl.	
	Dr yogeshwari	noted by Rofa Dr 16/7/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 4 AM	POD-1 (LSCS)	
	O/E	Adv
	Pt i/s c/c/c	- Diabetic soft diet
	Gc fair	- W/f bleeding PV
P2L2 GDM(+) High BMI	Afebrile	- Monitor vitals
	BP - 111/70 mmHg	- Adequate hydration
	PR - 80 bpm	- Ambulation
Urine passed	S/E - NAD	- Follow drug chart
	P/A - Ut u/w/R	- Inform SOS
Motion not passed	soft BS +	- ~~GRBS 8th hrly~~
Do FBS		- DO PBBS
FBS - 118 mg/dl	L/E - NAD	
	Baby - NICU	
Noted by padma 17/7/26		Dr yogeshwari
17/7/2026 10:30 Am.	C/I to Dr. Nivedita mam	
	FBS - 118 mg/dl	
	PBBS - 150 mg/dl	Adv:
		- Tab: Metformin 500 mg BD after breakfast & dinner.
		- FBS, PLBS after 2 weeks.
		- Review c reports.
		Dr: Niklita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026	POD - 1	(LSCS)
1 pm	O/E - pt is c/c/c	Adv:
	GC - Fair	- Diabetic diet
P2L2 GDM (I+M)	Afebrile	- Adeq Hydration
High BMI	BP - 111/70 mmHg	- w/F bleeding pv
	PR - 79 bpm	- monitor vitals
urine passed	S/E - NAD	- Ambulation
	P/A - ut - W/R.	- Follow drug chart
motion passed	soft, BS (+)	- Infosm SOS
	L/E - NAB.	
	Baby - NICU.	Dr. Nikita
	Noted by Deepika	
[illegible]	S/B DR. K. S Reddy	
	POD 1	
2.30 pm		[illegible]
Baby [illegible]		
	[illegible] afebrile	[illegible] diet /
	[illegible]	Ambulation
Adv	BP [illegible]	[illegible]
CBP	P/A ut well (N)	fluids
Breasts: [illegible]	[illegible] / BSO	Tab [illegible] 2 [illegible]
refers	[illegible]	3d
[illegible]	L/E bleeding [illegible]	Tab [illegible] 2 [illegible]
[illegible]		hd
	[illegible]	Tab [illegible] hd
	on [illegible]	Tab PAN [illegible]
		[illegible]

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 9 pm. P2L2 GDM (I+M) Urine passed motion not passed CBP tomorrow	POD-1 (LSCS) O/E- pt is c/c/c Gc-Fair Afebrile BP- 115/70 mmHg PR- 80 bpm. S/E- NAD. P/A- ut-W/R. Soft, BS(+) L/E- NAB. Baby - NICU	Adv: - Soft diet - Adeq. hydration - Ambulation - c/F bleeding PV - monitor vitals - Follow drug chart - Inform SOS Dr. Nikhita
	Noted by padma, 17/7/26	
18/7/26 8 AM. P2L2 GDM(I+M) CBP-12.1/127/70/2.4L Urine passed motion passed Aseptic dressing done pt. can be discharged.	POD-2 (LSCS) O/E- pt is c/c/c Gc-Fair. Afebrile BP- 115/70 mmHg PR- 81 bpm. S/E- NAD. P/A- ut-W/R Soft, BS(+) L/E- NAB Baby - NICU	Adv: - Soft diet - Adeq. Hydration - Ambulation - c/F bleeding PV - monitor vitals - Follow drug chart - Inform SOS. Dr. Nikhita
	Noted by padma 18/7/26	

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 C 35+5 wks

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

Surgery / Procedure: Lower segment cesarean section

Post OP Day: POD1

BACKGROUND / ASSESSMENT / Recommendations

Date	16/7/26	16/7/26	16/7/26	16/7/26	16/7/26	17/7/26
Shift	M	AT	E	C	N	M
Medical Condition (Any special condition to be noted):	Nil	Nill	–	Nill	Nill	Nil
Diet:	NBM	NBM	NBM	Clear liquid	① diet	Diabetic ① diet
Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6F	98.6F	98°F	98.7F	98.6F	98.6°F
Res:	18/m	19/m	19/m	20/m	19 b/m	20 b/m
SpO_2:	99%	99% RA	99%	98%	99%	99%
Pulse:	87 b/m	86/m	84/m	89 b/m	79 b/m	90 b/m
BP:	120/70	110/70 mmHg	116/82 mmHg	116/71 mmHg	110/72	119/68 (78)
LOC:	Conscious	Conscious	Conscious	Conscious	Confusion	Conscious
Fall Risk Score:	15	15	15	15	15	15
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	–	Nill	–	Nill	Nill	Nill
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	NBM	Clear liquid	⑤ diet	⑤ diet
Critical Lab Test / Values:	–	Nill	–	Nill	Nill	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependant	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:	NBM	NBM +SCD stockings	WP Bleeds soft diet 8pm 17/7/26 2AM ARBS			
Handed Over By Name :	Pooja	Sridevi	Pooja	Raja	Padma	Deepika
Signature / ID :					606329	2607469
Date:	16/7/26	16/7/26	16/7/26	16/7/26	17/7/26	17/7/26
Time:	@ 10:10am	@ 11:15am	@ 7:15pm	@8pm	@8Am	@2pm
Taken Over By Name :	maria.	Pooja	Raja	Padma	Deepika	Abantika
Signature / ID :				606329	2607469	4606602
Date:	16/7/26	16/7/26	16/7/26	16/7/26	17/7/26	17/7/26
Time:	@ 8:58am	@ 11:28am	@ 7:30pm	@ 8pm	@8Am	@2PM

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1+1 @ 35+5 weeks @ prev. LSCS @ polyhydramnios @ GDM (Cl) @ LGA baby @ high BMI @ steroids for elective LSCS

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

Surgery / Procedure: Elective LSCS

Post OP Day: POD-1

BACKGROUND	Date / Shift	17/07/26 E	18/7/26 N	18/7/26 M			
	Medical Condition (Any special condition to be noted):	+high BMI	+high BMI	+High BMI/GDM			
	Diet:	Diabetic diet	(D) diet	(D) diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0°F	98.6 F	98.6°F			
	Res:	19b/m	20 b/m	19b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	72bm	79b/m	78bm			
	BP:	116/68(79)	115/70	112/69(75)			
	LOC:	conscious	conscious	conscious			
	Fall Risk Score:	15	0	15			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nill	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Diabetic	(D) diet	(D) diet			
	Critical Lab Test / Values:	-	Nill	-			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent			
Post Operative Procedure Special Orders:		CBP TIM	CBP Done	CBP DONE.			
Handed Over By Name :		Akaukula	Padma	Akaukula.			
Signature / ID :		AK 606607	606329	File			
Date:		17/7/26	18/7/26	Sending			
Time:		@8pm	@8Am	to			
Taken Over By Name :		Padma	Akaukula	Billing.			
Signature / ID :		606329	AK 606607	noted by Akaukula			
Date:		17/7/26	18/7/26	18/7/26			
Time:		@8pm	@8am	@9A			

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NURSING CARE RECORD

Date: 16/7/26

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 from bed	patient was safe	pad 16/7/26 @ 1pm
	1pm	maintain fluid Balance		← To provided ~~side rails~~ fluids	← to prevent ~~fall~~ body dehydration	patient is Good.	
Afternoon	2pm	Ensure safety	2pm	provided side rail	To prevent from fall	Patient is safe.	16/7/26 @ 2pm Roja
	7:30 pm	+ maintain fluid balance	8pm	+ maintained ideal Intake	+ To prevent dehydration	+ Patient is Stable	16/7/26 @8pm
Night	11pm	* maintain fluid Balance.	7AM	* maintained the fluid Balanced. Nutritional Status.	* prevent to the dehydration	* Re-Assessment ✓ Done. Patient condition is Stable.	padma 17/7/26 @8Am

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NURSING CARE RECORD

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Date: 17/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Ensure safety Maintain Fluid Balance	10AM	To provide side rails To encourage to take oral liquids	To provide Safety To prevent dehydration	Re-Assessment done Patient is Safe	Deepika 17/7/26 @2pm
Afternoon	3 pm	* Early Ambulation Reduce Anxiety. * Maintain Personal Hygiene.	4 pm	Encouraged pt for Ambulation. * Bath done. & Bedsheets changed.	* maintained good personal hygiene. * Ambulated	* Re-Assessment Done. pt condition is stable.	A Kavitha 17/7/26 @8pm
Night	11pm	* maintain fluid Balance.	7Am	* maintained the fluid Balanced. Nutritional status.	* Prevent to the dehydration.	* Re-Assessment Done. Every 4th hourly vitals.	Padma 18/7/26 @8am

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NURSING CARE RECORD

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Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge notes Doctor came for rounds & Advice Discharge.			Akanksha 18/7/26 @8a.m.
Afternoon							
Night							

Noted by Akanksha 18/7/26 @9AM

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NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs DUNNA SUNITA**	**Age :**	**28 Y**
IP No:	**IP-00060725**	**Sex:**	**Female**
Consultant:	**Dr. KOPPULA SIRISHA REDDY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned lso 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 learance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) Naveen Thony

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.

Naveen Thony
Signature of Patient/Relative:

Name: Mr. Naveen
Relationship: Husband
Date: 16/7/26 Time: 6:32 Am
Wittness Name: Murthy
Wittness Signature:

Patient Address:
H NO 2-9-105/6/1, MARUTHI NAGAR COLONY, BURTONGUDA, BOLLARAM Bolaram Hyderabad Telangana INDIA 500010

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. DUNNA SUNITA Gender: ☐ Male ☐ Female Age : 28 YRS

UHID No : VIN-206820 Date : 16/7/26

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION upon MRS. DUNNA SUNITA

(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION ADHESIONS, POST PARTUM HEMORRHAGE CHANCES OF NICU ADMISSION CHANCES OF SHOULDER DYSTOCIA OBESITY RELATED COMPLICATIONS

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. K. SIRISHA REDDY

Consentee :

Signature : Sunita

Name : MRS. SUNITA

Date & Time : 16/7/26 6AM

Patient Attendant :

Signature : Naveen

Name : T. Naveen

Relationship with Patient: Brother

Date & Time : 16/7/26 6AM

Witness :

Signature : K Ashwini

Name : K. Ashwini

Date & Time : 16/7/26 7AM

Doctor (who is taking the consent) :

Signature : A1

Name : Dr. Ashwini

Date & Time : 16.7.26 6AM

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Durna Sunitha Age : 28y

Gender : M ☐ F ☑ - IP No : 206820 Consultant : Dr. Sirisha Reddy

Ward / Bed No. : Anaesthesiologist : Dr. Madhav

Operative procedure planned : Elective Cesarean delivery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : Bleeding, Multiple Spinal attempts,

Comments : Risk of infection

- 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. Durna Sunitha the above mentioned operation I Diagnostic I Therapeutic procedures Elective Cesarean delivery

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

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

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

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

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

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

- Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : .....

Name : D. Sunita

Relationship with Patient: Self

Date & Time : 16/7/26 at 7:40Am

Witness :

Signature : .....

Name : T. Naveen

Date & Time : 16/7/26 at 7:40Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Brunda

Date & Time : 16/7/26, 7:40 Am

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. K. Sirisha Reddy
Asst. Surgeon : Dr. Mounika / Dr. Nee
Anaesthetist : Dr. Madhavi
Scrub Nurse : Ruby. P

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y
Dr. KOPPULA SIRISHA REDDY

Patie... Age : ..... Gender : .....
UHID ... e : .....
Date : ... Time : 8:57Am Out-time : 10:00Am

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 08:50AM

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : .....
Name : Dr P Madhavi 16/07/26

Before Skin Incision ➤➤

TIME OUT Time: 8:57Am

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

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

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? DIF Delivery Hemorrhage shoulder dystocia 1hrs 500ml ☑ Yes ☐ No ☐ NA

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

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

Signature : Shamil
Name : Shamil

Before Patient Leaves Operating Room

SIGN OUT Time: 10AM

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

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

Signature : .....
Name : Dr Nausheen

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Dr. KOPPULA SIRISHA REDDY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. SIRISHA REDDY	Date of Delivery: 16/7/26
Assistant Surgeon: DR. MOUNIKA	Time of Delivery: 9:15:48 Am
Anaesthetist's Name: DR. MADHAV	Gender of Baby: Male
Type of Anaesthesia: SPINAL	Weight of Baby: 3.834 kgs
Neonatologist: DR.	AGPAR Score: 5/10, 7/10, 9/10
Scrub Nurse: SIS RUBY.F	NICU Admission: ~~☐ Yes~~ ☐ No

Pre-Operative Diagnosis: G2P1L1 with 35+5 weeks with previous LSCS with polyhydramnios with GDM(I) with LGA baby with High BMI

Urgency
- ~~☐ Elective~~
- ☐ Emergency

Indication: GDM(I) Uncontrolled Sugars with LGA baby with polyhydramnios

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

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

CTG Description: .....

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

Surgical Procedure: Elective Lower Segment Cesarean Section
↓ SA

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss:	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

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

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

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: hypercoiled, long ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Normal ..... Cavity explored ☑ Yes ☐ No

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

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

Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☑ None ..... Suture

Sheath Closure: ..... Vicryl No 1 ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Monocryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in ..... 6hrs ..... days ☐ Await instructions

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

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

Post-Operative Notes: NBM, Rest, Ho charting, W/F bleeding PV, Monitor Vitals, follow dry chart, SCD stocking, Inform SOS, GRBS 8th hrly.

Dr Sirisha

Doctor Name: DR. K. SIRISHA REDDY Doctor Signature: .....

Date & Time: 16/7/26 ,

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Dr. KOPPULA SIRISHA REDDY

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Early Warning Observation Score Chart - Obstetrics

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

16/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	19	19		19		19			19				19				18
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99		99		99			99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36°C	36	37°C	37°C	37°C	37°C	37°C	37°C	37°C		37		36°C			36°C				36°C				37°C
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98		91																					
	80		82		88	89	80	86	84	80		56		79			80				81				79
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	118	110	112	115	120	110	112	118	110		110		110			111				110				111
	100																								
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	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
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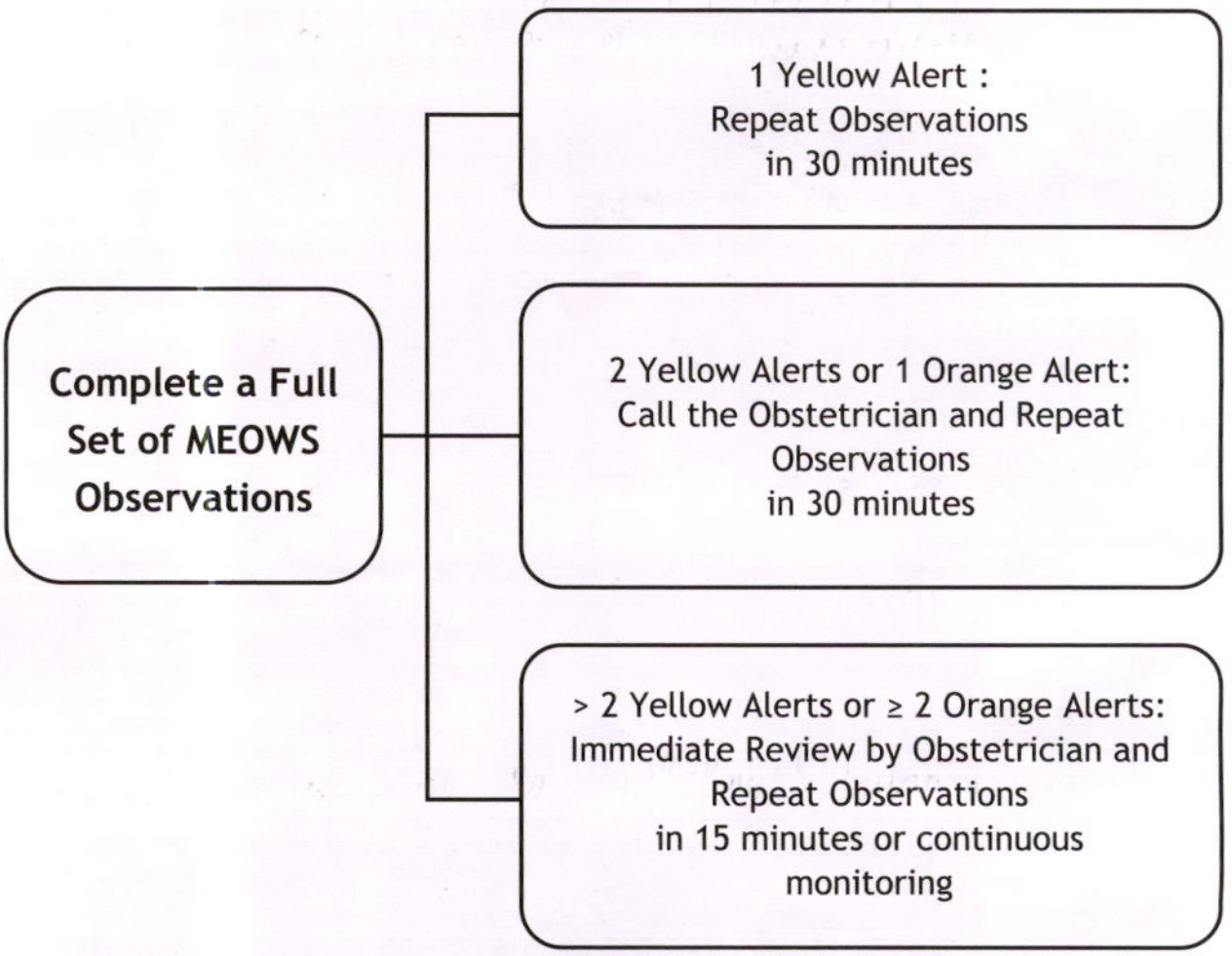
	70			75	70	75	70	70	82	70		70		71			70				69				70
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	—	—	—	✓	✓	✓	✓		✓		✓			✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		NA			NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA		NA		NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0		0		0			0				0				0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0		0		0			0				0				0
Nurse Initial														AR			P				P				P

Obstetrics and Gynaecology Early Warning Signs



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

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Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

(2)

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Early Warning Observation Score Chart - Obstetrics

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

7/6/26	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			18			19
	0 - 10																								
Saturations	94 - 100 %		98			99			99			99				99			99			99			98
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																								
	36		36°C			36°C			36°C			36°C				37°C			36°C			37°C			36°C
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		97																						
	80					80			71			82				80			79			80			81
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
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	110	114	114			110			112			116				115			112			116			115
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Diastolic Blood Pressure ↓	130																								
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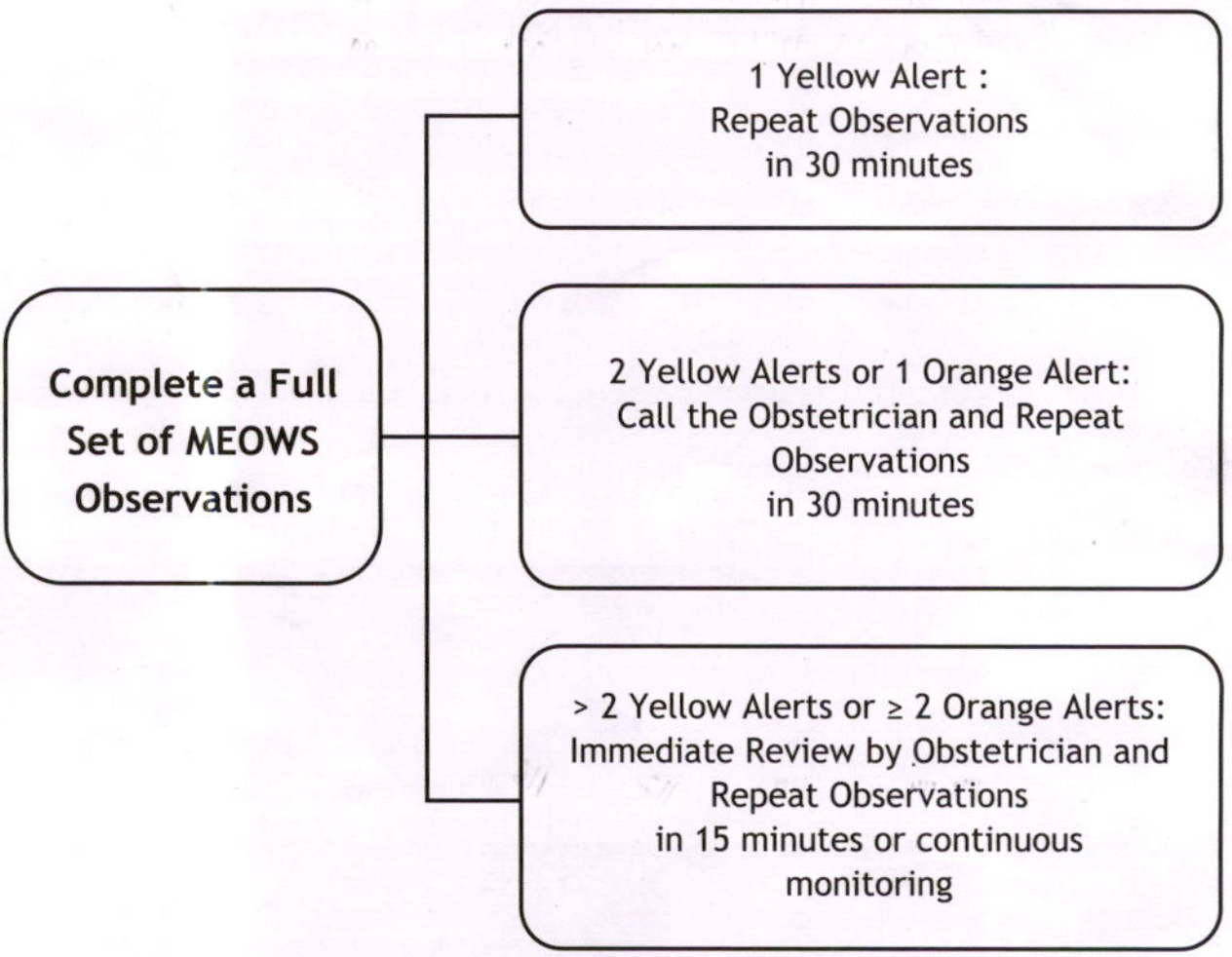
	110																								
	100																								
	90																								
	80																								
	70	73	73			70			69			68				70			69			72			70
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓			✓			✓			✓				✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive					✓																			
URINE mls / hour	> 30		✓			✓			✓			✓				✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		NA			NA			NA			NA				NA			NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink		NA			NA			NA			NA				NA			NA			NA			NA
	Green																								
TOTAL YELLOW SCORES			0			0			0			0				0			0			0			0
TOTAL ORANGE SCORES			0			0			0			0				0			0			0			0
Nurse Initial			R			O			A			A				P			P			P			P

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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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

18/7/26	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																								
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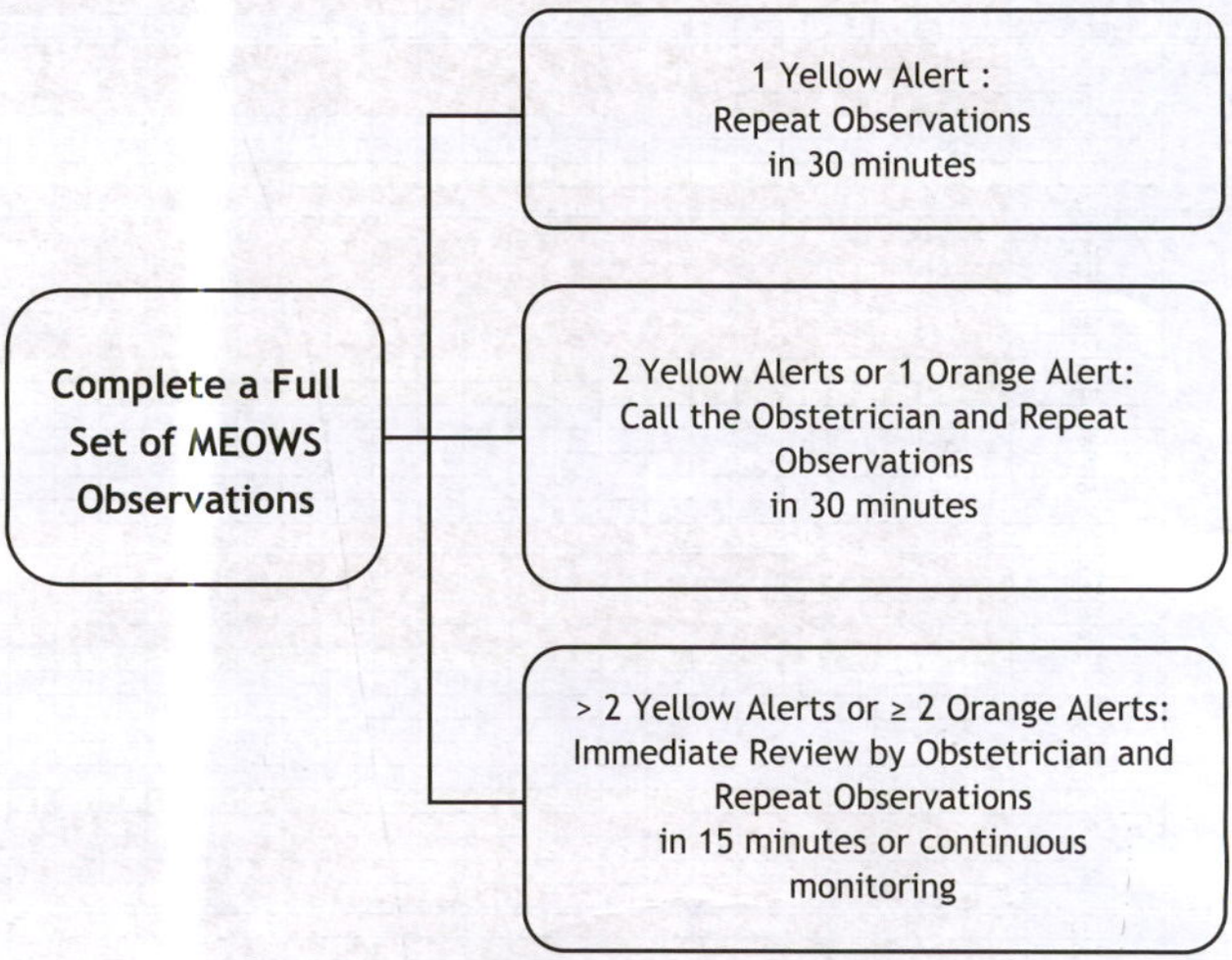
	40																								
NEURO RESPONSE [✓]	Alert		✓																						
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓																						
	< 30																								
roteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		Nor																						
	Heavy / Foul																								
iquor	Clear / Pink		Nil																						
	Green																								
TAL YELLOW SCORES			0																						
TAL ORANGE SCORES			0																						
Nurse Initial			J																						

Obstetrics and Gynaecology Early Warning Signs



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IP-00060725
UNITA
28 Y
RISHA REDDY (F)

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/7/26	08:00 am			NS 500ml IV.						200ml	0	
	09:00 am			RL@100ml/hr. + RL@50ml/hr.						100ml	0	
	10:00 am			RL 100ml 1hr.						100ml	0	
	11:00 am			RL 100ml 1hrs -						100ml	0	
	12:00 pm	RL-100ml, NBM								50ml	0	
	01:00 pm	RL-100ml, NBM								50ml	0	
Total Intake :		1000 ml				Total Output :				600 ml		
16/7	02:00 pm	RL-100ml 1hr								50ml	0	
	03:00 pm	inj PCM 100ml stat RL-100ml								100ml	0	
	04:00 pm	Inj. metrogyl 1gm									0	
	05:00 pm	RL-100ml, H2O-100ml									0	
	06:00 pm	H2O 100ml								✓		
	07:00 pm	H2O 100 ml										
Total Intake :		800 ml				Total Output :				150 ml + Passed.		
17/7	08:00 pm											
	09:00 pm		Oral H2O									
	10:00 pm									✓		
	11:00 pm											
	12:00 am		H2O									
	01:00 am											
Total Intake :						Total Output :						
17/7	02:00 am											
	03:00 am									✓		
	04:00 am		H2O									
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake	1800ml	Total 24 hrs. Output	750ml urine+stools.

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

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

17/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
17/7/26	08:00 am		Idly + H2O				✓			✓		Dupilca 17/7/26 @2pm
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
17/7	02:00 pm		Diabetic Diet							✓	1	
	03:00 pm											
	04:00 pm										0	Akash 17/7/26 @8pm
	05:00 pm											
	06:00 pm		H2O							✓		
	07:00 pm											
Total Intake :						**Total Output :**						
18/7	08:00 pm											
	09:00 pm		① diet									
	10:00 pm		H2O							✓		
	11:00 pm											
	12:00 am											
	01:00 am		H2O									
Total Intake :						**Total Output :**						
18/7	02:00 am						✓					Padma 18/7/26 @7AM
	03:00 am											
	04:00 am		H2O							✓		
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 3

18/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		Lelyt									
	10:00 am		120.									
	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	

18/7/26 @ 9 A.

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
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Dr. KOPPULA SIRISHA REDDY

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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**	

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
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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	1TAB	IV	OD	15/7	☐C ☐DC
2	T-CALCIUM	500 MG	IV	OD	15/7	☐C ☐DC
3	T. METFORMIN	500 MG	PO	BD	15/7	☐C ☐DC
4	INSULIN LISPRO	10U	SC	BD	15/7	☐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 Ashwini

Date & Time : 15/7/26 6am

Nurse Name & Signature: K. Sahasra

Date & Time : 16/7/26 6am

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Mrs DUNNA SUNITA
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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: ..... R204 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ- CEFOTAXIME	1GM	IV	12th July	16/7	☑C ☐DC
2	INJ. METRONIDAZOLE	500MG	IV	8th July	16/7	☑C ☐DC
3	INJ. PARACETAMOL	1GM	IV	8th July	16/7	☑C ☐DC
4	INJ. ENOXAPARIN	60MG	SC	ONCE DAILY	16/7	☑C ☐DC
5	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	16/7	☑C ☐DC
6	INJ TRANEXAMIC ACID	1GM	IV	ONCE AT 6PM		☑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 : ..... 16/7/26, 4PM .....

Nurse Name & Signature: ..... Pooja .....

Date & Time : ..... 16/7/26 @4pm .....

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

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

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Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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

ULAR PRESCRIPTIONS

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th HOURLY	16/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	16/7	17/7
Time		
9 AM	Padh	Dey
9 PM	Padh	

STOP
Dr. Nikita
17/7/2026
10:30 AM

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500MG	IV	8th HOURLY	16/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	16/7	17/7
Time		
6 AM	Padh	Padh
2 PM	Padh	
10 PM	Padh	

STOP
Dr. Nikita
17/7/2026
10:30AM

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	IV	8th HOURLY	16/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	16/7	17/7
Time		
7 AM	Padh	Padh
3 PM	Padh	
11 PM	Padh	

STOP
DR Nausheen
17/7/26
2pm.

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	16/7/26

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

Additional Instructions:

Doctor's Endorsement by a Sign.

Date	17/7	18/7
Time		
6 AM	Padh	Padh

Dr. Rishika Clinical Pharmacologist

16/2/26

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BirthRight

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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

ULAR PRESCRIPTIONS

DRUG : T. METFORMIN

Dose	Route	Frequency	Start Dt.
500 MG	PO	12TH HOURLY	17/7

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

Additional Instructions:
AFTER BREAKFAST & DINNER

Daily Doctor's Endorsement by a Sign.

Date	17/7														
Time	9 AM		9 PM												

17/7/26

DRUG : T. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
200 MG	PO	12TH HOURLY	17/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7														
Time	6 AM		6 PM												

17/7/26

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200 MG	PO	12TH HOURLY	17/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7														
Time	10 AM		10 PM												

17/7/26

DRUG : T. DICLOFENAC SODIUM AND SERRATIO PEPTIDASE

Dose	Route	Frequency	Start Dt.
1 TAB	PO	12th HOURLY	17/7/26

Name & Signature of the Doctor starting the Drugs:
Dr Nausheen.

Additional Instructions:
T. LYSER - D

Daily Doctor's Endorsement by a Sign.

Date	17/7														
Time	10 AM		10 PM												

17/7/26

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
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STAT / ONCE ONLY DRUGS

Name: mrs. sunitha

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
16/7/26	6PM	INJ TRANEXAMIC ACID	1Gm	IV			
17/7	9:55pm	SUPPOSITORY BISACODYL	20 MG	PR			

verified
Dr. Rishika
16/7/26

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: Nil ☐ ~~Not known any Drug Allergies~~

FOR THE SAFETY OF THE PATIENT

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

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

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 : INJ TRAMADOL				Date ▸ Time ▾	16/7	17/7	18/7											
Dose	Route	Frequency	Start Date	5 pm	[illegible]	11Am [illegible]	3Am [illegible]											
100MG	IV	AS REQUIRED	18/7/26															
Doctor's Signature		Valid Period	Pharm.															
DrNausheen																		
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
Dr. Rishika
Clinical Pharmacologist

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

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

I.V. FLUIDS CHART

Weight. 103/- Ward. M142

		Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/7	6.30 AM	NORMAL SALINE	IV	100 ml/hr			16/7		
16/7	09:00 Am	RINGER LACTATE	IV	900 ml/hr			16/07		
16/07	09:35 Am	RINGER LACTATE	IV	600 ml/hr			16/7		
16/7	10:15 AM	RINGER LACTATE	IV	100 ml/HR			16/7		
16/7	2 PM	RINGER LACTATE	IV	100 ml/HR			16/7		

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

VIH-00206820 IP-00060725
Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

Weight. 103kg Ward. MICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7	9AM	INJ CEFOTAXIME 2GM (AFTER TEST DOSE)		IV		
16/7	7AM	INJ PANTOPRAZOLE 40MG		IV		
16/7		~~INJ METOCLOPRAMIDE~~				
16/7	7:30 AM	INJ ONDANSETRON 4MG		IV		
16/07	09:16 AM	Inj. CARBETOCIN	100mcg	IV		
16/07	10:00 AM	Sup. TRAMADOL	100mg	PR		
16/07	10:00 AM	Sup. DICLOFENAC	100mg	PR		
16/07	09:20 AM	Inj. TRANEXAMIC ACID	1gm	IV		
16/7/26	10AM	T. MISOPROSTOL	800MCG	PR		

Signature ..... Time .....

VERIFIED BY

Verified Dr. Rishika Clinical Pharmacologist 16/7/26

Mrs DUNNA SUNITA
05-01-1998 28 Y (F)
Dr. KOPPULA SIRISHA REDDY

REGULAR PRESCRIPTIONS Weight. 103/kg Ward. MICU

DRUG : Tab. PARACETAMOL

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP DR Nausheen 16/7/26 10.45AM

DRUG : Tab. TRAMADOL

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP DR Nausheen 16/7/26 10.45AM

DRUG : Tab. DICLOFENAC

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

STOP DR Nausheen 16/7/26 10.45AM

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Date
60mg	SC	ONCE DAILY	16/07

Name & Signature of the Doctor Starting the Drugs: Dr DrP Madhav

Additional Instructions: administer after 04:00pm after checking for activated

Daily Doctor's Endorsement by a Sign

Date / Time 16/7 13/7

8 PM

10/2/26

Verified Dr. Rishika Clinical Pharmacologist