Name	Mrs ANITHA LAKAVATH	**UHID**	VIH-00186794
Father/Guardian	Mr RAMDAS	**Age/Gender**	32 Y 11 M 10 D/Female
Address	TUKARAMGATE, Lallaguda, Hyderabad, Telangana, INDIA, 500017		
IP No	IP-00060525	**Admission Date**	30-06-2026
Ref Doctor	Self	**Discharge Date**	

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2P1L1 with 30+1 weeks with IVF conception with previous LSCS with Hypothyroidism with sickle cell trait with Gestational diabetes mellitus on insulin with Abdominal cerclage insitu with Dichorionic diamniotic twins with twin II Absent end diastolic flow admitted for observation / steroid coverage.

History:
LMP: 6.12.2025
Obstetric formula: G2P1L1
EDD: 7.9.2026
Gestation at admission: 30+1 weeks

Obstetric History:
G1 : Female/ 3yrs/ IVF/ FTLSCS/ Precious pregnancy/ 2.9kgs/ Hypothyroidism/ A&W/ BF X 2.5yrs/uneventul/ shenoy hospital
G2 - Present pregnancy IVF conception.

Medical History: Nil
Family History: Nil
Surgical History: LSCS, Abdominal cerclage at 18 weeks , Bartholin cystectomy in 2018 and 2020

Name	Mrs ANITHA LAKAVATH	UHID	VIH-00186794

Allergies: Nil

Antenatal Details: Mrs ANITHA LAKAVATH was booked to Rainbow hospital at 29+5 weeks of gestation. Previous ANC's at mamtha fertility centre. She was diagnosed with hypothyroidism since conception and on tab thyroxine 25mcg OD. H/O lap abdominal cerclage at 18 weeks i/v/o short cervix. She was on Inj Clexane and stopped at 18 weeks. She is on Tab Ecosprin 150mg OD. She had regular antenatal checkups and investigations as advised. She was admitted at 30+1 weeks with IVF conception with sickle cell trait with Gestational diabetes mellitus on insulin with Abdominal cerclage insitu with Dichorionic diamniotic twins with twin II Absent end diastolic flow admitted for observation / steroid coverage.

Investigations: Enclosed

Management: On admission patient vitals stable, uteurs relaxed. NST reactive. Inj Betamethasone 12mg given 12 hours apart IM after checking GRBS. All sugar monitoring done, and informed to physician and given insulin accordingly. NST done once in 24 hours. FHR monitoring done. Patient vitals stable at the time of discharge and FHR good both twins.

Advice:

1. Complete Bed rest
2. Strict fetal kick count
3. Continue Tab thyroxine 25mcg once daily on empty stomach (7am) till further orders.
4. Continue Tab Iron, Tab Calcium anf folic acid once daily till further orders.
5. Continue Tab Duphston thrice daily (7am-3pm-11pm) till further orders
6. Inj. Insulin (Actrapid) 8 units subcutaneously before every meal till further orders.
7. Inj. Insulin (Lantus) 6 units subcutaneouly once daily at night (8pm) till

further orders.

8. Home monitoring of Fasting and all post sugars to be done.
9. Review after 5 days on 6/7/2026 with Dr. Nivedita mam.
10. Review immediately if bleeding or leaking per vaginum, decreased fetal movements, pain abdomen , abdominal tightness.
11. AFI Doppler on 06.07.2026
12. Review after 5 days on 6/7/2026 with AFI Doppler with prior appointment in OPD (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 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 : Lakavath Anitha Signature : Anitha

Relationship with patient : Self

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

Name	Mrs ANITHA LAKAVATH	**UHID**	VIH-00186794

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

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Laboratory Report

Mrs ANITHA LAKAVATH	8985772076
32 Y 11 M 10 D	VI26022014
Female	
IP-00060525	
VIH-00186794	
Dr. BHAVANA K	LW 220

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			**TEST RESULT STATUS : REPORT ENTERED**
RANDOM BLOOD GLUCOSE (GOD/POD)	116	mg/dl	70 - 140

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Laboratory Report

Mrs ANITHA LAKAVATH — 8985772076

32 Y 11 M 11 D — VI26022042

Female

IP-00060525

VIH-00186794

Dr. BHAVANA K — LW 220

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED
RANDOM BLOOD GLUCOSE (GOD/POD)	168	mg/dl	H	70 - 140

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Laboratory Report

Mrs ANITHA LAKAVATH	8985772076
32 Y 11 M 11 D	VI26022042
Female	
IP-00060525	
VIH-00186794	
Dr. BHAVANA K	LW 220

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
RANDOM BLOOD GLUCOSE (GOD/POD)	**168**	**mg/dl**	H 70 - 140

This is an interim report. The final report will be released after 24 hours

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Laboratory Report

Mrs ANITHA LAKAVATH	8985772076
32 Y 11 M 11 D	VI26022043
Female	
IP-00060525	
VIH-00186794	
Dr. BHAVANA K	LW 220

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			**TEST RESULT STATUS : REPORT ENTERED**
RANDOM BLOOD GLUCOSE (GOD/POD)	72	mg/dl	70 - 140

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Laboratory Report

Mrs ANITHA LAKAVATH	8985772076
32 Y 11 M 11 D	VI26022064
Female	
IP-00060525	
VIH-00186794	
Dr. BHAVANA K	N 2F-LABOUR WARD / LW 222

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			**TEST RESULT STATUS : REPORT ENTERED**
RANDOM BLOOD GLUCOSE (GOD/POD)	107	mg/dl	70 - 140

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Laboratory Report

Mrs ANITHA LAKAVATH	8985772076
32 Y 11 M 11 D	VI26022065
Female	
IP-00060525	
VIH-00186794	
Dr. BHAVANA K	N 2F-LABOUR WARD / LW 222

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED
RANDOM BLOOD GLUCOSE (GOD/POD)	**147**	**mg/dl**	H	70 - 140

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ACTIVIT VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

Name: -----

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

Date of Admission : 30/6/26 Time : 4:10pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 Ward : Lw Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr Nivedith	30/6/26		
2.	DR. Nivedita	1/7/26		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	NST (Twins) @ 2:30pm - (1)	R26-010469	
30/6/26	GRBS @ 2pm 116 mg/dl - (1)	VI 2602201 4	
30/6/26	GRBS (post dinner) @ 9:00PM 168 mg/dl (2)	VI 2602204 2	
1/7/26	GRBS @ 3AM 72mg/dl	VI 2602204 3	
1/7/26	GRBS @ 7AM 107mg/dl	VI 2602206H	
1/7/26	GRBS at 10:00AM 147mg/dl	VI 2602206 5	
~~1/7/26~~	~~NST at 12:00PM (2)~~	~~R26-010498~~	
missed	checked by Tija	1/7/26 at 11:30Am	
1/7/26	NST twins 12:00PM (2)	R26-010498	Tija
missed	checked by Tija	1/7/26 at 11:53AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 11 D (F)
Dr. BHAVANA K

Patient Name :

IP.No: 60525

Ward: L/W

DOA: 30/6/26 at 4:10 PM

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	*			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	–			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	3			
7	Nurses Progress notes	2			
8	Consultation Sheets	–			
9	General Consent for Treatment	1			
10	Conset for Surgery	–			
11	Consent for Blood Transfusion	–			
12	Consent forChemotherapy	–			
13	Consent for High Risk	–			
14	Consent for Restraint	–			
15	DAMA Consent	–			
16	Consent for Special Procedure	–			
17	Consent for Radiological Investigations	–			
18	Consent for HIV Test	–			
19	Anaesthesia consent form	–			
20	Anaesthesia notes(Pre Anaesthesia & Post)	–			
21	Pre Operative checklist	–			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation	–			
25	TPR & BP chart	2			
26	Intake and Output chart (fluid Chart)	1			
27	Drug Chart (Regular prescription)	2			
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)~~ Medication Screening	1			
34	~~Patient Education Form~~ Triage	1			
35)	Thrombophlebitis	1			
36)	Pain assessment	1			
37)	Braden Q Scale	1			
38)	Morse fall, ~~DVD~~	2			
39)	Billing sheet	4			
40)	Random Blood glucose monitoring chart	1			
	Total No. of Pages	28			

Signature and Date : 1/7/26 at 1:11 pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060525 **Admit Date** : 30-Jun-2026 **Admit Time** : 04:10 PM **UHID** : VIH-00186794

Patient Details :

Patient Name	: Mrs ANITHA LAKAVATH	**Age**	: 32 Y 11 M 10 D
Guardian	: Mr RAMDAS	**DOB**	: 20-07-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: TUKARAMGATE Lallaguda Hyderabad Telangana INDIA 500017	**Phone No**	: 8985772076/ 9959686076
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr RAMDAS **Relationship** : W/O

Contact Address : TUKARAMGATE Lallaguda Hyderabad Telangana INDIA 500017 **Phone No** : 8985772076

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** : STATE BANK OF INDIA

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 30/6/26

Baseline Information:

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

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

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

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

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

If yes, identify .....

Chief Complaints: Steroids Coverage. Observation

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Nausheen

Time Notified: 3:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	LSCS Abdominal cerclage in 14th weeks of pregnancy Bartholin cyst excision in 2018 & 2020	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 6/12/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: Steroids Coverage Observation

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: Yes

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other Nil

Vital Signs / Measurements: Temp: 98.2 F HR: 80 bpm RR: 20 bpm

BP: 108/72 mmHg Weight: 64.35 kg Height: 158 cm BMI: 38.2

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

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score ..05.. (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 ..Mr. Alitha Lakavath..

Name of Person Orientation was given to: ..Mrs. Anitha Lakavath..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Pradhyusha..

Date & Time: ..26/6/26 @ 3:50pm..

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 06/12/25 EDD:
Corrected EDD: 7/9/26 GA: 30+1 weeks.

Obstetric Formula: G2P1L1
ML - 10 yrs NCM.

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
G1- Female | 3yrs | IVF | previous preg | FTLSCS | Hypothyroid | A&W | BF 2½yrs | 2-9kgs | Shenoy hosp
G2- PP, IVF conception

Obstetric Examination

Fundal Height: adequate.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

Present Pregnancy Record: Booked to RCH at 29+5 weeks. Pre ANCS at Mamatha fertility centre. * with hypothyroidism since conception * Abdominal Cerclage done at 18 weeks. she was on Inj Clexane stopped at 28 weeks. She is on T. Ecosprin 150mg OD

PP: ☐ Cephalic ☐ Breech Others both cephalic.

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
twin I (+) 142 bpm.
twin II (+) 156 bpm

RISK FACTORS:

DCDA twins
prev LSCS
hypothyroid
IVF conception
GDM(I)
twin II AEDF
Sickle cell trait

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Height: 158 cm
Weight: 64.35 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

Vaginal Examination Not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

General Examination:

Consciousness: c/c/c Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afeb PR: 76 bpm.
BP: 108/75 mmHg DTR: (+)
CVS: S_1S_2 (+) RS BAE (+)
Liver/Spleen: NAD Urine Output: Adq

DIAGNOSIS

G2P1L1 with 30+1 weeks with IVF conception with previous LSCS with hypothyroidism with sickle cell trait with Gestational Diabetes mellitus (Insulin) with Abdominal Cerclage insitu with DCDA twins with twin II AEDF for Steroid coverage / observation

VIP-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

Family History:

Nil

Surgical History:

LSCS
Abdominal cuclage in 18th weeks preg.
Bartholin cystectomy in 2018 & 2020.

Medical History:

Nil

Medication History:

Allergies - Nil
T Thyroxine 25 mcg.
Inj Insulin Act rapid 14 units Before meals.

Plan of Care: GRBS - 116 mg/dl

Admission
Diabetic Diet
Monitor Vitals
follow drug chart
FHR monitoring 2nd July
NST once daily
Inj Betamethasone 12mg IM 12th July after checking GRBS
Inform all Sugars to Dr Nivedita.
Ambulation
Hydration
Informed SOS.

Noted by pathy

Investigations BG 'B' POSITIVE

HIV, HBSAg, HCV, VDRL, NT Scan } NR.
EBP -
HPLC → 6/8/26 Sickle cell trait
12+2 weeks
12/9/26
NT fetus 1 → 1.8 mm
fetus 2 → 1.1 mm.

TIFFA
28/4/26.
DCDA twins.
20+3 weeks.
No anomalies.

27/5/26
OGTT → 83.3 | 155.6 | 154.9

AFI Doppler/Scan
30/6/26
30+1 weeks
DCDA twins
twin I → Cephalic
Pl - Ant, high Fetal Dopp (N)
AFI → 4.9 cm (largest pool)
twin II → Cephalic
Pl - P, H.
AFI → 4.9 cm (largest pool)
Fetal Dopp → um art Doppler ↑ resist with occasional AEDF in few loops MCA Dopp PI (N) CPR < 1 candle
ut art ↑ resistance

Doctor Name: Dr. Nusheen
Signature:
Date & Time: 30/6/26 3:20pm

Consultant Name: Dr. Bhavana. K
Signature:
Date & Time: 30/6/26.

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 3pm 1st dose Betamethasone 12mg given IM	c/I to Dr Nivedita Pre lunch sugar → 116 mg/dl	Adv Monitor and Inform all pre and post meal Sugars. - Inj Actrapid 6units before meal TID. - Inform SOS. Dr Nausheen
	Noted by prathyusha @ 3pm	
30/6/26 7pm. Inj betnesol 12mg IM given at 3:10PM Post lunch - 142mg/dl Predinner [?] sugar	PFM (+) O/E pt c/c/c c/o pain [?] afebrile BP-116/70mmHg PR-85bPM S/E CVS NAD [?] P/A ut distended → FHR (+) 160bPM FHR (+) 142bPm.	Adv - Diabetic diet - NST once daily - FHR monitoring and hly [?] - inform all Pre & Post sugars - monitor vitals - follow drug chart - inform SOS - strict fetal kick count /Dr. Ashwini
	↳ Informed to Dr. Nivedita adv - Inj Actrapid 8units SC.	

Noted by prathyusha @ 7pm

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 10pm	CI to Dr. Niveditha mam Post-dinner sugar - 168mg/dl Noted by Farah 30/6/26 @10pm	Adv - Insulin Lantus 10 Units SC stat - Fbs/pc sugar at 3 am Dr. Ashwini
30/6/26 11pm	o/e pt is c/c/c fc fair Afeb BP - 116/72mmHg PR - 72bpm S/E NAD P/A fit ~ 32 wks Relaxed FHR (+) 140bpm (+) 152bpm Inform GRBS at 3 AM Noted by Farah @11pm 30/6/26	Adv - Diabetic Diet - FHR monitoring 2nd hrly - Monitor Vitals - Follow drug chart - NST once daily - All sugar monitoring - Inform SOS Dr Nausheen

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 3AM. GRBS at 3pm 72mg/dl.	O/E pt is c/c/c of c/f air BP- 106/72mmHg PR- 76bpm. S/E NAD P/A ut ~ overdistended. Relaxed. FHR (F) 130bpm. (P) 142bpm.	Adv - Diabetic diet - FHR monitoring 2nd hrly - Monitor Vitals - Follow duty chart - Monitor all sugars. - Inform SOS. Dr Nausheen
noted by konal 1/7/26 @3AM		
1/7/26 7:00AM FBS- 107mg/dl PP- 2 doses of steroid covered at 3:10am	O/E pt c/c/c c/f air dyspnoic BP- 110/76mmHg PR- 85bpm S/E NAD P/A ut ~ overdistended FHR (F) 145bpm FHR (P) 132bpm	Adv - Diabetic diet - NST once daily - FHR monitoring 2nd hrly - Monitor vitals - follow drug chart - monitor all pre & post sugars - inform SOS Dr. Ashini
noted by konal @7am 1/7/26		

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 11 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 7:30am	c/I to Dr. Niveditha FBS. - 107mg/dl	Adv - Insulin Actrapid 6 units SC inform post Breakfast /c Dr. Ashwini
Noted by Kavya @7:30am 1/7/26		
1/7/26 10 AM	O/E Pt is c/c/c Gc fair Afebrile PBBS-147 mg/dl BP-116/72mmHg PR- 86 bpm S/E-NAD Two doses inj Betanarol given P/A - UH~Overdistended I FHR (+) 140 bpm II FHR (+) 144 bpm	Adv - Diabetic diet - NST once daily - FHR monitoring 2nd hrly - Monitor vitals - follow drug chart - monitor all pre & post sugars - Inform SOs Dr yogeshwari
1/7/26 10AM	c/I to Dr Nivedita PBBS - 147 mg/dl	Adv - Inform pre lunch sugar.
Noted by Teja	1/7/26 at 10:00Am	Dr yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 11AM.	O/E	Adv
	Pt is c/c/c	- Diabetic diet
	Gc-fair	- NST once daily
	Afebrile	- FHR monitoring 2nd baby
Two dosed of steroids covered	BP- 118/70mmHg	- Monitor vitals
	PR- 84bpm	- Follow drug chart
	S/E- NAD	- Monitor pre & post sugars
Pt can be discharged	P/A- Uterus over distended	- Inform SOS
	I FHR (+) 142bpm	
	II FHR (+) 148bpm	
	Notes by Tya 1/7/26 at. 11:00AM	Dr Yogeshwara

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 11 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order
Date	Time	FHR Twin - I	Twin - II
30/6/26	5:00 Pm	152 b/mt	146 b/mt
	8:00 Pm	132 b/mt	145 b/mt
	11:00 Pm	138 b/mt	153 b/mt
1/7/26	2:00 AM	146 b/mt	132 b/mt
	5:00 Am	138 b/mt	150 b/mt
	7:00 Am	138 b/m	154 b/mt
	7:30 Am	138 b/m	155 b/mt
1/7/26	TIME	FHR	
		TWIN - I	TWIN - II
	9:30AM	150 b/mt	142 b/mt

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
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HIFT HAND OVER FORM

SITUATION

Diagnosis: $G_2P_1L_1$ C 30 Hweeks C 1st Conception C Previous LSCS C Hypothyroidism C sickle carrier C Gestational Dm (insulin) C Abdominal cerclage with C DCDA twins C twins & PEDF for steroid coverage, observation

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....
Post OP Day:

BACKGROUND

Date / Shift	30/6 E	1/7/26 M	1/7/26 M			
Medical Condition (Any special condition to be noted):	–	–	–			
Diet:	Diet		Diet			

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA				
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Vital Signs: Temp:	96.2°F	92.1°F	96°F				
Res:	18b/mt	18b/mt	18b/mt				
SpO_2:	96.1.	99%	99%				
Pulse:	80b/m	83b/mt	84bpm				
BP:	120/70mmHg	120/70mmHg	110/70mmHg				
LOC:	conscious	Conscious	Conscious				
Fall Risk Score:	15	15	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:	–	–					
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Special Diet:	Diet		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):	dependent	Dependent	dependent				
Post Operative Procedure Special Orders:	–		–				

Handed Over By Name :	prathyusha	Kunal	Tisa			
Signature / ID :	020533	020573	Tisa 020928			
Date:	30/6/26	1/7/26	1/7/26			
Time:	@8pm	@8AM	at 11:30 AM			
Taken Over By Name :	Kunal	Tisa				
Signature / ID :	30/6/26	Tisa 020928				
Date:		1/7/26				
Time:	@8PM	at 8:00AM				

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 11 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 30/6/26

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							
Afternoon	6pm	monitor vitals	6pm	deleted vitals ~~are~~ ~~normal~~	vitals are normal	Patient was Stable	Prathyusha @6pm 30/6/26
Night	9 PM 6 Am	Ensure safety maintain fluid balance	9 PM 6 Am	To provied side rails. maintainted oral fluids	To prevent fall To prevent de hydration.	Patient is stable Patient is Safe	@8AM 1/7/26

VIH-00186794 IP-00060525
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20-07-1993 32 Y 11 M 11 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify... Monitor vitals
- ☐ 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	Monitor vitals	8am	checked vitals	vitals are normal	patient is safe.	17/7/26 @ 12pm
	12pm	Ensure safety	12pm	provided side rails	Permanent falls fall	patient is safe.	
Afternoon							
Night							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs ANITHA LAKAVATH**	**Age :**	**32 Y 11 M 10 D**
IP No:	**IP-00060525**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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 to consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance 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 surance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: RAMDAS
Relationship: Husband.
Date: 30/06/26 Time: 04:10 P.M
Wittness Name:
Wittness Signature:

Patient Address:
TUKARAMGATE Lallaguda Hyderabad
Telangana INDIA 500017

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

Patient Sticker

(1)

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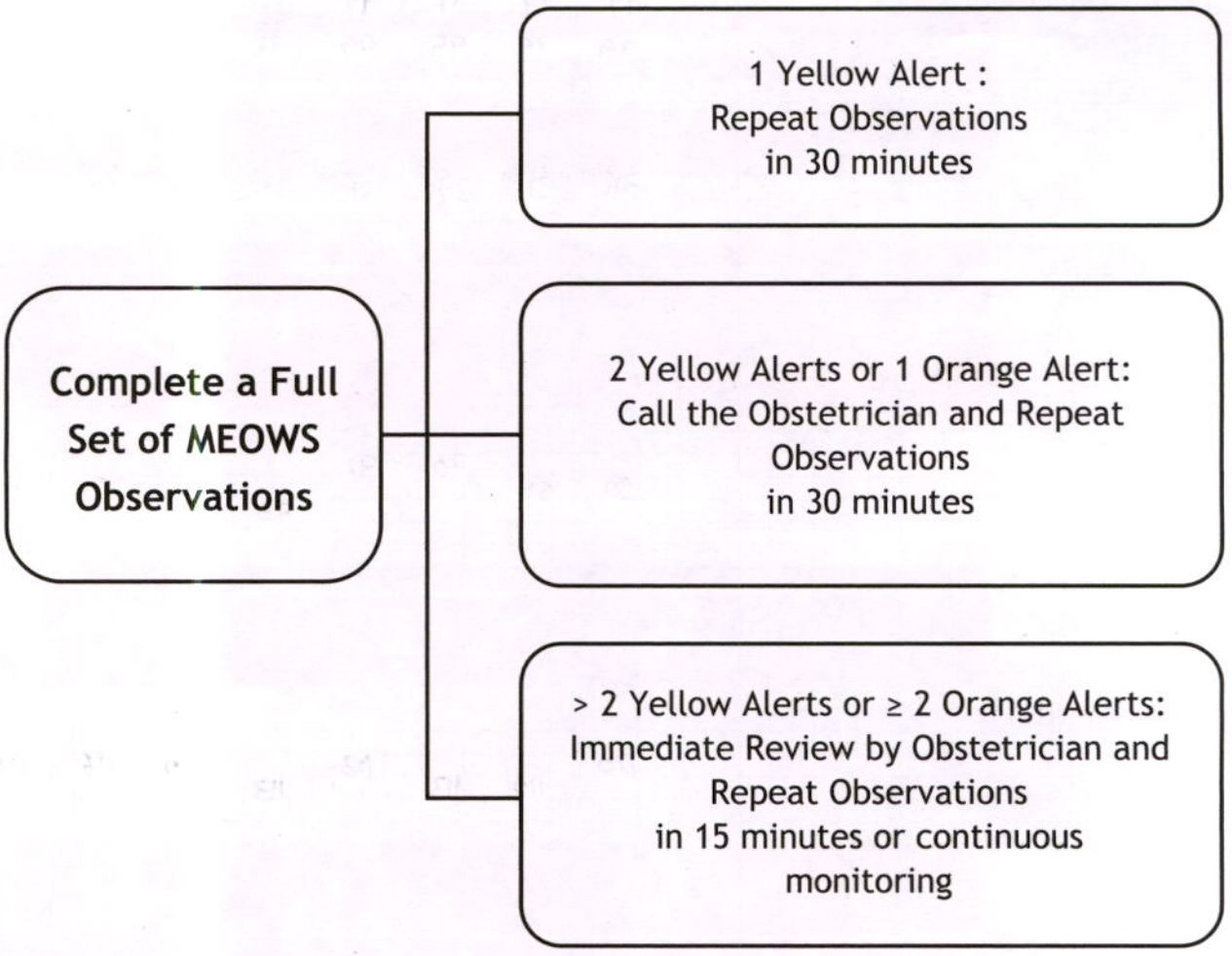
Early Warning Observation Score Chart - Obstetrics

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

30/6/26	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		18		99		18		18		19		19	
	0 - 10																								
Saturations	94 - 100 %									99		99		98		99		98		98		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37									37C		37C		37C		37C		37C		37C		37C		37C	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90													90		92									
	80									80		88										86		80	
	70																	73		70					
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120									120						123				120		126		120	
	110											110		113				113							
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																	80		82					
	70									70		73													
	60													62		60						70		73	
	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										KD		KD		KD		K		K		K		K		K	

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 11 D (F)
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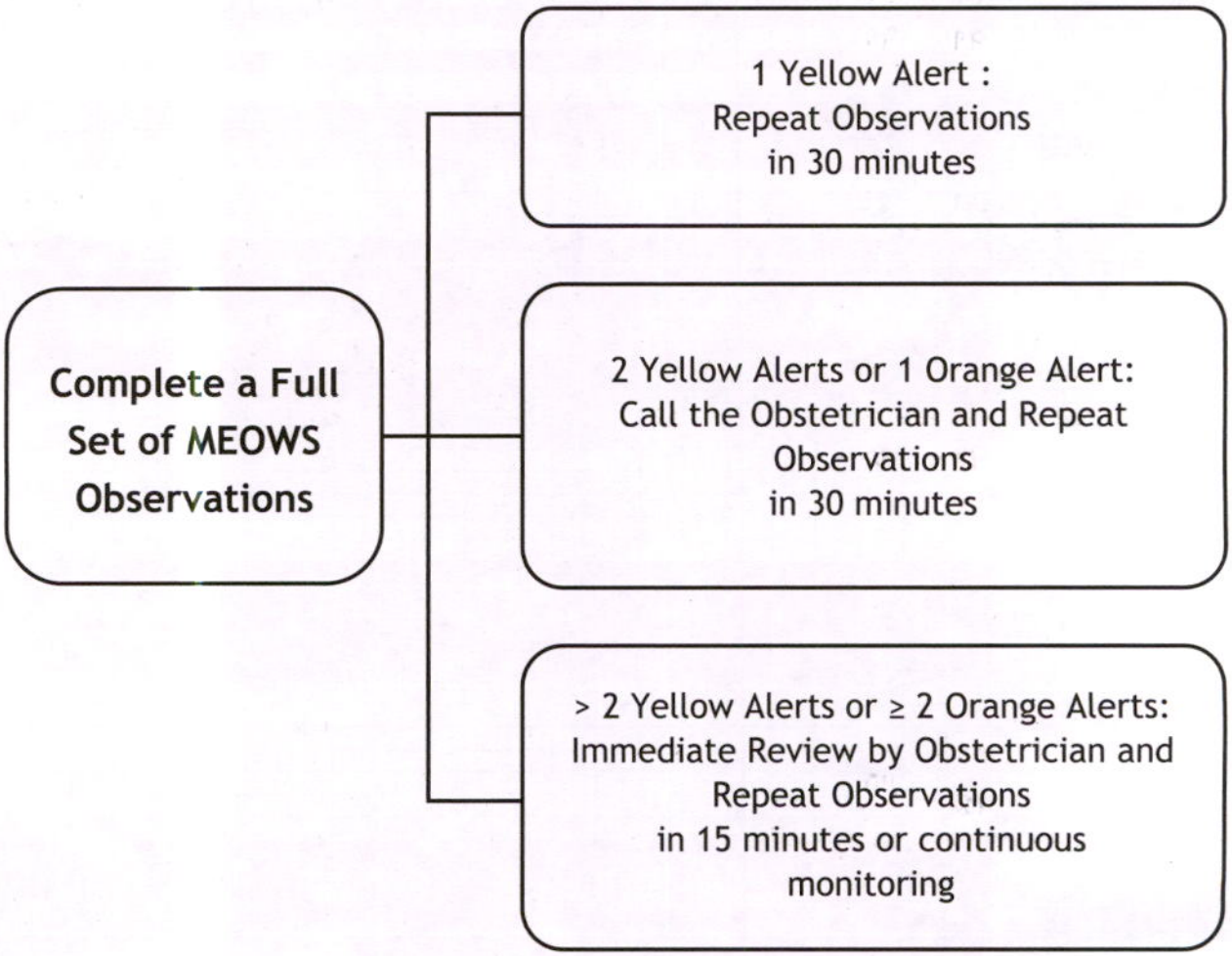
Early Warning Observation Score Chart - Obstetrics

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

1/7/26	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																					
	0 - 10																								
Saturations	94 - 100 %	99		99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	36°		36°																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	93		92																					
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110																					
	100	102																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70																					
	60	62																							
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA																					
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA																					
	Green																								
TOTAL YELLOW SCORES		0		0																					
TOTAL ORANGE SCORES		0		0																					
Nurse Initial		RL		RL																					

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

Patient S

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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 a

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	Nurse
	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	H_2O 100ml										
	04:00 pm	H_2O 50ml								✓	0	
30/6	05:00 pm	H_2O 100ml									0	
	06:00 pm	H_2O 100ml									0	
	07:00 pm	H_2O 100ml								✓	0	
Total Intake :		450ml				**Total Output :**				Passed		
	08:00 pm	H_2O + Soap									0	
30/6	09:00 pm	H_2O + Soap								✓	0	
	10:00 pm	H_2O + Soap									0	
	11:00 pm	H_2O + Soap								✓	0	
1/7	12:00 am	H_2O + Soap									0	
	01:00 am	H_2O + Soap								✓	0	
Total Intake :		400ml				**Total Output :**				Passed		
	02:00 am	H_2O + Soap									0	
1/7	03:00 am	H_2O + Soap								✓	0	
	04:00 am	H_2O + Soap									0	
	05:00 am	H_2O + Soap								✓	0	
	06:00 am	H_2O + Soap									0	
	07:00 am	H_2O + Soap								✓	0	
Total Intake :		450ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1300ml	Total 24 hrs. Output	

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VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH 32 Y 11 M 11 D (F)
20-07-1993
Dr. BHAVANA K

FLUID CHART

in ml.

Sheet No. on 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							
1/9/20	08:00 am	H_2O +	50 ml									
	09:00 am	H_2O +	50 ml							✓		
	10:00 am	H_2O +	50ml									
	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**	

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

BirthRi
BY RAINBOW HO
Your Right to a Safe

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

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

Patient Name : Mrs	I.P. No.	Sheet No. C	Wards HW	Weight (kg) 64.35kgs

REGULAR PRESCRIPTIONS

DRUG : T. CALCIUM

Dose	Route	Frequency	Start Dt.
1TAB	PO	ONCE DAILY	30/6

Date: 1/7/26
Time: 10 am

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

G Naveen 30/6/26 11pm

DRUG : Inj. ACTRAPID

Dose	Route	Frequency	Start Dt.
4U	SC	8AM 1HR	30/6

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

Additional Instructions:
AFTER MEAL

STOP Dr. Navaneen 30/6/26 4pm.

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00186794 IP-00060525
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

VERIFIED BY : Name ..... Nature .....

Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight 64.35kg Ward. UW

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

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

VIH-00186794
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

Weight. 64.3 kg Ward. ICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	3:10 PM	INJ. BETAMETHASONE	12 MG	IM		
30/6/26	4:39 PM	INJ INSULIN ACTRAPID	6 UNITS	S/C		30/6
30/6/26	7 PM	INJ INSULIN ACTRAPID	8 UNITS	SC		
30/6	10:03 PM	INJ INSULIN GLARGINE	10 UNITS	SC		30/6 10pm
1/6/26	3:10 AM	INJ BETAMETHASONE	12 MG	IM		
1/6/26	7:30 AM	INSULIN ACTRAPID	6 UNITS	SC		

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

VIH-001807 94
Mrs ANITHA LAKAVATH
20-07-1993 32 Y 11 M 10 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS Weight 64.35 Kg Ward C/W

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
25mcg	PO	ONCE DAILY	30/6

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

Date	Time																
1/7/26																	
6																	
AM																	

C Greeshma 1/7/26 @ 6AM

DRUG : T. ECOSPIRIN

Dose	Route	Frequency	Start Date
150mg	PO	ONCE DAILY	30/6

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																
30/6/26		1/7															
9																	
PM																	

C Greeshma 30/6/26 @ 9PM

DRUG : T. DYDROGESTERONE

Dose	Route	Frequency	Start Date
10MG	PO	6th July	30/6

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																
30/6		1/7															
7																	
AM																	
3																	
PM																	
11																	
PM																	

C Greeshma 30/6/26 @ 11PM

DRUG : T. IRON

Dose	Route	Frequency	Start Date
1 TAB	PO	ONCE DAILY	30/6

Name & Signature of the Doctor Starting the Drugs: Dr. Greeshma.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																
1/7/26																	
2																	
PM																	

C Greeshma 30/6/26 @ 11PM