Name	Mrs VITLA RAMYA SREE	**UHID**	VIH-00200346
Father/Guardian	Mr PAKALA PRASHANTH KUMAR	**Age/Gender**	28 Y 2 M 28 D/Female
Address	2-3/108/3/wp, dwaraka nagar, Chengicherla, Hyderabad, Telangana, INDIA, 500039		
IP No	IP-00060703	**Admission Date**	14-07-2026
Ref Doctor	DR.MADHUMITA ANIRUDDHA GITAY	**Discharge Date**	16-07-2026

DISCHARGE SUMMARY

Consultants: Dr. MADHUMITA ANIRUDDHA GITAY , GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: Primigrvida with 36+2 weeks with Hypothyroidism with Preterm Premature Rupture Of Membranes in Latent Preterm Labour for Observation / Delivery.
EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 15.07.2026.

History:
LMP:23.10.2025
Obstetric formula: Primigravida
EDD:09.08.2026
Gestation at admission: 36+2 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History:Mother - HTN
Grand mother- DM, HTN, Hypothyroid.

Name	Mrs VITLA RAMYA SREE	UHID	VIH-00200346

Surgical History: Nil
Allergies: Nil

Antenatal Details: Mrs VITLA RAMYA SREE was booked to Rainbow hospital at 9 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had h/o spotting pv at 6 weeks & was managed conservatively. She was diagnosed with hypothyroidism at 9 weeks & was managed with Tab. Thyroxine 25 mcg OD. She came with complaints of leakin PV since 2:55am on 14.7.2026. She was admitted at 36+2 weeks with Preterm Premature Rupture Of Membranes in Latent Preterm Labour for Observation / Delivery.

Investigations: Enclosed

Blood group: **'O' POSITIVE**.

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was 3/4 th inch long and 1 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Inj Betamethasone 12mg given 12th hourly after checking GRBS. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. CBP, CRP, CUE, Urine culture sensitivity & HVS were sent. Informed consent of vaginal birth was taken. AFI doppler scan done on 14.07.2026 showed, SLIUF, 36+2 weeks, Cephalic presentation, AFI- 8.6 cm, dopplers- normal. NST done 4th hourly. FHR monitoring done. Inspite of adequate contractions no cervical changes noted. Patient & attenders explained regarding Preterm premature rupture of membranes, oligohydramnios with non progression of labour, presumed fetal distress & need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view of non progression of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up

done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, scanty Liquor seen. Baby delivered in direct occipitoposterior position with one loop of cord around neck. One false knot of umbilical cord noted. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 15.07.2026
Time of Delivery: 8:19:23 AM
Type of Delivery: Emergency LSCS
Indication: non progression of labour.
Analgesia: Spinal

Baby Details:
Date: 15.07.2026
Time: 8:19:23 AM
Sex: Female
Weight: 2.387 kg

Name	Mrs VITLA RAMYA SREE	UHID	VIH-00200346

Apgar: 9/10, 10/10.
Gestational Age: 36+3 weeks.
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. on POD Bp readings were high, no imminent signs noted, antihypertensives given. LFT, sr Creatinine , LDH sent.Breast feeding initiated. She was shifted to room. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 21.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 21.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 21.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 21.07.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 25 mcg once daily (6 am) on empty stomach till further orders.
8. Inj. Enoxaparin 40mg once daily subcutaneously till 17/7/2026.
9. Tab Nicardia 20mg Twice daily (9am-9Pm) after food till further orders
10. Home bP monitoring. Review SOS if BP >140/90mmhg, nausea, vomiting, epigastric pain, headache, decreased urine output, blurring of vision

11. Repeat Sr.TSH levels after 6 weeks & review with reports.
12. Nebasulf powder for local application.
13. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 28.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

1.You can bath and shower.
2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3.This gauze piece needs to be discarded after one use.
4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6.Do not touch the wound with unwashed hands.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name	Mrs VITLA RAMYA SREE	**UHID**	VIH-00200346

Name: Signature:

Relationship:

This summary was explained by:
Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

Rainbow Children's Hospital - Secunderabad

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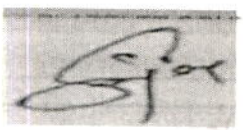
040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs VITLA RAMYA SREE	**Inpatient No.**	: IP-00060703
Age/Gender	: 28 Y 2 M 27 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-07-2026 05:26
HEMOGLOBIN (Colorimetry)	12.8	g/dL		12 - 16
RBC COUNT (DC detection method)	4.33	10^12/L		4 - 5.2
PCV/HCT (Calculated)	36.6	VOL%		33 - 51
MCV (Calculated)	84.6	fL		80 - 100
MCH (Calculated)	29.5	pg/cells		26 - 34
MCHC (Calculated)	34.9	g/dL		32 - 36
RDW-CV (Calculated)	12.7	%		11.5 - 13.1
PLATELET COUNT (DC Detection Method)	237	10^9/L		150 - 450
MPV (Calculated)	**10.2**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	**14.90**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	56	%		35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	35	%		24 - 44
MONOCYTES (Microscopy, Leishman stain)	07	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS PLATELETS - ADEQUATE**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-07-2026 05:26
CRP (Immunoturbidimetry)	1.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-07-2026 06:08

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs VITLA RAMYA SREE	**Inpatient No.**	: IP-00060703
Age/Gender	: 28 Y 2 M 27 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	SLIGHTLY TURBID			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015			1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT ++			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**4-5**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**8-10**	**HPF**	L	0 - 5
RBCS.	**5-6**	**HPF**	L	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-07-2026 14:04
CREATININE (Enzymatic)	**0.6**	**mg/dl**	L	0.7 - 1.2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

PatientName	: Mrs VITLA RAMYA SREE	**Inpatient No.**	: IP-00060703
Age/Gender	: 28 Y 2 M 28 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :15-07-2026 14:04
LDH (L to P-IFCC Ref. PROC.,Calibrated)	**350**	**U/L**	H	135 - 220

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM) TEST RESULT STATUS : REPORT AUTHORISED

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs VITLA RAMYA SREE	**Inpatient No.**	: IP-00060703
Age/Gender	: 28 Y 2 M 28 D/ Female	**Admit Date**	: 14-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

LIVER FUNCTION TEST (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :15-07-2026 14:04

Investigation	Result	Unit		Biological Reference Interval
TOTAL BILIRUBIN (Azobilirubin)	0.2	mg/dl		<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<1.1
SGOT (AST) (Kinetic with P5P)	**40**	**U/L**	H	14 - 36
SGPT (ALT) (Kinetic with P5P)	38	U/L		9 - 52
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	**142**	**U/L**	H	53 - 141
PROTEIN (Biuret method)	**5.5**	**g/dL**	L	6.3 - 8.2
ALBUMIN (Bromocresol Green)	**2.7**	**g/dL**	L	3.5 - 5
GLOBULIN (Calculated)	2.8	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	**0.9**		L	1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

ACTIV **ING**

Name: -

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

Date of Admission : 14/7/26 Time : 4:47Am Date of Discharge : 16/7/26 Time: 6Pm

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	7:55Am	LW	OT	
15/7/26	9:20pm	OT	LW	
15/7/26	at. 9:45pm	MICU	(OT)	

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
14/7/26	NST @ 4:30 Am – (1)	R26-011317	
14/7/26	CBP, CRP, HVS swab	V126023624	
14/7/26	CUE, Urine cls	V126023630	
14/7/26	URBS @ 73mg/dL	V126023641	
14/7	NST @ 9:30 Am – (2)	R26-011357	
14/7	NST @ 2:30 pm – (3)	R26-011358	
14/7	NST @ 6:30 pm – (4)	R26-011359	
14/7/26	AFI Scan	R26-011360	
14/7/26	NST at 10:30pm (5)	R26-011372	
15/7/26	NST at 2:30Am (6)	R26-011373	
15/7/26	NST at 3:30Am (7)	R26-011374	
15/7/26	creatinine, LDH, LFT,	V126023851	
15/7/26	Albumin Dipstic		
	CROS Checked by manager 15/7/26 @ 9:23pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	onfusionpump	3AM	9:30pm	8101713	[illegible]
15/7/26	cardiac monitr	9:30 Am	9:30pm		
	Cross Checked by manga 15/7/26 @ 9:23PM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/7/26	2v placement	(1)	3101364	
15/7/26	PAC	(1)	3101714	
15/7/26	catheterization	(1)	3101712	
	Cons Checked by manoj		15/7/26 @ 9:23pm	

ANY OTHER INFORMATION

Date : 16/7/26 Time : 6pm Prepared By : Snehu 16/7/26 @6pm

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Snehu	2nd floor		

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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SURGERY DETAILS

Date : 15/7/26

Patient Name: Mrs. V. Ramya Sree Date of Birth: ..... Age: 28yrs

Gender: female Ward : OT UHID No.: 200346

Date of Surgery: 15/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section under spinal anaesthesia

Time in : 8:10 am Time Out : 9:10 AM

		NAME	AMOUNT
1.	Surgeon	Dr. Madhumita	OT-charges
2.	Anaesthetist	Dr. Vineetha	
3.	Assistant Surgeon	Dr. Nausheen	
4.	OT Technician	Rakesh	
5.	Circulating Nurse	Bharani	
6.	Assistant Nurse	Rusy. P	

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

Dr. Nikhita
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3101727/28 Order by: Bharani P

DEFICIENCY 00200346 IP-00060703 **AL CASE SHEET**

VITLA RAMYA SREE
4-1998 28 Y 2 M 28 D (F)
MADHUMITA ANIRUDDHA GITAY

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Patient Name:

IP.No: 60703

Ward:

DOA: 14/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	6	✓	–	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	–	
10	Conset for ~~Surgery~~ vaginal BIRth	1	✓	–	
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	4	✓	–	
26	Intake and Output chart (fluid Chart)	2	✓	–	
27	Drug Chart (Regular prescription)	6	✓	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
35	Braden Scale	3	✓	✓	
36	thRombophilebilits	1	✓	✓	
37	pain Assessment	2	✓	✓	
38	medication chart	1	✓	–	
39	Antenatal Recad	2	✓		
40	other	9	✓	–	
	Total No. of Pages	50 pages			

Signature and Date : 14/7/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060703 **Admit Date** : 14-Jul-2026 **Admit Time** : 04:47 AM **UHID** : VIH-00200346

Patient Details :

Patient Name	: Mrs VITLA RAMYA SREE	**Age**	: 28 Y 2 M 27 D
Guardian	: Mr PAKALA PRASHANTH KUMAR	**DOB**	: 17-04-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-3/108/3/wp, dwaraka nagar Chengicherla Hyderabad Telangana INDIA 500039	**Phone No**	: 9959978581/ 9346965383
		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 PAKALA PRASHANTH KUMAR **Relationship** : W/O

Contact Address : 2-3/108/3/wp, dwaraka nagar Chengicherla Hyderabad Telangana INDIA 500039 **Phone No** : 9959978581

Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 14/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify L&D

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: c/o leaking PV

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Yogeshwari

Time Notified: 5AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 23/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 1 P 0+0 L — A —

Previous LSCS: NIL

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other mother - HTN, Grand mother - DM, HTN Hypothyroidism

Vital Signs / Measurements: Temp: 98.4F HR: 80b/mts RR: 19b/mt

BP: 120/80 mmHg Weight: 64kg Height: 148cm BMI: 29.2kg/m² (overweight)

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

OSCAR

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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. Vitla Ramyasree

Name of Person Orientation was given to: Mrs. V. Ramyasree

Orientation not given Reason: —

Nurse Signature: .....

Nurse Name: Manga Devi

Date & Time: 14/7/16 @ 5:05AM

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 14/7/26 Time of Arrival: 3:25 AM Time Seen by Nurse: 3:30 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: c/o leaking PV

3) **Vital Signs:** Temperature: 98.4°F Pulse: 80bpm RR: 19b/m SpO_2: 99% BP: 120/83mmHg Weight: 64kg

4) **Gestational Criteria:**

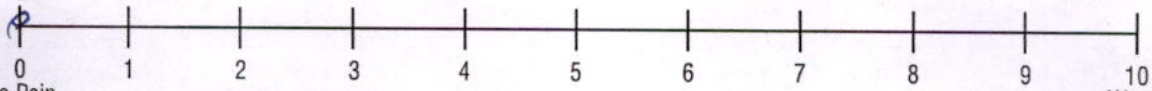
Gravida:	G –	P primi	L –	A –

LMP: 23/10/25 EDD: 9/8/2026 Gestational Age: 36+2 wks

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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

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Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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 ..Hypothyroidism

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: 5AM

Nurse Name : manga Devi Nurse Signature: .....

Date: 14/7/16 Time: 3:35AM

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PATIENT TRANSFER FORM

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 @ 4:47 Am	15/7/26 @ 9:45pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Madhumita	for observation

From Unit	To Unit	Information to Attendant
MICU	(207)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
(35)	7	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	(1) Tab. Calpol -	Sacal-1
2.	Tab. pan - 15	Baceinb-1
3.	Tab. Diclo - 9	Labetalol tab - 9
4.	Tab. Tramadol - 9	Nicardia - (10 tab 10mg)
5.	underpad - 2	

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

Dr. Rajina

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

Patient & Clinical Records Received by :

Padma

Date & Time of Patient Received : 15/7/26 @ 10pm

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

(1)

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00200346 IP-00060703 Mrs VITLA RAMYA SREE 17-04-1998 28 Y 2 M 27 D (F) Dr. MADHUMITA ANIRUDDHA GITAY	14/7/26@4:47AM	15/7/26 at 7:55AM
	Transfer Ordered by DR. Nayhun	Reason for Transfer EL. LSCS.
From Unit L/w	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 39	Number of Imaging Films NST — (7)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

DR-Nayhun

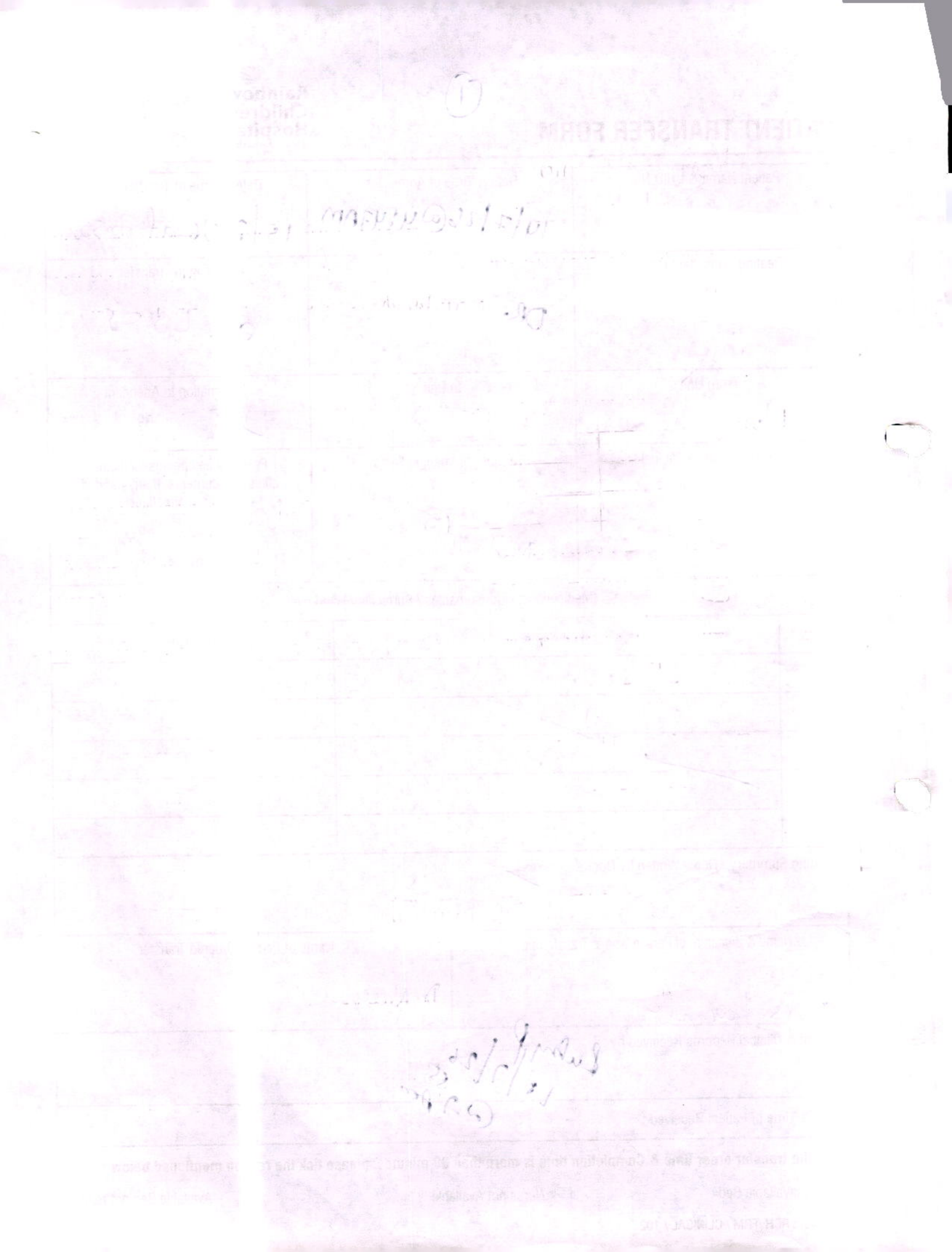
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Sis. Kamala	Dr. Nayhun

Patient & Clinical Records Received by : Ruby 15/7/26 7:55 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



PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00200346 IP-00060703 Mrs VITLA RAMYA SREE 17-04-1998 28 Y 2 M 28 D (F) Dr. MADHUMITA ANIRUDDHA GITAY	14/7/26 @ 4:44 AM	15/7/26 @ 9:15am.
	Transfer Ordered by Dr. Vineetha	Reason for Transfer Postop Care
From Unit OT	To Unit MICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films NST - 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.K	Dr. Vineetha.

Patient & Clinical Records Received by : Pooja @ 9:15am

Date & Time of Patient Received : 15/7/26

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

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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o Leaking PV since 2.55AM

Obstetric Formula: Primigravida
ML - 34 & III°CM

Obstetric History:
GI - PP, Spontaneous conception
Booked to RCH since 9wks
H/o Spotting PV at 6wk

Present Pregnancy Record: M/s conservatively
Diagnosed c Hypothyroidism at 9wks M/s conservatively on Tab Thyroxine 25mcg OD

RISK FACTORS:
Hypothyroidism (25)
PPROM
Preterm labour

Height: 148 cm
Weight: 64 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c/c Pallor: ⊖
Icterus: ⊖ Edema: ⊕
Temp: Afebrile PR: 90bpm
BP: 120/83mmHg DTR: ⊕
CVS: S1S2⊕ RS BAE
Liver/Spleen: Normal Urine Output: Adequate

LMP: 23/10/2025 EDD:
Corrected EDD: 9/08/2026 GA: 36+2 weeks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: 36 w/cs

Ut. Activity: ☐ Relaxed ☑ Irritable ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent ⊕ 140bpm

Per Speculum Examination
Draining: ☑ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced 3/4th/long soft mid
Os: Closed _____ Dilated 1 cm
Membranes: ☐ Present ☑ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
primigravida with 36+2 weeks with Hypothyroidism (25) with preterm premature rupture of membranes in preterm latent labour

for observation / delivery

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Family History:
Mother - HTN
Grandmother - DM, HTN
Hypothyroidism

Surgical History:
Nil

Medical History:
Nil

Medication History:
Tab Thyroxine 25mcg OD

Plan of Care: C/I to DR. MADHUMITA G.Mam

- Admission GRBS-73
- clear liquids
- Part preparation
- Consent
- Monitor FHR continuously
- Inj Betamethasone 12mg IM stat.
- send CBP, CRP, HVS, CUE, Urine c/s
- Monitor Vitals
- Follow drug chart
- foot end elevation
- AFI Doppler scan today
- Inform SOS
- NST 4th hrly

noted by manga 14/7/26 @ 1.30 AM

Investigations:

BG - 'O' POSITIVE

31/01/26
HIV, HBsAg, HCV, VDRL } NR

14/7/26
CBP - 12.8 / 14.90 / 2.37L

25/12
HPLC - Normal

27/6/2026
Growth scan
33+6 wks
SLIUF, cephalic
EFW - 2072gm
AC - 217.
AFI - 12.7cm
PI - Ant High
Doppler - Normal

26/03/2026
TIFFA scan
20+4 wks
SLIUF
CL - 30mm
No anomalies
PI - Ant High

31/01/2026
NT Scan
12+6 wks
SLIUF
NT - 1.9mm

FTS - LOW RISK

Doctor Name: DR YOGESHWARI
Signature:
Date & Time: 14/7/2026 @ 5AM

Consultant Name: DR MADHUMITA G.
Signature:
Date & Time: 14/7/2026

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
	FHR CHART					
Date	Time	FHR	contraction	Time	FHR	Contraction
14/7/26	4AM	140bl/mt				
	4:30AM	136bl/mt	Irritability	5:30pm	150bl/mt	
	5AM	144bl/mt		6pm	142bl/mt	
	5:30AM	141bl/mt		6:30pm	139bl/mt	NIL
	6AM	138bl/mt		7pm	151bl/mt	
	6:30AM	144bl/mt		7:30pm	140bl/mt	
	7AM	142bl/mt		8pm	132bl/mt	
	7:30AM	152bl/mt		8:30pm	142bl/m	
	8AM	142bl/mt		9pm	– 142bl/m	
	8:30Am	150bl/m		9:30pm	– 144bl/m	
	9Am	146bl/m		10pm	– 139bl/m	
	9:30Am	138bl/m		10:30pm	– 129bl/m	
	10Am	130bl/m	Irritability	11pm	– 126bl/m	
	10:30Am	140bl/m		11:30pm	– 127bl/m	
	11Am	134bl/m		12Am 15/7/26	– 132bl/m	
	11:30Am	143bl/m		12:30Am	– 152bl/m	
	12pm	152bl/m		1Am	– 132bl/m	
	12:30pm	147bl/mt		1:30Am	– 132bl/m	
	1pm	142bl/mt		2Am	– 129bl/m	
	1:30pm	139bl/mt		2:30Am	– 130bl/m	
	2pm	138bl/mt		3Am	– 142bl/m	
	2:30pm	132bl/mt		3:30Am	– 142bl/m	
	3pm	136bl/mt		4Am	– 134bl/m	
	3:30pm	141bl/mt		4:30Am	– 134bl/m	
	4pm	131bl/mt		5Am	– 129bl/m	
	4:30pm	147bl/mt		5:30Am	– 122bl/m	
	5pm	138bl/mt		6Am	– 124bl/m	
				8Am	– 125bl/m	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 9:10 AM.	c/I to Dr. Madhumita mam	
	SLIUF	
	36+2 wks.	
	Cephalic.	
	PL- ant, high.	
	AFI - 8.6 cm.	
	Doppless - Normal.	
		Dr. Nikhita
14/7/26 9:10 am	Noted by pratyusha @ 9:10am	
	CRP - 1	
	CUE- sediment-	present
	Nitrite-	Negative
	Blood-	present ++
	pus cells-	4-5
	Epicells-	8-10
	RBC -	5-6
		Dr yogeshwari
	Noted by Pratyusha @ 9:10am	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:30 Am.	O/E	
	Pt is c/c/c	Adv
	Gc fair	- clear liquids
	Afebrile	- W/F POL
trace urine c/s HVS	BP-114/70mmHg	- Monitor FHR Continue SG
	PR- 80bpm	- Monitor Vitals
	S/E-NAD	- Follow drug chart
	P/A-Ut-36wk.	- Bed rest foot end elevation.
	Irritable	- Inform SOS
	Ⓒ FHR Ⓟ 130bpm	- Adequate hydration.
	noted by prathyusha @ 9:30am	Dr Yogeshwari
14/7/2026 10:30 Am.	c/s/b Dr- Madhumita mam	
	- Vitals stable.	Adv:
	P/A - wt~ 36 wks.	- strict bed rest ē footend
	cephalic	elevation.
	FHR Ⓟ 146 bpm.	- 2nd dose betnesol at 5PM.
	irritable.	- W/F POL.
		Dr. Madhumita Dr. Niklita.
	noted by prathyusha @ 10:30am	

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 1:30 PM.	O/E – pt is c/c/c	Adv:
	G/c – Fair.	– (N) diet
	Afebrile	– Adeq. Hydration
	BP – 119/79 mmHg	– Strict bed rest c footend elevation
Trace	PR – 80 bpm.	– FHR monitoring
UCS	S/E – NAD.	– NST 4th hourly
& HVS	P/A – wt ~ 36 wks	– monitor vitals
reports	irritable (2c/15 sec/10min)	– W/F POL
	Cephalic	– Follow drug chart
	FHR ⊕ 136 bpm.	– Inform SOS.
		Dr. Nikhita
	Noted by Prathyusha	@ 1:30pm
14/7/26 5:30 PM.	O/E – pt is c/c/c	Adv:
	G/c – Fair.	– (N) diet.
	Afebrile.	– Adeq. Hydration.
	BP – 109/69 mmHg	– strict bed rest c footend elevation.
	PR – 70 bpm.	– FHR monitoring
	S/E – NAD.	– NST 4th hourly
	P/A – wt ~ 36 wks.	– monitor vitals.
	irritable (2c/20sec/10min) 25	W/F POL
	Cephalic	– Follow drug chart
	FHR ⊕ 140 bpm.	– Inform SOS
		Dr. Nikhita
	Noted by prathyusha	@ 5:30pm

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:30 PM	O/E- pt is c/c/c	Adv:
	Gc- Fair,	- (N) diet
	Afebrile	- Adeq. Hydration
NST reactive	BP- 112/72 mmHg.	- Strict bed rest &
	PR- 86 bpm.	foot end elevation
	S/E- NAD.	- monitor vitals
Trace UCS, HVS	P/A- Ut ~ 36 wks.	- FHR monitoring
	cephalic	- NST 4th hourly
	~~irritable~~ comfy.	- follow drug chart
	(2c/25-30sec)	- Inform SOS.
	FHR (+) 138 bpm.	
Noted by Subuhi	9:30pm 14/7/26	Dr. Niklita
15/7/26 1:30 AM	O/E- pt is c/c/c	Adv:
	Gc- Fair	- (N) diet
	Afebrile	- Adeq. Hydration
NST reactive	BP- 112/73 mmHg.	- Strict bed rest &
	PR- 83 bpm.	foot end elevation.
Trace UCS, HVS	S/E- WAD.	- monitor vitals.
	P/A- Ut ~ 36 wks.	- FHR monitoring.
	cephalic	- NST 4th hourly.
	~~irritable~~ comfy.	- follow drug chart
	FHR (+) 142 bpm.	- Inform SOS.
	3c/35 sec/10 min.	
	V/E- Cx- 1/4th inch	Dr. Niklita
Noted by	m- liq clear os- 1F	
15/7/26 Subuhi	PPUX 1-21	

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 5:30 Am.	O/E - pt is c/c/c	Adv:
	G/C - Fair	- NBM
	Afebrile	- ~~Adeq. Hydrat~~
	BP - 110/70 mmHg	- Strict bed rest c footend
NST reactive	PR - 80 bpm.	elevation.
	S/E - NAD	- monitor vitals
	P/A - wt ~ 36 wks.	- FHR monitoring.
Trace USS, HVS	Cephalic.	- NST 4th hourly
	FHR ⊕ 148 bpm.	- Follow drug chart
	3c/30 sec/10 min -35	- Inform SOS.
noted by Sukanya 15/7/26 5:30Am	V/E Cx 1/4th inch OS IF PPVx - 2 m - liq/clear.	Dr. Nikeita
15/7/26 7am	C/I to Dr Madhumita Mam	
	P/A wt ~ 36 weeks	
	⊕ 4c/30-35sec/10min FHR ⊕ 126 bpm	
	V/E Cx - 1/4th inch	
	m - liq/clear OS. If loose	
	PPVx - 2	
	Patient and attenders were explained regarding the preterm premature rupture of membranes, oligohydramnios, non progress of labour and the risk of continuing with vaginal delivery and need for emergency LSCS. and they opted for it.	Dr. Madhumita Dr Nausheen

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	POD-0	(Post LSCS)
9:15 AM	O/E pt is c/c/c	Adv
	Gc fair	- NBM
	Afeb	- Rest
	BP - 130/80 mmHg	- I/O charting
VO - 150ml clear	PR - 100 bpm	- W/F bleeding PV
	P/A - S/E - NAD NT NW/R	- Monitor Vitals
	soft BSE	- follow drug chart
	L/E NAB	- Inform SOS
	Baby MS BF (+)	Dr. Madhumita / Dr Nausheen
	noted by pooja 15/7/26 @ 9 pm	
15/7/26 1:30 PM.	C/S to Akon / C/S to Dr. Madhumita Mam	
	BP readings - 144/101 mmHg	
	PR - 98 bpm.	
	Adv	
	- T. NICARDIA 10 mg stat	
	- T NICARDIA 20 mg - 12 th hrly	
	- Monitor BP & Urine output	
	- ~~Monitor and~~ Urine Albumin to be done	
	- Inform SS	
noted by pooja @ 1:40 pm		Dr Gautam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 1:30pm	POD-0 (LSCS)	
	O/E	Adv
	Pt is c/c/k	- Sips of water f/b clear liquids
	Gc fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
	BP - 146/99 mmHg	- BP charting
UO - 50ml clear	PR - 98 bpm	- I/O charting
	S/E - NAD	- Follow drug chart
	P/A - Ut ~ WR	- Adequate hydration
	soft BS+ | + ++	- Inform SOS
	L/E - NAB	
	Baby - A/4 BF ⊕	
	Noted by prathyusha @ 1:40pm	Dr. Yogeshwari
15/7/26. 2 PM	CPI to Dr. Madhumita Mam	
	Urine Albumin - 2+	
		- Send LFT, LDH, S. Creatinine
		- BP & Urine output monitoring
		- Inform sos
		Dr. Greeshma
	Noted by prathyusha @ 2pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 4:30pm		
	Creatinin - 0.6	
	LFT - SGOT - 40 ↑	SGPT - 38 ⊕
	ALP - 142	
trace LDH, HVS	Protein - 5.5	
	Albumin - 2.7	Globulin - 2.8
	A/G ratio - 0.9	
	Urine C/S - Gram stain - No polymorph or organism	Dr Yogeshwari
	- No growth	
	Noted by prathepsha @ 4:30 pm	
15/7/26 4:30pm	↑ BP reading	No imminent signs
	POD-0	
	O/E pt cdc	Adv
	c/o	- Clear liquids
V.O 500ml	afebrile	- High protein diet 7 pm
adequate	BP - 138/99 mmHg	
	PR - 96 bpm	- I/O charting
trace LDH	RS - NAD	- BP charting
HVS	P/A - uterus	- Passive ambulation
	BS ⊕	- Monitor vitals
	PV - NAB	- follow drug chart
	6 day BF ⊕	- inform SOS
	Dr. Madhumita	Dr. Ashwini

Noted by pradhepsha @ 4:30pm

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VITLA RAMYA SREE
04-1998 28 Y 2 M 28 D (F)
MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
15/7/26		Rx 8
9pm	pt clc	
	GC fair, afebrile	→ high protein diet
	BP- 126/86mmHg	→ adq. hydration
	PR - 94 bpm	→ I/O charting
U.O - 100ml/hr	S/E - NAD	→ passive Ambulation
adq	P/A - ut N WR	→ BP charting
	80 pt, BS +/+	3rd hrly
trace LDH, HVS		→ monitor vitals
	U/E - NAB	→ follow day chart
T. Labetalol 100mg given @ 7pm.		→ Oxygen sos
Shift to 2005D.		[signature]
	Noted by Meghna	15/7/26 at 9pm
	POD-1	↑ BP readings - now normal
16/7/26		no imminent signs
7am	O/E pt c/c	Adv
	GC fair, afebrile	- High protein diet
U.O 2555ml	BP - 120/80mmg	- W/F bleeding PV
adq clear	PR - 81bpm	- BP charting
Removed foleys	H ↔ NAD	- Monitor vitals
A BF (+)	P/A soft, ut WR	- follow drug chart
Jelly - N	BS (+)	- hydration
	PV NAB	- ambulation
		- Oxygen sos

Noted by Padma 16/7/26

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Dr. Ashwini (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	POD - 0 (LSCS)	
1PM	↑ Bp readings now normal, No imminent signs	
	O/E pt is c/c/c	Adv
	GC fair	- High protein diet
	Afebrile	- w/f bleeding pv
	BP - 101/66 mmHg	- Monitor vitals
Urine passed	PR - - 92bpm	- Monitor Bp charting
	S/E - NAD	- Follow drug chart
Motion not passed	P/A - UtvwR	- Adequate hydration
	soft BS+/+ F+/+	- Ambulation
		- Inform SOS
	L/E - NAB	
	Baby ⇌ A/H BF⊕	Dr Madhumita
		Dr Yogeshwari
16/7/26 1PM	HVS - No bacterial or yeast isolated. ~~yeast path~~	
	Gram stain - show epithelial cells c̄ no organism	
	CD4 - 350	
		Dr Yogeshwari
		Dr Farner

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

IH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi C 36+2wks C Hypothyroidism C PPROM C Latent Labour for Observation — Any Infection: ☐ Yes ☐ No ☐ Not Known — If Yes Specify: .....

Surgery / Procedure: Delivery — Post OP Day:

BACKGROUND

Date / Shift	14/7/26 Night	14/7/26 M	14/7/26 E	14/7/26 N.	15/7/26 GP	15/7/26 M
Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Hypothyroidism	Hypothyroid	Hypothyroidism	Hypothyroidism
Diet:	@diet	@diet	@diet	@diet	NBM	NBM

ASSESSMENT

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:	98.4°F	98°F	96.2°F	98.6°F	98.6°F	96.2°F
Res:	19b/m	19b/mt	20b/m	20b/m	19b/m	20b/m
SpO_2:	99%	99%	98%	99%	99%	95%
Pulse:	80b/m	82b/mt	80b/mt	82b/m	86b/m	88b/m
BP:	119/79mm/hg	112/80 mm/hg	100/70 mm/hg	110/70 mm/hg	110/80 mm/hg	130/80 mm/hg
LOC:	conscious	conscious	Conscious	Conscious	Conscious	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

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:	Nil	—	—	@diet	NBM	NBM
Critical Lab Test / Values:	Nil	—	—	—	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):	Dependent	dependent	dependent	dependent	Dependent	dependent
Post Operative Procedure Special Orders:	W/F contraction	—	—	FHR monitor	NBM	

Handed Over By Name :	Mangya	Prathyusha	Prathyusha	K. Sukanya	Bhavani	pooja
Signature / ID :	020520	020533	020533	020477	020443	
Date:	14/7/26	14/7/26	14/7/26	14/7/26	14/7/26	15/7/26
Time:	@8 AM	@8pm	@8pm	@7:55am	@10am	@2pm
Taken Over By Name :	Meghana	prathyusha	K. Sukanya	Bhavani	pooja	prathyusha
Signature / ID :	Mf020232	020533	020477	020443	020450	020533
Date:	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26	15/7/26
Time:	@8am	@2pm	8pm	@8AM	@9AM	@2pm

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi C 36+2 weeks C Hypothyroidism C PROM C latent labour Observation for delivery

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	15/7/26 E	15/7/26 N	15/7/26 N	16/7/26 M	16/7/26 E	
BACKGROUND	Medical Condition (Any special condition to be noted):		Hypothyroidism	Hypothyroid	Hypothyroidism	Hypothyroidism	
	Diet:	Clear liquids	soft diet	High protein	High protein	High protein	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.2°F	98.6°F	98.5F	98.6°F	98.7°F	
	Res:	20b/mt	19 b/mt	20b/m	20b/m	18b/m	
	SpO_2:	98%	99%	99%	99%	98%	
	Pulse:	80b/mt	76b/mt	78b/m	89b/m	75 b/m	
	BP:	130/82mmHg	128/82mmHg	125/81	114/75(80)	120/66mmHg	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	15	15	15	'15'	'15'	
	Pain Score:	0	0	0	'0'	'0'	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	Nill	Nil	Nil	
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Clear liquids	Soft diet	High protein	High protein	High protein	
	Critical Lab Test / Values:	-	-	Nill	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:			W/F Bleeding PV	Bp. 3rd hourly.	Bp 3rd hrly	Bp 3rd hrly	
Handed Over By Name :		Prathyusha	Meghana	Padma	Roja	Roja	
Signature / ID :		020533	M020232	606329	Rajdeepa	Rajdeepa	
Date:		15/7/26	15/7/26	16/7/26	16/7/26	16/7/26	
Time:		@8pm	@9:45pm	@7am	@2pm	@8pm	
Taken Over By Name :		Meghna	Padma	Roja	Roja		
Signature / ID :		M020232	606329	Rajdeepa	Rajdeepa		
Date:		15/7/26	15/7/26	16/7/26	16/7/26		
Time:		@8pm	@10pm	@8am	@2pm		

Discharge Not send I/P billing process

note by Roja 16/7/26

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: 14/7/26

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							
Afternoon							
Night	5AM ⇒ Ensure safety 7AM ⇒ Any Others, Specify		5:10 AM 7:10 AM	⇒ provided side rails ⇒ Check FHR & NST 4th hourly	⇒ Patient safety ⇒ Checked FHR & NST	⇒ Patient safe & comfortable ⇒ NST & FHR good	Mangs @ 14/7/26 @ 7h

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

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

Date: 14/2/26

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
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Good Nutritional Status
- ☐ Patient & Family Education
- ☐ Maintain Skin Integrity

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure safety	8am	provided side rails	To prevent fall	patient is safe.	14/2/26 @ 1pm
	1pm	Maintains personal hygiene	1pm	provided hygiene practice	To prevent infections	patient is safe.	
Afternoon	2pm	Maintains fluid balance	2pm	provided fluids	To prevent dehydration	patient is hydrated	Ady 14/2/26 @ 2pm
	6pm	monitor vitals	6pm	checked vitals	vitals are normal	patient was stable	Pratyu. @ 6pm 14/2/26
Night	8 pm	maintain fluid balance	8 pm	encourage to take oral liquids	prevent dehydration	patient well hydrated	
	6 am	FHR	6 am	FHR monitoring	FHR 142bpm	FHR good	

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

NURSING CARE RECORD

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

Date: 15/7/26

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	9Am -	Ensure Safety	9Am -	To provide side sails.	- To prevent Falls From bed side	- patient was good.	
	6pm -	Monitor Vitals	6pm -	Checked vitals.	- vitals are normal	- patient was stable	
Afternoon	2pm	Maintain fluid Balance	2pm	Provide IV fluids	provided IV fluids	Patient was dehydrated	pradyut @ 2pm 15/7/26
	6pm	Monitor vitals	6pm	checked vitals	vitals are normal	Patient was stable	pradyut @ 6pm 15/7/26
Night	8pm	Maintain fluid Balance	8pm	Encourage to take oral fluids	TO prevent dehydration	patient is well hydrated	Reghu N 15/7/26 10pm
	11pm	Ensure safety.	7Am	Provied the Sied Rails.	* prevent to the fall Risk.	* Re-Assessment Patient Condition is Stable.	Reghu 16/7/26 @ 7Am

H-00200346 IP-00060703
s VITLA RAMYA SREE
-04-1998 28 Y 2 M 28 D (F)
. MADHUMITA ANIRUDDHA GITAY

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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	10 pm	Ensure Safety Maintain Good Nutritional status	1 pm	To provide side rails To encourage to take high protein diet	To provide Safety To maintain protein level in Body.	Re-Assessment done 3rd hrly vitals checked	Ragi 16/7/26 @2pm
Afternoon	3pm	* Maintain Good Nutritional Status	4pm	* To Encourage to take high Protein diet	* To Maintain Proteins level in Body	* Re-Assessment done 3rd hrly vital checked	Ragi 16/7/26 @8AM
Night				Discharge Note Dr come for rounds patient stable Dr advice send for biling biling progress			

Docu. No: RCH /FRM / CLINICAL / 148

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 VITLA RAMYA SREE**	**Age :**	**28 Y 2 M 27 D**
IP No:	**IP-00060703**	**Sex:**	**Female**
Consultant:	**Dr. MADHUMITA ANIRUDDHA GITAY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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:

Relationship:

Date: Time:

Patient Address:

2-3/108/3/wp, dwaraka nagar
Chengicherla Hyderabad Telangana
INDIA 500039

Wittness Name:

Wittness Signature:

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. VITLA RAMYA SREE UHID No : VIH-00200346/IP-60703

Gender: ☐ Male ☑ Female Date : 14/07/2026 Time : 5:30 AM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. MADHUMITA A. GITAY

Consentee :
Signature :
Name : VITLA RAMYA SREE
Date & Time : 14/7/2026 5:30AM

Patient Attendant :
Signature :
Name : Pakala Prashanth
Relationship with Patient: HUSBAND
Date & Time : 14/07/2026 5:30AM

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : DR YOGESHWARI
Date & Time : 14/7/2026 5:30AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. VITLA RAMYA SREE Gender: ☐ Male ☑ Female Age : 15/7/2026

UHID No : VIH-00200346 / 60703. Date : 28 YEARS.

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)

EMERGENCY LOWER SEGMENT CESAREAN SECTION.

upon Mrs. VITLA RAMYA SREE.
(Name of the Patient)

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

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

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

BLEEDING, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION & ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE.

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.

Dr. Madhumita

Name of the Doctor who is performing the Surgery / Procedure: DR. MADHUMITA GITAY.

Consentee :

Signature :

Name : Mrs. RAMYA SREE.

Date & Time : 15/7/2026 6:55 AM

Patient Attendant :

Signature :

Name : Pakala Prashanth Kumar.

Relationship with Patient: Husband.

Date & Time : 15/7/2026 6:50 AM.

Witness :

Signature : V. Sukanya

Name : V. SUKANYA KUMARI

Date & Time : 15/7/26 ; 7AM.

Doctor (who is taking the consent) :

Signature :

Name : DR. NIKHITA

Date & Time : 15/7/2026 7 AM.

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Ref. No. : F / HW / CON / ANES / 02

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : VITLA RAMYA SREE Age : 28yr

Gender : M ☐ F ☑ - IP No : 200346 Consultant : Dr. Madhumita.

Ward / Bed No. : Anaesthesiologist : Dr. Madhav

Operative procedure planned : Emergency Caesarean Section.

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.

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient VITLA RAMYA SREE the above mentioned operation I Diagnostic I Therapeutic procedures Emergency Caesarean Section

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 : Vitta Ramya Srex
Relationship with Patient: Self
Date & Time : 15-07-2026 7:05 AM

Witness :
Signature : .....
Name : P. Prashanth Kumar
Date & Time : 15-07-2026 7:06 AM

Doctor (who is taking the consent) :
Signature : .....
Name : Dr P Madhav
Date & Time : 15/07/26 at 7:05 am

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 26 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Madhumita.	Date of Delivery: 15/7/26
Assistant Surgeon: Dr. Nausheen, Dr. Nikhita.	Time of Delivery: 8:19:23 Am
Anaesthetist's Name: Dr. Madhav.	Gender of Baby: Female.
Type of Anaesthesia: spinal.	Weight of Baby: 2.387 Kgs.
Neonatologist: Dr. Sumedha. G.	AGPAR Score: 9/10, 10/10
Scrub Nurse: Ruby sister.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: oligohydramnios c non progression of labour.

Urgency

- ☐ 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: 15 min. Knief to rectus:

CTG Description: Reassuring.

If there was a delay give the reasons:

Surgical Procedure: Emergency lower Segment Cesarean Section under spinal anaesthesia.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300 ml.	Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: 1 FL 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 Baby delivered in direct occipitoposterior posit

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

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

Cord Appearance: one false knot noted. one loop of 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 .... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress Monocryl 3.0 Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12 hrs. ~~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 x 4 hours.
- I/O charting
- Rest
- monitor vitals
- Follow drug chart
- Infusion SOS.
- W/F bleeding PV

Dr. Nikita

Doctor Name: Dr. Madhumita Giitay. Doctor Signature: ....

Date & Time: 15/7/2026. 9:45 Am.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Madhumita
Asst. Surgeon : Dr. Nausheen
Anaesthetist : Dr. Madhav
Scrub Nurse : Sr. Ruby. P

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

e. Age : 28y Gender : Fe
Name : Gm. LSCS
Out-time :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 8:00 AM

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

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : [signature]
Name : DR. M. VINEETHA.

Before Skin Incision ➤ ➤

TIME OUT Time: 8:07 AM

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 Gm. LSCS ☑ Yes ☐ No

Anticipated Critical Events

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

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

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

Signature : [signature]
Name : Shanu

Before Patient Leaves Operating Room

SIGN OUT Time: 9 AM

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

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

Signature : [signature]
Name : Dr. Nikhita.

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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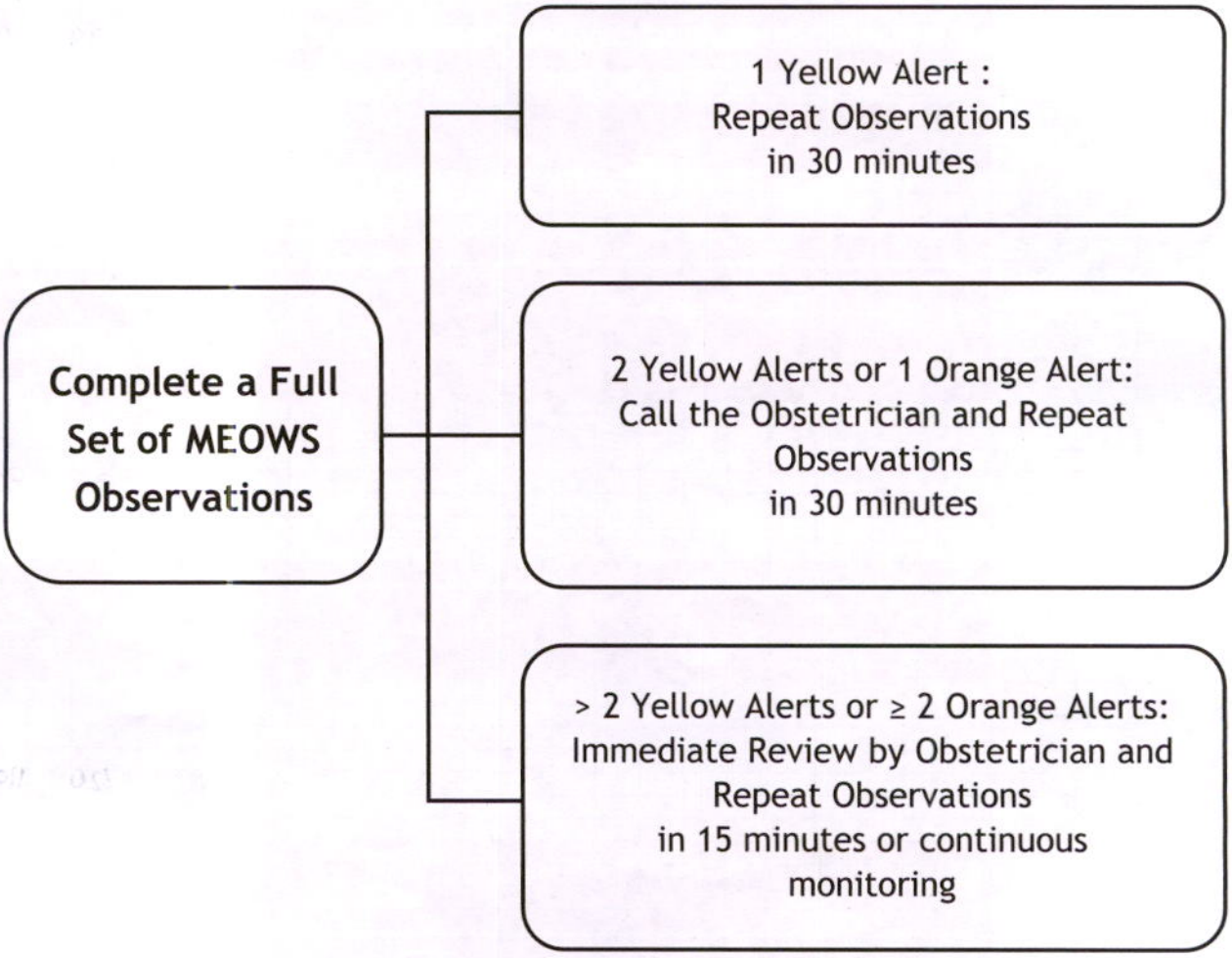
Early Warning Observation Score Chart - Obstetrics

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

14/7/26		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		100	
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																						37		37	
	36																						36		36	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																						83		80	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																						120		119	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																						83		79	
	70																									
	60																									
	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																										

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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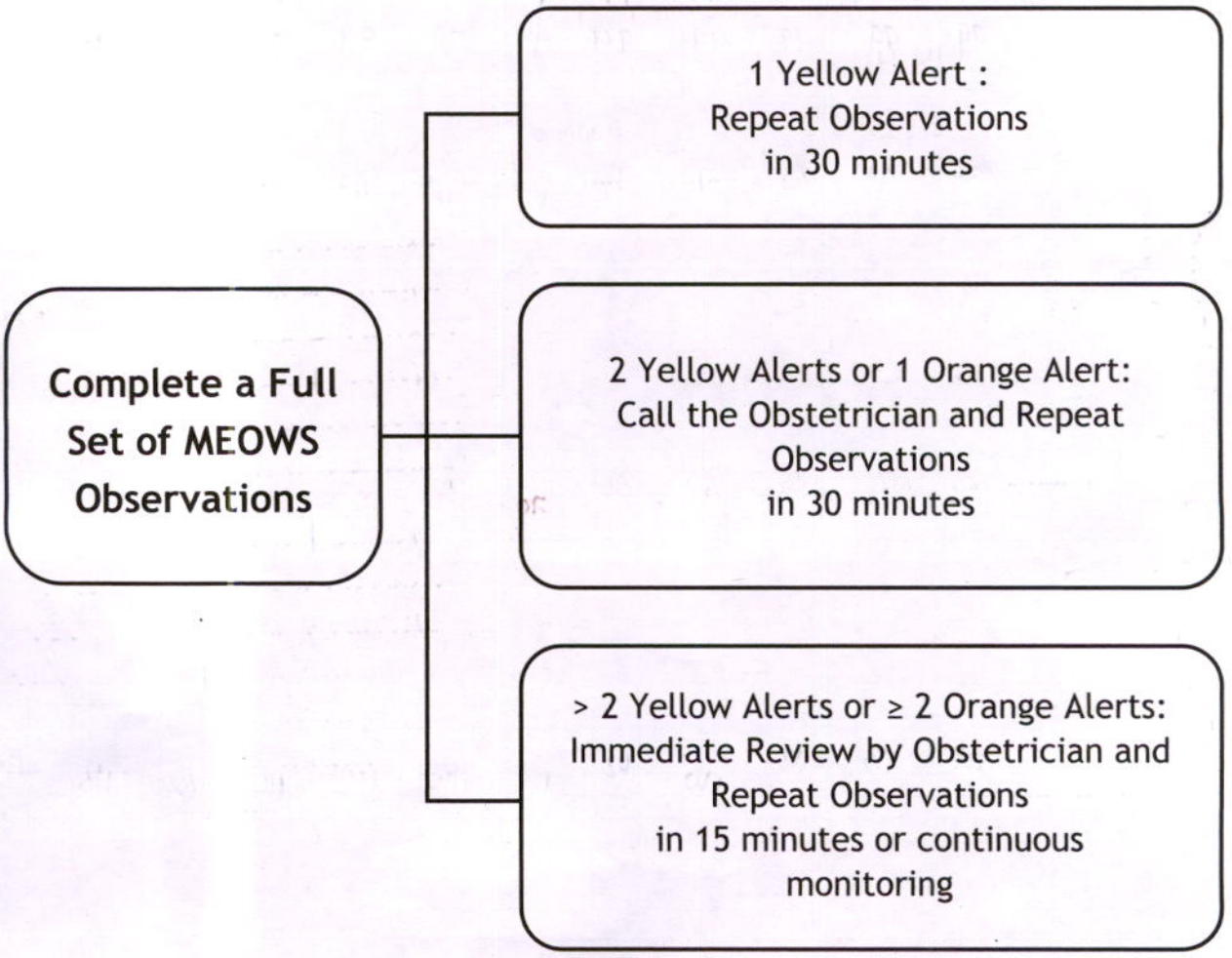
Early Warning Observation Score Chart - Obstetrics

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

14/7/26	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	
	0 - 10																								
Saturations	94 - 100 %	99		99		99		99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37C		37C		37C		37C		37C		36.4		36.4		36.7		36.7		36.2		37C		37C	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																					90		92	
	80	80		82		84		80		86		70		80		83		80		83					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	120		113		112		110		112		109		110		112		110		112		110		120	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		82		82		80		82		69		70		73		80		70		70		73	
	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	
	Heavy / Foul																								
Liquor	Clear / Pink	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	
TOTAL ORANGE SCORES		0		0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

H-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(3)

Rainbow® Children's Hospital
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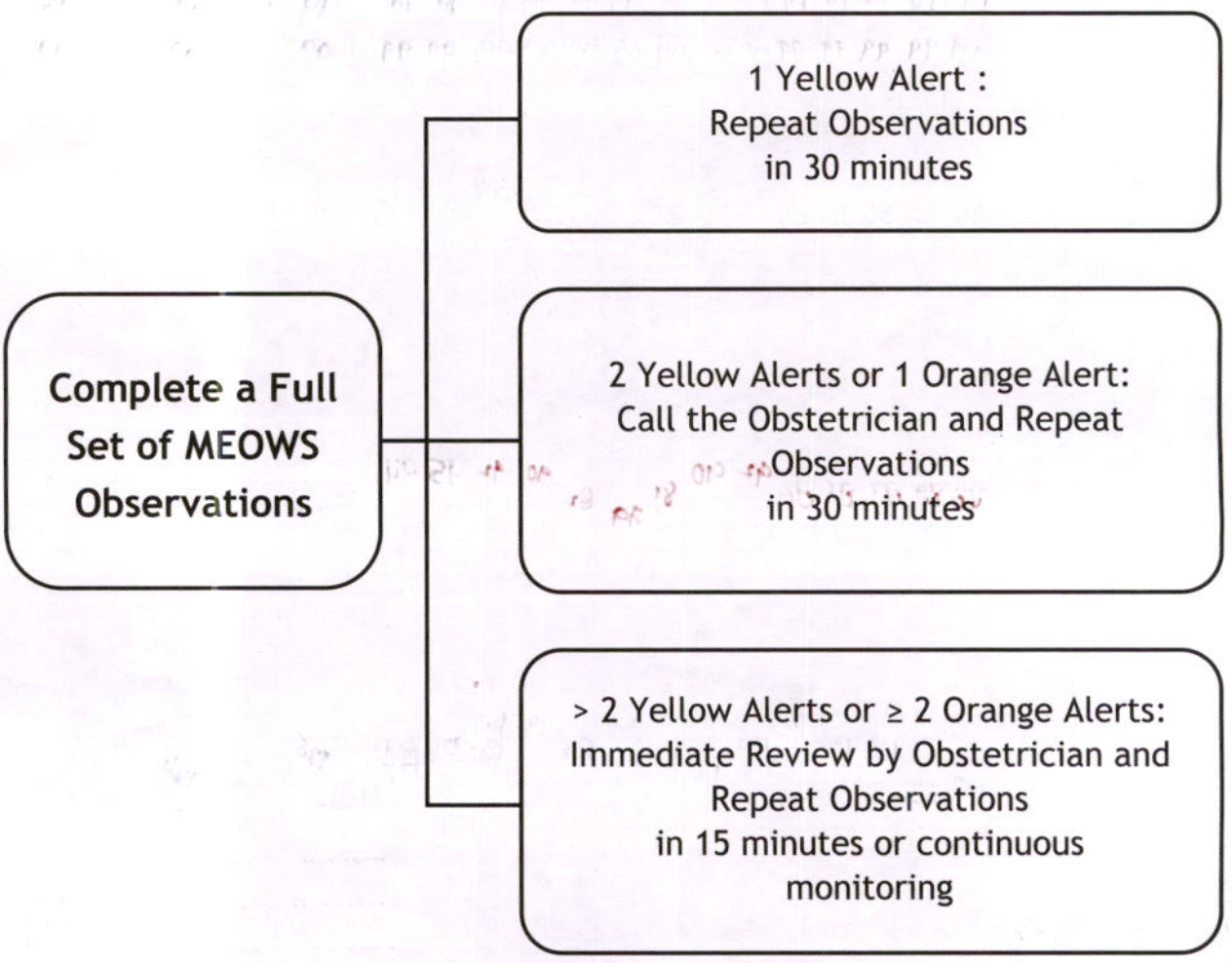
Early Warning Observation Score Chart - Obstetrics

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

16/7	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	19		19			19			18		
	0 - 10																								
Saturations	94 - 100 %	99	99	99	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						37.8	37.9		37.2	37.1		37.2	37.0	37.0											
	36	36	36	36	36	36			36.1			36.4					36			36			37		
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90						92	90				90	92	95	94		85								
	80	88	88	87	87	86			81	79	82									85			81		
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140					143				140		142	141												
	130			136	138		133		138		138			128	118		125			120					
	120							126																	
	110	110	113																				121		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100					100																			
	90				92		90					90	91												
	80			89		88		84	86	80	88						81			80					
	70	75	70											79	76								81		
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓			✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓			✓		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NO	NO	NA	NA	NO	NO	NA	NA		NA			NO			NO		
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NO	NO	NO	NO	NA		NA			NO			NO		
	Green																								
TOTAL YELLOW SCORES		0	0	0	1	0	0	0	0	0	0	1	1	0	0		0			0			0		
TOTAL ORANGE SCORES		0	0	0	0	1	0	0	0	0	0	0	0	0	0		0			0			0		
Nurse Initial																	P			P			P		

Obstetrics and Gynaecology Early Warning Signs



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

H-00200346 IP-00060703
s VITLA RAMYA SREE
-04-1998 28 Y 2 M 28 D (F)
. MADHUMITA ANIRUDDHA GITAY

Rainbow® Children's Hospital
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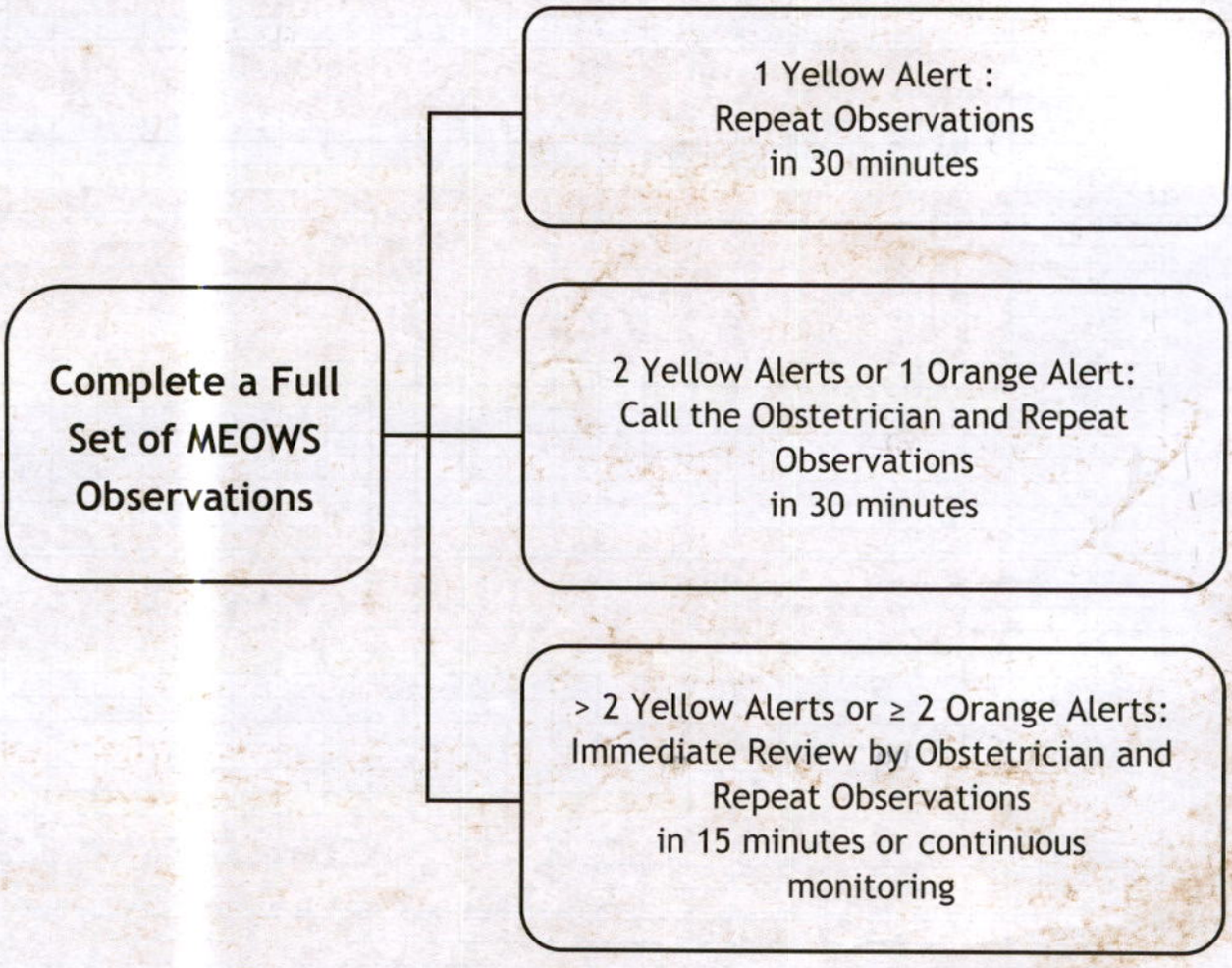
Early Warning Observation Score Chart - Obstetrics

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

		Date	16/9/25																						
		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																
	0 - 10																									
Saturations	94 - 100 %		99	99			99			99																
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		36																							
	36		36	36			36			36																
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80		82		80																			
	70		75							75																
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		120																							
	110				119		101			109																
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80		80																							
	70				75																					
	60						66			66																
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓			✓																
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓			✓																
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		NA		NA		NA			NA																
	Heavy / Foul																									
Liquor	Clear / Pink		NA		NA		NA			NA																
	Green																									
TOTAL YELLOW SCORES			0		0		0			0																
TOTAL ORANGE SCORES			0		0		0			0																
Nurse Initial			P		R		AR			AR																

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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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
	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											
14/7hrs	04:00 am	H2O	100ml									
	05:00 am	H2O	100ml							✓	0	Manga
	06:00 am	H2O	100ml								2	14/7hrs
	07:00 am	H2O	100ml							✓	2	@7AM
Total Intake :	400ml					**Total Output :**	passed					

Total 24 hrs. Intake	400ml

Total 24 hrs. Output	passed

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE 28 Y 2 M 27 D (F)
17-04-1998
Dr. MADHUMITA ANIRUDDHA GITAY

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

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							
14/7/26											0	
	08:00 am	H2O + 100ml									0	
	09:00 am	H2O + 50ml									0	
	10:00 am	H2O + 100ml								✓	0	Prathyusha @ 7pm 14/7/26
	11:00 am	H2O + 50ml									0	
	12:00 pm	H2O + 100ml								✓	0	
	01:00 pm	H2O + 50ml									0	
Total Intake :		450ml				**Total Output :**				Passed		
14/7/26	02:00 pm	H2O + 50ml									0	
	03:00 pm	H2O + 100ml					✓			✓	0	
	04:00 pm	H2O + 50ml										Prathyusha @ 7pm 14/7/26
	05:00 pm	H2O 100ml										
	06:00 pm	H2O 100ml								✓		
	07:00 pm	H2O 100ml									0	
Total Intake :		500 ml.				**Total Output :**				Passed		
14/7/26	08:00 pm	H2O	100ml							✓	0	R 14/7
	09:00 pm	H2O	100ml								0	
	10:00 pm	H2O	100ml							✓	0	10p
	11:00 pm	H2O	100ml								0	
	12:00 am	H2O	50ml							✓	0	R
	01:00 am	H2O	50ml								0	
Total Intake :		500ml				**Total Output :**				Passed		
15/7/26	02:00 am	H2O	50ml								0	R 15/7/26
	03:00 am	NBM	50ml							✓	0	
	04:00 am	NBM + RL	1F/F									
	05:00 am	NBM + RL	100ml/hr							✓	0	Suh
	06:00 am	NBM + RL	100ml/hr									
	07:00 am	NBM + RL	100ml							50ml	0	Suh
Total Intake :		900ml				**Total Output :**				Passed		

Total 24 hrs. Intake	2350ml	Total 24 hrs. Output	passed

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

FLUID CHART

Sheet No. : 3

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
15/7												
	08:00 am	RL	NBM	900ml/hr							0	
	09:00 am	RL	NBM	200ml/hr						50ml	0	
	10:00 am	RL	NBM - 100ml							50ml	0	
	11:00 am	RL - 100ml - NBM								50ml	0	
	12:00 pm	RL - 100ml - NBM.								50 ml	0	
	01:00 pm	RL 200ml - NBM								50ml	0	
Total Intake :		1600ml				**Total Output :**				250ml		
15/7	02:00 pm	H_2O 20ml + RL 100ml								100ml	0	Pradhyusha @ 4pm 15/7/26
	03:00 pm	H_2O 50ml + RL 100ml								100ml	0	
	04:00 pm	H_2O 50ml + RL 100ml								100 ml	0	
	05:00 pm	H_2O 100ml								100ml	0	Pradhyusha
	06:00 pm	H_2O 100ml								150ml	0	
	07:00 pm	H_2O 100ml.								50ml.	0	
Total Intake :		720ml				**Total Output :**				700 ml		
15/7	08:00 pm	H_2O 100ml								80ml	0	Meghana 15/7/26
	09:00 pm	H_2O 100ml								75ml	0	
	10:00 pm									100ml		
	11:00 pm		Collect H_2O							120ml		
	12:00 am									130ml		
	01:00 am									150ml		
Total Intake :						**Total Output :**				655ml		
16/7	02:00 am		H_2O							120ml		Pradhyusha 16/7/26 @ 7 AM
	03:00 am									150ml		
	04:00 am									200ml		
	05:00 am		H_2O							130ml		
	06:00 am									150ml		
	07:00 am									200 ml		
Total Intake :						**Total Output :**				950ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2' 555 ml

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
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Dr. MADHUMITA ANIRUDDHA GITAY

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
15/7/26	08:00 am		Idly + H2O									
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm						✓			✓		Roja 15/7/26 @ 2pm
	01:00 pm		H2O				✓					
Total Intake :						**Total Output :**						
16/7/26	02:00 pm											
	03:00 pm		Rice + H2O							✓		
	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-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

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: LW 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. THYROXINE	25MCG	PO	ONCE DAILY	13/7/26	☑C ☐DC
2	T. IRON	1 TAB	PO	ONCE DAILY	12/7/26	☐C ☑DC
3	T-CALCIUM	1 TAB	PO	ONCE DAILY	13/7/26	☐C ☑DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESHWARI

Date & Time : 14/7/2026 5 AM

Nurse Name & Signature: Manga Devi

Date & Time : 14/7/26 @5AM

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: (207)

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. THYROXINE	25MCG	PO	ONCE DAILY	15/7/26	☑C ☐DC
2	INJ CEFOTAXIME	1GM	IV	12TH HOURLY	15/7/26	☑C ☐DC
3	T. PARACETAMOL	1GM	PO	6TH HOURLY	15/7/26	☑C ☐DC
4	T. DICLOFENAC	50MG	PO	8TH HOURLY	15/7/26	☑C ☐DC
5	T. TRAMADOL	100MG	PO	8TH HOURLY	15/7/26	☑C ☐DC
6	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	15/7/26	☑C ☐DC
7	T. NIFEDIPINE SUSTAINED RELEASE	20MG	PO	12TH HOURLY		☑C ☐DC
8	INJ ENOXAPARIN	40MG	SC	ONCE DAILY		☑C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. Aswini

Date & Time : 15/7/26 · 9pm

Nurse Name & Signature: pooja

Date & Time : 15/7/26 | at 12pm

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

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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

Patient Name: MRS. VITLA	I.P. No. 10703	Sheet No. 1	Wards MICU	Weight (kg) 64 kg

REGULAR PRESCRIPTIONS

DRUG: TAB. DICLOFENAC

Dose	Route	Frequency	Start Dt.	Date/Time 15/7	16/7
50 mg	PO	SHRLY	15/07	7 AM	
				3 PM	
				11 PM	

Name & Signature of the Doctor starting the Drugs: DR. M. VINEETHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG: T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time 16/7
40 MG	PO	ONCE DAILY	15/7	6 AM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG: T. NIFEDIPINE SUSTAINED RELEASE.

Dose	Route	Frequency	Start Dt.	Date/Time 15/7	16/7
20 MG	PO	12th hly	15/7.	9 AM	
				9 PM	11:30

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG: INJ ENOXAPARIN

Dose	Route	Frequency	Start Dt.	Date/Time 15/7
40 MG	SC	ONCE DAILY	15/7/26	8 PM

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

Additional Instructions: FOR X 3 DAYS, AFTER 6 HOURS AFTER CHECKING FOR ACTIVE BLEEDING

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

H-00200346 IP-00060703
VITLA RAMYA SREE
-04-1998 28 Y 2 M 28 D (F)
MADHUMITA ANIRUDDHA GITAY

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

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

REGULAR PRESCRIPTIONS

10/7/20 Verified Dr. Rishika Clinical Pharmacologist

DRUG : T. CEFIXIME				Date / Time
Dose	Route	Frequency	Start Dt.	
200mg	PO	12TH HOURLY	16/7/20	
Name & Signature of the Doctor starting the Drugs: DR YOGESHWARI				
Additional Instructions				
Daily Doctor's Endorsement by a Sign.				

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

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

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

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 28 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 64 kg

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
15/7	1:40PM	T. NIFEDIPINE SUSTAINED RELEASE	10MG	PO			
15/7	5:30PM	T. NIFEDIPINE SUSTED RELEASE	10MG	PO			
15/7	7PM	T. LABETALOL	100MG	PO			
16/7/26	1:30pm	INJ ONDANSETRON	4MG	IV			

15/7/26
Verified
Dr. Rishika
Clinical Pharmacologist
16/7/26

VIH-00200346 IP-00060703
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 14/07/2026 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

I.V. FLUIDS CHART

Weight. 64Y Ward. ICU

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
15/7	3AM	RINGER LACTATE	IV	F/F			15/7		
15/7	6AM	RINGER LACTATE	IV	100ML/HR			15/07		
15/07	8.10AM	RINGER LACTATE	IV	100 ml/hr			15/07		
15/07	8.40AM	RINGER LACTATE	IV	200 ml/hr			15/7		
15/7/26	10AM	RINGER LACTATE	IV	100ML/HR			15/7		
15/7/26	1pm	RINGER LACTATE	IV	100ML/HR			15/7		
15/7/26	4:30 pm	RINGER LACTATE	IV	100ML/HR			15/7		

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

VIH-00200346 IP-00060783
Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 64kg Ward. CW

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
14/7/26	6:30 AM	INJ CEFOTAXIME (AFTER TESTDOSE)	1 gm	IV		
14/7/26	5 AM	INJ BETAMETHA -SONE	12 MG	IM		
14/7/26	5 PM	INJ BETAMETHA -SONE	12 MG	IM		
15/7	7 AM	INJ. PANTOPRAZOLE	40 MG	IV		
15/7	7 AM	INJ. METOCLOPRAMIDE	10 MG	IV		
15/07	8:20 AM	INJ. CARBETOCIN	100 MCG	IV		Rakesh
15/07	9:05 AM	SUPP. TRAMADOL	100 mg	PR		Rakesh
15/07	9:05 AM	SUPP. DICLOFENAC	100 mg	PR		Rakesh
15/07	9:10 AM	T. MISOPROSTOL	600 mcg	PR		Rakesh

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

Verified Dr. Rishika Clinical Pharmacologist

Verified Dr. Rishika Clinical Pharmacologist

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

Mrs VITLA RAMYA SREE
17-04-1998 28 Y 2 M 27 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

REGULAR PRESCRIPTIONS

Weight. 64 Ward. ICU

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
25MCG	PO	ONCE DAILY	14/7/26

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

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date → / Time	14/7	15/7	16/7
6 AM			Padm
8			

Verified Dr. Rishika Clinical Pharmacologist 14/7/26

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	12TH HOURLY	14/7

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

Additional Instructions:

Date → / Time	14/7	15/7	16/7
6 AM	Teja	Rai	
8			Padm

STOP 16/7/26 IPM DR YOGESHWARI

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6HRLY	15/07

Name & Signature of the Doctor Starting the Drugs: DR M.VINEETHA

Additional Instructions:

Date → / Time	15/7	16/7
12 AM		Padm
6 AM		Padm
12 PM	Rai	HOLD
6 PM	Rai	

Verified Dr. Rishika Clinical Pharmacologist 15/7/26

DRUG : TAB TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	8HRLY	15/07

Name & Signature of the Doctor Starting the Drugs: DR M.VINEETHA

Additional Instructions:

Date → / Time	15/7	16/7
12 AM		Padm
8 AM		Padm
4 PM	Rai	
8 PM	Rai	

Daily Doctor's Endorsement by a Sign