Name	Mrs RUNA RAI	**UHID**	VIH-00199874
Father/Guardian	Mr MOH ABBAS	**Age/Gender**	31 Y 6 M 6 D/Female
Address	flat.no502,5th floor VEDHA TOWERS, A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060576	**Admission Date**	05-07-2026
Ref Doctor	Self	**Discharge Date**	07-07-2026

DISCHARGE SUMMARY

Consultant: Dr. KOPPULA SIRISHA REDDY, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

Diagnosis: Primigravida with 34+3 weeks with Advanced Maternal Age with PPROM with ? Abruptio Placenta admitted for Emergency Lower Segment Cesarean Section.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 05.07.2026.

History:
LMP: 5.11.2025
Obstetric formula: Primigravida
EDD: 13.08.2026
Gestation at admission: 34+3 weeks

Obstetric History:
G1 - Present pregnancy ,Spontaneous conception.

Medical History: Deaf & mute since birth
Family History: Both parents -HTN.
Surgical History: NIL
Allergies: NiL

Name Mrs RUNA RAI **UHID** VIH-00199874

Antenatal Details: Mrs. RUNA RAI was booked to Rainbow Hospital since conception. She was Tab. Ecosprin 150 mg since 17+3 weeks & stopped at 34 weeks. She had regular antenatal checkups and investigations as advised. She had history of Candidiasis at 32weeks managed conservatively. She came with complaints of lower abdominal pain on and off since 4.7.2026. She was admitted at 34+3 weeks with Advanced Maternal Age with PPROM with ? Abruptio Placenta for Emergency Lower Segment Cesarean Section.

Investigations: Enclosed

Blood group:**'B' POSITIVE**

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was long & closed. Spontaneous rupture of membranes occured showed blood stained liquor. On per speculum examination, blood stained liquor noted. FHR checked good. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Patient & attenders explained regarding blood stained liquor, ? abruptio placenta with presumed fetal distress, Risk of IUFD & need for emergency LSCS Explained & they opted to Emergency LSCS.

She was decided for emergency C-section in view of ? Abruptio placenta with Blood stained Liquor 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, Blood stained Liquor seen. Baby delivered. 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. Retroplacental clots of around 150 ml removed. 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 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 05.07.2026
Time of Delivery: 11:40:50 am
Type of Delivery: Emergency LSCS
Indication: ? Abruptio placenta
Analgesia: Spinal

Baby Details:
Date: 05.07.2026
Time:11:40:50 am
Sex: Male
Weight: 2.431 kg
Apgar: 7/10, 9/10.
Gestational Age: 34+3 weeks
NICU Admission: Yes in view of Prematurity & Respiratory distress.

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. 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 11.07.2026 (9am-9pm) after food
2. Tab. Emanzen D (1 Tab) thrice daily till (9am-2Pm-9pm) 11.07.2026 after food.
3. Tab. Metrogyl 200 mg thrice daily till 11.07.2026 (10am-3Pm-10Pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 11.07.2026 (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. Inj. Enoxaparin 40 mg SC once daily till 07.07.2026.
8. Nebasulf powder for local application.
9. HPV vaccine after 6 weeks of delivery.

Review after one week on 11.07.2026 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: Mohammad Abbas

Signature:

Relationship: Husband

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. KOPPULA SIRISHA REDDY
MBBS,DNB
CONSULTANT OBSTETRICIAN
& GYNECOLOGIST
58977

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Mrs RUNA RAI	**Inpatient No.**	: IP-00060576
Age/Gender	: 31 Y 6 M 6 D/ Female	**Admit Date**	: 05-07-2026
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 :05-07-2026 11:23
HEMOGLOBIN (Colorimetry)	13.3	g/dL		12 - 16
RBC COUNT (DC detection method)	4.54	10^12/L		4 - 5.2
PCV/HCT (Calculated)	37.2	VOL%		33 - 51
MCV (Calculated)	81.9	fL		80 - 100
MCH (Calculated)	29.2	pg/cells		26 - 34
MCHC (Calculated)	35.7	g/dL		32 - 36
RDW-CV (Calculated)	**13.3**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	222	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**15.08**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**70**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	8	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	2	%		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
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :05-07-2026 11:27
PT (Optical Clot Detection)	15.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	30.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. **SRUJANA SHYAMALA, MD, DNB**

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs RUNA RAI	Inpatient No.	: IP-00060576
Age/Gender	: 31 Y 6 M 6 D/ Female	Admit Date	: 05-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Consultant Pathologist, Reg No : 39356

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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SURGERY DETAILS

Date : 05/07/26

Patient Name: Ms. Runa Rai Date of Birth: 29.12.1994. Age: 31yr.

Gender: Female Ward : OT UHID No.: 019874

Date of Surgery: 05/07/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : EMERGENCY LSCS + SA.

Time in : 11:30 am Time Out : 12:30pm.

		NAME	AMOUNT
1.	Surgeon	Dr. K. Sirisha Reddy	OT charges.
2.	Anaesthetist	Dr. vineetha	
3.	Assistant Surgeon	Dr. Moumka	
4.	OT Technician	Tab. Aravind	
5.	Circulating Nurse	Sr. Praveena/Anuj	
6.	Assistant Nurse	Sr. Jyothi/Ratan	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3007716/15 Order by: Ratan

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ACTIVITY RECORD FOR BILLING

VIH-00199874 IP-00060576
Name: Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

UHID N 

---------- Consultant : ---------- Dept : ----------

Date of ... ime : 11:20 am Date of Discharge : ---------- Time: ----------

Room / Bed No : 226 Ward : YW. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	at: 11:30	MICU	OT	
5/7/26	12:30pm.	OT	MICU	
5/7/26	9:45pm	MICU	Room (202)	

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
5/7/26	NST at 8^{30} am (1)	Bill paid	in op Basis
5/7/26	CBP	V126022481	
5/7/26	PT/APTT	V126022482	
5/7/26	Vaginal swab for c/s	V126022488	
	Close checked by	G Sharmi	5/7/26 at 6pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Infusion Pump	11:30pm	9:00PM	3097766	[illegible]
5/7/26	Cardiac Monitor	12:30pm	9:00PM	3097766	[illegible]
Crossed Checked by [illegible] 5/7/26 at 9:00PM					

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	IV placement	(1)	3097714	
5/7/26	Catheterization	(1)	3097714	
5/7/26	PAC	(1)	3097713	
	Cross checked	by	C. Shamini	5/7/26 at 7:30pm

ANY OTHER INFORMATION

Date : 07.07.26 Time : 1pm Prepared By : MERLY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Padma	07.07.2026 1pm		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00199874 IP-00060576
Patient Name : Mrs RUNA RAI
28-12-1994 31 Y 6 M 7 D (F)
Dr. KOPPULA SIRISHA REDDY

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	4	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery	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	2	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	3	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Medication Reconciliation	2	✓	✓	
	Braden 'Q'	2	✓	✓	
	pain Assessment	2	✓	✓	
	Thrombophlebitis	2	✓	✓	
	Morse fall Assessment	2	✓	✓	
	Others	8	✓	✓	
	Total No. of Pages	54 pages			

Deepika 7/1/26 @12Am
Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060576 **Admit Date** : 05-Jul-2026 **Admit Time** : 11:20 AM **UHID** : VIH-00199874

Patient Details :

Patient Name	: Mrs RUNA RAI	**Age**	: 31 Y 6 M 6 D
Guardian	: Mr MOH ABBAS	**DOB**	: 29-12-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat.no502,5th floor VEDHA TOWERS A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 9575160560
		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 MOH ABBAS **Relationship** : W/O

Contact Address : flat.no502,5th floor VEDHA TOWERS A S Roa Nagar Hyderabad Telangana INDIA 500062 **Phone No** : 9575160560

Signature

Doctor Details :

Doctor Name	: Dr. KOPPULA SIRISHA REDDY	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 9:00Am Time Seen by Nurse: @ 9Am

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

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

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

3) **Vital Signs:** Temperature: 36.4C Pulse: 89bpm RR: 20bpm SpO_2: 99% BP: 120/7 Weight: 75

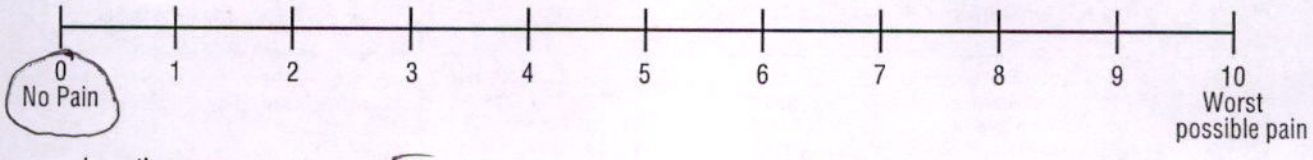
4) **Gestational Criteria:**

Gravida:	G 1	P 0+0	L —	A —

LMP: 5/11/25 EDD: 13/8/26 Gestational Age: 24+3wks

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: DTAP and MMR

VIH-00199874
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ..... a'i 11 Am .....

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

Date: ..... 5/7/26 ..... Time: ..... a'i Am .....

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/7/26

Baseline Information:

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

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

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

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

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

If yes, identify —

Chief Complaints: lower abdominal pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Monika

Time Notified: 2:11 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
mute And Deaf	Nil	Nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History: —

Onset of Menarche: —

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 5/11/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: —

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☐ No ☑ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 1 P — 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 Both Parents - HTN

Vital Signs / Measurements: Temp: 36.4 HR: 83bpm RR: Unbook

BP: 115/83 Weight: 75 kgs Height: 157 BMI: 30.48 kg/m²

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

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☐ Yes ☑ No Score .....(6)..... (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 ..... m.y.s. Runa Rai

Name of Person Orientation was given to: ..... Runa Rai

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..... Pooja

Date & Time: ..... 5/7/26 at 1 AM

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

MH-00199874 IP-00060576
Mrs RUNA RAI
9-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

Date & Time of Admission	Date & Time of Transfer Order
5/7/26 @ 11:20Am	5/7/26 @ 9:45pm

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

From Unit	To Unit	Information to Attendant
MICU	(202)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
40.	1	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. pcm - 13	Saral - 1
2.	Tab. Diclofenac - 10	Inj. Taxim - 1
3.	Tab - pan - 15	Inj. Enoxipain - 1
4.	Baciomb - 1	Inj. metrogyl - 1
5.	Underpad - 1	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghana	Dr. Mounika

Patient & Clinical Records Received by : RN9

Date & Time of Patient Received : On 5/7/26 @ 10:pm

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 / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199874 IP-00060576 Mrs RUNA RAI 29-12-1994 31 Y 6 M 6 D (F) Dr. KOPPULA SIRISHA REDDY	5/7/26 11:20	05/7/26 12:30pm
	Transfer ordered by: Dr. Vineetha.	Reason for Transfer: Post op care
From Unit: OT	To Unit: MICU	Information to attendant: Yes ☒ No ☐
Number of Sheets in clinical file: 38	Number of Imaging films: AST-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.	Nil	
3.		
4.		
5.		

Shifting Summary / notes written by Doctor : Dr. Vineetha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Praveena	Dr. Vineetha

Patient & Clinical records received by : Pooja 5/7/26 @ 1:30pm

Date & Time of Patient Received:

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

☐ Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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PATIENT TRANSFER FORM

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 @11:20AM	5/7/26 @ 11:30AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. manika	fm. CSCS
From Unit	**To Unit**	**Information to Attendant**
MICU	(OT)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
38	1	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
sis pooja	Dr manika

Patient & Clinical Records Received by : Rr. Akruj 5/7/26

Date & Time of Patient Received : @11:30 am

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

MH-00199874 IP-00060576
Mrs RUNA RAI
19-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o lower abdominal pain.
on & off : yesterday.

Obstetric Formula: primigravida.
ANC: 34 wks, NCM

Obstetric History:
G1 - present pregnancy / sp. conception.

Present Pregnancy Record: Booked : conception
H/o vaginal infection at 32 weeks, Candida g[illegible] ata isolated, managed conservatively.
she was on Tab. Ecospin 150 mg 17+3 wks,

RISK FACTORS: stopped at 34 weeks
- DEAF AND MUTE.
- AMA.

Height: 157 cm
Weight: 75 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: PT is CC, ICTERUS
Consciousness: ⊕ Pallor: –
Icterus: – Edema: –
Temp: Afebrile PR: 105 bpm
BP: 110/70 mmHg DTR: ⊕
CVS: S1S2⊕ RS BAE⊕
Liver/Spleen: – Urine Output: NAD.

LMP: 5/11/2025. EDD:
Corrected EDD: 13/08/2026 GA: 34+3 weeks.
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ 34 wks.
Ut. Activity: ☐ Relaxed irritable ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent 140 bpm

Per Speculum Examination Blood stained liquor ? Noted.
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS
Primi @ 34+3 weeks UA @ AMA ? PPROM with ? Abruptio Placenta admitted for delivery.

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

Family History:

Both Parents - HTN

Surgical History:

NIL

Medical History:

DEAF AND MUTE.

Medication History:

NIL

Plan of Care:

C/I to Dr. Sirisha Reddy.

- Admission
- Consent
- FHS monitoring
- Send CBP / Coag Profile HVS
- Part preparation
- Follow nonstress chart
- monitor vitals
- Shift to OT for Emergency LSCS
- PRBC available in Ramaka Blood Bank.

Noted by Shamini
5/27/26 at 11:45AM

Investigations:

BG: 'B' POSITIVE

HIV
HBSAg
HCV
VDRL
} NR.

10/4/2026
HVS - Candida glabrata.

5/7/26
CBP - 13.3/15080/2.2L

• Growth scan -
18/6/2026.
SLIUF
32 wks.
Cephalic
PL - Ant. high.
AFI - 11.9 cm.
AC - 25%.
EFW - 1965 gm.
Doppless - (N)

• NT Scan -
3/2/2026.
SLIUF
12+5 wks.
NT - 2.3 mm.

• TIFFA Scan -
1/4/2026.
SLIUF
20+6 wks.
PL - Ant. high.
CL - 34 mm.
Hypoplastic nasal bone in early anomaly scan.
- No anomalies.

FTS - low risk

Doctor Name: Dr. mounika
Signature: [signature]
Date & Time: 5/7/26, 11:15 Am

Consultant Name: DR. K. SIRISHA REDDY.
Signature:
Date & Time:

VIH-00199874
Mrs RUNA RAI
29-12-1994
Dr. KOPPULA SIRISHA REDDY
31 Y 6 M 6 D
IP-00060576
(F)

Patient Sti

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/1/26 11:15AM	O/E	
	Pt is cc, well fair	
	Afebrile	
	BP - 110/70 mmhg	
	PR - 105 bpm	
	S/E NAD	
SROM occured	P/A — Tightness Present	
	FHS ⊕ 142 bpm	
	P/S - Blood stained liquor noted	
	V/E - Cx - long, Os closed	
	Patient and patient attenders are explained about the Blood stained liquor, ? Abruptio placenta, Risk of Fetal Distress, FDFD, need for NICU Admission need for emergency LSCS explained and they opted for Emergency LSCS	
	Adv	
	HBM, PAC	
	Shift to OT for Em LSCS	Dr mounika.
(signature) (HUSBAND).		

No

(P.T.O)

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 2:00 pm	POD-0 C.SIP LSCS OH Pt is CC/c/c/Fair Afebrile BP - 110/70 mmHg PR - 88 bpm S/E - NAD P/A - Ut firm Soft, BS (+) L/E - NAD Baby - NICU	Adv - NBM - Rest - Mobilising - Passive ambulation - W/F Bleeding PV - Follow drug chart - monitor vitals - Inform SOS Dr. Anusha.
5/7/26 5 pm	POD-0 (LSCS) Pt is c/c/c GC - Fair. Afebrile BP - 116/74 mmHg. PR - 82 bpm. S/E - NAD. P/A - Ut - W/R. Soft, BS (+) L/E - NAB. Baby - NICU	Adv: - Water sips f/b clear liquids. - passive ambulation - Adeq. Hydration - W/F bleeding PV - monitor vitals - Follow drug chart - Inform SOS. Dr. Nikhila

Noted by Ramesh 5/7/26 @ 1 pm

Noted by Ramesh 5/7/26 @ 5 pm

urine 2 x 200ml output clear

urine 2 x 300ml output clear

VIH-00199874 IP-00060576
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Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9:00 PM	POD-0 C/P LSCS	
	O/E	
Pain AVS	Pt is CC, Coherent	Adv:
P/V	Afebrile	- Liquid diet
	BP - 110/70 mmHg	- Soft diet at 11 PM
Urine 2 x 200ml output clear	PR - 86 bpm	- Ambulation
	S/E - NAD	- W/F Bleeding PV
	P/A - Ut TOR	- Follow Drug chart
Shift to Room	Soft, BS (+)	- Monitor vitals
	UC - NAD	- Inform SOS
	Baby - NICU	
	Noted by Meghana 5/7/26 at 9 pm	Dr Manika
6/7/26 8:20 Am	POD-1 (LSCS)	Adv:
P/V	O/E - pt is c/c/c	- Soft diet
	UC - Fair	- Adeq. Hydration
	Afebrile	- Ambulation
U/O 1850 ml clear, adeq.	BP - 125/88 mmHg	- W/F bleeding PV
	PR - 88 bpm	- Monitor vitals
Remove foleys catheter	S/E - NAD	- Follow drug chart
	P/A - Ut - W/R.	- Inform SOS.
	Soft, BS (+)	
	L/E - NAB	
	Baby - NICU	Dr. Nikunja

Noted by Ghanshyam

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Mrs RUNA RAI
28-12-1994 31 Y 6 M 7 D (F)
Dr. KOPPULA SIRISHA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/25 11.52pm		S/B DR. K SIRISHA REDDY POD-1
Pt. c/o Pain	c/o fever, afebrile No pallor / pedal edema vitals stable P/A soft well (R) soft / Bs+ ASD dry L/E bleeding less	Rx 1) Soft diet Ambulation Plenty of oral fluids
Planned review & follow-up		2) Tab TAXIM 200mg bd 3) T METROGYL 200mg bd 4) T EMANZEN D bd 5) T PAN 40mg bd. 6) Inj CLEXANE 40mg SC stat at 10pm.
Refer to lactation consultant.		
Needs to plan 8/7/25		(signature)

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

VIH-00199874
Mrs RUNA RAI IP-00060578
29-12-1994
Dr. KOPPULA SIRISHA REDDY 31 Y 6 M 7 D (F)

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 1:30pm	POD-1 (post LSCS)	
	Pt is c/c/c	Adv
	G+C fair	- soft diet
	Afebrile.	- Hydration
	BP- 110/72 mmHg	- W/f PV bleeding
	PR- 91 bpm	- Ambulation
	S/E - NAD	- W/f PV bleeding
Urine - passed	P/A - soft BS (+)	
motion - passed	Ut - NWR	- follow drug chart
	Ut - NAB	- monitor vitals
	(No active bleeding)	- Inform SOS
	Baby - NICU.	
Noted by Dr 6/7/26		Dr Faraz.
6/7/26 10pm	POD-01	Rx°
	Pt c/c/c	→ Normal diet
	Ut fair, afebrile	→ follow drug chart
	BP- 110/70 mmHg	→ Ambulation
baby @ NICU	PR- 83 bpm	→ adq. hydration
	SE - NAD	→ W/f bleeding PV
	P/A - Ut NWR	→ pad for observation
U-P, M-P	soft	→ monitor vitals
	Ut - NAB	→ Inform SOS
		Noted by Deepika 6/7/26 @ 10pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-2 (Post LSCS)	
07/07/26		Rx°
7:30 Am	pt c/c/c	→ (N) diet
	G/C fair, afebrile	→ follow up drug chart
	BP- 120/84 mmHg	→ monitor vitals
	PR- 90 bpm	→ c/o PV bleeding
baby @ NICU	S/E - NAD	→ Ambulation
	P/A - Ut N WR	→ adq. hydration
D-P, M-P	soft, BS (+)	→ pad for observation
	L/E - NAB	→ Inform SOS
		Noted by Deepika 7/7/26 @ 7:30 AM
7/7/26	POD-2 (LSCS)	
12 PM	O/E	Adv
	Pt is c/c/c	- Normal diet
	G/C fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
Urine passed	BP - 120/84 mm/Hg	- Follow drug chart
Motion passed	PR - 90 bpm	- Adequate hydration
	S/E - NAD	- Ambulation
Aseptic dressing done wound healthy	P/A - Ut N WR	- pad for observation
	soft BS (+)	- Inform SOS
Pt can be discharged	L/E - NAB	
	Baby - NICU	
		Dr Yogeshwari
	Noted by padma 7/7/26 @ pm	

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ING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi E 34+3wks CHA & AMA C PRam c ? Abruptio Placenta admitted for delivery.

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

Surgery / Procedure: Emg LSCS

Post OP Day: 1 POD

BACKGROUND

Date / Shift	5/7/26 M	5/7/26 M.	5/7/26 E	5/7/26 N	5/7/26 N	06.07.26 morning
Medical Condition (Any special condition to be noted):	-		-	-		-
Diet:	NBM	NBM	clear liquids	clear liquids	Sdiet	Sdiet

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:	98.6F	98.6F	98.1F	98.5°F	98.7F	97.2F
Res:	18bm	18bf/mt	18b/mt	19 br/mt	20b/m	19b/m
SpO_2:	99%	98%	99%	99%	98%	99%
Pulse:	85bm	84bf/mt	98 b/mt	98 b/mt	83b/m	84b/m
BP:	110/70	110/70 mm	113/73 mmHg	115/75 mmHg	100/75 mm	110/72 mm
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	0	0	0	0	0
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	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	NBM	NBM	clear liquids	clear liquids	Sdiet	Sdiet
Critical Lab Test / Values:	—	—	—	-	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	dependent
Post Operative Procedure Special Orders:	—	—	W/F Bleeding	W/F Bleeding PV	W/F bleeding PV	W/F bleeding PV
Handed Over By Name :	Pooja	Poornima	Manasa	Meghana	Raja	Syed
Signature / ID :				Mf 020232		
Date:	5/7/26	5/7/26	5/7/26	5/7/26	6/7/26	6/7/26
Time:		@12:45pm	@ 8pm	@7:45pm	@8AM	
Taken Over By Name :	Pooja	Manasa	Meghana	Raja	Syeda	padma
Signature / ID :			Mf 020232		016457	606329
Date:	5/7/26	5/7/26	5/7/26	5/7/26	6.7.26	6/7/26
Time:	@11.10 am	@12:50 pm	@8pm	@10pm	8h	@2pm

VIH-00199874 IP-00060576
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29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primigravida with 34+3 weeks with advaced maternal age with prom with ? Abruption placenta admitted for Emergency LSCS.

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

Surgery / Procedure:

Post OP Day: POD-II

BACKGROUND

Date / Shift	6/7/26 D	6/7/26 N	7/7/26 M			
Medical Condition (Any special condition to be noted):	-	-	Nill			
Diet:	Sdiet	Sdiet	Ndiet			

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.5°F	98.5°F	98.6°F			
Res:	20b/m	20b/m	19b/m			
SpO_2:	99%	99%	99%			
Pulse:	76b/m	84b/m	85b/m			
BP:	110/70mmHg	109/70m	110/70			
LOC:	Conscious	Conscious	conscious			
Fall Risk Score:	13	15	0			
Pain Score:	0	0	0			
Skin Integrity	Intact	Intact	Intact			

Recommendations

Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	-	-	Nill			
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Sdiet NF	Sdiet Nil	Ndiet			
Critical Lab Test / Values:						
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent			
Post Operative Procedure Special Orders:	w/f Bleeding	w/f Bleeding				
Handed Over By Name :	padma	Dupika	Padma			
Signature / ID :	606329	607469	606329			
Date:	6/7/26	6/7/26	7/7/26			
Time:	@3pm	@8AM	@1pm			
Taken Over By Name :	Dupika	padma	sind to the Billing			
Signature / ID :	607469	606329	Nill			
Date:	6/7/26	7/7/26				
Time:	@8pM	@8Am				

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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NURSING CARE RECORD

Date: 5/7/26

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	~~10:30~~ 1 PM	Ensure Safety	1 PM	provide Side rails	To prevent falls	patient is fine	poojq 5/7/26
Afternoon	2 PM	maintained Balance	2 PM	provide IV fluids as per doctor order	To prevent body dehydration	patient is fine	poojq 3: PM 5/7/26
	7 PM	Ensure Safety	7 PM	To provied side rails.	To prevent fall	Patient is Comfortable.	
Night	10 PM	+ Relieve pain & discomfort	10:30 PM	+ Analgises given as per doctor order	+ To reduce Pain	~~+Re~~assessment was done every 4th hourly vital monitor	Poojq 5/7/26

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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NURSING CARE RECORD

Date: 6/7/26

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	Maintain fluid balance. Ensure safety.	9:30Am	Maintained oral Intake. provided side rails.	prevented for dehydration. prevented for fall risk.	Re assessment done every 4th hrly vital checked pt is stable.	Gopal 6/7/26 @9Am
Afternoon	3pm	* Ensure Safety * Maintain fluid balance	5pm	* Provided the side rails * Maintain oral intake	* To prevent Risk of falls * To prevent dehydration	Re-assessment done Patient is stable & comfortable	Padma 6/7/26 @8pm
Night	8pm 12AM	Ensure Safety Maintain personal Hygiene	11pm 8Am	To provide side rails To give handrub to the patient	To provide Safety To prevent Infection	Re-Assessment done patient is stable & comfortable	Deepika 6/7/26 @8Am

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NURSING CARE RECORD

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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharg Note's - Doctor came for the Round Patient is stable Doctor advised Dischargn			Pradeep 7/7/26 @PM
Afternoon							
Night							

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 7 D (F)
Dr. KOPPULA SIRISHA REDDY

NURSING CARE RECORD

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Date: .....

Goals

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

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RUNA RAI**	**Age :**	**31 Y 6 M 6 D**
IP No:	**IP-00060576**	**Sex:**	**Female**
Consultant:	**Dr. KOPPULA SIRISHA REDDY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

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: Mr. Mahabbas
Relationship: Father
Date: 5/2/26 Time: 5
Witness Name: Venkat
Witness Signature:

Patient Address:

flat.no502,5th floor VEDHA TOWERS A S Roa Nagar Hyderabad Telangana INDIA 500062

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. RUNA RAI Gender: ☐ Male ☑ Female Age : 31 Y

UHID No : VIH - 00 199874 / IP - 60576 Date : 5/7/2026

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. RUNA RAI
(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., INFECTIONS., POST PARTUM HEMORRAGE., BOWEL & BLADDER INJURY., URETERIC INJURY., NEED FOR BABY TRANSFER TO NICU.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

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

Consentee :
Signature :
Name : Runa Rai
Date & Time : 5/7/2026 11:20 AM.

Patient Attendant :
Signature :
Name : Abbas
Relationship with Patient: HUSBAND
Date & Time : 5/7/2026 11:20 AM.

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : DR. NIKHITA
Date & Time : 5/7/2026 11:30 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Runa Rai Age : 21 yr. Gender : Male ☐ Female ☑

UHID NO: 199874 Surgeon Name: Dr. Sirisha Reddy.

Anaesthesiologist : Dr. Vineetha

Operative procedure planned : Emergency LSCS.

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 / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, Bradycardia, Anemia,

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 / my patient Runa Rai the above mentioned operation / Diagnostic / Therapeutic procedures Emergency LSCS.

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and 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, Central Venous Pressure 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 / 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 / Monitored Anesthesia Care 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 : Ruma Rai

Relationship with Patient: self

Date & Time : 05/07/26 11 pm

Witness :

Signature : .....

Name : Abbas

Date & Time : 05/07/26 11 pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. M. VINGETHA

Date & Time : 05/07/26 11 Am

SURGICAL SAFETY CHECKLIST

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

Surgeon : Dr. Sirisha Reddy
Asst. Surgeon : Dr. Mounika
Anaesthetist Dr. Vineetha
Scrub Nurse : S. Jyothi Rekha

Age : 31yr Gender : F
Surgery Name : Emlscs.
Date : 5/7/26 In-time : 11:30am Out-time : 12:30pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 11:25am

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: 11:30pm

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 Emlscs ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, 1hr, 100ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Bleeding
- 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 : Sr. Praveena.

Before Patient Leaves Operating Room

SIGN OUT Time: 12:30pm

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. M Mounika.

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. K. SIRISHA REDDY	Date of Delivery: 05/07/26
Assistant Surgeon: Dr. MOUNIKA	Time of Delivery: 11:40 Am 50 Sec
Anaesthetist's Name: Dr. Vineetha	Gender of Baby: MALE
Type of Anaesthesia: Spinal	Weight of Baby: 2.431 kgs.
Neonatologist: Dr Harish.	AGPAR Score: 7/10, 9/10
Scrub Nurse: Bro Rautan	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: ?Abruptio Placenta.

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: ..... Knief to rectus: .....

CTG Description: .....

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

Surgical Procedure: Emergency LSCS + SA.

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 600-700ml	Blood Transfused (in ML): –

Name and Number of Surgical Specimen sent for examination:

-

Examination Findings when Appropriate:

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

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

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

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

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

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

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

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

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

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

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

Cord Appearance: ..... Cord around the neck ☐ Yes ☑ No

Appearance of placenta: Retroplacental clots of ~150mL Removed ..... Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers VICRYL ..... Suture

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

Sheath Closure: VICRYL ..... Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☐ Subcuticular ☐ Mattress MONOCRYL ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 1 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

IVF charting

WIF Bleeding PV

Follow drug chart

monitor vitals

Informs OS

Doctor Name: Omounika Doctor Signature: Ay

Date & Time: 5/7/26

IH-00199874 IP-00060576
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9-12-1994 31 Y 6 M 6 D (F)
r. KOPPULA SIRISHA REDDY

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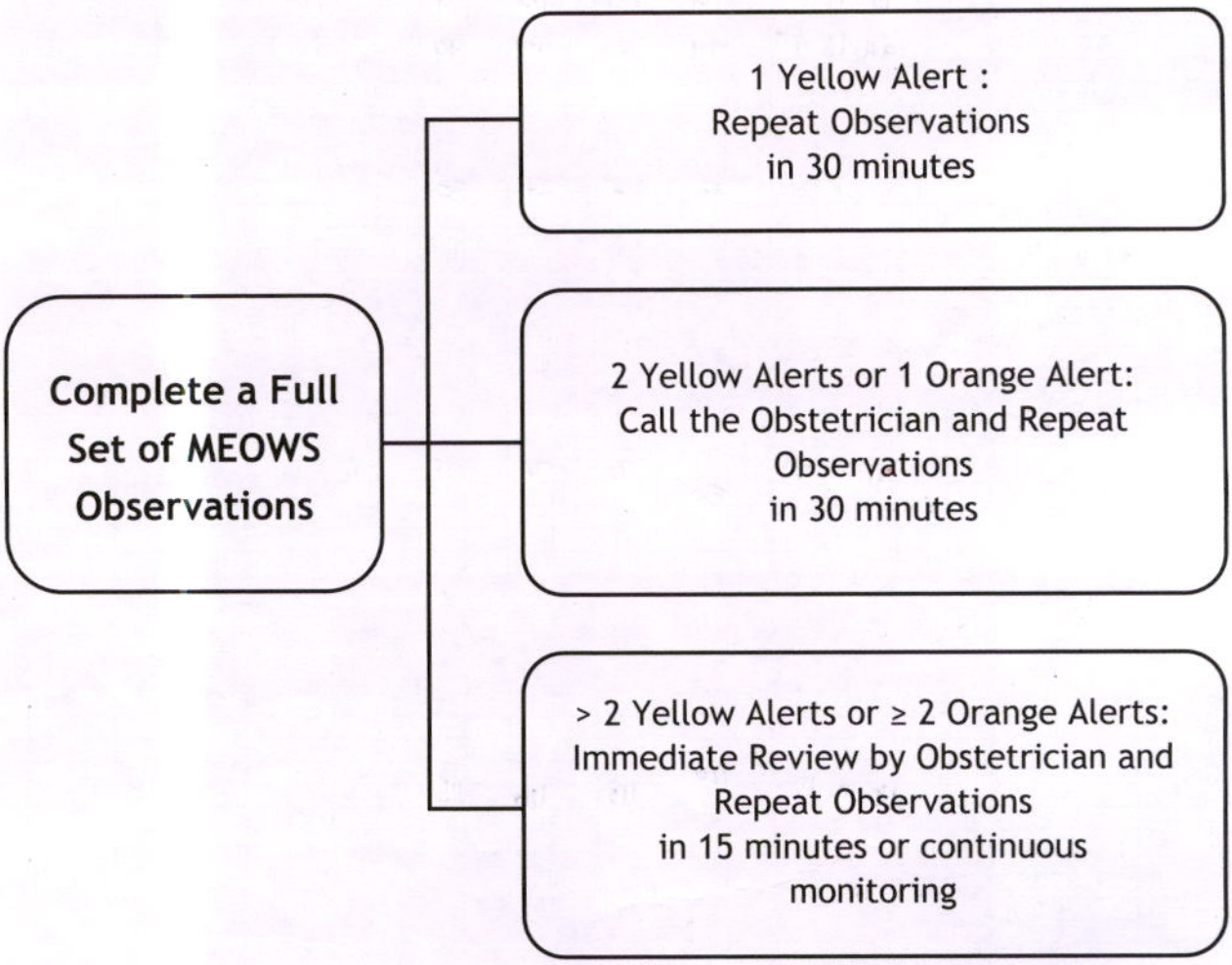
...ing Observation Score Chart - Obstetrics

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

5/7/26	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	18	19		19		19		19		19			19			19			19		19
	0 - 10																								
Saturations	94 - 100 %			99	98	99		99		99		99		99			99			99			99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37	37c	37c		37c		37c		37c		37c											
	36																36c			36c			36c		36c
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			91	90	89				92		96		98											
	80							80									59			77			79		86
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								125
	120							120																	
	110			110	114	112				115		110		115						117			119		
	100																100								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80									80		82					83								88
	70			75	85	88		80						75						79					
	60																						67		
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓	✓	✓		✓		✓		✓		✓			✓			✓			✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓	✓	✓		✓		✓		✓		✓			✓			✓			✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			✓	NA	NA		NA		NA		NA		N			NA			NA			NA		NA
	Heavy / Foul																								
Liquor	Clear / Pink			N	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
TOTAL ORANGE SCORES				0	0	0		0		0		0		0			0			0			0		0
Nurse Initial				[illegible]	[illegible]	[illegible]		[illegible]		[illegible]		[illegible]		[illegible]			AP			AP			AN		[illegible]

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

Obstetrics and Gynaecology Early Warning Signs



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

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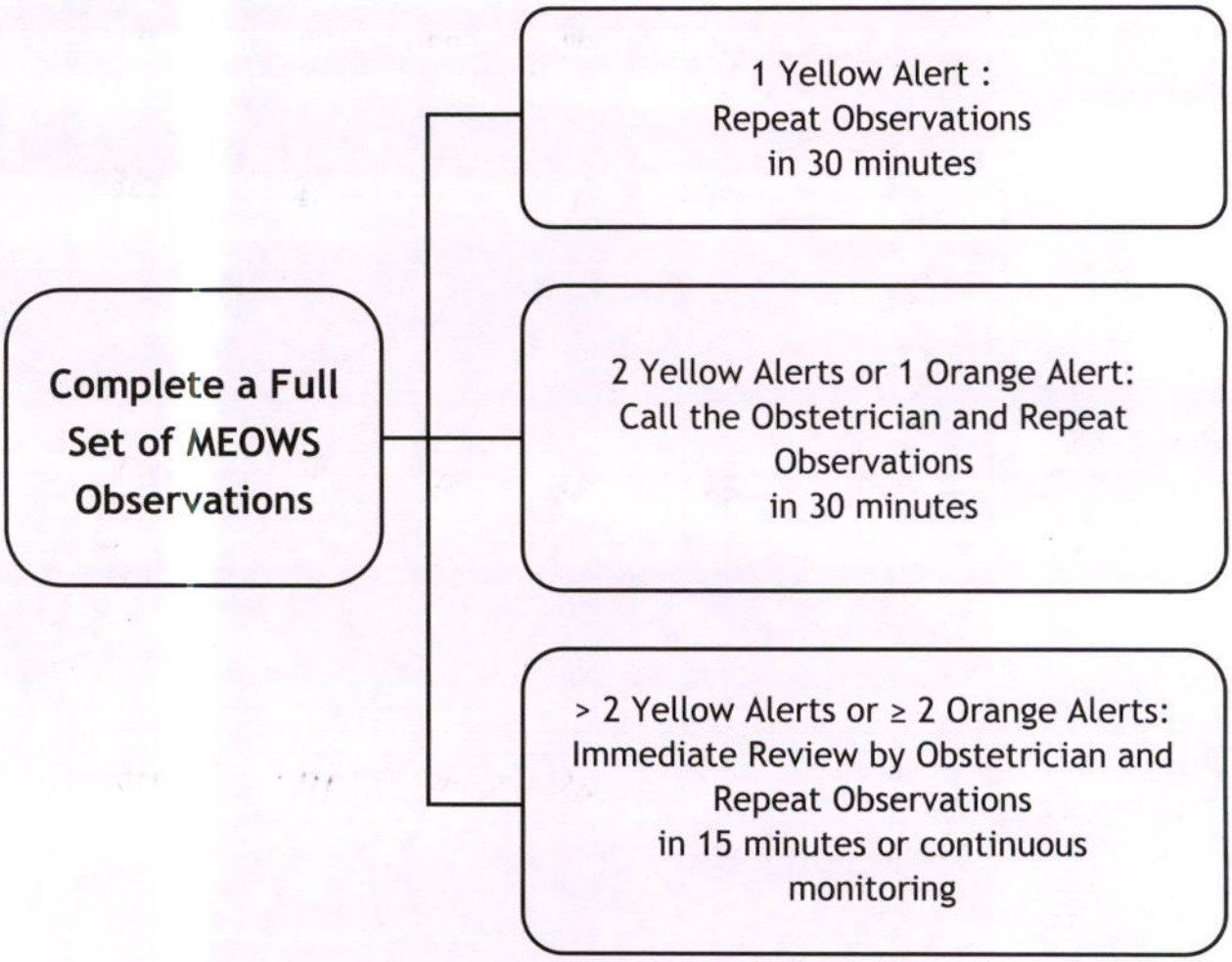
Early Warning Observation Score Chart - Obstetrics

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

6/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19				19			19			19			19				19				19
	0 - 10																								
Saturations	94 - 100 %			99				99			99			99			99				99				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			36.6				36.4			36.8			37.1			37.4				37.8				37.6
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			114				80			82			83			90				89				90
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								120
	120			110				112			115			110			111				110				
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80			72				70			69			70			76				72				84
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓				✓			✓			✓			✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓				✓			✓			✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			NA				NA			NA			NA			NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink			NA				NA			NA			NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES				0				0			0			0			0				0				0
TOTAL ORANGE SCORES				0				0			0			0			0				0				0
Nurse Initial				SS				SS			P			P			D				D				D

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

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00199874 IP-00060576
Mrs RUNA RAI
28-12-1994 31 Y 6 M 7 D (F)
Dr. KOPPULA SIRISHA REDDY

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

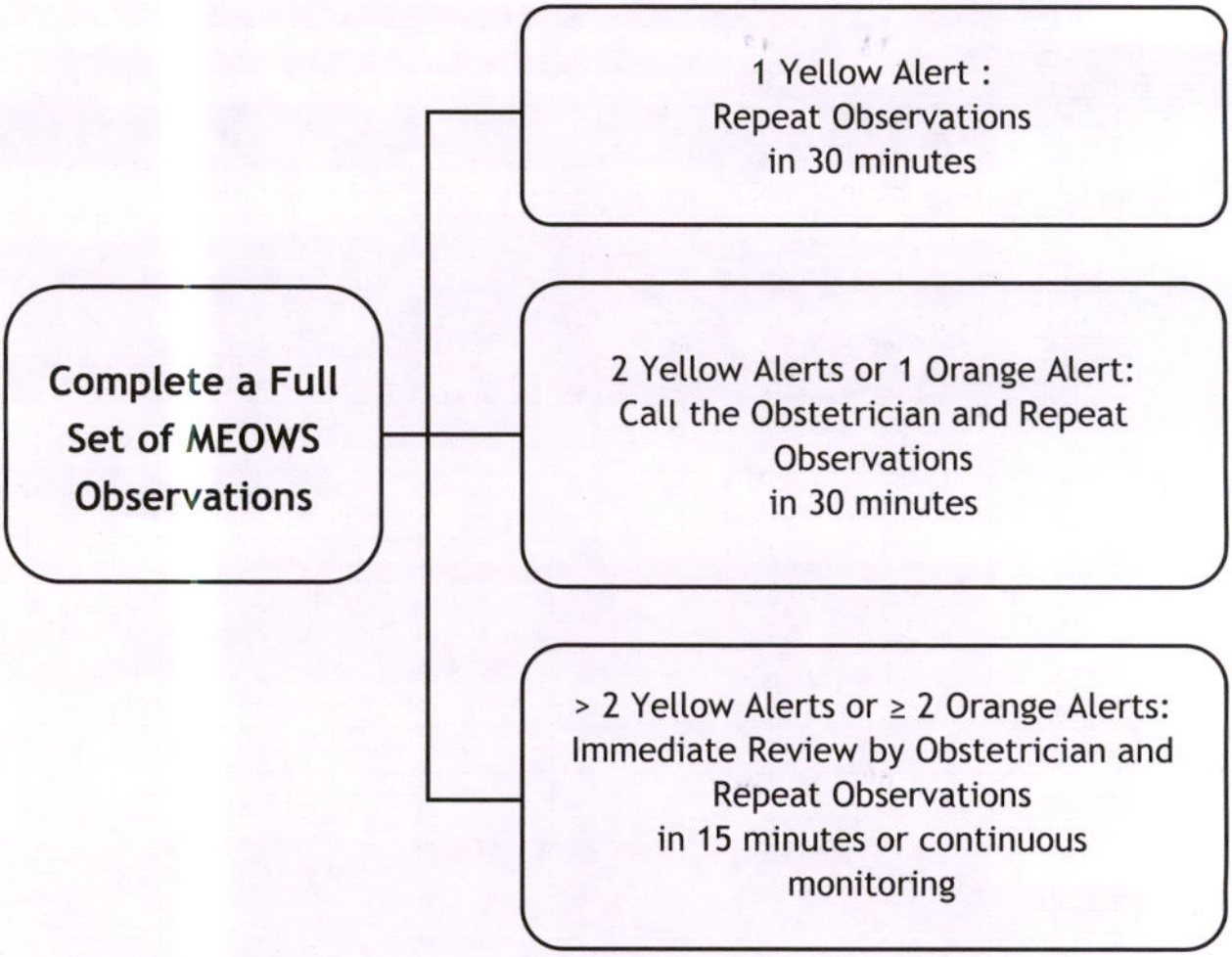
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	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			14			19																		
	0 - 10																								
Saturations	94 - 100 %			98			99																		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			36.6			37																		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			74			80																		
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			120			114																		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			80			79																		
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert			✓			✓																		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓			✓																		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N			N																		
	Heavy / Foul																								
Liquor	Clear / Pink			N			N																		
	Green																								
TOTAL YELLOW SCORES				0			0																		
TOTAL ORANGE SCORES				0			0																		
Nurse Initial				P			P																		

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

Obstetrics and Gynaecology Early Warning Signs



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

AH-00199874 IP-00060576
Mrs RUNA RAI
19-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : ..... (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/7/26	08:00 am			Nil								
	09:00 am										0	
	10:00 am			NBM + RL + 900ml/hr						✓	0	
	11:00 am			NBM + RL + 200ml/hr							0	
	12:00 pm			NBM + RL + Oxytocin 40 units							0	5/7/26
	01:00 pm			NBM + RL 100ml/hr						150ml	0	CRP
Total Intake :		1300ml						Total Output :		Passed 150ml		
5/7	02:00 pm			NBM + RL - 100ml 1 per						100ml	0	
	03:00 pm			NBM + RL + 100ml 1 per						100ml	1	
	04:00 pm			NBM + RL 100ml 1 per						50ml	0	
	05:00 pm			NBM + H2O 20ml						50ml	0	
	06:00 pm			H2O + RL 100ml/hr						50ml	1	
	07:00 pm			H2O + RL 100ml/hr						50ml	0	
Total Intake :								Total Output :		400ml		
5/7	08:00 pm			H2O 50ml + RL 100ml/HR						50ml	0	
	09:00 pm			H2O 100ml + RL 100ml/HR						60 ml	0	
	10:00 pm									100ml		
	11:00 pm									200ml		
6/7/26	12:00 am									200ml		
	01:00 am									200ml		
Total Intake :								Total Output :		700ml		
6/7/26	02:00 am			H2O						100ml		
	03:00 am									100ml		
	04:00 am									100ml		
	05:00 am			H2O						100ml		
	06:00 am									100ml		
	07:00 am									100ml		
Total Intake :								Total Output :		600ml		

Total 24 hrs. Intake		Total 24 hrs. Output	1,850ml

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 2

6/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7	08:00 am											
	09:00 am		Sip				✓			✓		Rupa 6/7/26 @8pm
	10:00 am		H2O									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/7/26	02:00 pm											
	03:00 pm		Sweet H2O							✓		Padma 6/7/26 @8pm
	04:00 pm											
	05:00 pm		Supp.								?	
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
6/7/26	08:00 pm		Rice +									
	09:00 pm									✓		
	10:00 pm		H2O				✓					
	11:00 pm											
	12:00 am											
	01:00 am		H2O							✓		Deepika 7/7/26 @8AM
Total Intake :						**Total Output :**						
7/7/26	02:00 am		H2O							✓		
	03:00 am											
	04:00 am						✓					
	05:00 am											
	06:00 am		H2O									
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00199874 IP-00060576
Mrs RUNA RAI
28-12-1994 31 Y 6 M 7 D (F)
Dr. KOPPULA SIRISHA REDDY

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

FLUID CHART

Sheet No. : 3

7/7/26

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

			Intake			Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7	08:00 am		Idly									
	09:00 am		~~120~~									
	10:00 am									✓		
	11:00 am										0	Paalma 7/7/26
	12:00 pm		~~120~~									
	01:00 pm									✓		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

Rainbow® Children's Hospital
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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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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: ~~PA~~ LIW 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	TAB. IRON	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ DC
2	TAB. CALCIUM.	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ DC
3	TAB. ECOSPRIN	150 MG	PO	ONCE DAILY	2/7/26	☐ C ☑ DC
4	T. METHYLCOBALAMIN	1500 MCG	PO	ONCE DAILY	4/7/26	☐ C ☑ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA

Date & Time : 5/7/2026 2 PM.

Nurse Name & Signature: Pooja

Date & Time : 5/7/26 at: 2 pm

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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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: Room (202)

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. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		☑C ☐DC
2	T. PARACETAMOL	1 GM	PO	6TH HOURLY		☑C ☐DC
3	T. DICLOFENAC	50 MG	PO	8TH HOURLY	HOLD	☑C ☐DC
4	T. TRAMADOL	100 MG	PO	8TH HOURLY	HOLD	☑C ☐DC
5	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		☑C ☐DC
6	INJ. METRONIDAZOLE	500 MG	IV	8TH HOURLY		☑C ☐DC
7	INJ. ENOXAPARIN.	40 MG	SC	ONCE DAILY.		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. NIKHITA.

Date & Time : 5/7/2026 / 9:00PM

Nurse Name & Signature: Meghana M

Date & Time : 5/7/26 9pm

Rainbow® Children's Hospital
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VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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

Patient Na		I.P. No.	Sheet No.	Wards	Weight (kg)
			1	HW	75kg

REGULAR PRESCRIPTIONS

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12TH HOURLY	5/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	5/7	6/7
10 AM		
10 PM		

STOP Dr. Nikhita 6/7/26 8:30 pm

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500MG	IV	TID 8TH HOURLY	5/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	5/7	6/7
6 AM		
2 PM		
10 PM		

STOP Dr. Nikhita 6/7/2026 8:20 AM

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	24TH HOURLY	5/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	5/7
6 AM	

STOP Dr. Nikhita 6/7/26 1:30 pm

DRUG : T. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
200MG	PO	12TH HOURLY	6/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
10 AM		
10 PM		

Verified Dr. Rishika Clinical Pharmacologist

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

Birt
BY RAIN
Your Rig

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	4W	75kg

REGULAR PRESCRIPTIONS

DRUG : TAB LEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12TH HOURLY	6/7

Name & Signature of the Doctor starting the Drugs: Dr Farmer

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
Time		
10 Am		Pad
10 Pm	Pad	

DRUG : TAB DICLOFENAC + PARACETAMOL + SERRATIO PEPTIDASE

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

HOLD

DRUG : TAB DICLOFENAC + SERRATIO PEPTIDASE.

Dose	Route	Frequency	Start Dt.
10MG + 325MG	PO	8TH HOURLY	6/7

Name & Signature of the Doctor starting the Drugs: Dr Farmer

Additional Instructions: TAB ONAMZEN D.

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
Time		
7 Am		Pad
3 Pm	Pad	
11 Pm	Pad	

DRUG : TAB PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	12TH HOURLY	6/7

Name & Signature of the Doctor starting the Drugs: Dr Farmer

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7	7/7
Time		
6 Am		Pad
6 Pm	Pad	

Verified Dr. Rishika Clinical Pharmacologist

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

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DRUG CHART

Date of Admission: 5/7/2026 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : INJ DICLOFENAC				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
SOS	PO	STAT	5/7/26	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

STOP.

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

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

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

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

I.V. FLUIDS CHART

Weight. 75kg Ward. LW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
05/07	11.30 AM	RINGER LACTATE	IV	100ml/hr			05/07		
05/07	11.55AM	RINGER LACTATE	IV	200ml/hr			5/7		
05/07	11.45AM	RINGER LACTATE + INJ. OXYTOCIN 40IU	IV	100ml/hr			5/7		
5/7	6 PM	RINGERLACTATE	IV	100ml/HR			5/7		

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

IP-00060576

Mrs RUNA RAI

29-12-1994 31 Y 6 M 6 D (F)

Dr. KOPPULA SIRISHA REDDY

Weight. 75kg Ward. LFW

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
05/07	11.30AM	INJ. CEFOTAXIM (AFTER TEST DOSE)	1gm	IV		
05/07	11.41 AM	INJ. CARBETOCIN	100 mcg	IV		
05/07	11.45 AM	INJ. TRANEXAMIC ACID	1gm	IV		
05/07	12.25 PM	SUPP. TRAMADOL	100mg	PR		
05/07	12.25 PM	SUPP. DICLOFENAC	100mg	PR		
05/7	12.45 pm	TAB MISOPROSTOL	800mcg	PR		
6/7	6:30pm	T. PARACETAMOL	1GM	PO		
7/7/26	12:30pm	INJ TRAMADOL	100MG	IV		

Verified
Dr. Rishika
Clinical Pharmacologist

VIH-00199874 IP-00060576
Mrs RUNA RAI
29-12-1994 31 Y 6 M 6 D (F)
Dr. KOPPULA SIRISHA REDDY

REGULAR PRESCRIPTIONS

Weight. 75kg Ward. 2/W

DRUG: TAB. PARACETAMOL				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date	12 Am	/	[illegible]
1gm	PO	6HRLY	05/07	6 Pm	/	[illegible]
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				12 Pm	/	[illegible]
Additional Instructions:				6 pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

STOP Dr. Farana 6/7 7:30pm

DRUG: TAB. DICLOFENAC				Date/Time	5/7
Dose	Route	Frequency	Start Date	12 Am	/
50 mg	PO	8 HRLY	05/07	8 Am	/
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				4 Pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Stop Cu. Dr. Maunika 5/7/26 7:30 Pm

DRUG: TAB. TRAMADOL				Date/Time	5/7
Dose	Route	Frequency	Start Date	7 am	/
100 mg	PO	8HRLY	05/07	3 Pm	/
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA				10 Pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP Cu. Dr. Maunika 5/7/26 7:30 pm

DRUG: INJ. ENOXAPARIN				Date/Time	5/7	6/7
Dose	Route	Frequency	Start Date			
40 mg	S/C	ONCE DIALY	05/07	10 PM	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: DR. M. VINEETHA						
Additional Instructions: AFTER 7:30PM after CHECKING FOR BLEEDING.						
Daily Doctor's Endorsement by a Sign						

(Left margin notes: "u Shreenu 5/7/26 @ upn" beside each drug)