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Your Right to a Safe Delivery.

ACTIVITY

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

Name: --

UHID No . ---------- Consultant : ---------- Dept : ----------

Date of Admission : 2/7/26 Time : 11:29pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	2:25pm	2W	Room (206)	

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
2/7/26	NST @ 12Am – (1)	R26-010540	[signature]
2/7/26	NST @ 4Am – (2)	R26-010551	[signature]
2/7/26	NST @ 6:30Am – (3)	R26-010552	[signature]
~~2/7/26~~	Von checked	by	G. Sharma 2/7/26 at 7Am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Infusion pump	5Am	9Am	3096600	
2/7/26	Cardiac monitor	5Am	9Am		
	cross checked by sukeerthi		2/7/26 1:25pm		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	IV placement – ①	①	3096598	YS
2/7/26	PAC – ①	①	3096599	
2/7/26	Catheterization – ①	①	3096598	
	Crore checked by		G Sharmini	2/7/26 7Am

ANY OTHER INFORMATION

Date : 03.07.2026 Time : 9Am Prepared By : Mercy

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	[signature] 03.07.26 9Am		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Infusion pump	5Am	9Am	3096600	SR
2/7/26	Cardiac monitor	5Am	9Am		
	cross checked by sukeerthi 2/7/26 1:25pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	IV placement - (1)	(1)	3096598	
2/7/26	PAC - (1)	(1)	3096595	
2/7/26	Catheterization - (1)	(1)	3096598	
	Orders checked by G Shamini			2/7/26 7Am

ANY OTHER INFORMATION

Date : 03.02.2026 Time : 9Am Prepared By : MERLY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Akalesha	03.07.26 9Am		

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

Ref. No. : F/OT/05

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SURGERY DETAILS

Sl.No. Date : 2/7/26

Patient Name : Mrs. K. Lakshmi Sukeerthy Age : 32 Sex: F

UHID No. : LBH-00113665 IP No: .....

Date of Surgery : 2/7/26 at BB-I OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Normal delivery c Epidural

Time in : 7.30 Am Time Out : 8.30 Am

	NAME	AMOUNT
1. Surgeon	Dr. K. Aparna	
2. Anaesthetist		
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse	G. Shanthi	
6. Asst. Nurse		

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

Signature of the Surgeon

Signature of Circulating Nurse G Shanthi

Order No. : 3096606 Ordered by : .....

Name	Mrs KOLLURI LAKSHMI SUKEERTHY	**UHID**	LBH-00113665
Father/Guardian	Mr NANDULA VBSC KRISHNA	**Age/Gender**	32 Y 9 M 15 D/Female
Address	Flat no.103, Tirumala Anjali Enclave, Chaitanyapuri, Hyderabad, Dilsukhnagar Colony, Hyderabad, Telangana, INDIA, 500060		
IP No	IP-00060534	**Admission Date**	01-07-2026
Ref Doctor	Self	**Discharge Date**	03-07-2026

DISCHARGE SUMMARY

Consultant: Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: G2A1 with 39+2 weeks with High BMI in Latent Labour for Delivery.

SPONTANEOUS VAGINAL DELIVERY DONE ON 2.07.2026.

History:
LMP: 29.09.2025
Obstetric formula: G2A1
EDD: 06.07.2026
Gestation at admission: 39+2 weeks

Obstetric History:
G1- 9+2 weeks / missed miscarriage/ SERPC/ RCH LB nagar / March 2025.
G2 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Both parents - DM
Surgical History: SERPC on 8.03.2025.

Name	Mrs KOLLURI LAKSHMI SUKEERTHY	UHID	LBH-00113665

Allergies: Nil

Antenatal Details: Mrs KOLLURI LAKSHMI SUKEERTHY was booked to Rainbow hospital at 30+3 weeks of gestation. Previous ANCs done at RCH LB nagar. She had regular antenatal checkups and investigations as advised. She had h/o of brownish discharge pv at 5+6 weeks & was managed conservatively. She was on Tab. Ecosprin 150 mg since 16 weeks & stopped at 34+5 weeks. She had h/o UTI at 21 weeks & was managed conservatively. She had h/o pain in left iliac fossa & loin ? dysuria at 26+4 weeks & was managed conservatively. She had h/o boils over vulva at 28+3 weeks & managed conservatively. She was admitted at 39+2 weeks with High BMI in Latent Labour for Delivery.

Investigations: Enclosed.

Blood group: "A" 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 80% effaced and 2 cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for normal vaginal birth. Spontaneous rupture of membranes occured at 3 cm dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 5cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 7:30 am. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by

spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given sublingually & 200 mcg per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 02.07.2026
Time of Delivery: 8:12 am
Type of Labour: Spontaneous
Type of Delivery: Spontaneous.
Analgesia: Epidural

Baby Details:

Date: 02.07.2026
Time: 8:12 am
Sex: Female
Weight: 3.906 kg
Apgar: 7/10, 9/10.
Gestational Age:39+3 weeks
NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was

satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Ceftum 500 mg (Cefuroxime 500mg) twice daily till 08.07.2026 (9am-9pm) after food.
2. Tab. Dolo 650 mg (Paracetamol 650mg) twice daily till 08.07.2026 (12pm-5pm) after food.
3. Tab. Hifenac P daily till 08.07.2026 (8am-9pm) after food.
4. Tab. Fur XT once daily (7am) for three months before breakfast.
5. Tab. C dense once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 08.07.2026(7am) before food.
7. Betadine ointment and lotion for local application.
8. Syp. Duphalac 15 ml at bedtime for one week.
9. HPV vaccine after 6 weeks of delivery.

Review after 5 days on 08.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

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

Name Mrs KOLLURI LAKSHMI SUKEERTHY **UHID** LBH-00113605

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Name: K. LAKSHMI SUKEERTHY Signature: Sukeerthy

Relationship: SELF

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. KAPPAGANTULA APARNA
MD
OBSTETRICIAN & GYNAECOLOGIST
43142

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060534 **Admit Date** : 01-Jul-2026 **Admit Time** : 11:29 PM **UHID** : LBH-00113665

Patient Details :

Patient Name	: Mrs KOLLURI LAKSHMI SUKEERTHY	**Age**	: 32 Y 9 M 14 D
Guardian	: Mr NANDULA VBSC KRISHNA	**DOB**	: 17-09-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Flat no.103, Tirumala Anjali Enclave, Chaitanyapuri, Hyderabad Dilsukhnagar Colony Hyderabad Telangana INDIA 500060	**Phone No**	: 9491871742/
		E-mail	: kollurisukeerthy@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 NANDULA VBSC KRISHNA **Relationship** : W/O

Contact Address : **Phone No** : 9491871742 / 9573036182

Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 1/7/26

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 ..... Nil

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

..... POL ..... Name of the Doctor: Dr. Nikitha

..... Time Notified: 11:40 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	SERPC on 8/3/25	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 29/9/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: DOL

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P — L — A 1

Previous LSCS: NO

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 - Dm, Father - Dm

Vital Signs / Measurements: Temp: 96-2°F HR: 78 bpm RR: 19 bpm

BP: Not Recorded Weight: 100.400kg Height: 164.5cm BMI: 36.2

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

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score 0 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to Mrs. Lakshmi .....

Name of Person Orientation was given to: Mrs Lakshmi .....

Orientation not given Reason: ..... - .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: 2/7/26 at 3 pm

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 1/7/26 Time of Arrival: 11:30pm Time Seen by Nurse: 11:20pm

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: POL

3) **Vital Signs:** Temperature: 96.2 F Pulse: 80 b/m RR: 20 b/m SpO_2: 96% BP: 107/60 mmHg Weight: 100.40 kg

4) **Gestational Criteria:**

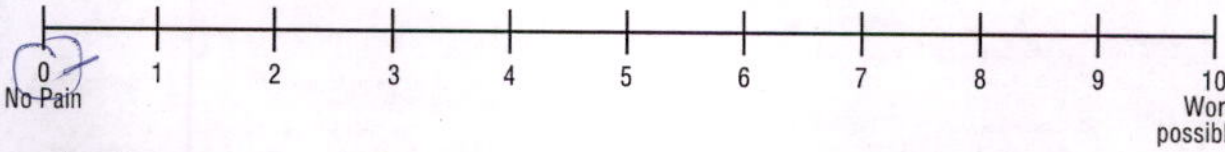
Gravida:	G 2	P –	L –	A 1

LMP: 29/9/25 EDD: 6/7/2026 Gestational Age: 39+2 weeks

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: SERPC on 9/3/25

b) Medical: Nil

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

7) Allergy: ☐ 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: 11:40pm

Nurse Name : Prathyusha Nurse Signature: .....

Date: 1/7/26 Time: 11:30pm

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PATIENT TRANSFER FORM

LBH-00113665 IP-00060534 Mrs KOLLURI LAKSHMI SUKEERTHY 17-09-1993 32 Y 9 M 14 D (F) Dr. KAPPAGANTULA APARNA	Date & Time of Admission 1/7/26 @ 11:29pm	Date & Time of Transfer Order 2/7/26 @ 2:25pm
Treating Consultant Name	Transfer Ordered by Dr. Aparna.K	Reason for Transfer Observation
From Unit L/W	To Unit Room (206)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 39	Number of Imaging Films NST - 3	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? files, dress

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Cefixime - 10	Bacciscrub - 1
2.	Tab. pan - 15	Betadine oint - 1
3.	Tab. Dolo - 14	Betadine lotion - 1
4.	Tab. Aceclofenac - 15	underpad - 1
5.	Duphlac Syrup - 1	Saral - 1

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

Dr. Yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Meghana	Dr. Aparna.K

Patient & Clinical Records Received by : sushila

Epidural Catheter Removed

Date & Time of Patient Received : sushila 2/7/26 at 2:30Pm

Epidural Catheter removed
Dr. M. Vineetha 02/07/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 29/09/2025 EDD:

Corrected EDD: 6/07/2026 GA: 39+2 weeks.

Obstetric Formula: G2A1

ML - 24hrs. NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:

G1 - 9+2 weeks / missed miscarriage / SERPC / LB nagar RCH / March 2025.

G2 - Present pregnancy / sp. conception.

Present Pregnancy Record: Booked to RCH at 30+3 wks. prev ANCs at LB nagar RCH. H/o brownish discharge PV at 5+6 wks, managed conservatively. she was on

RISK FACTORS: Tab. Ecospirin 150 mg since 16 wks, stopped at 34+5 wks. H/o UTI at 21 wks, managed conservatively. H/o pain in Lt. iliac fossa & loin ? dysuria at 26+4 wks. H/o boils over vulva at 28+3 wks. managed conservatively.

- High BMI.

Height: 164.5 cm

Weight: 100.40 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊕

Temp: Afeb. PR: 82 bpm.

BP: 107/60 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adeq.

Obstetric Examination

Fundal Height: 1 con / 25 sec / 10 min.

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: 145 bpm ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☑ Partially effaced 80% effaced ☐ Effaced

Os: Closed _____ Dilated 2cm.

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G2A1 with 39+2 weeks with high BMI for ~~induction of labour~~ in latent labour for delivery.

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

Family History:

Mother - DM

Father - DM.

Surgical History:

SERPC on 8/3/2025.

Medical History:

Nil

Medication History:

Plan of Care:

C/I to Dr. Aparna mam

- Admission
- Consent
- past preparation
- (N) diet
- FHR monitoring
- monitor vitals
- NST 4th hourly
- CP gel at 2:30 Am. - Hold.
- w/F POL
- Ambulation
- Birthing ball exercise
- 1 ⊙ PRBC reserve.
- Follow drug chart
- Inform SOS.

Noted by Prathyusha

Investigations:

BG: 'A' POSITIVE

22/06/2026

HIV, HBsAg, HCV, VDRL } NR.

Sr. Creat - 0.49

LFT - (N)

CBP - 12.6 / 11220 / 2.34 L

PT - 11.6

INR - 1.04

ECG - (N)

2D Echo - (N)

- AFI Doppler scan

24/6/2026

SLIUF

38 + 2 wks.

Cephalic

PL - Aut high.

AFI - 14.3 cm.

Doppler - (N)

- TIFFA scan

23/2/2026

SLIUF

21 wks.

PL - aut high

CL - 31.1 mm.

No anomalies

- Growth scan -

12/8/2026.

SLIUF

36 + 4 wks.

Cephalic

PL - Aut. high.

AFI - 12.3 cm.

AC - 79%.

EFW - 3.117 gm.

Doppler - (N).

- NT Scan -

29/12/25

SLIUF

13 wks.

NT - 2.1 mm

FTS - low risk

Doctor Name: Dr. Nikita.

Signature: (NR)

Date & Time: 1/07/2026 11:40 PM.

Consultant Name: Dr. Aparna K.

Signature:

Date & Time: 1/07/2026.

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Date	Time FHR Contractions	
	12 Am 150 b/mt	
	12:30 Am 157 b/mt	
	1 Am 149 b/mt	
	1:30 Am 152 b/mt	
	2 Am 147 b/mt	
	2:30 Am 148 b/mt — Nil -	
	3 Am 152 b/mt	
	3:30 Am 143 b/mt	
	4 Am 129 b/mt	
	4:30 Am 151 b/mt	
	5 Am 158 b/mt	
	5:30 Am 142 b/mt — Nil -	
	6 Am 138 b/mt	
	6:30 Am 146 b/mt	
	7 Am 150 b/mt	
	7:30 Am 140 b/mt	
	8 Am 146 b/mt	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/07/2026 2:30 AM.		
	O/E- pt is c/c/c	Adv:
	GTC - Fair.	- clear liquids
	Afeb-s/e.	- Continuous FHR monitoring
SROM occured	BP - 118/76 mm Hg.	- monitor vitals
	PR - 82 bpm.	- Follow drug chart
	S/E - NAD.	- W/F POL
	P/A - ut ~ TG.	- Ambulation
	Cephalic.	- Birthing ball exercises
	2 con / 15-20 sec / 10 min.	- Inform SOS.
	FHR ⊕ 140 bpm.	
	V/E - Cx - 80 %. effaced.	
	OS - 3 cm.	
	PPV x 1-1	
	memb ⊕, liquor clear.	Dr. Nikhita
	noted by prathyusha @ 2:30am	
2/07/2026 4:30 Am.		
	P/A - ut ~ TG	
	Cephalic.	
	3 con / 30 sec / 10 min.	
Patient wants epidural	FHR ⊕ 150 bpm.	
	V/E - Cx - 80 %. effaced	
	OS - 5-6 cm.	
	PPV x 1-1	
	memb ⊖,	
	liquor clear.	
noted by	Prathyusha @ 4:30am	Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 5:30 Am.	c/I to Dr. Aparna mam	
	P/A- wt ~ TG	
	Cephalic.	
↓ epidural	FHR ⊕ 146 bpm.	Advs:
	3c / 30-35 sec / 10 min.	- w/F POL.
	V/E - Cx - 80% effaced	- clear liquids
	OS - 7-8 cm	- monitor vitals.
	PPVx 1-1 → 10/	
	membΘ, liquor clear.	Dr. Nischita
Noted by prathyusha @ 5:35 Am		
2/7/2026 7:30 Am.	c/I to Dr- Aparna mam	
	P/A - wtr TG.	
	cephalic.	
	FHR ⊕ 142 bpm.	
	4c / 40 sec / 10 min.	
	V/E - Cx - Fully effaced fully dilated.	
	PPVx 10/	
	membΘ / liquor clear.	

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
Dr. KAPPAGANTULA APARNA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 9 Am.	Delivery notes	Dr. Aparna K. Dr. Farnaz. Shamini, peatyus ba sis.
	Under aseptic conditions, perineum painted & draped. At the time of crowning at peak of contraction LMLE given under 2% lignocaine. A Female baby of weight 3.906 of apgar 7/10, 9/10 delivered at 8:12 Am on. 2/7/2026. Baby cried immediately, cord clamped & cut, baby handed over to paediatrician. Placenta & membranes expelled, episiotomy sutured in layers. No perineal tear or extension. Hemostasis secured. PR done. NAD.	
	Female | 8:12 Am. 3.906. | 2/7/2026	
		Dr. Nikita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/2026 9AM.	PND - 0	Adv:
	O/E - pt is c/c/c	- Soft diet
	GC - Fair.	- Adeq. hydration
	Afebrile	- monitor vitals
	BP - 122/78 mmHg	- W/F bleeding PV
	PR - 92 bpm.	- Follow drug chart
	S/E - NAD.	- Inform SOS.
	P/A - Ut - W/R	
	Soft, NT.	
	L/E - NAB.	Dr. Nikhita
	Baby < A M BF (+)	
	Noted by Meghana 2/7/26 at 9Am	
2/7/26 01:30pm	C/I to Dr. Aparna mam	
	O/E	
	Pt is c/c/c	Adv
	GC-fair	- Normal diet
Urine passed	Afebrile	- W/F bleeding PV
	BP - 105/55mmHg	- Monitor vitals
Motion passed	PR - 80bpm.	- Follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - Ut ~ WR	- Ambulation
Pt can be shifted to ROOM	soft, NT	- Inj Metrogyl 500mg stat
	L/E - No Active Bleeding	- Inj Amikacin 750mg stat
		- Inform SOS
Noted by Meghana 2/7/26 1:00 pm	Baby - A/4 BF (+)	-

(PTO)

Dr Yogeshwari

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 14 D (F)
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3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	PND - 0	
9:30 PM	O/E Pt is c/c/c	Adv
P1L1A1 c High BMI	GC - fair	- Normal diet
	Afebrile	- W/F Bleeding PV
	BP - 100/60 mmHg	- Ambulation
	PR - 87 bpm	- Adequate hydration
Urine Passed	S/E - NAD	- Monitor vitals
Motion Passed	P/A - Ut n w/o R	- Follow drug chart
	Soft, BS (+)	- Inform SOS.
	L/E - NAB	
	Baby [A, M], BF (+)	
Noted by Pachu 3/7/26		Dr. Greeshma
3/7/26	PND - 1	
7 AM	O/E Pt is c/c/c	
P1L1A1 c High BMI	GC - fair	Adv
	Afebrile	- Normal diet
	BP - 112/70 mmHg	- W/F Bleeding PV
Urine Passed	PR - 85 bpm	- Ambulation
Motion Passed.	S/E - NAD	- Adequate hydration
	P/A - Ut n w/o R	- Monitor vitals
	Soft, BS (+)	- Follow drug chart
Patient can be discharged	L/E - NAB	- Inform SOS.
	Baby [A, M], BF (+)	
Noted by Pachu 3/7/26		Dr. Greeshma

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Mrs KOLLURI LAKSHMI SUKEERTHY
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

LBH-00113885 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

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Date: 03.07.2026

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	11Am	Seen by Dr. Aparna Advice Discharge Summary Explained mother is stable. File		Discharge Noted on 03.07.26 Discharge. Send to Billing	Discharge Intimation given.	✓	MCRN 03.07.26 11am
Afternoon							
Night							

LBH-00113885 IP-00060534
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Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

Rainbow® Children's Hospital
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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 KOLLURI LAKSHMI SUKEERTHY**	**Age :**	**32 Y 9 M 14 D**
IP No:	**IP-00060534**	**Sex:**	**Female**
Consultant:	**Dr. KAPPAGANTULA APARNA**	**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 urance 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 urance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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: VBSG Krishna
Relationship: Husband
Date: 1/7/26 Time: 11:29 pm
Wittness Name:
Wittness Signature:

Patient Address:

Flat no.103, Tirumala Anjali Enclave,
Chaitanyapuri, Hyderabad
Dilsukhnagar Colony Hyderabad
Telangana INDIA 500060

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mrs. KOLLURI LAKSHMI SUKEERTHY Gender: ☐ Male ☑ Female

UHID No : LBH-00113665 Department : ANESTHESIA Date : 02/07/26

I ..... S / D / W / O .....

Here by give consent for procedure of : LABOUR ANALGESIA

For my patient, Named : .....

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

POST DURAL PUNCTURE HEADACHE, PRURITIS, SHIVERING, PATCHY BLOCK

.....

.....

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

DR ENTONOX, REMIFENTANYL

.....

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

Name of the Doctor performing the procedure: DR SHINY

Patient Attendant :

Signature : Sukeerthi

Name : K LAKSHMI SUKEERTHY

Relationship with Patient: SELF

Date & Time : 02/07/26, 4:50 Am

Witness :

Signature : C Visalakshi

Name : C. VISALAKSHI

Date & Time : 2/7/26 4:50 AM

Doctor (who is taking the consent) :

Signature : K Shiny

Name : DR SHINY

Date & Time : 02/07/26, 4:30 Am

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

LBH-00113665 IP-00060534
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17-09-1993 32 Y 9 M 15 D (F)
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: LAKSHMI SUKEERTHY Age: 32 Y 9M Sex: F UHID.No :

Date: 02/07/26 Time: 4:30 AM Proposed Operation: LABOUR EPIDURAL

Diagnosis: G2A1 with 39+2 week.

B.P / CRT: 113/78 H.R: 82 bpm Weight: 100kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

22/06/26 high BMI

Laboratory Data:

Hgb: 12.6	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: NR	ECG: N
WBC: 11,220	Creat:	Total Bill:	HCV:	2D Echo: N
Plate: 2.3 Lakhs	Na:	Dir. Bill:	Blood group: A +ve	Stress/Anglo:
PT: 11.6	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR: 1.04	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: –

Medical History: CVS :

RESP : Diabetes : –

CNS :

Renal :

Hepatic / GE : Physical Activity: METS > 4

Others :

Past Anaesthetic History: SERPC ↓SA → U/E

Physical Exam:

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

Lungs : B/L AE (+)

Heart: S1S2 (+)

CNS: Conscious, oriented

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (L) UL 18G | Spine Exam for regional :

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours @ 8:30pm
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: DR SHINY

Docu. No. : RCH /FRM / CLINICAL / 044

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

ANAESTHESIA CHART

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Change in Patient Condition: ☐ Yes ☐ No			Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present	☐ Chart Reviewed

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

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

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

TIME

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

FIO_2 / SaO_2
$ETCO_2$
ECG
Temperature
Urine Output

Fluids
Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG
GRBS
Others

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

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....
Signature of the Doctor : .....

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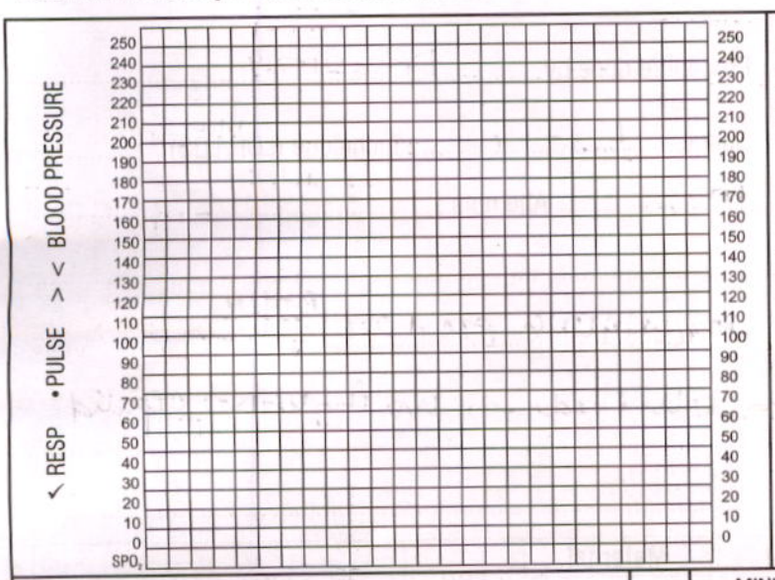
POST-ANAES... UNIT RECORD

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



IV Cannula Site : .....

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

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

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

Date & Time: .....

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 02/07/26 Time: 5:00Am Procedure done by DR SHINY

CSE /Spinal /Epidural Position : Sitting Space : L3-L4 Technique (LOR/LOS) ✓

Depth: 5 Cm Catheter at Skin: 10 Cm Attempts : 2

Parasthesia : Yes/No if yes details :

Solution Composition : 0.8% LIGNOCAINE ADRENALINE 8cc + 2cc Bolus given

Any other issues :

a) full dilatation achieved → no infusions started

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
5:15Am	–	0.8% lignocaine + Adrenaline	–	–	116/63	82	126	
5:20Am	~~0.1% Bupivacaine + Fentanyl 8ml/hr~~	8 ml + 2ml –	–	–	104/65	77	128	
5:35Am	~~8ml/hr~~	–	T_{10}	T_{10}	108/55	68	129	Comfortable
8:30 pm			T_{10}	T_{10}	102/68	86	Baby delivered.	Comfortable

Delivery Details : Time : 8:12 pm . APGAR: 7/10, 9/10 (SVD) / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Catheter removed, tip intact.

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: DR. M. VASEETHA

Date and Time : 02/07/26

Dr. M. Vaseetha
Epidural Catheter Removed
YES / NO

LBH-00113665 IP-00060534
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(1)

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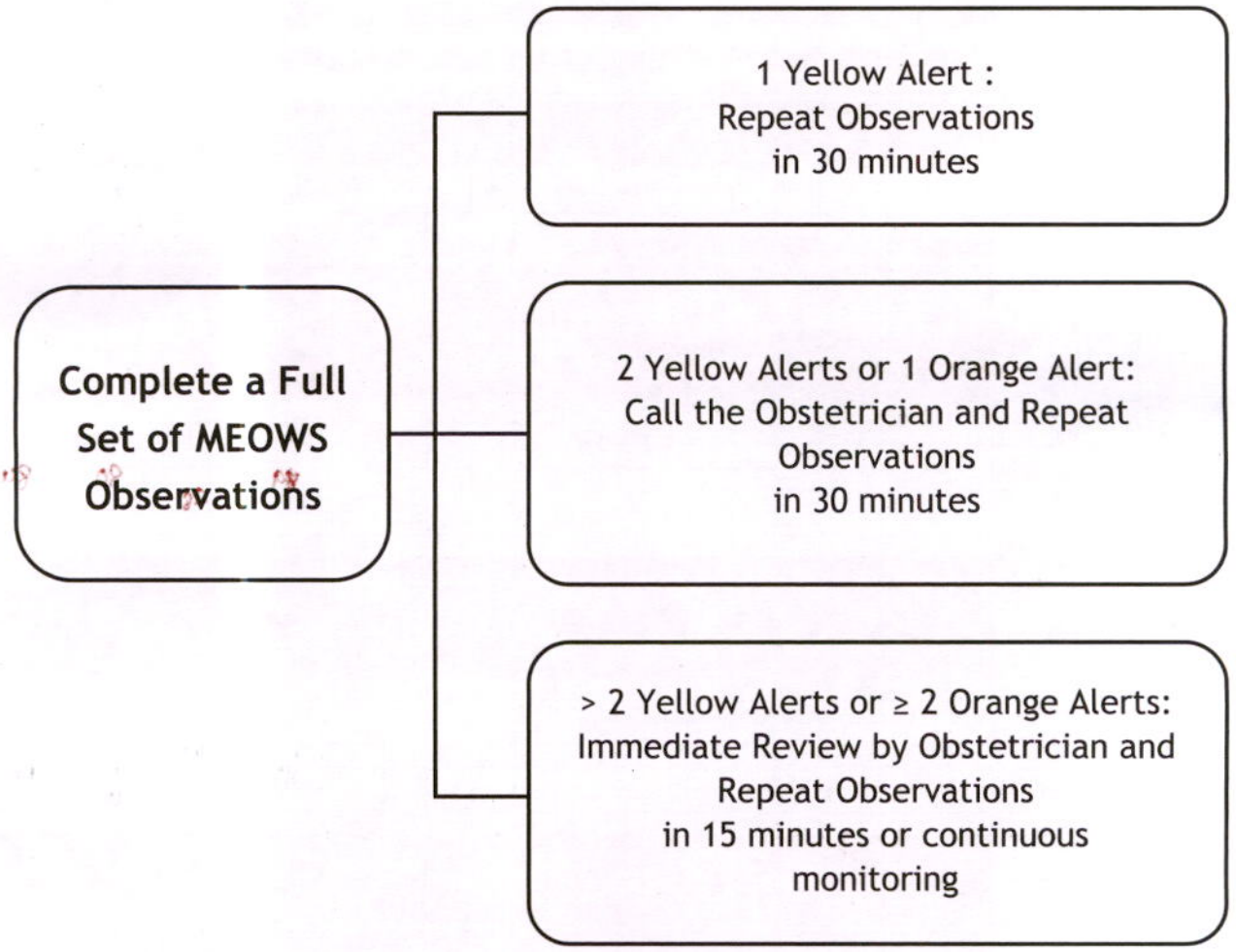
Early Warning Observation Score Chart - Obstetrics

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

2/9/26	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	
	0 - 10																								
Saturations	94 - 100 %																	99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																	37.2		37.3°C		36.2°C		37.2°C	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																	89				80		86	
	70																			78					
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																			117					
	110																	117						105	
	100																					106			
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																			70					
	60																	64				60			
	50																							55	
	40																								
NEURO RESPONSE [✓]	Alert																	✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																	✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																	NAD		NAD		NAD		NAD	
	Heavy / Foul																								
Liquor	Clear / Pink																	NAD		NAD		NAD		NAD	
	Green																								
TOTAL YELLOW SCORES																		0		0		0		0	
TOTAL ORANGE SCORES																		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
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Dr. KAPPAGANTULA APARNA

Pa

(2)

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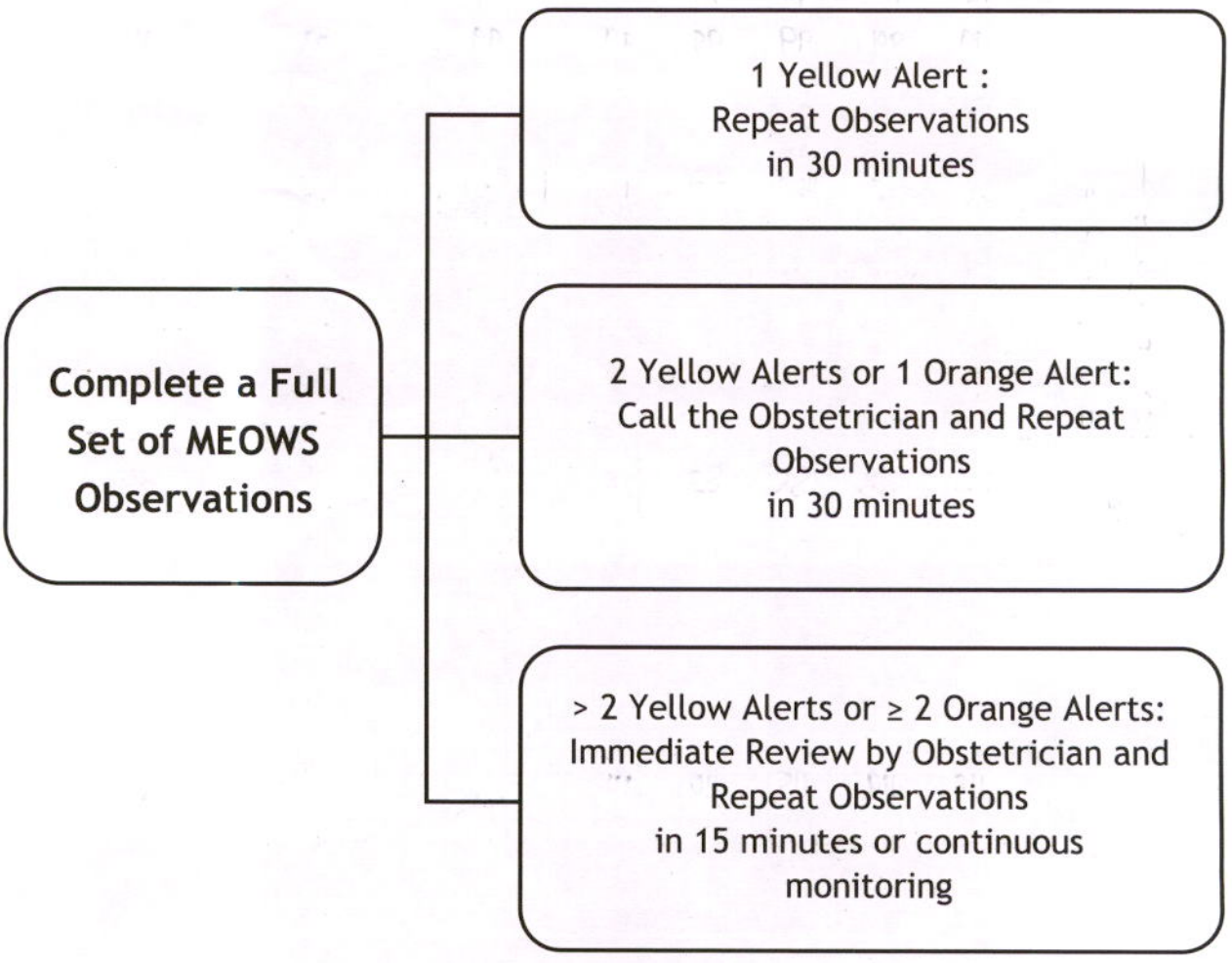
Early Warning Observation Score Chart - Obstetrics

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

2/12/20

	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				18
	0 - 10																							
Saturations	94 - 100 %	99		99		99		99		99			99				99				99				99
	< 94 %																							
Administered O_2 (L/min.)																								
Temp°c	40																							
	39																							
	38																							
	37	37		36.8		36.5		37									36.6				36.8				37.0
	36									36.0			36												
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90												87											
	80	80		83		85		82		80							85				79				85
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110	118		119		115		110		112							110				111				112
	100												100												
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70	78		75		70		78		69							70				89				70
	60												60												
	50																							
	40																							
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓			✓				✓				✓				✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓			✓				✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓		✓		✓		✓			✓				NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NA			NA				NA				NA				NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0			0				0				0				0
TOTAL ORANGE SCORES		0		0		0		0		0			0				0				0				0
Nurse Initial		M		M		M		M		S			SI				P				P				P

Obstetrics and Gynaecology Early Warning Signs



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

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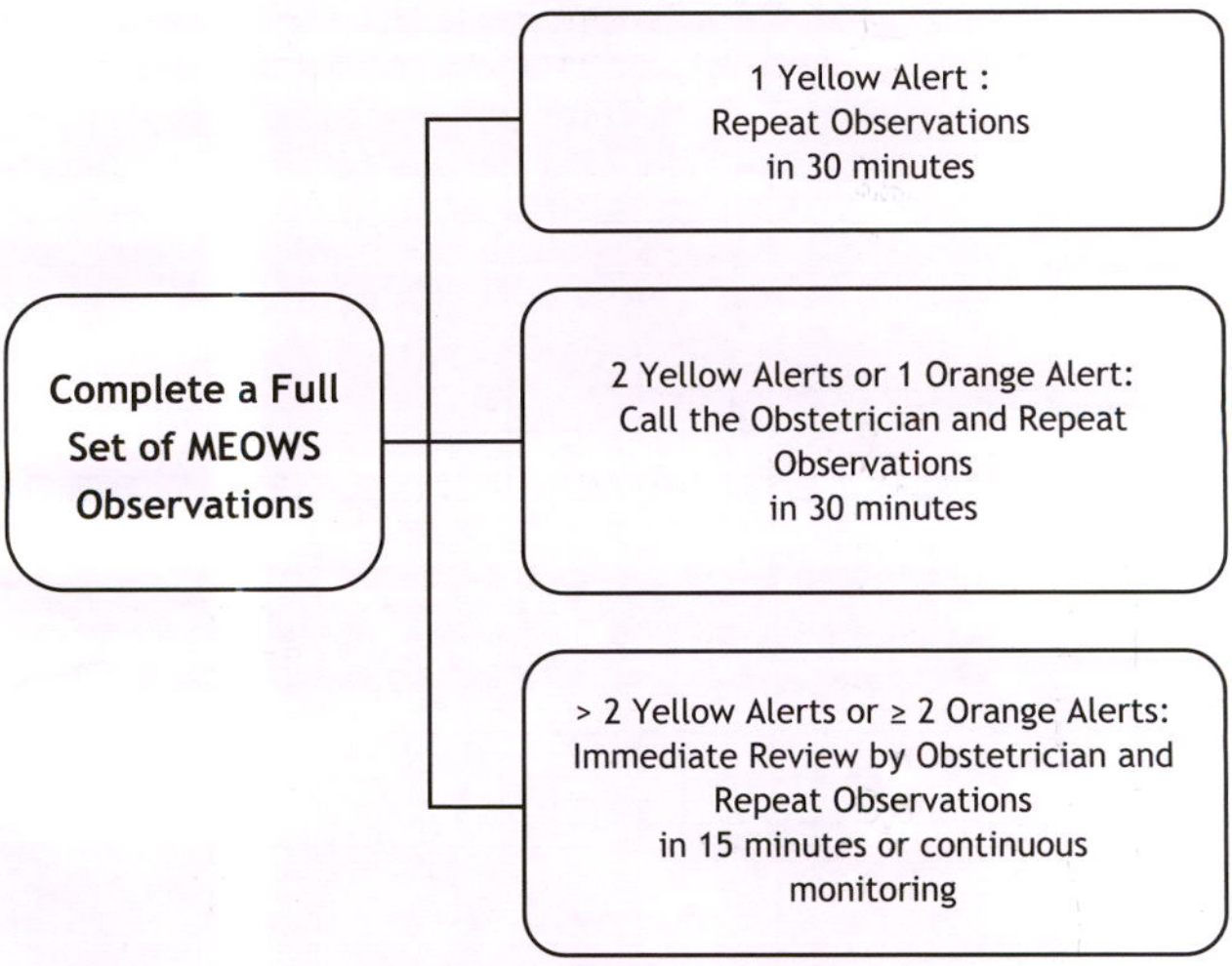
Early Warning Observation Score Chart - Obstetrics

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

3/2/26	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																					
	0 - 10																								
Saturations	94 - 100 %			99%																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			36°c																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			73bm																					
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			0																					
	110																								
	100			95																					
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50			54																					
	40																								
NEURO RESPONSE [✓]	Alert			✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal			N																					
	Heavy / Foul																								
Liquor	Clear / Pink			NP																					
	Green																								
TOTAL YELLOW SCORES				1																					
TOTAL ORANGE SCORES				0																					
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am				Nil							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm				Nil							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
1/7/26	08:00 pm										0	
	09:00 pm										0	
	10:00 pm											
	11:00 pm										0	[illegible]
	12:00 am	H_2O 100ml									0	@ 1am
	01:00 am	H_2O 100ml									0	2/7/26
Total Intake : 200ml						Total Output : Passed						
2/7/26	02:00 am	H_2O 100ml									0	
	03:00 am										0	
	04:00 am	H_2O 100ml									0	[illegible]
	05:00 am	H_2O 50ml + RL 500ml/hr									0	@ [illegible] am
	06:00 am	H_2O 50ml + RL 100ml/hr								50ml	[illegible]	2/7/26
	07:00 am	H_2O 100ml + RL 100ml/hr								10ml	[illegible]	
Total Intake : 1100 ml						Total Output : 60 ml						

Total 24 hrs. Intake	1300ml

Total 24 hrs. Output	60ml

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

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FLUID CHART

Sheet No. : 2

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

		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							
2/7/26	08:00 am	H2O	100ml + RL 500ml FF Pitocin 15u							✓	0	Meghna 2/7/26 10 Am
	09:00 am	H2O	100ml +								0	
	10:00 am	H2O	150ml +								0	
	11:00 am	H2O	150ml								0	Meghna 2/7/26 @ 1:30 pm
	12:00 pm	H2O	200ml							·	0	
	01:00 pm	H2O	150ml							✓	0	
Total Intake : 1300ml						Total Output : passed						
2/7	02:00 pm	H2O	50ml								0	Sowle 2/7/26 at 7pm
	03:00 pm											
	04:00 pm		sips water							✓		
	05:00 pm										0	
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		N diet H2O							✓		
	10:00 pm											
	11:00 pm											
	12:00 am											
3/7	01:00 am		H2O							✓		
Total Intake :						Total Output :						
	02:00 am										0	Padma 3/7/26 @ 7 Am
	03:00 am											
	04:00 am		H2O							✓		
	05:00 am											
3/7	06:00 am						✓			✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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
			Mouth	I.V	N.G							
	08:00 am	Idly	3									
	09:00 am									✓		
	10:00 am	soup	150									
	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	

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

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
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(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: LW Shifted to: Room (206)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	29/6	☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	1/7	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 2/7/2026 12:28 AM.

Nurse Name & Signature: Prathyusha

Date & Time : 2/7/26 @ 12:28pm

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
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Dr. KAPPAGANTULA APARNA

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: L&D Shifted to: Room (206)

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. CEFUROXIME	500MG	PO	12TH HOURLY	2/7/26	☑C ☐ DC
2	T. PARACETAMOL (DOLO)	650MG	PO	12TH HOURLY	2/7/26	☑C ☐ DC
3	T. ACECLOFENAC + PARACETAMOL (HIFENAC P)	325+ 100MG	PO	12TH HOURLY	2/7/26	☑C ☐ DC
4	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	2/7/26	☑C ☐ DC
5	SYRUP DUPHALAC (LACTULOSE)	15ML	PO	ONCE DAILY (AT BED TIME)	2/7/26	☑C ☐ DC
6	INJ TRANEXAMIC ACID	500MG	IV	8TH HOURLY	2/7/26	☑C ☐ DC
7						☐C ☐ DC
8						☐C ☐ DC
9						☐C ☐ DC
10						☐C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR YOGESHWARI

Date & Time : 2/7/2026 1 PM

Nurse Name & Signature: Meghana Nz

Date & Time : 2/7/26 1pm

Dr. M. Vinutha
Epidural Catheter Removed
YES / NO

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

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DRUG CHART

Date of Admission: 1/07/2026 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:				

Signature .....

VERIFIED BY : Name .....

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

REGULAR PRESCRIPTIONS

Weight. 100.40 kg Ward. L/W

VERIFIED 2/2/26

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40 MG	PO	ONCE DAILY	2/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 — 6 AM

VERIFIED

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
650 MG	PO	12TH HOURLY	2/7

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

Additional Instructions: T. DOLO 650 MG.

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7 — 12 PM; 3/7 — 5 PM

DRUG : T. DICLOFENA

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

DRUG : T. ACECLOFENAC + PARACETAMOL

Dose	Route	Frequency	Start Date
325 + 100 MG	PO	12TH HOURLY	2/7

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

Additional Instructions: T. HIFENAC P

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7 — 8 AM; 3/7 — 9 PM

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Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		(1)	L/W	100.40kg

AR PRESCRIPTIONS

DRUG : T. CEFUROXIME

Dose	Route	Frequency	Start Dt.
500 MG	PO	12TH HOURLY	2/7

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

Additional Instructions: T. CEFTUM 500 MG.

Date	2/7	3/7
Time		
6 AM		
6 PM		

Daily Doctor's Endorsement by a Sign.

VERIFIED 2/2/26

DRUG : SYP. LACTULOSE

Dose	Route	Frequency	Start Dt.
15 ML	PO	ONCE DAILY	2/7

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

Additional Instructions:

Date	2/7
Time	
10 PM	

Daily Doctor's Endorsement by a Sign.

VERIFIED 2/2/26

DRUG : INJ. TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
500MG	IV	8 HOURS APART	2/7

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

Additional Instructions: TWO DOSES ONLY.

Date	2/7	3/7
Time		
12 AM		
8 AM		
4 PM		

STOP 3/7/26, 7 AM

VERIFIED 2/2/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date
Time

Daily Doctor's Endorsement by a Sign.

Rainbow Children's Hospital

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

LBH-00113665 IP-00060534
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STAT / ONCE ONLY DRUGS

Name: Sukeerthy

Weight: 100.40 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21-7	8:50Am	STERILE HAEMOCOA-GULASE SOLUTION.	15 ML	LOCAL-			
21-7	1:30pm	INJ METRONIDAZOLE	500mg	IV			
21-7	1:30pm	INJ AMIKACIN	750 mg	IV			

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

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

Weight. 100.40kg Ward. 2 W

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE OINTMENT		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 2/7/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: DR. NIKHITA		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL / Start Date: 2/7/26		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: DR. NIKHITA		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
2/7	2:30 AM	DINOPROSTONE GEL	0.5 MG	PV		HOLD
2/7	4:00 Am	INJ. CEFOTAXIME [AFTER TEST DOSE]	1 GM	IV		
2/7	3:30 Am	ENEMA PROCTOCLYSIS	100 ML	PR		
2/7	2:35 Am	INJ. ONDANSETRON	4 MG	IV		
2/7	6:00 Am	INJ VECURONIUM BROMIDE	8MG	IV		
2/7	8:50 Am	TAB. MISOPROSTOL	400 MCG	SL		
2/7	8:50 Am	SUPPOSITORY DICLOFENAC	100 MG	PR		
2/7	8:50 Am	TAB MISOPROSTOL	200 MCG	PR		
2/7	8:50 Am	INJ. TRANEXAMIC ACID	1 GM	IV		

Signature
VERIFIED BY: Name

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Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

I.V. FLUIDS CHART

Weight. 100.40kg Ward. CW

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
2/7	5am	RINGER LACTATE	IV	F/F			2/7/26		
2/7	6:10am	INJ- OXYTOCIN 5IU IN 500 ML RINGER LACTATE	IV	5 ML / HR			2/7		
2/7	30 6am	RINGER LACTATE	IV	100 ML / HR			2/7		
2/7	8:12 AM	INJ- OXYTOCIN 15IU IN 500ML RINGER LACTATE	IV	F/F			2/7		
2/7	8:AM	RINGER LACTATE	IV	100ML / HR			2/7		

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

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03/07/26

Ref. No. F/INPR/12

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 16 D (F)
Dr. KAPPAGANTULA APARNA

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Patient Name : ___

Registration No.:

Medication

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00			
	1.00	12AM Inj. Tranexamic acid - 500mg IV 8th hourly	Daeha.	
	2.00			
	3.00			
	4.00	6AM		
	5.00	T. Pantoprazole - 40mg PO Once daily		
	6.00			
	7.00	T. Cefixime - 500mg PO 12th hourly		
	8.00			
	9.00	8AM	Daeha.	Sukeerthy
	10.00	Inj. Tranexamic acid - 500mg IV 8th hourly → Stop.		
	11.00			
	12.00	T. Aceclofenac + Paracetamol - 325+100mg PO 12th hourly		
	13.00			
	14.00	12pm		
	15.00	T. paracetamol - 650mg PO 12th hourly		
	16.00			
	17.00	4pm Inj. Tranexamic acid - 500mg IV 8th hourly		
	18.00			
	19.00			
	20.00	5pm T. Paracetamol - 650mg PO 12th hr		
	21.00			
	22.00	6pm T. Cefixime - 500mg PO 12th hourly		
	23.00			

9pm
T. Aceclofenac + Paracetamol - 325+100mg

10pm
Syp. Lactulose - 15ml PO Once daily

V Lakshmi S. 32yr

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 02/7/26 Time: 8Am

Origin: Indian Height: 164 cm Weight: 100 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: Nil

Diagnosis: GrA1 with 29+2 week with high BMI in labour. Labour Rx delivery.

Type of Diet: ☑ Liquid ☐ Soft ☐ Normal ☐ Diabetic
☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's	Dietician's
Signature: [signature]	Signature: [signature]
Name:	Name: Zohra
Date & Time: 2/7/26 8am	Date & Time: 02/7/26 8Am

DIETARY NOTES

Date	Time	Notes	Sign
03/9/26	7am	Normal diet	[illegible]