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

Name	Mrs KUDUMULA AKHILA	**UHID**	VIH-00206601
Father/Guardian	Mr YELSANI SAI KUMAR	**Age/Gender**	31 Y 8 M 10 D/Female
Address	13-3 YADAV NAGAR MALKAJGIRI, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060573	**Admission Date**	05-07-2026
Ref Doctor		**Discharge Date**	07-07-2026

DISCHARGE SUMMARY

Consultant: Dr. DIVYA T SUDARSHAN, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3A2 with 37+1 weeks with APLA Positive with Hypothyroidism(50) with Gestational Diabetes Mellitus (M) with Intrauterine Growth Restriction with oligohydramnios for Emergency Lower Segment Cesarean Section.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 05.07.2026

History:
LMP: 22.10.2025
Obstetric formula: G3A2
EDD: 25.07.2026
Gestation at admission: 37+1 weeks

Obstetric History:
G1 - 10 weeks/ Missed miscarriage / D & C/ March 2025/ Fernandez hospital.
G2-10 weeks / Missed miscarriage /MERPC / Aug 2025/ Little smile clinic Merripattanum.
G3 - Present pregnancy Spontaneous conception.

Name	Mrs KUDUMULA AKHILA	UHID	VIH-00206601

Medical History: Nil
Family History: Mother- HTN, Hypothyroidism.
Surgical History: D & C in 2025.
Allergies: Nil

Antenatal Details: Mrs. KUDUMULA AKHILA was unbooked to Rainbow Hospital. Previous ANCs done at Happy women clinic. She had regular antenatal checkups and investigations as advised. She was diagnosed with hypothyroidism since conception & managed on Tab. Thyroxine 50 mcg. She was on Tab. Ecosprin 150 - 75 mg since conception & stopped at 35+3 weeks. She was on Inj. Clexane 40 mg since 13 weeks & stopped at 35+3 weeks. She was diagnosed with GDM at 30+2 weeks & managed with Tab. Metformin 250 mg BD (after lunch & after dinner). Two doses of Inj. FCM taken at 25+6 weeks & 30+2 weeks. Two doses of Inj. Betamethasone given at 35+6 weeks, 24 hours apart. She was admitted at 37+1 weeks with APLA Positive with Hypothyroidism(50) with Gestational Diabetes Mellitus (M) with Intra Uterine Growth Restriction with Oligohydramnios for Emergency Lower Segment Cesarean Section.

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 relaxed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient & attenders explained regarding APLA positive, IUGR & oligohydramnios & need for emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view grade of APLA positive, IUGR & oligohydramnios, 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, clear 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. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 05.07.2026
Time of Delivery: 8:36:04 AM
Type of Delivery: Emergency LSCS
Indication: G3A2 with APLA positive with IUGR with oligohydramnios.
Analgesia: Spinal

Baby Details:
Date: 05.07.2026
Time: 8:36:04 AM
Sex: Female
Weight: 2.244 kg
Apgar:8/10 , 9/10.
Gestational Age: 37+1 weeks
NICU Admission: No

Name	Mrs KUDUMULA AKHILA	**UHID**	VIH-00206601

Post-Operative Notes: Post Operative Period:

She was closely monitored. On post operative day one, a drop in pulse rate & increased BP noted. Axon review & cardiologist review done for the same. ECG & 2D Echo done & was normal. Vitals remained stable further. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. Breastfeeding 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. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 11.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 11.07.2026 (10am-4pm-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 breastfeeding after food.
7. Repeat OGTT after 6 weeks & review with reports.
8. Tab. Thyroxine 50 mcg once daily on empty stomach (6 am) till further orders.
9. Repeat Sr.TSH levels after 6 weeks & review with reports.
10. Inj. Enoxaparin 40 mg SC once daily till 07.07.2026.
11. Nebasulf powder for local application.
12. 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).

Name	Mrs KUDUMULA AKHILA	UHID	VIH-00206601

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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.

7/2/26

Name: YELSANI SAI KUMAR
Relationship: HUSBAND
Signature:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. DIVYA T SUDARSHAN
DGO,MD (Obstetrics & Gynecology)
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN

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
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INSURANCE COPY

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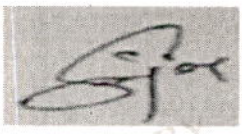
PatientName	: Mrs KUDUMULA AKHILA	**Inpatient No.**	: IP-00060573
Age/Gender	: 31 Y 8 M 10 D/ Female	**Admit Date**	: 05-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :05-07-2026 06:48
HEMOGLOBIN (Colorimetry)	**11.5**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	4.03	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**32.2**	**VOL%**	L	33 - 51
MCV (Calculated)	80.0	fL		80 - 100
MCH (Calculated)	28.5	pg/cells		26 - 34
MCHC (Calculated)	35.7	g/dL		32 - 36
RDW-CV (Calculated)	**13.5**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	205	10^9/L		150 - 450
MPV (Calculated)	8.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	9.32	10^9/L		4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**70**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**22**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	7	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :05-07-2026 07:12
RANDOM BLOOD GLUCOSE (GOD/POD)	89	mg/dl		70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :05-07-2026 16:43
RANDOM BLOOD GLUCOSE (GOD/POD)	**66**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :06-07-2026 02:12
RANDOM BLOOD GLUCOSE (GOD/POD)	**66**	**mg/dl**	L	70 - 140

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040-42462200, Ext 2000,2001,2002,

PatientName	: Mrs KUDUMULA AKHILA	**Inpatient No.**	: IP-00060573
Age/Gender	: 31 Y 8 M 11 D/ Female	**Admit Date**	: 05-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

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

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ACTIVITY

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

Name: ----

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

Date of Admission : 5/7/26 Time : 6:35am Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	8:12am	MICU	OT	
5/7/26	9:20AM	OT	MICU	
5/7/26	5:40PM	MICU	Room (208)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Prashath (Cardiologist)	5/7/26		
2.				
3.	Cross Checked			5/7/26
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	NST — ① 7AM	R26-010750	[illegible]
5/7/26	CBP —	V126022462	[illegible]
5/7/26	GRBS 89mg/dL 7AM	V126022467	[illegible]
5/7/26	ECG — ②	R26-010757	[illegible]
	~~Ozm checked My~~	~~G Sharma~~	~~5/7/26 2pm~~
5/7/26	GRBS 2PM 66mg/dl	V12602449	[illegible]
5/7/26	ECG	R26-010759	[illegible]
5/7/26	2D ECHO	R26-010760	[illegible]
	~~Ozm checked My~~	G Sharma	5/7/26 at 4pm.
5/4/26	GRBS 10pm — 66mg/dl	26022514	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Infusion pump	6:48am	5:20pm	3097626	[illegible]
5/7/26	cardiac monitor	9:20am	5:20		
	Cross checked by G. Shamini 5/7/26 at				
					5.27PM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	iv placement	(1)	3097628	[illegible]
5/7/26	PAC	(1)		
5/7/26	catheterization	(1)	3097627	
	[illegible] checked by:		Dr [illegible]	5/7/26 at [illegible] 30 pm

ANY OTHER INFORMATION

Date : 07-07-2026 Time : 8Am Prepared By : MERCY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Padma	[signature] 07.07.2026 8Am		

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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SURGERY DETAILS

Date : 5/7/26

Patient Name: Mrs. K. Akhila Date of Birth: 25/10/1994 Age: 31y

Gender: F Ward : OT UHID No.: 206601

Date of Surgery: 5/7/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency lower segment cesarean section done under spinal anesthesia

Time in : 8:25 Am Time Out : 9:10 Am

		NAME	AMOUNT
1.	Surgeon	Dr. Divya T Sudarshan	OT-charges
2.	Anaesthetist	Dr. Vineetha	
3.	Assistant Surgeon	Dr. Rajini	
4.	OT Technician	Tech. Aravind	
5.	Circulating Nurse	Sr. Mani	
6.	Assistant Nurse	Br. 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: 3097711 Order by: SR Jyothi

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

Patient Name

Ward:

IP.No: 8[illegible]63

DOA: 5/7/20

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	4	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
11	Consent for Blood Transfusion	1	✓	✓	
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	2	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	6	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
35	thRombophlebilits	1	✓	✓	
36	Braden scale	2	✓	✓	
37	pain Assessment	2	✓	✓	
38	ECG	2	✓	✓	
39	2Decho	1	✓	✓	
40	medication chart	2	✓	✓	
41	other	8	✓	✓	
	Total No. of Pages	59 Pages			

Signature and Date : 7/7/20

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-00060573 **Admit Date** : 05-Jul-2026 **Admit Time** : 06:35 AM **UHID** : VIH-00206601

Patient Details :

Patient Name	: Mrs KUDUMULA AKHILA	**Age**	: 31 Y 8 M 10 D
Guardian	: Mr YELSANI SAI KUMAR	**DOB**	: 25-10-1994
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 13-3 YADAV NAGAR MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9948653498
		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 YELSANI SAI KUMAR **Relationship** : Husband

Contact Address : 13-3 YADAV NAGAR MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9948653498

Signature

Doctor Details :

Doctor Name : Dr. DIVYA T SUDARSHAN **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 6:AM Time Seen by Nurse: 6:5AM

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: Rt. LSCS.

3) **Vital Signs:** Temperature: 98.6°F Pulse: 82/m RR: 18/m SpO_2: 99% BP: 110/70 mm Weight: 54 kg

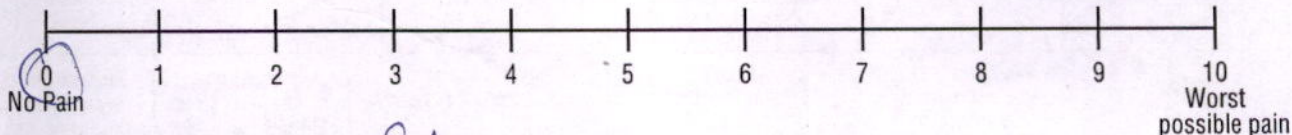
4) **Gestational Criteria:**

Gravida:	G 3	P —	L —	A 2

LMP: 22/10/25 EDD: 25/7/26 Gestational Age: 37+1 wks

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

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



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

6) **Past History:**

a) Surgeries: Dilatation & Curettage in 2025

b) Medical: Nil

VIH-00206801
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

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: 7 Am

Nurse Name : Sukanya Nurse Signature: Sud

Date: 5/7/26 Time: 7:15Am

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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ISTETRICS / 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: eh-LSCS

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: 7AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
T. thyroxine	D&C	yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: —

Onset of Menarche: —

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 22/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 3 P — L — A 2

Previous LSCS: —

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other —

Vital Signs / Measurements: Temp: 98.6F HR: 92bpm RR: 18bpm

BP: 115/80 Weight: 54kg Height: 144 BMI: .....

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

Paracetamol

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..28.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..mrs. Akhila..

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

Orientation not given Reason: .....

Nurse Signature: ..K. Sukanya..

Nurse Name: ..K. Sukanya..

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

PATIENT TRANSFER FORM

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206601 IP-00060573 Mrs KUDUMULA AKHILA 25-10-1994 31 Y 8 M 10 D (F) Dr. DIVYA T SUDARSHAN	5/7/26 @	5/7/26 @ 9:30AM
	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 02	Number of Imaging films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :
Dr. Divya T. Sudarshan

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

Patient & Clinical records received by :

Date & Time of Patient Received: 5/7/26 9:30A

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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VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at 6:35 Am	5/7/26 at 8:12 Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. yogeshwari	Eh. LSCS.
From Unit	**To Unit**	**Information to Attendant**
MICU	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
39	NST-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 ☐

Dr - yogeshwari

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS. Suhasini	Dr. yogeshwari

Patient & Clinical Records Received by : Roasone

Date & Time of Patient Received : 5/7/26 8:12 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

PATIENT TRANSFER FORM

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VIH-00206601 IP-00060573 Mrs KUDUMULA AKHILA 25-10-1994 31 Y 8 M 10 D (F) Dr. DIVYA T SUDARSHAN	Date & Time of Admission 5/7/26 @ 6:35AM	Date & Time of Transfer Order 5/7/26 @ 5:40PM
	Transfer Ordered by Dr. Nikitha	Reason for Transfer observation
From Unit MICU	To Unit Room (208)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (38)	Number of Imaging Films ECG - (2) MST - 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.	Tab:- Pantoprazole	15
2.	Tab:- Paracetamol	15
3.	Tab:- Tramadol	9
4.	Tab:- Diclofence	9
5.	underPad - 1 Sorel - (1) Baccierd - 1	

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

Name & Signature of Person who is Transferring S.S. [signature]	Name of Person Ordered Transfer Dr - Nikitha

Patient & Clinical Records Received by : Padma

Date & Time of Patient Received : [signature] 5/7/26 6:00 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

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

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o persistant decreased fetal movements

Obstetric Formula: G_3A_2
ML- 24yrs NCM

Obstetric Hostory:
GI- 10 weeks/ Missed miscarriage/ D&C/ march 2025/ Fernandez Hospital
G II- 10 weeks/ Missed Miscarriage/ MERPC/ August 2025/ little smile clinic Mesripattanam
unbooked to RCH, previous ANCs done at Happy women clinic

Present Pregnancy Record: Dr-Divya T. S. Shrestha women clinic since conception on Tab Ecospirin 150mg+75mg & inj clexane 40mg SC since 13 weeks stopped at 35 weeks. Two doses of Inj Betamethasone given at 35+6 wk 24 hrs apart

RISK FACTORS:
diagnosed c Hypothyroidism since conception on Tab Thyroxine 50mcg OD Mg consenctively
Diagnosed c Gestational Diabetic mellitus at 30+2 wk My conservative on Tab Metformin 250mg after lunch & Dinner. Inj FCM taken 1 GM, two doses at 25+6 weeks & 30+2 wks
APLA +ve
Hypothyroidism.
GDM c Metformin

LMP: 22/10/2025 EDD:
Corrected EDD: 25/7/2026 CNT scan GA: 37+1 weeks
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: 36 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent 140bpm

Per Speculum Examination Not done
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done
Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

Height: 144 cm
Weight: 54.6 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: c/c/c Pallor: ⊖
Icterus: ⊖ Edema:
Temp: Afebrile PR: 75 bpm
BP: 105/64 mmHg DTR: ⊕
CVS: S_1S_2 ⊕ RS BAE ⊕
Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS
G_3A_2 with 37+1 weeks with APLA positive with Hypothyroidism with Gestational diabetes mellitus (Metformin + Diet) c IUGR & oligohydramnios emergency for Elective Lower segment cesarean section

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

Family History:

Mothers - HTN, Hypothyroidism

Surgical History:

Dilatation & curettage in 2025

Medical History:

Nil

Medication History:

Tab Thyroxine 50 mcg OD
Tab Metformin 250 mg after lunch & dinner.

Plan of Care: C/I to Dr. Divya T sudarshan mam

- Admission
- NBM GRBS - 89
- Part preparation
- Monitor vitals
- consent
- PAC
- Monitor FHR
- Follow drug chart
- Inform SOS
- Foley's catheterization.
- Send CBP,

noted by Suhasini 5/7/26 7AM

Investigations:

BG - 'A' POSITIVE

21/6/26
HIV, HBsAg, HCV } NR

24/6/26
TSH - 4.041
PLBS - 98
FBS - 72

29/6/2026
Growth scan
35+1 weeks
SLIUF, cephalic
EFW - 2441 ± 361 gms
AC - 29.5 cm
AFI - 10-11 cm
PI - upper posterior Gr II maturity
Doppler - Normal

16/3/2026
TIFFA Scan
SLIUF
21+2 wks
CL - 3.2 cm
NO anomalies
PI - post upper segment

16/1/2026
NT Scan
12+6 weeks
SLIUF
NT - 1.5 mm
PI - post lower edge reaching the margin of OS. Gr I maturity

FTS - LOW RISK

Fetal ECHO Normal

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 5/07/2026 7AM.

Consultant Name: Dr. Divya T sudarshan
Signature:
Date & Time: 5/7/2026

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9:15AM	POD-0 (LSCS)	
	O/E	
	Pt is c/c/c	Adv
	GC fair	– NBM
	Afebrile	– W/F bleeding PV
UO – 500ml	BP – 108/68 mmHg	– Monitor vitals
clear adequate	PR – 68 bpm	– I/O charting
	S/E – NAD	– Follow drug chart
	P/A – UtWR	– Inform SOS
CBP – 11.5 / 9320 / 2.05L	soft BS +/+	– check GRBS at 2pm & 10 pm.
	L/E – NAB	
	Baby A/MS BF+	
Noted by Kamal	5/7/26 @ 9:25am	Dr Yogeshwari
5/7/26 10Am.	C/I to Dr. Divya mam	
	PR – 40 bpm.	
	BP – 144/92 mmHg..	
	ECG done	Adv:
		– Axon review
		– Cardiologist opinion.
Noted by Kamal 5/7/26 @ 10Am		Dr. Nikhita

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

(P.T.O)

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/26. 10.15 AM.	C/S I/by Dr. M. VINEETHA. (AXOW).	
	S/p LSCS - POD 0	
	Patient had bradycardia in post op.	
	HR - 40/min.	
	✓ no c/o breathlessness / chestpain / palpitation / sweating	
	✓ pt. is conscious & oriented. comfortable.	
	✓ Inj. GLYCOPYRROLATE 0.2mg i.v. was given	
	Vitals: HR improved to 100/min.	
	BP - 140/90 mmHg.	
	SPO_2 - 100% on room air.	
	CVS - S_1S_2 (+)	
	RS - BLBS (+), clear.	
	CNS - HMF (+).	
	✓ ECG done. - M pattern in lead I & AVL ? LBBB.	
		Advice:
		✓ cardiologist opinion
		✓ monitor vitals BP, HR, SPO_2
		✓ I/O charting
		✓ Inform SOS
Noted by Damal 10.15am		Dr. M. Vineetha 05/07/26.

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 1:25 pm.	POD-0 (LSCS)	Adv:
	O/E - pt is c/c/c	- Watch sips f/b clear liquids
	Gc - Fair	- passive ambulation
	Afebrile.	- monitor vitals
U/O 950 ml clear, adequate	BP - 106/78 mmHg	- w/F bleeding PV
	PR - 66 bpm.	- Follow drug chart
	S/E - NAD.	- I/O charting
	P/A - Ut - W/R.	- Inform SOS.
	Soft, BS (+)	Dr. Niklita
	L/E - NAD.	
Noted by Kanak 5/7/26 @ 2:25pm	Baby < A M BS (+)	
5/7/26 2pm.	C/I to Dr. Divya mam	
	GRBS - 66 mg/dl.	Dr. Niklita
Noted by Kanak 5/7/26 2pm		
5/7/26 3:15 pm.	C/S/B Dr. Prashanth sir (Cardiologist)	
	C/I to Dr. Divya mam.	
	2D Echo - Normal.	Adv:
Noted by Kanak 3:15pm @ 5/7/26		Repeat ECG
		Dr. Niklita

VIH-00206601 IP-00060573
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	POD - 1 (LSCS)	
5pm.		Adv:
	Vitals stable.	- clear liquids
	P/A - wt - W/R.	- passive ambulation
U/O	BS (+)	- monitor vitals
880 ml	V/E - No active	- W/F bleeding PV
clear, adeq.	bleeding.	- Inform SOS
pt can be shifted		
to rooms.		Dr. Nikhita.
	Noted by Kavali 5/7/26 @ 5PM	
6/7/2026	POD - 1 (LSCS)	
8:30 Am.	O/E - pt is c/c/c	Adv:
	GC - Fair	- Soft (R) diet
	Afebrile.	- Adeq. Hydration
U/O	BP - 104/62 mmHg	- Ambulation
2030 ml	PR - 74 bpm.	- monitor vitals
clear, adeq.	S/E - NAD.	- W/F bleeding PV
	P/A - wt - W/R.	- Follow drug chart
Remove	soft, BS (+)	- Inform SOS
Foleys	L/E - NAB	
	Baby < A/M BF (+)	
		Dr. Nikhita
Noted by [illegible] 6/7/26.		

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2[illegible] 1:30 pm	POD - 1 (post LSCS)	
	Pt is [illegible]	
	G.C fair	Adv
	Afebrile	- (N) diet
	BP - 104/66 mmHg	- Ambulation
urine passed	PR - 86 bpm.	- Hydration
	S/E - NAD	- W/F PV bleeding
	P/A - soft BS (+)	
	Ut NWR	- follow drug chart
	Lk - NAB	monitor vitals
	Baby [illegible] BF (+)	- Inform SOS
		Dr [illegible]
	Noted by [illegible] 6/7/22	

VIH-00206601 IP-00060573
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	POD-1 (Post LSCS)	
10 PM	O/E Pt is c/c/c	Adv
	GC- fair	- (N) diet
	Afebrile.	- W/F Bleeding PV
	BP- 112/69 mmHg	- Ambulation
Urine Passed	PR- 83 bpm	- Adequate hydration
Motion Passed	S/E- NAD	- Monitor vitals
	P/A - Ut ~ W/R	- Follow drug chart
	soft, BS (+)	- Inform SOS.
	H/E- NAB.	
	Baby Γ A/M , BF (+)	
Note by Pooja Bu 6/7/26 @ 10PM		Dr. Sudarshan
7/7/26.	POD-2 (Post LSCS)	
8:30 AM	O/E Pt is c/c/c	Adv
	GC- fair	- (N) diet
	Afebrile	- W/F Bleeding PV
	BP- 105/72 mmHg	- Ambulation
Urine Passed	PR- 70 bpm	- Adequate hydration
Motion Passed	S/E- NAD	- Monitor vitals
	P/A- Ut ~ W/R	- Follow drug chart
Aseptic Dressing done.	soft, BS (+)	- Inform SOS.
	H/E- NAB	
	Baby Γ A/M, BF (+)	
Note by Pooja Bu 7/7/26 @ 7:30 AM		Dr. Sudarshan

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
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Dr. DIVYA T SUDARSHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26		
	BP - 116/72 mmHg	
	PR - 78 bpm	
pt can be discharged.	S/E NAD	
	P/A ut ~ w/R	
	L/E NAB	
		Dr Naudreen

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

(P.T.O)

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206801 IP-00080573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3 A2 c̄ 37+1 wks c̄ APLA Positive c̄ Hypothyroidism c̄ gestational diabetes mellites (Metformin) c̄ Sot c̄ IUGR c̄ Oligohydramnios Emergency

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: —

Surgery / Procedure: for LSCS.

Post OP Day: 0 POD

BACKGROUND Date / Shift	5/7/26 N	5/7/26 M	5/7/26 M	5/7/26 E	5/7/26 E	5/7/26 N
Medical Condition (Any special condition to be noted):	Hypothy		Hypothyroid GDM	Hypothyroid GDM	Hypothy GDM	Hypothy GDM
Diet:	NBM	NBM	NBM	clear liquids	[illegible]	clear liquids
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	98.4F	98.1°F	96.1°F	96.7°F	98.7°F
Res:	18b/m	19b/M	18b/mt	17b/mt	17 b/m	18b/m
SpO_2:	99%	99%	99%	100%	99%	99%
Pulse:	82b/m	86b/M	86b/mt	88b/mt	81b/m	82b/m
BP:	110/70mmHg	116/82 mmHg	113/78 mmHg	103/76 mmHg	111/68 mm	100/62 mm
LOC:	Consi	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	05	"05"	15	15	15	"15"
Pain Score:	0	0	0	0	0	"0"
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	Nill	—	—	Nill	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	NBM	clear liquids	NBM	NBM
Critical Lab Test / Values:	—	Nill	—	—	Nil	Nill
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Depent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:	—	—	—	—	GRBS @ 10pm	—
Handed Over By Name :	Subashini	Asif	Kamal	Kamal	padma	Deepika
Signature / ID :	[illegible]	020264	020573	020573	606329	607469
Date:	5/7/26	5/7/26	5/7/26	5/7/26	5/7/26	6/7/26
Time:	@ 8:12AM	@ 9:40	@ 2Pm	@ 5:40PM	@ 8 PM	@ 8AM
Taken Over By Name :	Asif	Kamal	Kamal	padma	Deepika	Syed
Signature / ID :	020264	020573	020573	600829	[illegible]	016457
Date:	5/7/26	5/7/26	5/7/26	5/7/26	5/7/26	6/7/26
Time:	@ 8:15am	@ 9:40PM	@ 2Pm	@ 5pm	@ 8pm	@ 8AM

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

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G3 A2 @ 37+1 @ APLA +H2O @ GDM

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

Surgery / Procedure: EMERGENCY L.S.C.S

Post OP Day: I POD

	Date / Shift	6/7 M	6/7 N	7/7 M	7/7 M		
BACKGROUND	Medical Condition (Any special condition to be noted):	Hypothyroidism	H/o postpartum hemorrhage	Hypothyroidism	Hypothyroidism		
	Diet:	Soft diet	Regular diet	Normal diet	Normal diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.6°F	98.7°F	98.8°F	98.6°F		
	Res:	19b/m	20b/m	19b/m	20b/m		
	SpO_2:	99%	98%	99%	98%		
	Pulse:	82b/m	96b/m	80b/m	81b/m		
	BP:	104/66mmHg	116/82mmHg	100/62mmHg	113/68mmHg		
	LOC:	conscious	Conscious	conscious	conscious		
	Fall Risk Score:	15	15	15	15		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Soft diet	Regular diet	Normal diet	Normal diet		
	Critical Lab Test / Values:	Nil	Nil	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		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Rajeev	padma	Rajeev	Jhansi		
Signature / ID :		606457	606329	Rajeev	17542		
Date:		6/7/26	6/7/26	7/7/26	7/7/26		
Time:		@8pm	@8pm	@8AM	@		
Taken Over By Name :		padma	Rajeev	Jhansi	Handed by Jhansi		
Signature / ID :		606329	Rajeev	17542			
Date:		6/7/26	6/7/26	7/7/26	7/7/26		
Time:		@2pm	@8pm	@8	@11am		

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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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	9 Am	Ensure safety	9 Am	To provied side rails.	To prevent fall	Patient is stable	Kamal 5/7/26 @ 2Pm
	12 Pm	Maintain fluid Balance	12 Pm	Maintained RL (Load for fluids)	To prevent de hydration.	Patient is Comfortable	
Afternoon	2 Pm	Ensure Safety & maintain Personal Hygiene.	2 Pm	To provied side rails. - To Prevent de hydration.	To prevent fall - maintained RL Lam/n fluid	Patient is Good Patient is comfortable	5/7/26 5:40Pm Padma 5/7/26
Night	8pm	Ensure Safety	11pm	To provide side rails	To provide Safety	Re-Assessment done patient is stable.	Dupika 5/7/26 @ 8Am
	12Am	To Maintain Personal hygiene	8 AM	To give ~~Grading~~ Bed and help	To prevent dehydration		

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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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
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Good Nutritional Status
- ☐ Patient & Family Education
- ☐ Maintain Skin Integrity

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain fluid balance. Ensure safety.	9.30a	• Maintained oral Intake provided side rails.	prevented for dehydration. prevented for fall risk.	Re assessment done every 4th hrly vital checked. pt is stable	Akhila 6/7/26 @2p
Afternoon	3pm	* Ensure Safety * Maintain fluid Balance	5pm	* Provided the Side rails * Maintain oral intake	* to prevent Risk of fally * Prevented dehydration	Reassessment done Patient is stable	Padma 6/7/26 @3pm
Night	9pm	+ maintain Personal hygiene + Ensure Safety	9:30 Am	+ maintained hand wash & hand hygiene + provided Side rails daily	+ To prevent infection + To prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Rajg 7/7/26 @8Am

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 7/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Notes. Doctor came for round. Patient is stable advice for discharge			
Afternoon			Sr. Thani 7/7/26 @11am				
Night							

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

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

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

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 KUDUMULA AKHILA**	**Age :**	**31 Y 8 M 10 D**
IP No:	**IP-00060573**	**Sex:**	**Female**
Consultant:	**Dr. DIVYA T SUDARSHAN**	**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: Yelsani Sai Kumar

Relationship: Husband

Date: 05-07-2026 Time:

Witness Name:

Witness Signature:

Patient Address:

13-3 YADAV NAGAR MALKAJGIRI
Malkajgiri Hyderabad Telangana INDIA
500047

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. KUDUMULA AKHILA. Gender: ☐ Male ☑ Female Age : 31 YEARS

UHID No : VIM-00206601 / IP-00060573 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)

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon MRS. KUDUMULA AKHILA
(Name of the Patient)

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

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

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

BLEEDING , BOWEL AND BLADDER INJURY, URETERIC INJURY BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTION, INFECTION , POST PARTUM HEMORRHAGE

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. DIVYA T SUDARSHAN.

Consentee :
Signature : Akhila
Name : KUDUMULA AKHILA
Date & Time : 5/7/2026 7:30 AM

Witness : CNA
Signature :
Name :
Date & Time :

Patient Attendant :
Signature :
Name : YELSANI SAIKUMAR
Relationship with Patient: Husband
Date & Time : 5/7/2026 7.30 AM

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : Mrs. K. AKHILA Gender: ☐ Male ☑ Female Age : 31Yrs

UHID No : VIH - 206601 / IP-60573 Date : 5/7/26

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

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION

upon Mrs. K. Akhila
(Name of the Patient)

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, ADHESIONS, BOWEL, BLADDER AND URETERIC INJURIES, P.P.H., BLOOD AND BLOOD PRODUCTS TRANSFUSION AND IT'S ASSOCIATED REACTIONS, INFECTION

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. DIVYA T SUDARSHAN

Consentee :

Signature : Akhila

Name : Akhila (patient)

Date & Time : 5/7/26

Patient Attendant :

Signature :

Name : Yelsani Saikumar

Relationship with Patient: Husband

Date & Time : 5/7/26

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Rajani

Date & Time : 5/7/26

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

CONSENT FORM FOR GENERAL REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : K. Akhila. Age : 31y 8m Gender : Male ☐ Female ☑

UHID NO: VIH-00206601 Surgeon Name: Dr. Divya T. Sudarshan

Anaesthesiologist : Dr. Madhav

Operative procedure planned : El-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, PDPH.

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 K. Akhila the above mentioned operation / Diagnostic / Therapeutic procedures El-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 : A Khila

Name : AKHILA.K

Relationship with Patient: Self

Date & Time : 5/7/26 8:00AM

Witness :

Signature : Yesari

Name : Yesari Saikumar

Date & Time : 5/7/26 at 8AM

Doctor (who is taking the consent) :

Signature : Akhila

Name : DR.AKHILA.K

Date & Time : 5/7/26 8:00AM.

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Divya T Sudarshan
Asst. Surgeon : Dr. Rethu
Anaesthetist : Dr. Vineetha
Scrub Nurse : Dr. Ratan

Patient Name : VIH-00206601 IP-00060573 Mrs KUDUMULA AKHILA
UHID No. : 25-10-1994 31 Y 8 M 10 D (F)
Date : 5/7/26 In Dr. DIVYA T SUDARSHAN

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:25 AM

Patient Has Confirmed			
Identity	☑ Yes	☐ No	
Site	☑ Yes	☐ No	
Procedure	☑ Yes	☐ No	
Consent	☑ Yes	☐ No	
Site Marked	☑ Yes	☐ No	☐ NA
Anaesthesia Safety Check Completed	☑ Yes	☐ No	
Pulse Oximeter on Patient & Functioning	☑ Yes	☐ No	
Does Patient have a:			
Known Allergy?	☐ Yes	☑ No	
Difficult Airway / Aspiration Risk?			
Yes, & Equipment / Assistance Available	☐ Yes	☑ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?			
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes	☑ No	☐ NA
Blood Units Reserved	☐ Yes	☑ No	☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☑ Yes	☐ No	☐ NA

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

Before Skin Incision ➤➤

TIME OUT Time:

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	☑ 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, APLA time			
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 : Maria

Before Patient Leaves Operating Room

SIGN OUT Time:

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. Divya T Sudarshan

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: DR. DIVYA T. SUDARSHAN	Date of Delivery: 5/07/2026
Assistant Surgeon: DR. RAJANI	Time of Delivery: 8:36:04 AM
Anaesthetist's Name: DR. AKHEELA	Gender of Baby: Female
Type of Anaesthesia: SPINAL	Weight of Baby: 2.244 Kgs
Neonatologist: DR. Prathyusha	AGPAR Score: 8/10, 9/10
Scrub Nurse: Ratan.	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: G_3A_2 @ 37+1 wks @ APLA Positive @ Hypothyroidism @ GDM (metformin) @ IUGR @ oligohydramnios for Emlscs

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 lower segment cesarean section done under spinal anesthesia

Post Operative Diagnosis:

Peri-Operative Complications:

Amount of Blood Loss: 300ml	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: Normal ..... Cord around the neck ☐ Yes ☑ No

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

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

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl ..... 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 12 hrs days ☐ Await instructions

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

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

Post-Operative Notes:

NBM x 4hr.
Monitor vitals
Follow drug chart
W/F bleeding PV
I/O charting
Inform SOS

Doctor Name: Dr. Divya T Sudarshan Doctor Signature: .....

Date & Time: 5/07/2026 .....

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

(1)

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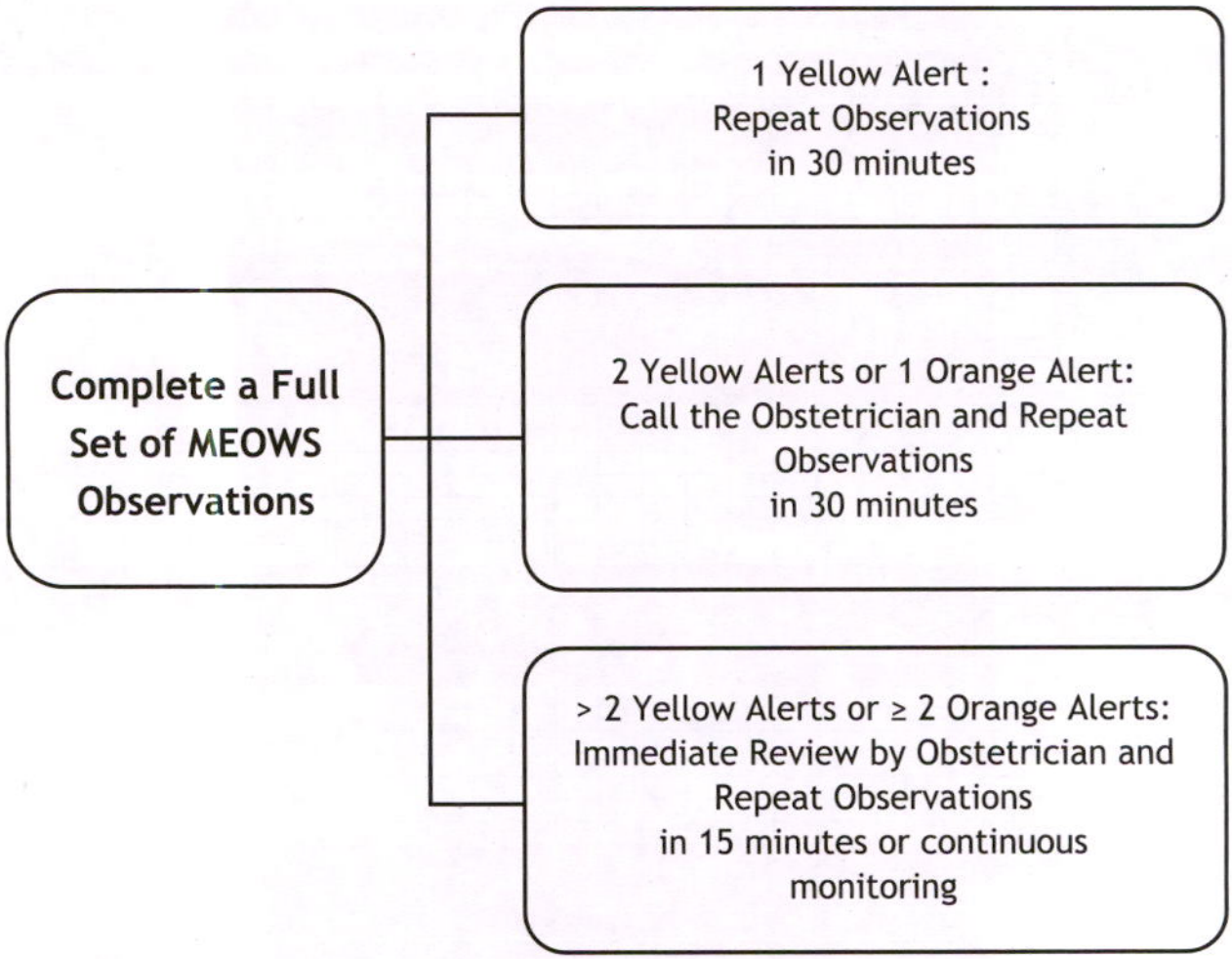
Warning Observation Score Chart - Obstetrics

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

		Date																							
5/7/26		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																								37	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																								80	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																								110	
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																								70	
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																								V	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																								V	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal																								NA	
	Heavy / Foul																									
Liquor	Clear / Pink																								NA	
	Green																									
TOTAL YELLOW SCORES																									0	
TOTAL ORANGE SCORES																									0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

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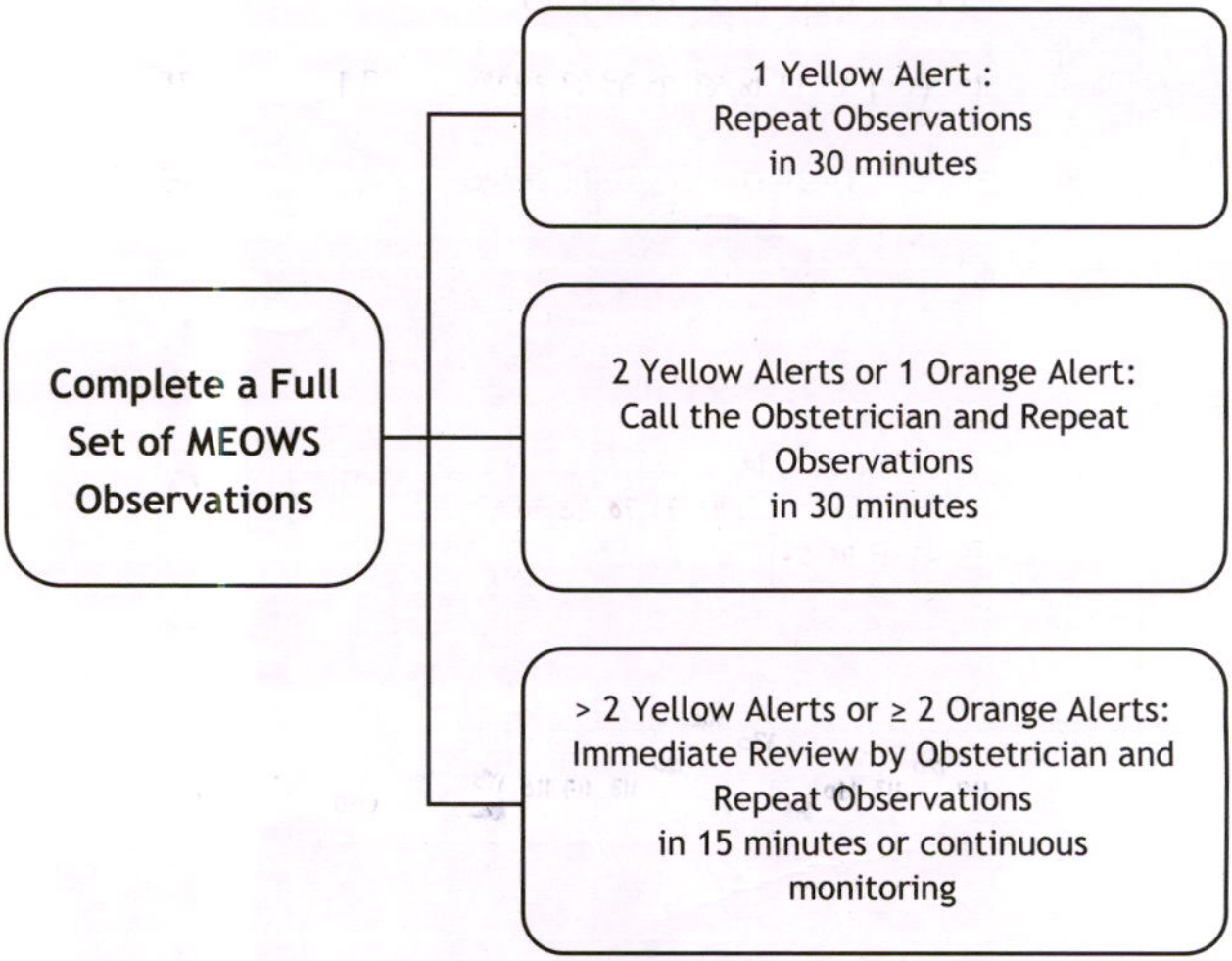
Early Warning Observation Score Chart - Obstetrics

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

Date: 5/6/26		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	18	19	19	19	19	19	19			19				19					19
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)		99	99	99	99	99	98	99	99	99	99	99	99			99				98					99
Temp°c	40																								
	39																								
	38																								
	37	37c	37c	37c	37c	37c	37c	37c		37c	37c	37c	36c			36c				37c					37c
	36								36c																
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90						90																		
	80															84				82					
	70							72	71	70	73	70	73												74
	60																								
	50	50	49	47	48	52																			
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140							142																	
	130						130																		
	120		120						120																
	110	110		113	110					113	117	110	113												
	100					103										100				105					104
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80					85		80	82				79												
	70	70	72				72			76	70	78													
	60			63	65											61				60					62
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓				✓					✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓				✓					✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			NA				NA					NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA			NA				NA					NA
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0			0				0					0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0			0				0					0
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			D				D					D

Obstetrics and Gynaecology Early Warning Signs



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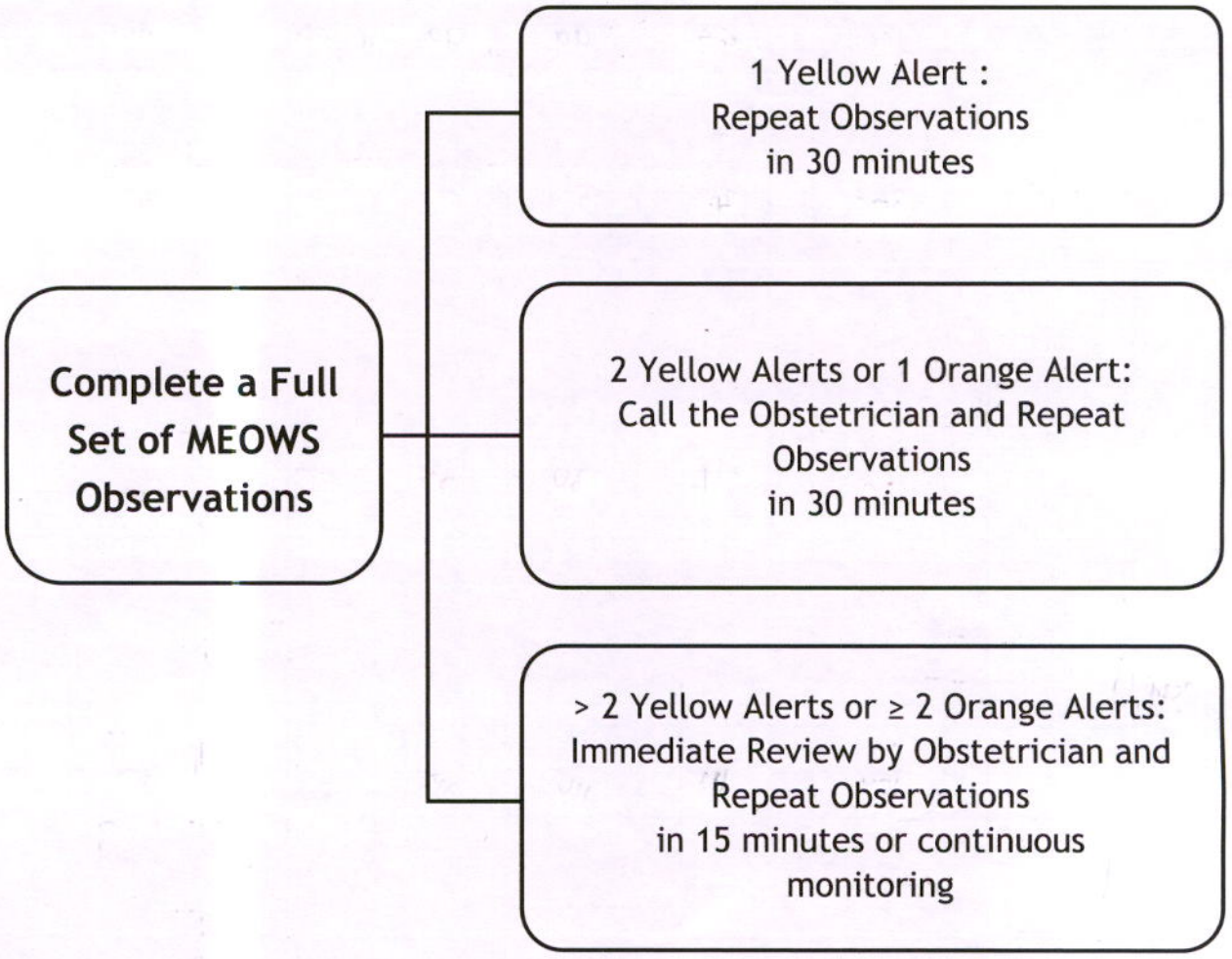
Early warning Observation Score Chart - Obstetrics

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

6726	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			16				16			19			18			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			36°				36°			36°			36°			36°				36°				36°
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82				76			80			83			80				79				80
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			104				111			110			112			100				113				105
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			66				72			70			69			66				79				72
	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																									

Obstetrics and Gynaecology Early Warning Signs



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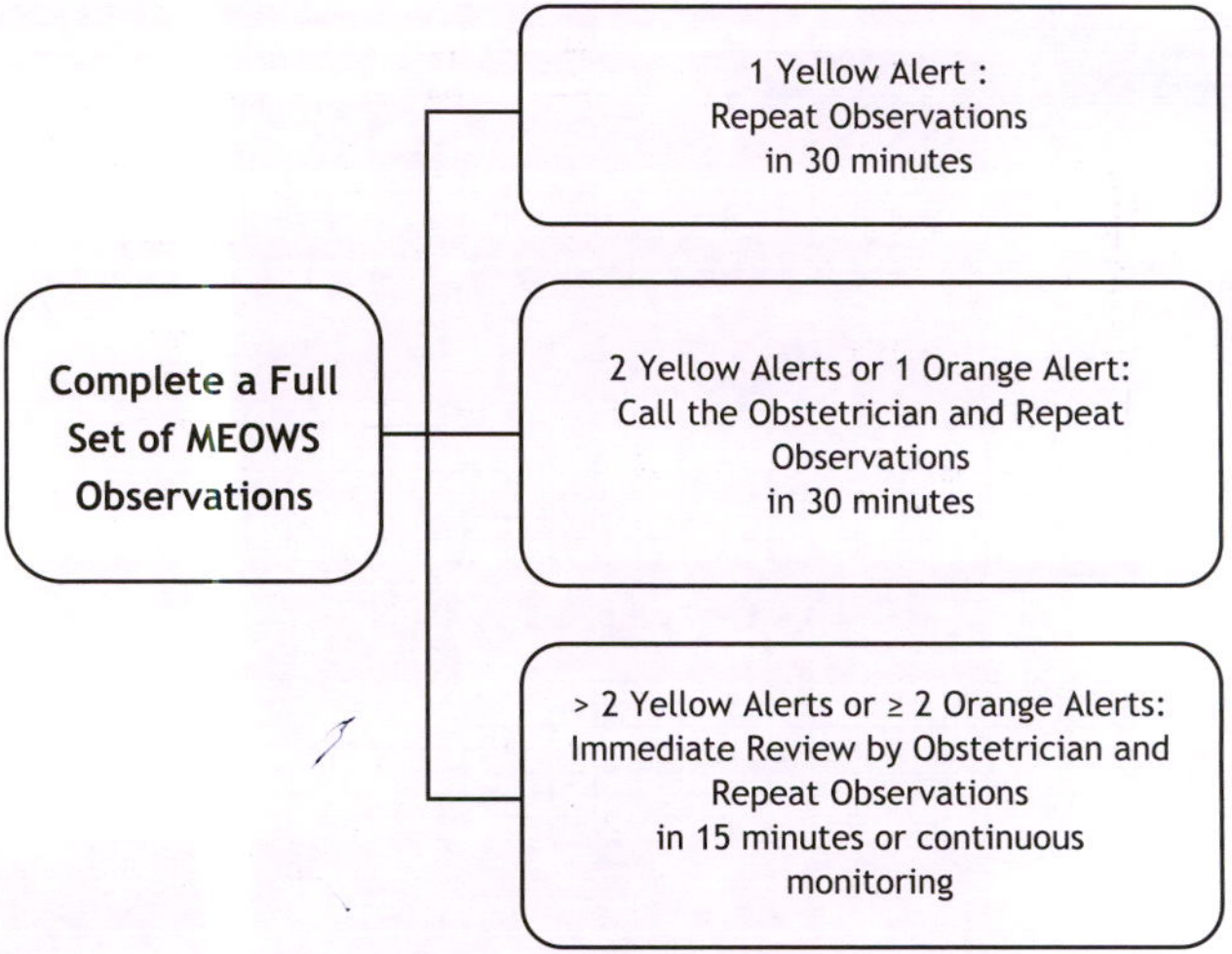
7/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																					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

Obstetrics and Gynaecology Early Warning Signs



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FLUID CHART

Sheet No. : 4

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm						0					
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 :**						
5/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am	NBM+RL 500ml								100ml	0	
	07:00 am	NBM+RL 100ml								100ml	0	5/7/26
Total Intake :		600 ml				**Total Output :**				200ml		

Total 24 hrs. Intake	600 ml

Total 24 hrs. Output	200ml

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Sheet No. : 4

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
5/7/26	08:00 am	RL	NBM + 100ml/hr							100ml	0	
	09:00 am	RL	NBM + 500ml/hr							300ml	0	
	10:00 am	RL	NBM + 100ml/hr							100ml	0	
	11:00 am	NBM + RL 100ml/hr								50ml	0	Manual 4/7/26 @ 2Pm
	12:00 pm	NBM + RL 100ml/hr								100ml	0	
	01:00 pm	NBM + RL 100ml/hr								100ml	0	
Total Intake : 1400ml						Total Output : 450ml						
5/7/26	02:00 pm	H_2O + RL 100ml/hr								100ml	0	
	03:00 pm	H_2O + RL 100ml/hr								50ml	0	
	04:00 pm	H_2O + 100ml								100ml	0	Manual 4/7/26 @
	05:00 pm	H_2O + 50ml								50ml	0	
	06:00 pm	H_2O + 50ml								100ml		
	07:00 pm									100ml		
Total Intake :						Total Output :				500ml		Spoke 5/7/26 @ 8Pm
5/7/26	08:00 pm	H_2O 50ml								50ml		
	09:00 pm									50ml		
	10:00 pm	H_2O + Ddy								100ml		
	11:00 pm									50ml		
	12:00 am	H_2O								50ml		
	01:00 am	H_2O								50ml		
Total Intake :						Total Output :				350ml		
5/7/26	02:00 am	H_2O								50ml		Dexiks 5/7/26 @ 8Am
	03:00 am									50ml		
	04:00 am	H_2O								50ml		
	05:00 am									100ml		
	06:00 am	H_2O								50ml		
	07:00 am									50ml		
Total Intake :						Total Output :				700ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2030ml

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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	Nature of Fluid	Intake Route			Output 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		H2O Idly									
	10:00 am									✓		Padma 6/7/26 @2pm
	11:00 am						✓				0	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/7	02:00 pm		Diet									
	03:00 pm		H2O							✓		
	04:00 pm											Padma 6/7/26 @7pm
	05:00 pm										0	
	06:00 pm		Supp.							✓		
	07:00 pm		H2O									
Total Intake :						**Total Output :**						
7/7/26	08:00 pm											
	09:00 pm											
	10:00 pm		Rice							✓		
	11:00 pm											Rdg 7/7/26 @2Am
	12:00 am		H2O									
	01:00 am									✓		
Total Intake :						**Total Output :**						
7/7/26	02:00 am											
	03:00 am		H2O									
	04:00 am									✓		
	05:00 am											Rdg 7/7/26 @8Am
	06:00 am		H2O									
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 4

31/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	Bolus								✓		
	10:00 am	+					✓					Jhansi 31/7/26 @11am
	11:00 am	1120										
	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 :						

Watchboy Sr. Jhansi 31/7/26 @

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☑ Not known any Drug Allergies

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

Shifting From: ..... MICU ..... Shifted to: ..... OT .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
3	T. THYROXINE	50 MCG	PO	ONCE DAILY	5/7/26	☑ C ☐ DC
4	T. METFORMIN	250 MG	PO	AFTERNOON AND NIGHT	4/7/26	☐ C ☑ ~~DC~~
5	T. PROGESTERONE	200MG	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
6	T. DYDROGESTERONE	20MG	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
7	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	4/7/26	☐ C ☑ ~~DC~~
8	T. ECOSPRIN	75MG	PO	ONCE DAILY	2/7/26	☐ C ☑ ~~DC~~
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Yp DR YOGESHWARI .....

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

Nurse Name & Signature: ..... K. Suhasini .....

Date & Time : ..... 5/7/26 at 7:15AM .....

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: Room (208)

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	40MG	PO	ONCE DAILY		☑C ☐DC
2	T. PARACETAMOL	1 GM	PO	6TH HOURLY		☑C ☐DC
3	T. TRAMADOL	100 MG	PO	8TH HOURLY		☑C ☐DC
4	T. DICLOFENAC	50MG	PO	8TH HOURLY		☑C ☐DC
5	T. THYROXINE	50 MCG	PO	ONCE DAILY		☑C ☐DC
6	INJ. CEFOTAXIME	1 GM	IV	12TH 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 5PM.

Nurse Name & Signature:

Date & Time : 5/7/26 @ 5PM

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VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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

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

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: Yi DR YOUGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	5/7	6/7
Time		
8 AM		BH
8 PM	BH	

STOP
DR. Nikhita
6/7/2026
8:30 AM

VERIFIED
Dr. Manini
5/7/26 @ 2pm

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	5/7/26

Name & Signature of the Doctor starting the Drugs: Yi DR. YOUGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	6/7/26	
Time		
6 PM	BH	

VERIFIED
Dr. Manini
6/7/26 @ 2pm

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	ONCE DAILY	05/07

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

Additional Instructions: START AFTER 8.30 PM AFTER CHECKING FOR BLEEDING.

Daily Doctor's Endorsement by a Sign.

Date	5/7	6/7
Time		
11 PM	BH	

VERIFIED
Dr. Manini
5/7/26 @ 2pm

DRUG : T. CEFIXIME

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	
Time		
10 AM		BH
10 PM		

verified
Dr. Rishika
Clinical Pharmacologist

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VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

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.

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Ref. No. : F/HW/DC/

VIH-00206801 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

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

: ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
6/7	9:30m	OXYTOCIN	1 AMPULE	INTRA NASAL		
6/7	10:30 Am	SUPPOSITORY BISACODYL	20MG	PR		

Verified
Dr. Rishika
Clinical Pharmacologist

Ref. No. :

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 11 D (F)
Dr. DIVYA T SUDARSHAN

Rainbow Children's Hospital
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BirthRight by Rainbow

Patient Nam	I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

Clinical Pharmacologist
Dr. Rishika
Consultant

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

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

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

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

VERIFIED BY : Name

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

I.V. FLUIDS CHART

Weight. 54 kg Ward. MICU

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
5/7/24	6:00 AM	RINGER LACTATE	IV	FF			5/7/24		
5/7/24	7:15 AM	RINGER LACTATE	IV	100ml/HR 1000ml/hr			05/07		
05/07	8:40AM	RINGER LACTATE	IV	500ml/hr			5/7		
5/7	11:30 AM	RINGER LACTATE	IV	100ML/HR			5/7		

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

VIH-00206601 IP-00060573
Mrs KUDUMULA AKHILA
25-10-1994 31 Y 8 M 10 D (F)
Dr. DIVYA T SUDARSHAN

Weight. 54kg Ward. MICU

VARIABLE DOSE

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7/26	7.15AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		Teja
5/7/26	7AM	INJ PANTOPRAZOLE	40 MG	IV		Teja
5/7/26	7AM	INJ METOCLOPRA-MIDE	10 MG	IV		Vaishu
05/07/26	8.37AM	INJ. CARBETOCIN	100 MCG	IV		Vaishu
05/07/26	8.40 AM	INJ. TRANEXAMIC ACID	1gm	IV		Vaishu
05/07/26	9.00 PM	SUPP. TRAMADOL	100 MG	PR		Vaishnavi
05/07/26	9.00 PM	SUPP. DICLOFENAC	100 MG	PR		Vaishnavi
5/7/26	9.00 PM	T. MISOPROSTOL	600 MCG	PR		Vaishnavi
05/07/26	10.15AM	INJ. GLYCOPYRROLATE	0.2 MG	IV		Vaishnavi

Signature
VERIFIED BY : Name

Dr. Rishika

VIH-00206601 IP-00060573

Mrs KUDUMULA AKHILA

25-10-1994 31 Y 8 M 10 D (F)

Dr. DIVYA T SUDARSHAN

REGULAR PRESCRIPTIONS

Weight: Suky Ward: MICO

DRUG: T. THYROXINE

Dose	Route	Frequency	Start Date	Date/Time	5/7/26	6/7	7/7
50 MCG	PO	ONCE DAILY	5/7/26	6 AM	8 Pooja	Dy	Ri

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

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

VERIFIED 5/7/26 Chith

DRUG: TAB. PARACETAMOL

Dose	Route	Frequency	Start Date	Date/Time	5/7	6/7	7/7
1gm	PO	6 HRLY	05/07	12 AM		Dy	Ri
				6 AM		Dy	Ri
				12 PM		Pal, Amy	
				6 PM	Pooly	Pooly	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED 5/7/26 @ 2pm

DRUG: TAB TRAMADOL

Dose	Route	Frequency	Start Date	Date/Time	5/7	6/7	7/7
100 mg	PO	8 HRLY	05/07	7 AM		Dy	Ri
				3 PM	Kal, Shay	Pooly	
				11 PM			Ri

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED 5/7/26 @ 2pm

DRUG: TAB. DICLOFENAC

Dose	Route	Frequency	Start Date	Date/Time	5/7	6/7	7/7
50 mg	PO	8 HRLY	05/07	12 AM		Dy	Ri
				8 AM		Dy	Ri
				4 PM	Kal, Shw	Pooly	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED 5/7/26 @ 2pm