Name	Mrs CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**UHID**	VIH-00207564
Father/Guardian	Mr R.ANNAMALI	**Age/Gender**	36 Y 1 M 9 D/Female
Address	24-17-1 SATYAM SADAN SIVAPURI COLONY, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060970	**Admission Date**	02-08-2026
Ref Doctor		**Discharge Date**	04-08-2026

DISCHARGE SUMMARY

Consultant: Dr. RAYAPUDI DIVYA HANUMA CHARANI, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2P1L1 with 37+4 weeks with Previous LSCS with High BMI with Advanced Maternal Age with Hypothyroidism with Steroids covered with Anemia with Premature Rupture of Membranes for Emergency Lower Segment Cesarean Section

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 2.08.2026.

History:
LMP: 3.11.2025
Obstetric formula: G2P1L1
EDD: 19.08.2026
Gestation at admission: 37+4 weeks

Obstetric History:
G1 - Male/ 14 years/ PTLSCS/ PPROM/ 2.5 KG/ Anemia/ A & H/ Uneventful/ Vizag/ BF-1 month.
G2 - Present pregnancy Spontaneous conception.

Name	Mrs CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**UHID**	VIH-00207564

Medical History: Nil
Family History: Mother- Breast cancer
Surgical History: Previous LSCS in 2012.
Allergies: Nil

Antenatal Details: Mrs. CHIRUMAMILLA ANGELINE MRINALIN RACHEL was unbooked to Rainbow Hospital. Previous ANCs done at Divya's clinic. She had regular antenatal checkups and investigations as advised. She was on Tablet Ecosprin 150 mg & stopped at 36 weeks. She was diagnosed with hypothyroidism at 6+3 weeks & was managed with Tablet Thyronorm 25 mcg OD. History of IV iron transfusion at 29+3 weeks in view of anemia (Hb-9gm%). Two doses of steroids covered at 32 weeks 24 hours apart. She came with complaints of leaking PV since 1.15am on 2.08.2026. She was admitted at 37+4 weeks with Previous LSCS with High BMI with Advanced Maternal Age with Hypothyroidism with Steroids covered with Anemia with Premature Rupture of Membranes for Emergency Lower Segment Cesarean Section.

Investigations: Enclosed
Blood group: **'AB' POSITIVE**

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and tip of finger. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Patient & attenders explained regarding premature rupture of membranes, chances of previous scar rupture, fetal distress and need for emergency LSCS and they opted to emergency LSCS.

She was decided for emergency C-section in view previous LSCS with PROM, 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 Injection 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: 2.08.2026
Time of Delivery:4:47:10 AM
Type of Delivery: Emergency LSCS
Indication: Previous LSCS with PROM.
Analgesia: Spinal

Baby Details:
Date:2.08.2026
Time:4:47:10 AM
Sex: Female
Weight: 2.897kg
Apgar: 8/10, 9/10.
Gestational Age: 37+4 weeks.
NICU Admission: No

Name	Mrs CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**UHID**	VIH-00207564

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. She was given thromboprophylaxis. 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 08.08.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 08.08.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 08.08.2026 (10am-4pm-10pm) after food.
4. Tab. Metrogyl 400 mg thrice daily till 08.08.2026 (10am-4pm-10pm) after food.
5. Tab. Pantoprazole 40 mg once daily till 08.08.2026 (7am) before food.
6. Inj. Enoxaparin 60 mg SC once daily till 04.08.2026.
7. Tab. Thyroxine 25 mcg once daily on empty stomach till further orders.
8. Repeat Sr. TSH levels after 6 weeks & review with reports.
9. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
10. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breastfeeding after food.
11. Nebasulf powder for local application.
12. Repeat TSH after 6 weeks review with reports.
13. HPV vaccine after 6 weeks of delivery.

Review after one week on 08.08.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name	Mrs CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**UHID**	VIH-00207564

Name:

Signature:

Relationship:

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

Registrar/Resident/C.M.O

Dr. Divya.

Dr. RAYAPUDI DIVYA HANUMA CHARANI
MBBS MS
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
93939

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IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

ACTIVITY RECORD FOR BILLING

Name: ----------

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

Date of Admission : 2/8/26 Time : 2:38pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/8/26	4:20 Am	Leo	OT	P
2/8/26	5:30Am	OT	MICU	
2/8/26	11:15Am	MICU	Room 115)	P

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/8/26	NST @ 1:30 Am – (1)	826-012584 ✓	[illegible]
Crossed	checked by Tesh	2/7/26 at:- 7:09 AM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/8/26	Cardiac monitor	5:30Am	10:30Am	3109692	[illegible]
2/8/26	Infusion pump	5:30Am	10:30Am	3109692	[illegible]
	was Checked by	manager	2/8/26 @	10:50AM	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/8/26	CV placement	1	3109694	Teja
2/8/26	Catheterization	1		Teja
2/8/26	PAC	1	3109695	Teja
Processed	Checked by Teja	2/8/26 at: 7:09 AM		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Ezhaleni Dsthwa		

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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SURGERY DETAILS

Date : 2/8/26

Patient Name: Mrs. C. Angeline Date of Birth: 24-6-1990 Age: 36Yrs

Gender: Female Ward : OT UHID No.: 207564

Date of Surgery: 2/8/26 ☒ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS W SA.

Time in : 4:37 AM Time Out : 5:30 AM

	NAME	AMOUNT
1. Surgeon	: Dr. R. Divya Hanuma	OT charges
2. Anaesthetist	: Dr. Madhav	
3. Assistant Surgeon	: Dr. Ashwini	
4. OT Technician	: Tech. Vaishnavi	
5. Circulating Nurse	: Sr. Vanitha / Jyothi	
6. Assistant Nurse	: Sr. Bhavani	

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

Dr. Divya.
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3109695 / 97 Order by: Bhavani

DEFICIENCY CH ... CASE SHEET

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 10 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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Patient Name :

Ward:

IP.No: 60970

DOA: 2/8/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary	2	–	–	
3	Nursing Initial assessment form	3	–	–	
4	Patient Trasfer Forms	1	–	–	
5	In-patient Medical Record	3	–	–	
6	Doctors Progress Sheets	2	–	–	
7	Nurses Progress notes	1	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	–	–	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	1	–	–	
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	–	–	
	Drug Chart (Regular prescription)	3	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	–	–	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	10			
	Total No. of Pages	44 pages			

Noted by
Gayu
4/8/26
@ 11.0m

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060970 **Admit Date** : 02-Aug-2026 **Admit Time** : 02:38 AM **UHID** : VIH-00207564

Patient Details :

Patient Name	: Mrs CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**Age**	: 36 Y 1 M 9 D
Guardian	: Mr R.ANNAMALI	**DOB**	: 24-06-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 7276609853/ 9700939722
		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 R.ANNAMALI **Relationship** : Husband

Contact Address : 24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 7276609853

Signature

Doctor Details :

Doctor Name : Dr. RAYAPUDI DIVYA HANUMA CHARANI **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

H-00207564 IP-00060970
re CHIRUMAMILLA ANGELINE
I-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/8/26 Time of Arrival: 2pm Time Seen by Nurse: 2pm

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: fm LSCS

3) **Vital Signs:** Temperature: 96.2°F Pulse: 78bpm RR: 19bpm SpO_2: 96% BP: 116/76mmHg Weight: 98kgs

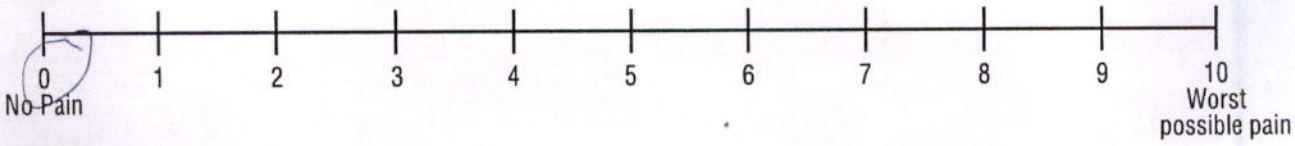
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A -

LMP: 3/11/25 EDD: 19/8/26 Gestational Age: .....

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

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



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

.....

6) **Past History:**

a) Surgeries: Prev LSCS in 2012.

b) Medical: Nil

rs CHIRUMAMILLA ANGELINE
I-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

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: 2:20 Am

Nurse Name : Prathyusha Nurse Signature:

Date: 2/8/26 Time: 2:58 Pm

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/8/26

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: Pr leaking @ 1:10 Am

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Nikitha

Time Notified: 2:20 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Prev LSCS in 2012	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 3/11/25

Gynecology Surgical History:

Caesarean Section: ☐ No ☐ Yes

Cervical Cerclage: ☐ No ☐ Yes

Ectopic Pregnancy: ☐ No ☐ Yes

Myomectomy: ☐ No ☐ Yes

Others: Gm LSCS

Gynecological History:

Contraceptives: ☐ No ☐ Yes

Vaginal Discharge: ☐ No ☐ Yes

Post-Coital Bleeding: ☐ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS: Yes

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other Mother - Breast Cancer (dead)

Vital Signs / Measurements: Temp: 96.2 F HR: Tablet RR: Tablet

BP: WC/76mmHg Weight: 78 Kgs Height: 154cm BMI: 36.1

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

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 ..0..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..family.....

Orientation has been given regarding the following aspects:

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

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

Above information given to M.S. C. A. M. Rachel

Name of Person Orientation was given to: M.S. Rachel

Orientation not given Reason: Conscious

Nurse Signature: .....

Nurse Name: Prathyusha

Date & Time: 21/8/26 @ 2:40 Am

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PATIENT TRANSFER FORM

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

Date & Time of Admission	Date & Time of Transfer Order
2/8/26 @ 2:38am	2/8/26 @ 11:15pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Vikitha	Observation

From Unit	To Unit	Information to Attendant
MICU	Room (115)	Yes ☑ No ☐

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

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Tramadol - (10)	
2.	T. Paracetamol - (10)	
3.	T. Diclofenac - (10)	
4.	T. Pantaprazole - (15)	
5.	Saral - (1) underpad - (1) Baccirub - (1)	

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

Dr. Vikitha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sahasini	Dr. Vikitha

Patient & Clinical Records Received by : Rojg

Date & Time of Patient Received : 02/8/26 @ 11:30pm

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

(1)

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00207564 IP-00060970 Mrs CHIRUMAMILLA ANGELINE 24-06-1990 36 Y 1 M 9 D (F) Dr. RAYAPUDI DIVYA HANUMA	2/8/26 @ 2:38AM	2/8/26 5:30Am
	Transfer Ordered by Dr. Madhav	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 35	Number of Imaging Films NST-(1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Vanitha	Dr. Madhav

Patient & Clinical Records Received by : Prathyusha

Date & Time of Patient Received : 2/8/26 @ 5:30 Am

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

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

PATIENT TRANSFER FORM

(2)

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IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

	Date & Time of Admission	Date & Time of Transfer Order
	2/8/26 @ 2:38am	2/8/26 @ 4:20am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Nikitha	Em LSCS
From Unit	**To Unit**	**Information to Attendant**
LW	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
- 28 -	- NST 1 -	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Prathyusha	Dr. Nikitha

Patient & Clinical Records Received by : Sr. Vanitha

Date & Time of Patient Received : 2/8/26 @ 4:20AM

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

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
pv leaking since 1:15 Am.

Obstetric Formula: G2P1L1
ML – 6 yrs (2nd marriage) NCM.
Obstetric History:
G1 – Male / 14 yrs / PT LSCS / PPROM / 2.5 kg / Anemia / A & H / uneventful / Vizag / BF – 1 month
G2 – PP / Sp. conception.

Present Pregnancy Record: unbooked to RCH. previous ANCs done at Divya's clinic. she was on Tab. Ecospirin 150 mg since 6 wks + 5 days, stopped at 36 wks.

RISK FACTORS: Diagnosed with hypothyroidism at 6 + 3 wks, managed on Tab. Thyronorm 25 mcg OD. Iv iron transfusion was done at 29 + 3 wks i/v/o Anemia (Hb-9) Two doses of steroids covered at 32 wks 24 hours apart.
– PROM – steroids covered.
– Hypothyroidism. –

LMP: 3/11/2025. EDD:
Corrected EDD: 19/8/2026. GA: 37 weeks + 4

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ TOY

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent 146 bpm

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

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

Height: 158 cm
Weight: 98 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination: pt is c/c/c
Consciousness: ⊕ Pallor: ⊖
Icterus: ⊖ Edema: ⊕
Temp: Afeb PR: 84 bpm
BP: 116/76 mmHg DTR: ⊕
CVS: S1S2 ⊕ RS BAE ⊕
Liver/Spleen: NAD Urine Output: Adeq

DIAGNOSIS
G2P1L1 with 37 + 4 weeks with previous LSCS with ε High BMI ε AMA hypothyroidism with steroids covered with Anemia with premature rupture of membranes for ~~elective~~ emergency lower segment Cesarean section.

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rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
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Family History:	Surgical History:
Mother - Breast cancer (dead)	P2L1. LSCS in 2012.
Medical History:	**Medication History:**
Nil	
Plan of Care:	**Investigations:**

c/I to Dr. Divya Rayapudi mam

- Admission
- Consent
- PAC
- part preparation.
- FHR monitoring
- Monitor vitals.
- Foleys catheterisation.
- ~~Send CBP.~~
- 1 @ PRBC reserve at tarnaka.
- Follow drug chart
- Inform SOS.

referred by pathysle

BG: 'AB' POSITIVE.

HIV
HBsAg
HCV
VDRL
} NR.

24/7/2026
10.4 / 9.1 / 2.38 L - CBP.

• Growth scan
25/7/2026.
SLIUF
35+6 wks.
cephalic
PL - Rt. lat. wall, upper segment
grade - II
AFI - 11-12 cm
EFW - 2687 gm.

• NT scan -
31/1/2026
SLIUF
12+2 wks
NT - 0.8 mm.

• TIFFA scan -
22/3/2026.
SLIUF
19 weeks.
PL - post. wall, upper & mid segments,
grade - I.
CL - 3.4 cm.
No anomalies.

FTS - low risk

Doctor Name: Dr. Nikhita
Signature: NR
Date & Time: 2/8/2026 2:20 Am

Consultant Name: Dr. Divya Rayapudi.
Signature: Dr. Divya.
Date & Time: 2/8/2025

IH-00207564 IP-00060970
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26	POD-0	Adv
6:30am	O/E pt c/c/c	- NBM x 4 hrs
	GC fair	- I/O charting
P_2L_2 anemia	afebrile	- W/F bleeding PV
High BMI	BP-118/70mmHg	
	PR-82 bpm	- adq rest
	S/E NAD	- monitor vitals
	P/A UT NR	- follow drug chart
baby A, BF ⊕	BS -	
U/O 200ml		- inform SOS
adq clr	P/V NAB	
		Dr. Ashwi
	Noted by Prathyusha @ 8:30am	
	POD-0 (Post LSCS)	
2/8/26	O/E Pt is c/c/c	Adv
9:30 Am.	GC- fair	- Sips of oral fluids f/b
	Afebrile	clear liquids
P_2L_2 c Anemia	BP- 112/74mmHg	- Soft diet after 3pm
c High BMI	PR- 76bpm	- W/F Bleeding PV
	S/E- NAD	- I/O charting
	P/A- Ut ~ W/R	- Adequate hydration
	Soft, BS ⊕	- Monitor vitals
U/O- 400ml	L/E- NAB	- Follow drug chart
Adequate, Clear	Baby F A/Ici, BF ⊕	- Inform SOS
Shift to Room	Noted by Suhasini 9:30Am 2/8/26	

IH-00207564 IP-00060970
re CHIRUMAMILLA ANGELINE
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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 8pm	POD-1 (LSCS)	
	O/E Pt is c/c/c	Adv
	Gc-fair	- Normal diet
	Afebrile	- WIF bleeding PV
	BP-114/77mmHg	- Moniter vitals
Urine passed	PR 87bpm	- Follow drug chart
	S/E-NAD	- Adequate hydration
Motion Not passed	P/A-Ut-wR	- Ambulation
	Soft BS+/+	- Inform SOS
	UE-NAD	
	Baby ← BF (+)	
		Dr yogeshwari
	POD-2 (LSCS)	Noted by Rajya Lakshmi 3826 eSPM
4/8/26 8AM	O/E	
	Pt is c/c/c	Adv
	Gc-fair	- Normal diet
	Afebrile	- W/F bleeding PV
Voided	BP-120/68mmHg	- Moniter vital
motion passed	PR-90bpm	- Follow drug chart
	S/E-NAD	- Ambulation
	P/A-Ut-WR	- Adequate hydration
	Soft BS (+)	- Inform SOS
	UE-NAB	Dr. Divya
	Baby ← BF (+)	Noted by Dr yogeshwari

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rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2P1L1 with 37+4 weeks with preterm with hypothyroidism with stories Conceived with anemia with premature rupture of membrane of emergency LSCS

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

Surgery / Procedure:

Post OP Day: 0

BACKGROUND

Date / Shift	2/8/26 N	2/8/26 M	2/8/26 N	2/8/26 M	2/8/26 M	2/8/26 Evening
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	NBM	NBM	NBM	NBM	Clear liquid	S.diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA		RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Vital Signs: Temp:	98°F	98.6°F	97.2°F	98°F	98.7°F	98.6°F
Res:	18/mt	19/mt	20/m	18/m	20/m	20/mt
SpO_2:	99%	99%	96%	99%	99%	100%
Pulse:	84/pm	85/mt	80/m	89/m	85/m	79/mt
BP:	116/76mmHg	117/76mmHg	108/68mmHg	111/70mmHg	107/66mmHg	110/79(90)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	15	15	15	15	15	15
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	NBM	NBM	Clear liquid	S.diet
Critical Lab Test / Values:	—	—	—	—	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:					WF bleeding	Nil
Handed Over By Name :	Adithya	Vanitha	Prathyusha	Neethu	Raja	Subhasri
Signature / ID :	021601	607506	020533	607896		
Date:	2/8/26	2/8/26	2/8/26	2/8/26	2/8/26	2/8/26
Time:	@6AM	@5:30PM	@8AM	@11:30AM	@2PM	@8PM
Taken Over By Name :	Vanitha	Prathyusha	Neethu	Raja	Subhasri	Veronika
Signature / ID :		020533	607896			
Date:	2/8/26	2/8/26	2/8/26	2/8/26	2/8/26	2/8/26
Time:	@6:30AM	@5:30PM	@8AM	@11:30AM	@2PM	@8PM

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NURSING SHIFT HAND OVER FORM

SITUATION

, with 37+4 weeks with Previous
I hypothyroidism c steroids covered c
Anemia

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

Post OP Day: 1

BACKGROUND

Shift	2/8/26 N	3/8/26 M	3/8 E	3/8 N	4/8/26 M	
n to be noted):	—	Nil	Nil	Nil	Nil	
	S.diet	S.diet	S.diet	S.diet	S.diet	
	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

ASSESSMENT

V, VENTI):	RA	RA	RA	RA	RA	
r:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Temp:	98.4°F	98.5 F	98.7 F	98.3 F	98.4°F	
Res:	20b/m	19b/m	19b/m	20b/m	21 b/m	
SpO_2:	99%	99%	100%	98%	92%	
Pulse:	78b/m	80b/m	76b/m	90 b/m	92%	
BP:		106/59 mmHg	113/75 mmHg	120/80(88)	109/78(85)	
LOC:	Conscious	Conscious	Conscious	Conscious	conscious	
l Risk Score:	15	0	0	0	0	
Pain Score:	0	0	0	0	0	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	
afety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No

Recommendations

ysiotherapy:	NIL	Nil	Nil	Nil	Nil	
ers Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	S.diet	S.diet	S.diet	S.diet	S.diet	
s:	NIL	Nil	Nil	Nil	Nil	
Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Dependent):	dependent	Dependent	Dependent	Dependent	Dependent	
cial Orders:	NIL	Nil	Nil	Nil	Nil	
Handed	Roopika	Nagmani	Anette	Indu	Roja	
Signatur						
Date:	2/8/26	3/8/26	3/8/26	4/8/26	4/8/26	
Time:	@8am	@2pm	@8pm	@8AM	@8AM	
Taken Ov	Nagmani	Roja	Indu	Roja		
Signature						
Date:	3/8/26	3/8	3/8/26	4/8/26		
Time:	@8am	@2pm	@8pm	@8AM		

Note by Roja @ 4/8/26 @8pm

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rs CHIRUMAMILLA ANGELINE
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r. RAYAPUDI DIVYA HANUMA

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NURSING CARE RECORD

Date: 2/8/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	3PM	Maintain fluid balance	3PM	provided fluids	To prevent dehydration	patient is hydrated	2/8/20 @ 3PM
	8PM	Ensure Safety	8PM	Provide side rails	to prevent fall from bedside	Patient was safe.	@ 8PM 2/8/20

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
4-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

NURSING CARE RECORD

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Date: 2/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Ensure Safety	8Am.	provide side rails.	To prevent fall from bedside	patient was safe	2/8/26.
	12 pm	+ maintain fluid balance	1pm	+ maintained Oral intake fluid	+ prevent dehyd - ration	+ vital's normal	RDJ9 @ 2pm
Afternoon	3pm	→ Relieve pain & discomfort	3pm	→ Provided Comfortable position	→ To Reduce pain	→ Patient is stable	Subhan 2/8/26 @ 8pm
	4pm	→ I|O Chart	4pm	→ Strict I|O Chart	→ urin output		
Night		I|O charting.		Maintained I|O chart.	Input & Output is well	Patient is Stable.	3/8/26 @ 8am

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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NURSING CARE RECORD

Date: 3/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain fluid balance	9Am	Advised to take plenty of fluids	maintain hydration.	Patient is Stable.	Nagaj
	11Am	maintain personal hygiene	11Am	Educated about personal hygiene	Prevent infection.		
Afternoon	2pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provide Soft diet	→ Patient is Stable	Roja 3/8
	4pm	→ Ensure Safety		→ Side rails kept up	→ To prevent falls risk		
Night	11:00	maintain aseptic technique	11:30	maintained aseptic technique	- prevent from infection	- patient is stable	Prabu @8Am 4/8/26
	7:00	- provide comfortable position	7:30	- maintained comfortable position	- To reduce discomfort	- no fresh complaints	

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

NURSING CARE RECORD

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

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	ensure safety Doctor came	8Am	Psovide side rails Discharge Not for Rounds Mother	To Prevent falls from bedside is stable	Patient was safe. advised for discharge	Jyoti 4/8/26 @ 8Am
Afternoon							
Night							

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26	POD-1 (Post LSCS)	
6:30Am.	O/E Pt is c/c	Adv
	GC-fair	- Soft diet
	Afebrile	- W/F Bleeding PV
P_2L_2 ē Anemia	BP-110/70 mmHg	- Ambulation
ē High BMI	PR-92bpm	- Adequate hydration
	S/E-NAD	- Monitor vitals
U/O-2700 ml	P/A-Ut w/R	- Follow drug chart
Adequate, Clear	Soft, BS ⊕	- Inform RS.
	L/E-NAB	
	Baby $\frac{A}{BL}$, BF ⊕	
		Dr. Kumar, Dr. Gowthami
3/8/26 2PM noted by Sri... 3/8/26 c 4pm	POD-1 (LSCS)	
	O/E	
	Pt is c/c/c	Adv
	GC-fair	- Soft diet
	Afebrile	- w/f bleeding PV
Urine	BP-115/69mmHg	- Ambulation
passed	PR-86bpm	- Adequate hydration
Motion not	S/E-NAD	- Monitor vitals
passed	P/A-Ut-WR	- Follow drug chart
	Soft BS ⊕	- Inform SOS
Note by PG...	L/E-NAB	
	Baby-$\frac{A}{L}$ BF ⊕	
3/8/26 8pm		Dr-Yogeshwaran.

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-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 8pm	POD-1 (LSCS)	
	O/E Pt is c/c/c	Adv
	Ac-fair	- Normal diet
	Afebrile	- WIF bleeding PV
	BP-114/77mmHg	- Moniter vitals
Urine passed	PR 87bpm	- Follow drug chart
	S/E- NAD	- Adequate hydration
Motion Not passed	P/A- Ut~wR	- Ambulation
	Soft BS+/+	- Inform SOS
	L/E- NAB	
	Baby ↑ BF (+)	
		Dr Yogeshwari
	POD-2 (LSCS)	Noted by Rajya Lakshmi 3826 ESP1
4/8/26 8AM	O/E	
	Pt is c/c/c	Adv
	Ac-fair	- Normal diet
	Afebrile	- WIF bleeding PV
Voided & motion passed	BP-120/68mmHg	- Moniter vitals
	PR- 90bpm	- Follow drug chart
	S/E- NAD	- Ambulation
Aseptic wound dressing done wound healthy	P/A- Ut~wR	- Adequate hydration
	Soft BS (+)	- Inform SOS
	L/E- NAB	Dr. Divya
	Baby ↑ BF (+)	Noted by Dr Yogeshwari

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 6:30am	POD-0	
	O/E pt c/c/c	Adv
	GC fair	NBM x 4 hr
P2L2 anemia with BMI	afebrile	I/O charting
	BP-118/70mmg	W/F bleeding PV
	PR-83bpm	
	S/E NAD	adq rest
	P/A ut wr	monitor vitals
baby A BF +	BS -	follow drug chart
U/O 200ml		
adq clr	P/U NAB	inform SOS
		Dr. Ashwin
	Noted by prathyusha @ 8:30am	
	POD-0 (Post LSCS)	
2/8/26 9:30 Am.	O/E Pt is c/c/c	Adv
	GC-fair	Sips of oral fluids f/b clear liquids
	Afebrile	
P2L2 c Anemia c High BMI	BP- 112/74mmHg	- Soft diet after 3pm
	PR- 79bpm	- W/F Bleeding PV
	S/E NAD	- I/O charting
	P/A Ut wlR	- Adequate hydration
	Soft, BS +	- Monitor vitals
U/o-400ml Adequate, clear	L/E NAB	- Follow drug chart
	Baby A, BF +	- Inform SOS
Shift to Room	Noted by Suhasini 9:30Am 2/8/26	Dr. [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD - 0 (Post LSCS)	
2/8/26 1:30 PM	O/E Pt is c/c/c	Adv
	GC - fair	- Clear liquids
	Afebrile	- Soft diet after 3pm
P2L2 c Anemia	BP - 112/61 mmHg	- W/F Bleeding PV
c High BMI	PR - 81 bpm	- Adequate hydration
	S/E - NAD	- I/O charting
U/O - 100ml	P/A - Ut ~ W/R	- Monitor vitals
High coloured	Soft, BS ⊕	- Follow drug chart
	L/E - NAB	- Inform SOS
	Baby [A/H], BF ⊕	
		Dr. Greeshma
	Dr. Farooq	Noted by Roja SN 2/8/26 01:30pm
2/8/26 8:30 PM	POD - 0 (Post LSCS)	
	O/E Pt is c/c/c	Adv
	GC - fair	- Soft diet
P2L2 c Anemia	Afebrile.	- W/F Bleeding PV
c High BMI	BP - 112/70 mmHg	- Ambulation
	PR - 98 bpm	- Adequate hydration
	S/E - NAD	- I/O charting
	P/A - Ut ~ W/R	- Monitor vitals
U/O - 550 ml	Soft, BS ⊕	- Follow drug chart
Adequate, Clear	L/E - NAB	- Inform SOS
	Baby [A/H], BF ⊕	
		Dr. Farooq Dr. Greeshma

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 CHIRUMAMILLA ANGELINE MRINALIN RACHEL**	**Age :**	**36 Y 1 M 9 D**
IP No:	**IP-00060970**	**Sex:**	**Female**
Consultant:	**Dr. RAYAPUDI DIVYA HANUMA CHARANI**	**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.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned so 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 earance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....

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

Signature of Patient/Relative:

Name: Mr. R. Amarnadh
Relationship: Husband
Date: 2/8/26 Time: 2:28 Am
Witness Name: Mukesh
Witness Signature:

Patient Address:
24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. ANGELINE CHIRUMAMILLA. Gender: ☐ Male ☑ Female Age : 35 YEARS.

UHID No : VIH - 00207564 | 60970 Date : 2/8/2026

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION.

upon MRS. ANGELINE CHIRUMAMILLA. (Name of the Patient)

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

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

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

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

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 RAYAPUDI.

Consentee :
Signature :
Name : MRS. ANGELINE
Date & Time : 2/8/2026 3 AM.

Patient Attendant :
Signature : R. Ahni
Name : R. Annamma bai
Relationship with Patient: Husband
Date & Time : 2/8/2026. 3 AM.

Witness :
Signature :
Name : Prathyusha
Date & Time : 2/8/26 3Am

Doctor (who is taking the consent) :
Signature :
Name : DR. NIKHITA.
Date & Time : 2/8/2026 3 AM

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : CHIRUMAMILLA ANGELINE Age : 36yr Gender : Male ☐ Female ☑

UHID NO: VIH00207564 Surgeon Name: Dr. Rayapudi Divya.

Anaesthesiologist : Dr Madhav.

Operative procedure planned : Emergency Caesarean Section.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding, Blood transfusion

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 CHIRUMAMILLA ANGELINE the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Caesarean Section

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : CH. Angeline M. Rachel

Relationship with Patient: Self

Date & Time : 2/8/26 3:19 Am

Witness :

Signature : .....

Name : R. Annamalai

Date & Time : 2/8/26 3:19 AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. P. Madhav

Date & Time : 02/08/26

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. R. Divya Hanuma
Asst. Surgeon :
Anaesthetist : Dr. Madhav
Scrub Nurse : Sr. Bhavani

Age : 36 Y Gender : F
UHID No. : Surgery Name : EM. LSCS
Date : 2/8/26 In-time : 4:37 AM Out-time :

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 04:00 AM

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr Madhav 02/08/26
Name :

Before Skin Incision ➤ ➤

TIME OUT Time: 4:37 AM

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm → Mrs. C. Angeline

- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure EM. LSCS ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 40 mins 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews:
- 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 :
Name : Sr. Vanitha

Before Patient Leaves Operating Room

SIGN OUT Time: 5:30 AM

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

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

Signature : Dr. Dimp
Name :

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Divya	Date of Delivery:
Assistant Surgeon: Dr. Aswini	Time of Delivery: 04:47:10(sec) AM
Anaesthetist's Name:- Dr. Madhav	Gender of Baby: FEMALE
Type of Anaesthesia: Spinal	Weight of Baby: 2.894Kgs
Neonatologist: - Dr. Ganesh	AGPAR Score: 8/10, 9/10
Scrub Nurse: Sis. Bhavani	NICU Admission: ☐ Yes ☐ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Previous LSCS in labour PV,

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: reactive .....

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

Surgical Procedure: Emergency LSCS & LSA

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: ..... 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 ..... catgut ..... Suture

Sheath Closure: ..... Vicryl ..... Suture

Fat Closure: ☑ Yes ☐ No ..... Catgut ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl 3-0 ..... Suture

Vagineal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12-24hrs 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 4hrs

IV fluids

Wif bleeding PV

Monitor vitals

follow drug chart

inform SO

Dr. Ashwin

Doctor Name: Dr Divya Doctor Signature: .....

Date & Time: 21/8/26

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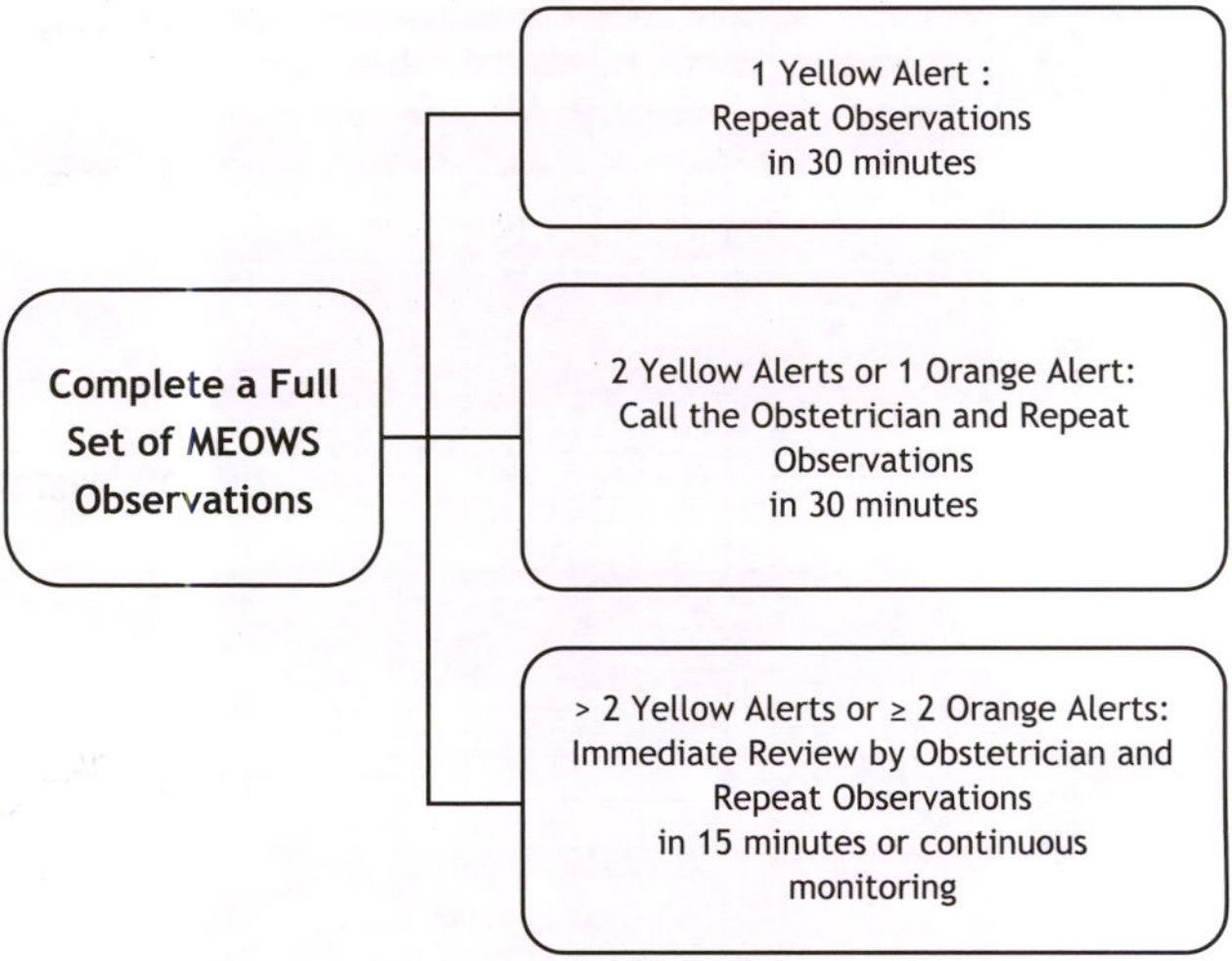
...g Observation Score Chart - Obstetrics

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

2/8/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																			19		19	19	15	19
	0 - 10																								
Saturations	94 - 100 %																			99		99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																			37		37			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																			80		84	88	96	
	70																								75
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																					116			
	110																			110		117			112
	100																							100	
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																			70		76	75		
	60																							60	61
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																			✓		✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																			✓		✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																			NA		NA	NA	NA	NA
	Heavy / Foul																								
Liquor	Clear / Pink																			NA		NA	NA	NA	100
	Green																								
TOTAL YELLOW SCORES																				0		0	0	0	0
TOTAL ORANGE SCORES																				0		0	0	0	0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
t-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(2)

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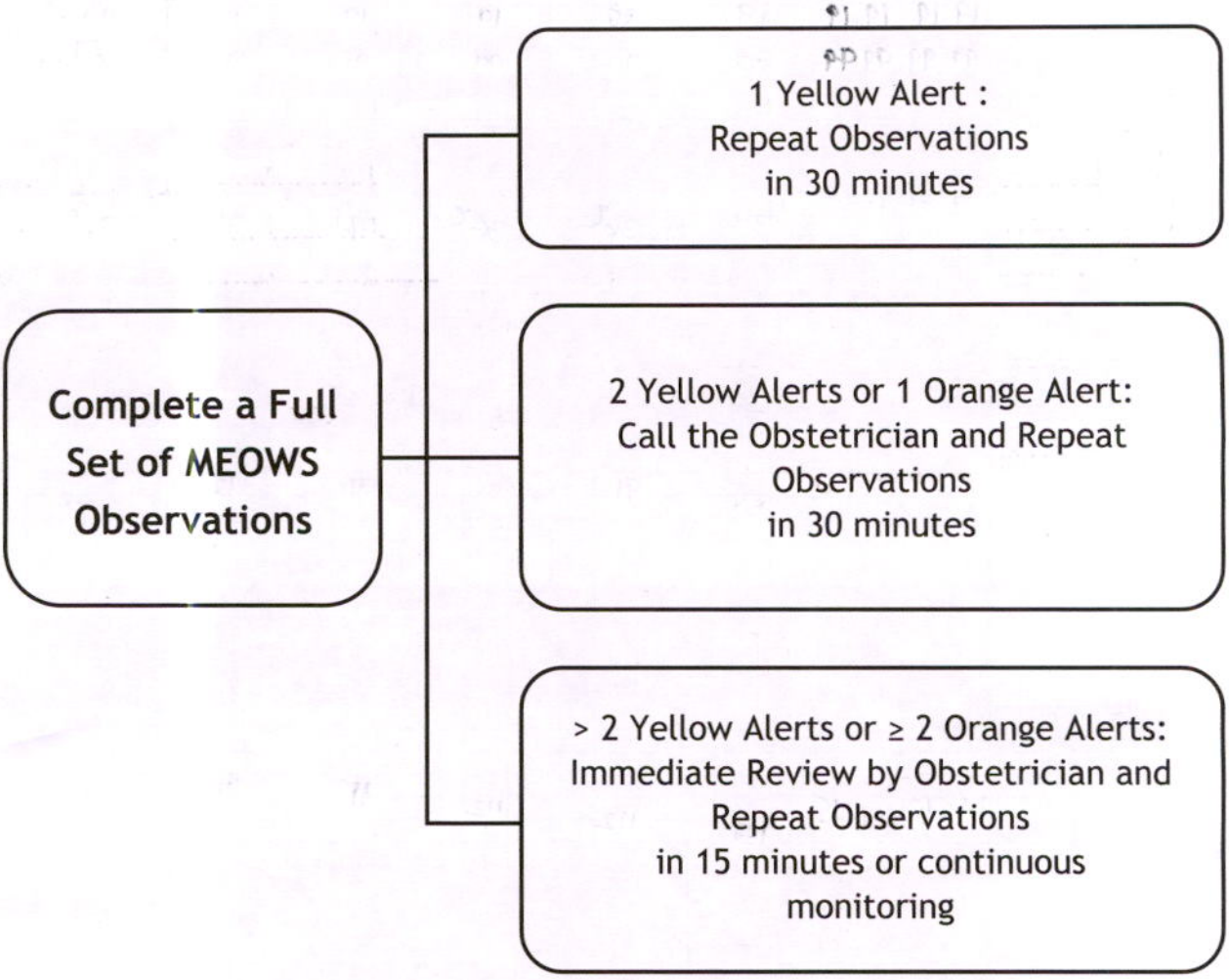
Observation Score Chart - Obstetrics

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

2/8/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19		19			20			19			19			19			19			19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99		99			98			99			98			99			98			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	37	37	37		36°			36°			36°			36°			36°			36°			36°
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98	94	89	86		85			91			96			90			92						
	80																					80			82
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120															113			110						
	110	111	110		105					112			112									111			115
	100			100			107																		
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		70	79	70					79			70			74			70			75			80
	60	69					60																		
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓		✓			✓			✓			✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓		✓			✓			✓			✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	NA	NA	NA		NA			NA			NA			NA			NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA		NA			NA			NA			NA			NA			NA			NA
	Green																								
TOTAL YELLOW SCORES		0	0	0	0		0			0			0			0			0			0			0
TOTAL ORANGE SCORES		0	0	0	0		0			0			1			0			0			0			0
Nurse Initial		N	N	N	N		AP			SA			SA			B			B			B			B

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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

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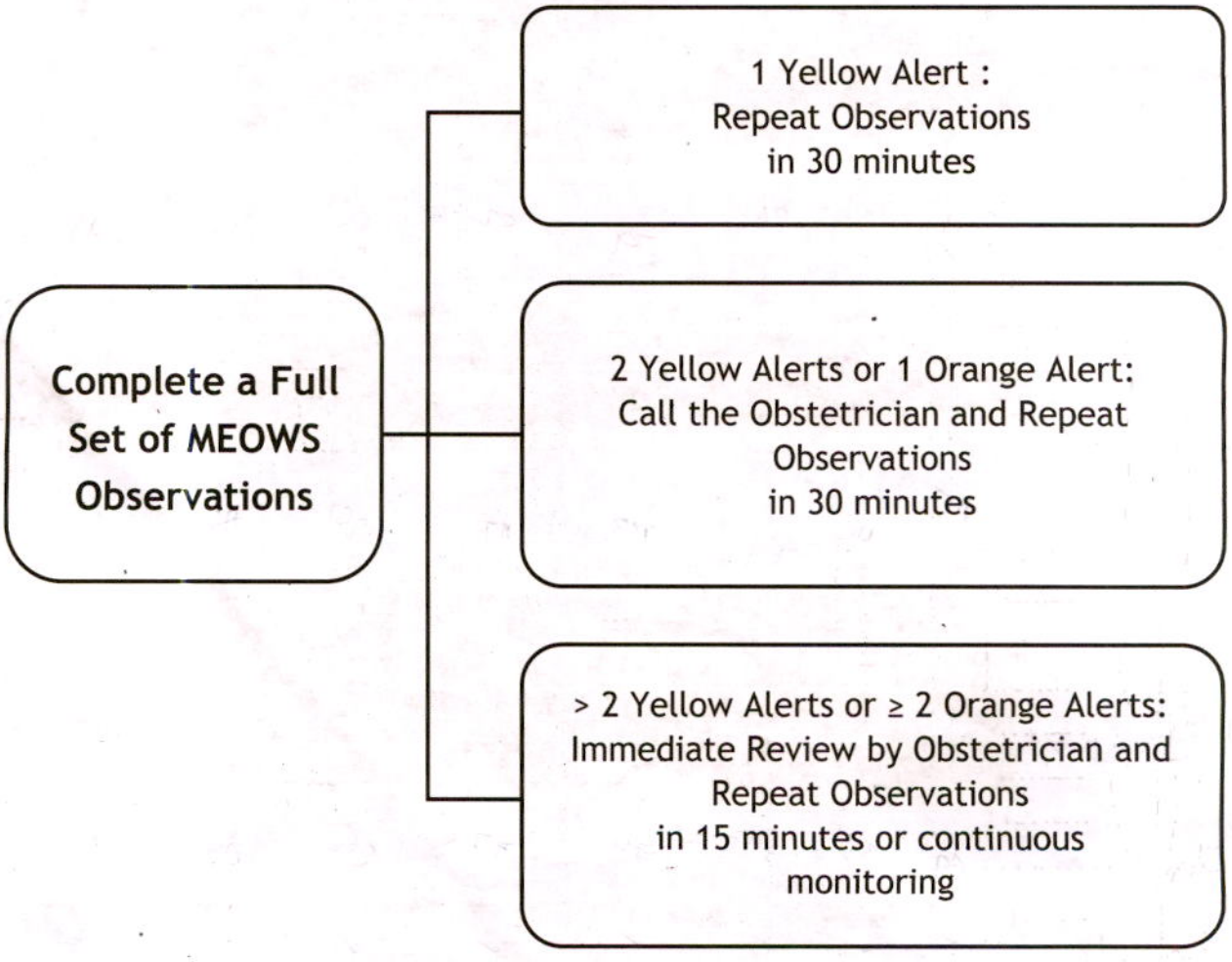
Warning Observation Score Chart - Obstetrics

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

31/8/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19		19		19			19			19			19			19			19			19
	0 - 10																								
Saturations	94 - 100 %		99		98		99			99			99			98			98			98			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36c		36c		36c			36c			36c			36c			36c			36c			36c
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80		85		82		86						87			90			80			75			77
	70									79															
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120		115																						
	110				111					113			117						112			115			110
	100						109																		
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60		69		75		79			74			77			68			72			69			70
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		✓			✓			✓			✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓		✓		✓			✓			✓			✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +						1																		
Lochia	Normal		NA		NA		NA			NA			NA			NA			NA			NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink		NA		NA		NA			NA			NA			NA			NA			NA			NA
	Green																								
TOTAL YELLOW SCORES			0		0		0			0			0			1			0			0			0
TOTAL ORANGE SCORES			0		0		1			0			0			0			0			0			0
Nurse Initial			G		O		G			AT			DK			A			B			B			B

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 10 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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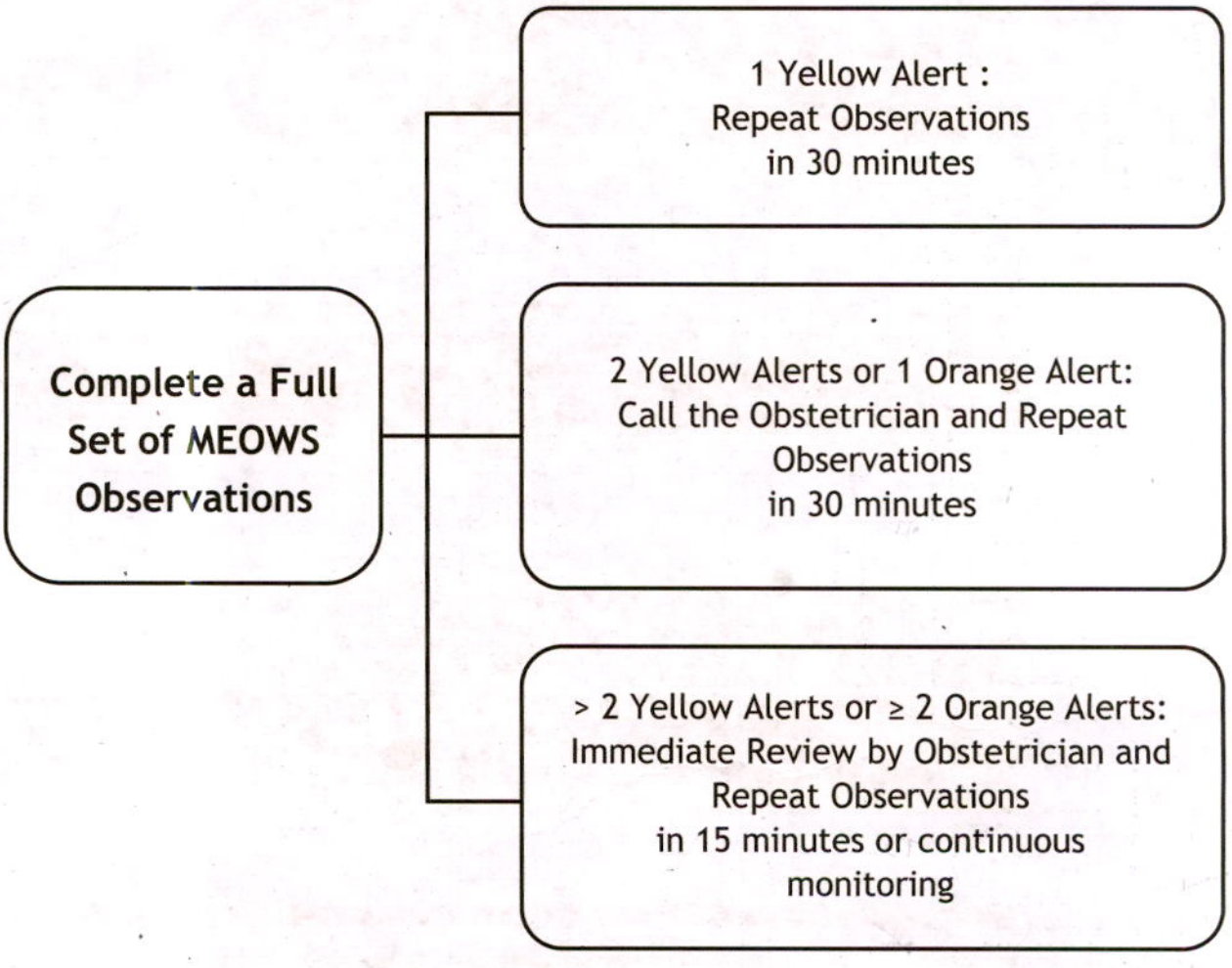
Early Warning Observation Score Chart - Obstetrics

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

		Date	4/8/26																							
		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		19																					
	0 - 10																									
Saturations	94 - 100 %		100		99																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37		37C		98																					
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			82																						
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130		120																							
	120																									
	110				117																					
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80		80																							
	70				75																					
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		N		NAD																					
	Voice		✓																							
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		N		NAD																					
	Heavy / Foul																									
Liquor	Clear / Pink				NA																					
	Green		0																							
TOTAL YELLOW SCORES			0		0																					
TOTAL ORANGE SCORES			0		0																					
Nurse Initial					AM																					

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

Obstetrics and Gynaecology Early Warning Signs



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

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 0

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
2/8/26	03:00 am	RL F·F 500ml								250ml	0	
	04:00 am	RL + 60ml/hr								250ml	0	2/8/26 @ FRH
	05:00 am	NBM + RL 900ml/hr								200ml	0	
	06:00 am	NBM + RL 100ml/hr								100ml	0	Dr. Prathyusha
	07:00 am	NBM + RL 100ml/hr								100ml	0	@ 7am
Total Intake :		1700 ml				**Total Output :**				900ml		

Total 24 hrs. Intake	1700 ml

Total 24 hrs. Output	900ml

IH-00207564 IP-00060970
re CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

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

FLUID CHART

Sheet No. : 2/8/26 (2)

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

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
2/8/26			Mouth	I.V	N.G							
	08:00 am	NBM RL+100ml/hr								100ml	0	2/8/26
	09:00 am	NBM RL+100ml/hr								100ml	0	
	10:00 am	Melsonex gel 1 sachet								100ml	0	
	11:00 am											
	12:00 pm		H2O							30ml		Rayapudi Divya 2/8/26 3pm
	01:00 pm	RL	NPO									
Total Intake :						Total Output : 330ml						
2/8/26	02:00 pm		H2O									
	03:00 pm		Idly RL							20ml		
	04:00 pm		Rice water NPO							50ml		Subhasini 2/8/26
	05:00 pm		water							50ml		
	06:00 pm		water							50ml		@ 8PM
	07:00 pm									30ml		
Total Intake :						Total Output : 200ml						
	08:00 pm									200ml		
	09:00 pm		Rice water							250ml		
	10:00 pm									500ml		
	11:00 pm									100ml	0	Beerappa 3/8 @ 1am
	12:00 am		water							100ml	1	
	01:00 am									150ml		
Total Intake :						Total Output : 1300ml						
3/8/26	02:00 am									100ml		
	03:00 am		water							100ml		
	04:00 am									100ml		Beerappa 3/8
	05:00 am									100ml	0	
	06:00 am									100ml	1	
	07:00 am									150ml		@ 7am
Total Intake :						Total Output : 650ml						

Total 24 hrs. Intake		Total 24 hrs. Output	2500 ml

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 3

3/8/26

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.

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
3/8/26	08:00 am		Idly water								1	
	09:00 am											
	10:00 am									✓	0	3/8/26 morning dept
	11:00 am		water								1	
	12:00 pm											
	01:00 pm							✓				
Total Intake :						**Total Output :**						
3/8	02:00 pm		Rice								1	
	03:00 pm											
	04:00 pm		water							✓		
	05:00 pm										0	Roja 3/8 @8pm
	06:00 pm									✓		
	07:00 pm									✓	1	
Total Intake :						**Total Output :**						
3/8	08:00 pm		Rice								1	
	09:00 pm									✓		
	10:00 pm		+								0	
	11:00 pm		water									
	12:00 am										1	
	01:00 am											
Total Intake :						**Total Output :**						
4/8	02:00 am		water							✓	1	4/8/26 @8am
	03:00 am											
	04:00 am										0	
	05:00 am											
	06:00 am										1	
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

IP-00060970
VIH-00207564 (F)
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 10 D
Dr. RAYAPUDI DIVYA HANUMA

Rainbow® Children's Hospital
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BirthRight™
BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
4/8/26.	08:00 am		Tdy water									Gaya
	09:00 am									✓		4 K
	10:00 am										0	@
	11:00 am											1 pm
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
Ar 1-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: LW Shifted to: 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		☑C ☑DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY		☐C ☑DC
3	T. FOLIC ACID	1 TAB	PO	ONCE DAILY		☐C ☑DC
4	T. THYROXINE	25 MCG	PO	ONCE DAILY		☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA.

Date & Time : 2/8/2026. 3:15 AM.

Nurse Name & Signature: Prathyusha

Date & Time : 2/8/26 3:15am

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

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA
P:

(2)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... MICU ..... Shifted to: ..... Room (115 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T- THYROXINE	25 mcg	Po	ONCE DAILY	2/8/26	☑ C ☐ DC
2	T- PARACETAMOL	1 GM	Po	6 hrly	2/8/26	☑ C ☐ DC
3	T- TRAMADOL	100 MG	Po	8 hrly	2/8/26	☑ C ☐ DC
4	T- DICLOFENAC.	50 MG	PO	8 hrly	2/8/26	☐ C ☐ DC
5	T- PANTOPRAZOLE	40 MG	Po	ONCE DAILY	2/8/26	☑ C ☐ DC
6	INJ CEFOTAXIME.	1 GM	IV	12 hrly	2/8/26	☑ C ☐ DC
7	INJ. METRONIDAZOLE	500 MG	IV	8 hrly	2/8/26	☑ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Geetha .....

Date & Time : ..... 2/8/26, 10:30 Am .....

Nurse Name & Signature: ..... K. Sukeerthi .....

Date & Time : ..... 2/8/26 10:30Am .....

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

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VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	L/W	98kg

REGULAR PRESCRIPTIONS

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1gm	IV	12TH HOURLY	2/8

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	2/8	3/8
6 AM	/	EGW
6 PM	Gd	

STOP 3/8/26, 6:20 Am Dr. Greeshma

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500 mg	IV	8TH HOURLY	2/8

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	2/8	3/8	4/8
6 AM		EGW	EGW
2 PM	Gayu	Gg	
10 PM	EGW	EGW	

STOP 4/8/26 12AM Dr YOGESHKANT

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	ONCE DAILY	2/8

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	3/8	4/8
6 AM	EGW	EGW

DRUG : T CEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12th hrly	3/8

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	3/8	4/8
10 AM	/	Gayu
10 PM	EGW	

Chithra 2/8/26

Chithra 2/8/26

Chithra 2/8/26

3/8/26 verified Dr. Rishika Clinical Pharma 9:45 Am

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VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		②	L/W	98kg

REGULAR PRESCRIPTIONS

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
60mg	SC	ONCE DAILY	02/08

Name & Signature of the Doctor starting the Drugs: On Dr Madhav

Additional Instructions: administer after 02:00pm after checking for active bleed

Daily Doctor's Endorsement by a Sign.

Date: [illegible] 3/8
Time: 6pm

[illegible] 2/8/26

DRUG : T. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400MG	PO	8TH HOURLY	4/8/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
4-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

(1)

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DRUG CHART

Date of Admission: 2/8/27 Drug Allergies: Nil ☑ ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

Signature

VERIFIED BY : Name

IH-00207564 IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

I.V. FLUIDS CHART

Weight. 98kgs Ward. LW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/8	2:30 AM	RINGER LACTATE	IV	F/F		Tija	2/8		Tija
2/8	3:45 AM	RINGER LACTATE	IV	100ML/HR		Tija	02/08		Vaishnavi
02/08	04:50 Am	RINGER LACTATE	IV	900 ml/hr		Vaishnavi	2/8		Tija
2/8	6:30 PM	RINGER LACTATE	IV	100 ml/hr		Tija	2/8		
2/8		RINGER LACTATE	IV	100ML/HR		HOLD			
2/8	1:00 pm	RINGER LACTATE	IV	FF			2/8		
2/8	1am	RINGER LACTATE	IV	FF			2/8		

Signature

VERIFIED BY : Name

IP-00060970
rs CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

Weight: 48kg Ward: 1/w

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/8	4 Am	INJ. CEFOTAXIME	1 GM	IV		
		[AFTER TEST DOSE]				
2/8	3:30AM	INJ. PANTOPRAZOLE	40 MG	IV		
2/8	3:30Am	INJ. METOCLOPRAMIDE	10 MG	IV		
02/08	04:48 Am	Inj. CARBETOCIN	100mcg	IV		
02/08	05:30Am	Inj. TRAMADOL	100mg	PR		
02/08	05:30 Am	Inj. DICLOFENAC	100mg	PR		
2/8	5:30Am	T. MISOPROSTOL	600MCG	PR		
2/8	7 pm	INJ. FURSEMIDE	10 MG	IV		

Signature ..... VERIFIED BY : Name .....
Dr Ruchika Clinical Pharmacologist
verified 3/8/26
a/s Am

IH-00207564 IP-00060970
re CHIRUMAMILLA ANGELINE
-06-1990 36 Y 1 M 9 D (F)
r. RAYAPUDI DIVYA HANUMA

REGULAR PRESCRIPTIONS Weight. 98kg Ward. 2/W

DRUG : T- THYROXINE

Dose	Route	Frequency	Start Date
25MCG	PO	ONCE DAILY	2/8

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

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

Date/Time	2/8	3/8	4/8
6 AM			

CHW 2/8/26

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6thHrly	02/08

Name & Signature of the Doctor Starting the Drugs: Dr DPMadhav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	2/8	3/8	4/8
12 AM			
6 AM			
12 PM	Gay		
6 PM			

CHW 2/8/26

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	8thHrly	02/08

Name & Signature of the Doctor Starting the Drugs: Dr DPMadhav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	2/8	3/8	4/8
6 AM			
2 PM	Gay		
10 PM			

CHW 2/8/26

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	8thHrly	02/08

Name & Signature of the Doctor Starting the Drugs: Dr DPMadhav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

CHW 2/8/26