

BAH-00559837 IP5-00174481  
Dr. JAYA SAMHITHA  
07-12-1994 31 Y 5 M 22 D (F)  
Dr. K BHARGAVI REDDY



Dr. JAYA SAMHITHA (31 Y 5 M 22 D/F)  
TUBES  
NINVO4329  
BA26054545TUBES

BAH-00559837



### SURGERY DETAILS

*Handwritten signature and date*

Date : ..... 29/5/26 .....

Patient Name: Mrs. Jaya Samhitha Date of Birth: 7/12/1994 Age: 31 yrs

Gender: Female Ward: OBG OT UHID No: BAH-00559837

Date of Surgery: 29/5/26  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2

Name of the Surgery : Elective lower segment cesarean section + bilateral total laparotomy

Time in : 7:15 AM

Time Out : 8:15 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Bhargavi</u>	.....
2. Anaesthetist	<u>Dr. Subramayam /</u>	.....
3. Assistant Surgeon	<u>Dr. Annie</u>	.....
4. OT Technician	<u>Bro. Vijay</u>	.....
5. Circulating Nurse	<u>Sis. Laxmi</u>	.....
6. Assistant Nurse	<u>Sis. Poulabi</u>	.....

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

Signature  
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9633365

Order by: Sis. Rajesari



CONSUMABLES OF OT

Circulating Staff ..... Technician : CH. Gouthami Date : 21/5/2023 Time : 7:00 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>L8CS</u>	✓	01	Inj Vit.K	✓	02
LMA			Sutures <u>2346</u>	✓	02	Cord Clamp	✓	01
ECG leads : <u>A/P/N</u>	✓	3	<u>2364</u>	✓	01	Suction Catheter <u>89</u>	✓	01
HME filter : <u>A/P/N</u>			<u>2762</u>	✓	01	Feeding Tube		
Syringes : <u>10 cc</u>		0	<u>1326</u>	✓	02	Vaccum Suction Set	✓	01
05 cc	✓	3	Gloves <u>6 1/2 16/7</u>	✓	3/3/2	Surgical Gloves <u>7 no</u>	✓	4
02 cc	✓	3				Gauze Pack <u>6x12 9</u>	✓	02
01 cc			<u>PF 6 1/2</u>	✓	02	Syringe 1ml / 2ml	✓	02
Cautery plate : <u>A/P/N</u>	✓	1	Surgical blade <u>22</u>	✓	01	Surgical Blade # 20	✓	1
IV set			NG tube			Koochies (S) <u>1'S</u>	✓	01
RL	✓	3	Cautery pencil	✓	01	underpad	✓	01
NS : <u>10ml / 100ml / 500ml / 1000ml</u>	✓	1	Koochies <u>XL</u>	✓	01			
<u>miniplice</u>	✓	0	Ointments	✓		<u>02 mask</u>		<u>01</u>
<u>10x8x1</u>	✓	1	Suction Catheter					
Fentanyl			Cap, Mask	✓	<del>10/10/10</del>			
Morphine			Gauze Pack <u>NR</u>	✓	<del>2+2</del>			
Ketamine			Mop Pack	✓	<del>02</del>			
Propofol			Steristrip <u>sterizone</u>	✓	<del>02</del>			
Rocuronium			Underpad	✓	<del>02</del>			
Glycopyrolate	✓	2	Draw sheet <u>owalsui</u>	✓	<del>01</del>			
Myopyrolate			Abgel	✓	<del>01</del>			
Ondansetron	✓	1	Foleys catheter					
Pencan <u>25g/ Spinal Needle 22</u>	✓	1	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)	✓	1	Romodrain bag					
Antibiotics			Bandage					
<u>Oxytocine</u>	✓	3/2	Tegadern					
Suppositories			loban					
Anamol : <u>80mg / 250mg / 170 mg</u>			Double J Stent					
Supridol : <u>100mg</u>	✓	1	Vaccum Suction set	✓	01			
Justin : <u>12.5 mg / 25mg / 100mg</u>	✓	1	Plastic Bed Sheet					
Tab. Misoprost : <u>200mg</u>	✓	2	Betadine Solution	✓	02			
<u>Glove (3 1/2)</u>	✓	1	Microshield	✓	01			
<u>Gauze</u>	✓	2	Cotton Balls	✓	01			
<u>Adrenaline</u>	✓	1	Latex Gloves	✓	10			
<u>Atropine</u>	✓	1	Ramdone Scrub					
<u>ephedrine</u>	✓	1	Saral <u>DA</u>	✓	1			

9633473

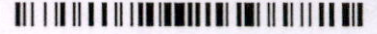
P.C  
Tranexa  
02 mask

Surgeon ..... Anaesthesiologist ..... Nurse ..... OT Technician .....

Order No. : 9633466/467/468 Ordered by : ST.PP.

### ADMISSION SHEET

#### Registration Details :



Admission No : IP5-00174481      Admit Date : 29-May-2026      Admit Time : 06:48 AM      UHID : BAH-00559837

#### Patient Details :


Patient Name	: Dr. JAYA SAMHITHA	Age	: 31 Y 5 M 22 D
Guardian	: Mr M RUSHI	DOB	: 07-12-1994
Gender	: Female	Religion	: Hindu
Occupation	:	Marital Status	: Married
Address (H)	: . Himayat Nagar East Hyderabad Telangana INDIA 500029	Phone No	: 8897387778/ 9849047778
		E-mail	: NOMAIL@GMAIL.COM

#### Admission Details :

Bed Type : SHARED WARD      Bed No : SW 414      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 414      Admission Type : First Visit

#### Contact Details :

Name : Mr M RUSHI      Relationship : Husband  
Contact Address : . Himayat Nagar East Hyderabad Telangana      Phone No : 8897387778 / 9849047778  
INDIA 500029

 Signature

#### Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant : Dr. ANNIE PRANUTHA P

#### Payment Details :

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

### ACTIVITY RECORD FOR BILLING

Name : BAH-00559837 IP5-00174481  
 Dr. JAYA SAMHITHA  
 07-12-1994 31 Y 5 M 22 D (F)  
 UHID N Dr. K BHARGAVI REDDY  
 Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_  
 Date of \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_  
 Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	8:00am	OBK-27	MUW	Konari
29/5/26	3:00pm	MUW	312-6123	S. Alathu

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tulane Shema	30/5	9636765	Shobha
2	Dr. Bindhavanani	30/5		Sandhya
3	NHA	30/5		
4	Dr. Shvanya	30/5		Shobha
5				
6				
7				
8				
9				
10				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
29/5/14	Svc Placement	1	9632544	S. Math
29/5/14	Catheterization	1		S. Math
29/5/14	PAC	1	9632545	S. Math

**ANY OTHER INFORMATION**

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.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

G2P1L1

admitted for LMP: 25/12/2015

EDD:

Corrected EDD: 29/1/2016

GA: 6 weeks

**Obstetric Formula:**

G2P1L1

Menstrual History: Regular:  Yes  No

**Obstetric History:**

1st - 2015 - 28 weeks - AI - US - female  
 Ind? - oligo - 2015  
 (WRP)

**Obstetric Examination**

Fundal Height: 7cm

**Present Pregnancy Record:**

1st - PP - spontaneous conception

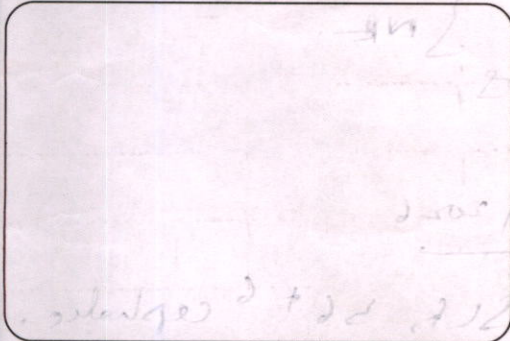
Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

**RISK FACTORS:** Booked at



FHS:  Normal  Tachy  Brady  Absent

**Per Speculum Examination** - NA

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination** NA

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: ..... cm

Weight: 83 kg

Allergies: Nil

Breast:  Normal  Abnormal

**General Examination:**

Consciousness: Conscious

Pallor: absent

Icterus: absent

Edema: absent

Temp: 97.5

PR: Subpm

BP: 105/62/74

DTR: normal

CVS: Normal

RS: normal

Liver/Spleen: not palpable

Urine Output: clear SpO2 - 99% on RA

**DIAGNOSIS**

G2P1L1 at 6 weeks for elective US and Tubectomy

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07-12-1994

31 Y 5 M 22 D

(F)

Dr. K BHARGAVI REDDY



<p>Family History:</p> <p>Father - DM.</p> <p>Mother - Hypertension.</p>	<p>Surgical History:</p> <p>- LSCS - 2023</p>
<p>Medical History:</p> <p>- Nil</p>	<p>Medication History:</p> <p>- Iron / Calcium.</p>
<p>Plan of Care:</p> <p>- for LSCS + Tubectomy.</p> <p>- Admission.</p> <p>- Preparation</p> <p>- PAC</p> <p>- consent</p> <p>- food Blood availability.</p> <p>- NBT.</p> <p>- vitals Monitoring</p> <p>- Pre-op Medication to begin.</p>	<p>Investigations:</p> <p>ABTUE</p> <p>HIV } NR.</p> <p>HBSAG } NR.</p> <p><u>7/5/2026</u></p> <p>SLT, 56 + 6 cephalic.</p> <p>wt - 2750 gm</p> <p>wt - 27 tacenther.</p> <p>AFT - 9.5</p> <p>AH.</p> <p>Doppler - Normal.</p> <p>27/5/26 = Hb = 13.4   Plt = 1.8 L</p> <p>TC = 5.8 K</p>

Doctor Name: Dr. Sneha

Signature: .....

Date & Time: 29/5/2026 6 AM

Consultant Name: Dr. Bhargavi Reddy

Signature: .....

Date & Time: 29/5/2026, 6 AM

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
29/5/2026 9:00 AM	POD-0. Immediate post op. Patient is stable	<u>Advice</u>
	o/c - CIC - Pass BP - 121/72 [80] mmHg PR - 72 bpm SpO <sub>2</sub> - 100% on RA P/A - U/L well contracted Wound dressing dry & intact U/L - BUNT V/O - 400ml; Normal adequate.	1) NBM x 4hrs 2) Monitor vitals & Zlb 15min for 2hrs P/b 1hrly for 2hrs. 3) Watch for bleeding plus hypotension, tachycardia 4) Inform SOS. 5) Drugs as charted.
29/5/2026 1 PM Baby well V/O - 800ml, clean	POD-0 of Pk <sub>2</sub> / Elective KCS Comfortable General condition - Fair /afebrile Vitals - BP - 110/75 (74) PR - 86 bpm SpO <sub>2</sub> - 100% on RA P/A - soft, BSE Wounds retracted well VVE - Minimal Bleeding Cx Chr Deepika	<u>Advice</u> ✓ Allow sips of water ✓ Continue same treatment ✓ Monitor vitals ✓ Urine output monitoring ✓ Mobilization ✓ Inform SOS

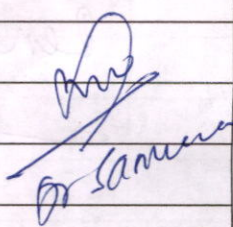
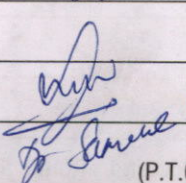
**PROGRESS NOTES AND DOCTOR'S ORDER**


Date & Time	Progress Notes	Doctor's Order
<u>29/5/2026</u>		
<u>2:20pm</u>	Case seen by Dr. Bhargavi	<u>Advice</u>
	vitals - BP - 115/68 (R2) PR - 60 bpm SpO <sub>2</sub> 99%	✓ Only water, coconut water (clear liquids)
<u>Urine output -</u> 200ml, clear	P/A - vtexs retracted well Subt Bowel sounds sluggish	✓ Drugs as charted ✓ monitor vitals
	VVF - minimal bleeding ⊕	✓ Mobilization
	CBR @ 6AM (20/5/2026)	✓ Urine output monitoring ✓ IV fluids @ 100ml/hr ✓ Watch for excessive bleeding
	By Dr. Deepika	✓ Inform SOS
<u>29/5/2026</u>		
<u>5:20pm</u>	vitals stable passing flatus P/A - soft abt well healed	✓ Adv ✓ clear liquids now
Baby ✓	Bowel sounds + Lochia - heavy	✓ soft diet (bread 1 roll) ✓ ap - apm ✓ monitor vitals
	✓ w/k bleed RD	

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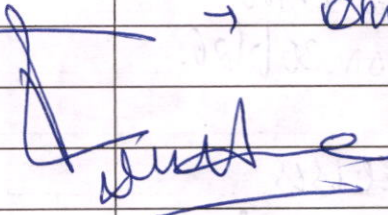


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7:20 AM	Pt comfortable	Adv - only liquid now - soft diet from 9pm - (breast/relax)
Cord Output adequate	o/e ac-faci vitals stable P/A ext (well) lochia	- vitals 6 hourly - Drugs as prescribed - If chattering - w/f active bleeding PV - Confront ST
Baby well status ✓	healthy	
CBP @ 6AM - 30/5/26 - Remove Foley's @ 6AM on 30/5/26.		 Dr. Samina
30/5/26 1:10 AM	POP,   ec US o/e	Adv - soft diet, plenty of oral fluids - drugs as per charted
V ✓ N ✓ SF	ac-faci, ap/brt vitals stable P/A - uterus retracted well, B&D	- w/f active bleeding PV
Baby well	lochia healthy	- vitals 6 hourly - Ambulate - (w/ome)
CBP → 12.3 / 8.02 / 1.72		 Dr. Samina

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
30/5/26 9:30 AM	POD-I	
Baby - w/	stable ambulant voided passing flatus vitals stable P/A - ut induct w/ oxyg dy	
	lochi - heap Renes w canals	Adys → soft diet → oral hydration → ambulate
		



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<p><u>30/5/2026</u>                      3:00 AM</p>	<p>POD-1                      Pt is stable                      No ct                      vitals stable                      P/A - ut well involved                      Dressing dry &amp; intact                      4c lochia healthy</p>	<p>Advice                      ① soft diet                      ② Hydrate                      ③ Keep as charted                      ④ Monitor vitals                      GM Lx</p> <p><u>Sure</u></p>
<p><u>30/5/2026</u>                      6:05 PM</p> <p><u>Babywell</u>                      voided ✓                      Flatus ✓                      Stool x</p>	<p>POD-1   Elective ICS</p> <p>Ambulating                      comfortable                      vitals - stable                      P/A - soft Bowel sounds ⊕                      Vitals improving well                      VRE - lochia ⊕ healthy</p> <p>Syp. Diphalac - Bed time today                      ↓                      to consider Dulcolax suppository tomorrow morning, if not passed stools                      by Dr. Deepika</p>	<p><u>Advice</u></p> <ul style="list-style-type: none"> <li>✓ oral hydration</li> <li>✓ soft diet</li> <li>✓ Ambulation</li> <li>✓ Prn as charted</li> <li>✓ Monitor vitals</li> <li>✓ Inform SRS</li> </ul>

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 Dr. K BHARGAVI REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>31/5/2026</u>	POD-2/Elective VCS + tubectomy	
<u>8.15am</u>	Comfortable Ambulating	<u>Advice</u>
<u>Baby well</u>	Vitals - stable P/A - vitals improving well	<ul style="list-style-type: none"> <li>✓ Oral hydration</li> <li>✓ Regular diet</li> <li>✓ Drugs as charted</li> <li>✓ Ambulation</li> <li>✓ Monitor vitals</li> </ul>
Voided ✓	Soft BSA	<ul style="list-style-type: none"> <li>✓ Inform SAs</li> </ul>
Stool ✓ (Stool S. Duphalac)	VVR lochia ⊕ healthy	by Ch Deepika
Flats ✓	Syp. Duphalac 15ml (SAs)	
		NB →

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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
31-5-26 6:30 PM	Pt comfortable	Adv
U N SV	O/G ac-fair vitals-stable P/A- uterine evoluting well	- Regular diet plenty of oral feeds
Baby-well	Ue- lochia healthy	- drugs as per charted
		- Ambulate w/ active Bleeding PV
		- vitab comply - Anpain 855
		 Dr. K Bhargavi Reddy
1-6-26 7:30 AM	POD <sub>3</sub> / ev USCS + subectomy	NB Shocking Adv
U N SV	O/G ac-fair vitals-stable P/A- uterine evoluting well	- Regular diet plenty of oral feeds
Baby-well	Ue- lochia healthy	- drugs as per charted
		- vitab comply - w/ active Bleeding PV
	Plan discharge	- Anpain 855
S/E O/G due		 Dr. K Bhargavi Reddy (P.T.O)



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### CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Bhargavi Reddy.</i>	Date of Delivery: <i>29/05/2026</i>
Assistant Surgeon: <i>Dr. Anurag</i>	Time of Delivery: <i>7.30 AM</i>
Anaesthetist's Name: <i>Dr. Tejaswini</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>↓ SA.</i>	Weight of Baby: <i>2.785 kg</i>
Neonatologist: <i>Dr. Rupanjali</i>	AGPAR Score: <i>9.9</i>
Scrub Nurse: <i>s/n Paulobi</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G<sub>2</sub>P<sub>0</sub> / 4 weeks / = previous LSCS*

Elective       Emergency      Indication: *previous LSCS*

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: .....      Knife to rectus: .....

CTG Description: *Reactive*

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

Surgical Procedure: *Elective lower segment cesarean section + bilateral tubal ligation.*

Post Operative Diagnosis: *AOD - 0.*

Peri-Operative Complications: *-*

Amount of Blood Loss: *500ml*      Blood Transfused (in ML): *-*

Name and Number of Surgical Specimen sent for examination:  
*b/l Fallopian tubes.*

**Examination Findings when Appropriate:**

Presentation:  Cephalic     Breech     Other .....

5th Palpable: .....

Station:     -3     -2     -1     0     +1     +2

Caput:     +     ++     +++

Bladder Catheterized :     Yes     No

Cervical Dilatation: ..... cm

Fetal Position: .....

Moulding:     None     +     ++     +++

Meconium:     None     +     ++     +++

Urine:     Clear     Blood Stained

Skin Incision:     Pfannensteil     Transverse     Midline     Other ..... *Skull bones... Sacral... Extended*

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 *Modified Pomeroy's method*

Uterine Closure:     One Layer     Two Layers    ..... *No 1-0 vicryl:* ..... Suture

Peritoneal Closure:     Pelvic     Abdominal     None    ..... *No 2-0 rapid vicryl:* ..... Suture

Sheath Closure: ..... *No 1 Vicryl:* ..... Suture

Fat Closure:     Yes     No    ..... *No 2-0 rapid vicryl:* ..... Suture

Skin Closure:     Subcuticular     Mattress    ..... *No 2-0 rapid vicryl:* ..... Suture

Vagineal Evacuated     Yes     No

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

Ctheter     Yes     No     Remove in ..... *12hr:* ..... 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: ..... *DNBM - 4 hr* .....

..... *② NF as per axons* .....

..... *③ Drugs as stated* .....

..... *④ Monitor vitals & I/O 15 min Post 2 hrs. P/B 1 hr. Ax 2 hr* .....

..... *⑤ W/H hypotension, tachycardia, bleeding site* .....

..... *⑥ Infusion sus* .....

Doctor Name: ..... *Dr. Bhargavi* ..... Doctor Signature: ..... *Sutli for Dr Bhargavi* .....

Date & Time: ..... *29/07/2022, 09:00 AM* .....

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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: ..... Shifted to: .....

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	LEVOCEN.	1 tab	PO	once	28/5	<input type="checkbox"/> C <input type="checkbox"/> DC
2	SHECAL.	1 tab	PO	once	28/5	<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Bhargavi Reddy

Date & Time: 29/05/2020, 6AM

Nurse Name & Signature: S. Lakshmi

Date & Time: 29/05/2020, 8AM



Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight ..... Ward .....

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

Signature  
Name

BAH-00559837 IP5-00174481  
 Dr. JAYA SAMHITHA  
 07-12-1091 31 Y 5 M 22 D (F)  
 Dr. K BHARGAVI REDDY



# DRUG CHART

Date of Admission: 29/5/2026 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)

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

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

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

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

REGULAR PRESCRIPTIONS

Weight. .... Ward. ....

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG: <u>INS CEPROTAXIME</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>1gm</u>	<u>IV</u>	<u>RD</u>	<u>29/5</u>	<u>6:30 AM 29/5/26</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>K. BHARGAVI</u>				
Additional Instructions:				<u>6:30 PM 30/5/26</u> <u>Stop 30/5/26</u> <u>9 AM</u>
Daily Doctor's Endorsement by a Sign				
DRUG: <u>Tab. PARACETAMOL</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>1g</u>	<u>PO</u>	<u>6th hly</u>	<u>29/5/26</u>	<u>6 AM 29/5/26</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Tejaswini</u>				
Additional Instructions:				<u>12 PM 30/5/26</u> <u>6 PM 30/5/26</u> <u>Stop 30/5/26</u>
Daily Doctor's Endorsement by a Sign				
DRUG: <u>Tab. DICLOFENAC</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>50mg</u>	<u>PO</u>	<u>8th hly</u>	<u>29/5/26</u>	<u>3 PM 29/5/26</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Tejaswini</u>				
Additional Instructions:				<u>11 PM 30/5/26</u> <u>Stop 30/5/26</u>
Daily Doctor's Endorsement by a Sign				
DRUG: <u>Tab. TRAMADOL</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>100mg</u>	<u>PO</u>	<u>8th hly</u>	<u>29/5/26</u>	<u>8 AM 29/5/26</u>
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Tejaswini</u>				
Additional Instructions:				<u>4 PM 30/5/26</u> <u>Stop 30/5/26</u>
Daily Doctor's Endorsement by a Sign				



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
<b>DRUG :</b>	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
<b>DRUG :</b>	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
29/5/2026	6:30 AM	INS PANTOPRAZOLE	60mg	IU	[Signature]	Rilika Shobhg
29/5/2026	6:30 AM	PERINORIN	10mg	IU	[Signature]	Rilika Shobhg
29/5/26	7:25 AM	Inj ONDANSETRON	4mg	IV	[Signature]	Rilika Shobhg
29/5/26	7:30 AM	Inj OXYTOCIN	3U + 3U	IV	[Signature]	Rilika Shobhg
29/5/26	8:10 AM	Syp. DILLOFENAC	100mg	PR	[Signature]	Rilika Shobhg
29/5/26	8:10 AM	Syp. TRAMADOL	100mg	PR	[Signature]	Rilika Shobhg
29/5/26	7:50 AM	Inj TRANEXAMIC ACID	1g	IV	[Signature]	Rilika Shobhg
31/5/26		MILCO LAX SUPPOSITORY	2	P/R	[Signature]	Not given.

VERIFIED VERIFIED

Signature

I.V. FLUIDS CHART

Weight. .... Ward. ....



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
29/5/26	7:05AM RINGER LACTATE	I.V	100 mlh.	P.	Bilal Shobha	29/5/26	[Signature]	Bilal Shobha
29/5/26	7:15AM RINGER LACTATE	IV	500ml FF	[Signature]	Bilal Shobha	29/5/26	[Signature]	Bilal Shobha
29/5/26	7:35 AM RINGER LACTATE	IV	500ml FF	[Signature]	Bilal Shobha	29/5/26	[Signature]	Bilal Shobha
29/5/26	7:50AM RINGER LACTATE	IV	500ml/h	[Signature]	Bilal Shobha	29/5/26	[Signature]	Bilal Shobha
29/5/26	9am RINGER LACTATE	I.V	500 M	[Signature]	Bilal Shobha	29/5/26	[Signature]	Bilal Shobha
29/5/26	10.30 AM RINGER LACTATE	IV	100ml/h	Cup	Bilal Shobha	29/5/26	Cup	Bilal Shobha
29/5/26	2 PM RINGER LACTATE 500ML	IV	100ml/h	Cup	Bilal Shobha	29/5/26	2	Shobha
29/5/26	4 PM RINGER LACTATE 500ML	IV	100ml/h	Cup	Shobha Tunng	29/5/26		Nandini Yamuna
29/5/26	3 PM DNS 500ML	IV	100ml/h	Cup	Shobha sona	29/5/26	2	Shobha Song

Signature .....

VERIFIED BY : Name .....

BAH-00559837 IP5-00174481  
 Dr. JAYA SAMHITHA  
 07-12-1994 31 Y 5 M 22 D (F)  
 Dr. K BHARGAVI REDDY



## RESULT SHEET

Date	30/05/26				
Time	6:24 AM				
Hb	12.3				
PCV	38.2				
RBC	4.13				
WBC	8.02				
N/L					
Platelets	172				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	AB+ve					
HEV	} NR					
HBSAG						
HCV						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :      USG : .....

                  X-Ray : .....

                  ECHO : .....

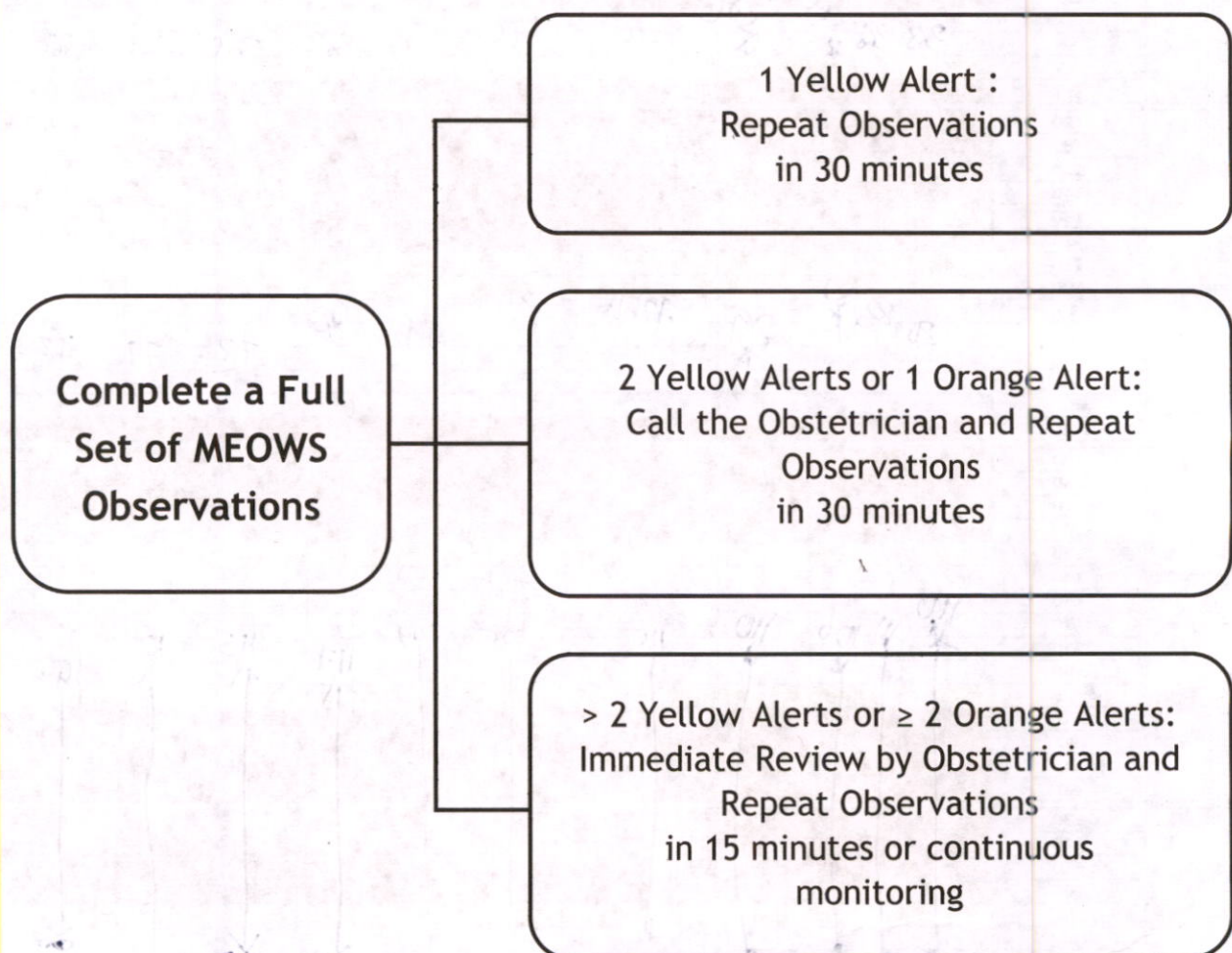
                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....



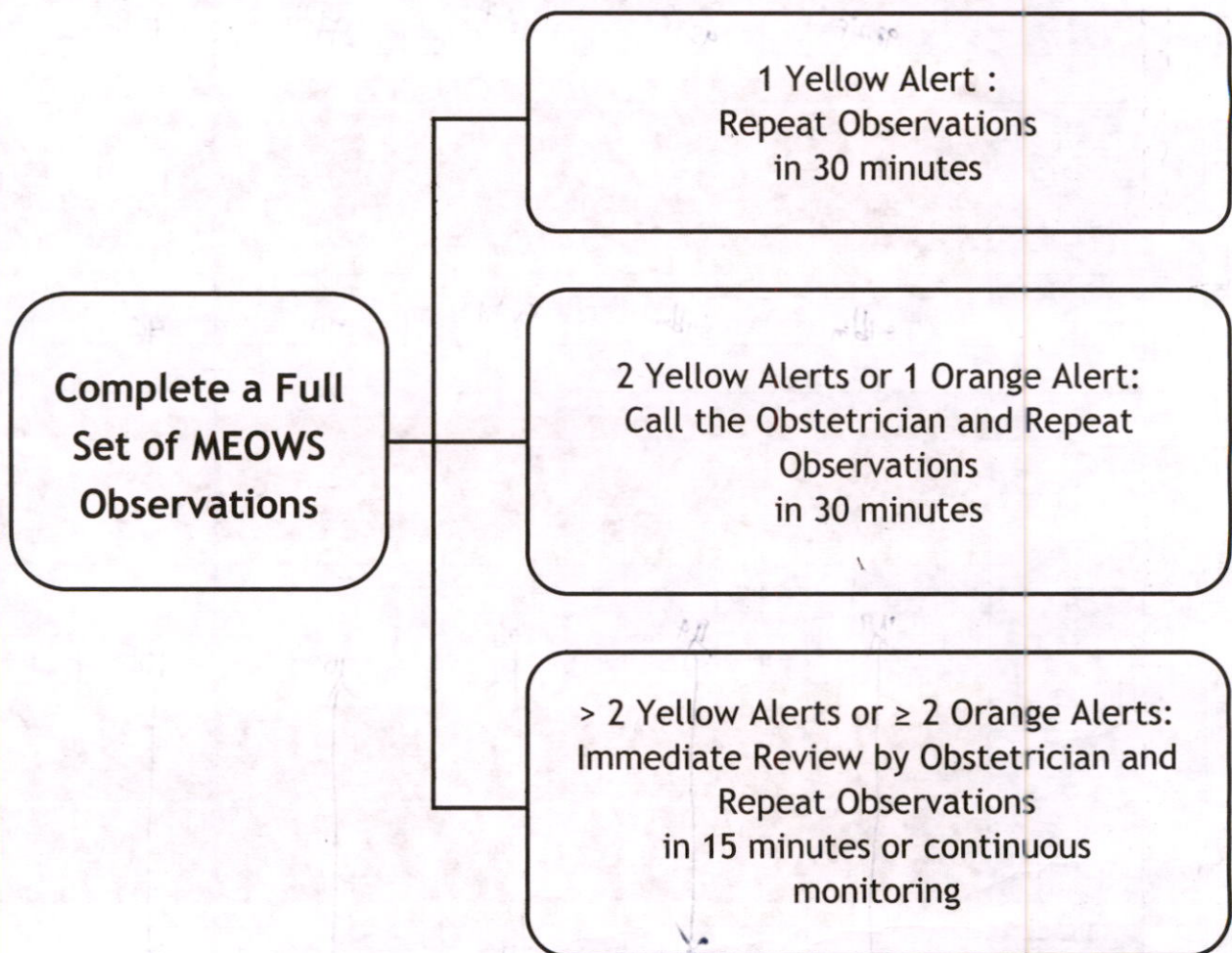
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00559837 IP5-00174481  
 Dr. JAYA SAMHITHA  
 07-12-1994 31 Y 5 M 23 D (F)  
 Dr. K BHARGAVI REDDY



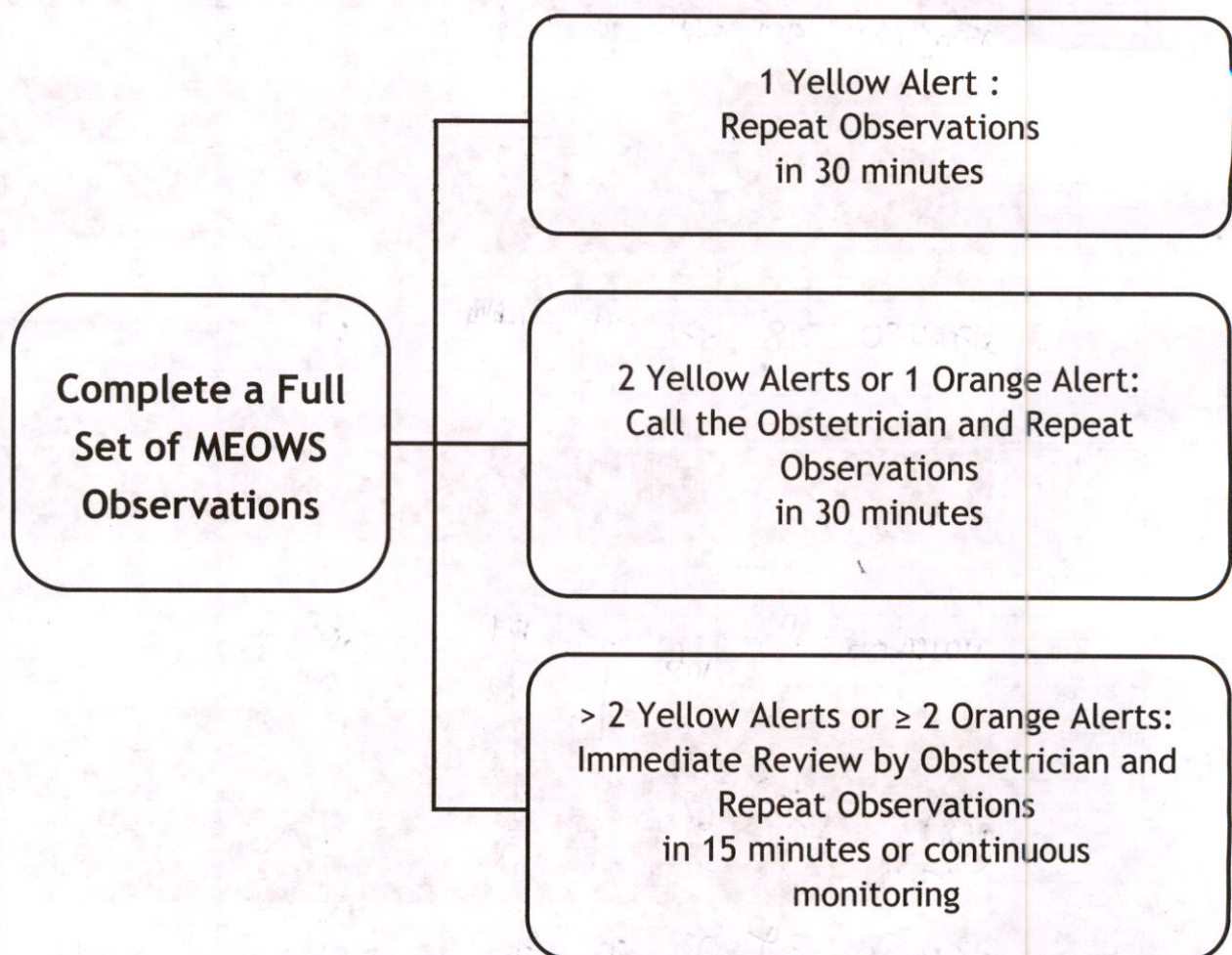
## Early Warning Observation Score Chart - Obstetrics

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

		Date																													
		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	10	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19			
	0 - 10																														
Saturations	94 - 100 %	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99			
	< 94 %																														
Administered O <sub>2</sub> (L/min.)																															
Temp °C	40																														
	39																														
	38																														
	37	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5			
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90	77	76	80	78	82	77	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76	76			
	80																														
	70																														
	60																														
	50																														
40																															
Systolic Blood Pressure ↑	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120	110	104	106	111	106	105	107	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110	110			
	110																														
	100																														
	90																														
	80																														
	70																														
60																															
50																															
Diastolic Blood Pressure ↓	130																														
	120																														
	110																														
	100																														
	90																														
	80	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68			
	70	72	66	70	74	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73			
	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		0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0			
Nurse Initial		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S				

30/5/26

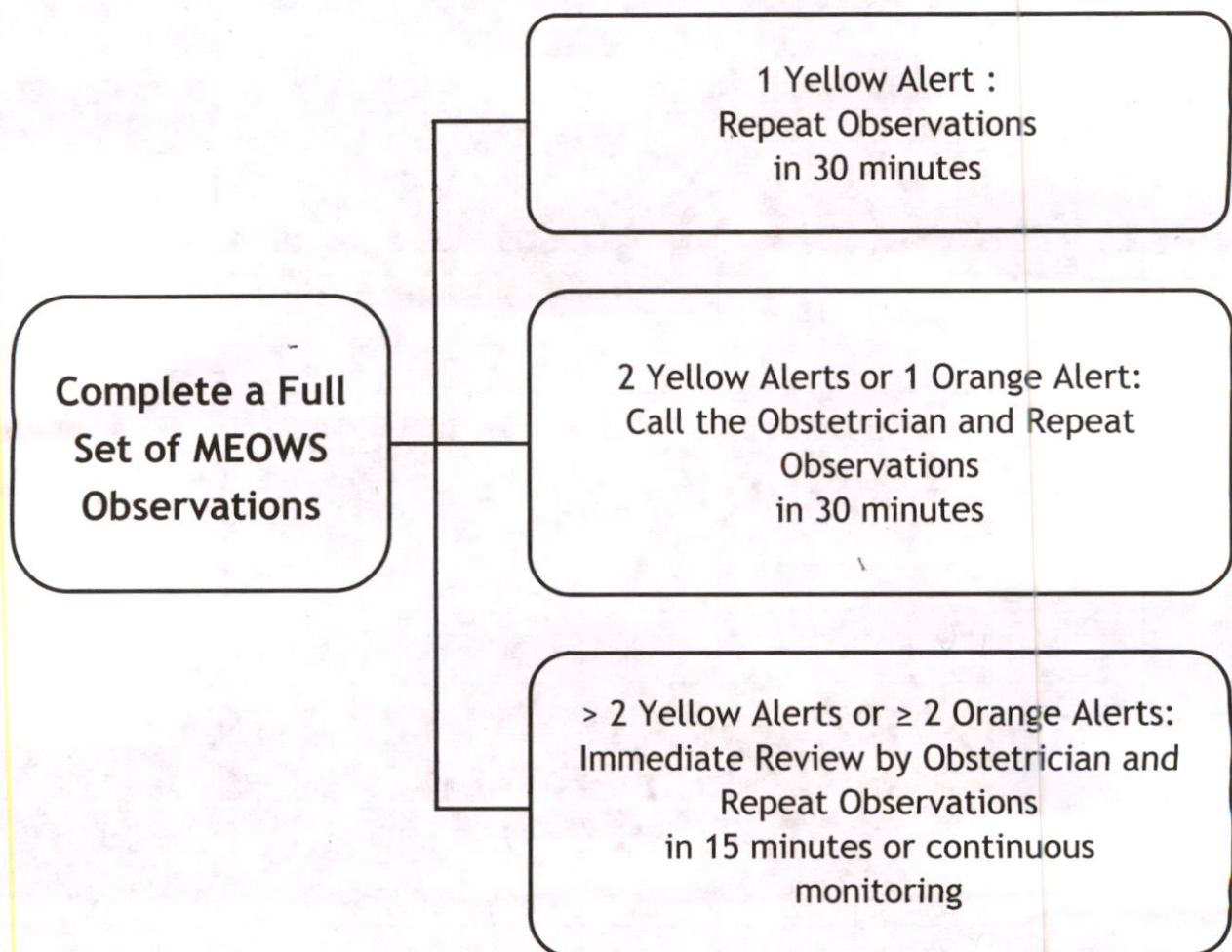
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



29/5/20

**FLUID CHART**

Sheet No. : 9

- All measurements in ml.
- 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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
											0	Selath	
	08:00 am	RL NBm	100ml								0	Selath	
	09:00 am	RL NBm	100ml						400ml		0	Selath	
	10:00 am	RL NBm	100ml								0	Selath	
	11:00 am	RL NBm	100ml						700ml		0	Selath	
	12:00 pm	C.H. 200ml	100ml								0	Selath	
	01:00 pm								200ml		0	Selath	
<b>Total Intake :</b>			RL 700ml + 100ml			<b>Total Output :</b> U 1100ml m - nil							
	02:00 pm	RL C.H. 200ml	100ml								0		
	03:00 pm	RL	100ml								0	Shobha	
	04:00 pm	DNS H2O	100ml								0		
	05:00 pm	RL	100ml								0		
	06:00 pm	RL H2O	100ml						700ml		0	Shobha	
	07:00 pm	RL	100ml								0		
<b>Total Intake :</b>			taken			<b>Total Output :</b>							
	08:00 pm	RL	100ml								0	Nandini	
	09:00 pm	RL 2 bread									0	Nandini	
	10:00 pm	water									0	Nandini	
	11:00 pm	water									0	Nandini	
	12:00 am								900ml		0	Nandini	
	01:00 am	water									0	Nandini	
<b>Total Intake :</b>			Taken			<b>Total Output :</b> Passed							
	02:00 am	water									0	Nandini	
	03:00 am										0	Nandini	
	04:00 am	water									0	Nandini	
	05:00 am										0	Nandini	
	06:00 am	water							400ml		0	Nandini	
	07:00 am										0	Nandini	
<b>Total Intake :</b>						<b>Total Output :</b> 2000 ml Passed							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			2000 ml Passed				



# FLUID CHART



Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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							
30/5/2026	08:00 am	H <sub>2</sub> O							✓	0	sandhya	
	09:00 am	idly								0	sandhya	
	10:00 am	H <sub>2</sub> O								0	sandhya	
	11:00 am									0	sandhya	
	12:00 pm	H <sub>2</sub> O							✓	0	sandhya	
	01:00 pm	H <sub>2</sub> O								0	sandhya	
Total Intake : <u>taken</u>					Total Output : <u>passed 0-1</u>							
	02:00 pm	Rice							✓	1	Shobha	
	03:00 pm	H <sub>2</sub> O								No	Shobha	
	04:00 pm									PV		
	05:00 pm	H <sub>2</sub> O								1	Shobha	
	06:00 pm								✓	1	Shobha	
	07:00 pm	H <sub>2</sub> O								1		
Total Intake : <u>Taken</u>					Total Output : <u>passed</u>							
	08:00 pm	Rice sambel								No	randini	
	09:00 pm	H <sub>2</sub> O				✓			✓	No		
	10:00 pm									1	randini	
	11:00 pm	H <sub>2</sub> O							✓	1	randini	
	12:00 am									1	randini	
	01:00 am									1		
Total Intake : <u>taken</u>					Total Output : <u>Passed</u>							
	02:00 am									1	randini	
	03:00 am	H <sub>2</sub> O							✓	No	randini	
	04:00 am									1		
	05:00 am									1	randini	
	06:00 am									1	randini	
	07:00 am									1		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

I-00559837 IP5-00174481

JAYA SAMHITHA  
2-1994 31 Y 5 M 24 D (F)  
K BHARGAVI REDDY



# FLUID CHART

Sheet No. : 3

- All measurements in ml.
- 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 Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	H <sub>2</sub> O							✓	0	Swanda	
	09:00 am									0	Swanda	
	10:00 am	H <sub>2</sub> O							✓	0	Swanda	
	11:00 am									0	Swanda	
	12:00 pm	H <sub>2</sub> O							✓	0	Swanda	
	01:00 pm	H <sub>2</sub> O								0	Swanda	
Total Intake : <u>taken</u>					Total Output : <u>passed</u>							
	02:00 pm	H <sub>2</sub> O				✓				0	Swanda	
	03:00 pm								✓	1	Shobha	
	04:00 pm	H <sub>2</sub> O								No	Shobha	
	05:00 pm									No	Shobha	
	06:00 pm	H <sub>2</sub> O							✓	1	Shobha	
	07:00 pm									1	Shobha	
Total Intake : <u>Taken</u>					Total Output : <u>passed</u>							
	08:00 pm									0	Swanda	
	09:00 pm	H <sub>2</sub> O							✓	XI	Swanda	
	10:00 pm									IV	Swanda	
	11:00 pm	H <sub>2</sub> O							✓	Swanda	Swanda	
	12:00 am										Swanda	
	01:00 am	H <sub>2</sub> O									Swanda	
Total Intake : <u>taken</u>					Total Output : <u>passed</u>							
	02:00 am										Swanda	
	03:00 am	H <sub>2</sub> O							✓	No	Swanda	
	04:00 am									IV	Swanda	
	05:00 am								✓	Swanda	Swanda	
	06:00 am	H <sub>2</sub> O							✓		Swanda	
	07:00 am										Swanda	
Total Intake : <u>taken</u>					Total Output : <u>passed</u>							

Total 24 hrs. Intake

Total 24 hrs. Output

3AH-00559837 IP5-00174481  
 Dr. JAYA SAMHITHA 31 Y 5 M 24 D (F)  
 17-12-1994  
 Dr. K E HARGAVI REDDY



# 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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H <sub>2</sub> O								✓	N	Suvar
	09:00 am											Suvar
	10:00 am	H <sub>2</sub> O								✓	0	Suvar
	11:00 am										↑	Suvar
	12:00 pm											Suvar
	01:00 pm									✓		Suvar

**Total Intake :** *taken* **Total Output :** *passed*

	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**



Suite-3

# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 30/5/26 Time: 10 am

Origin: India Height: 155 cm Weight: 83 kg BMI: 33.3 kg/m<sup>2</sup>

Food Allergies: NO

Diagnosis: P00-1/L54 lower segment caesarian section

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

Diet Advised:

Soft high protein diet

with plenty of oral fluids

→ Avoid Spicy, chilled & outside foods

Patient's / Attendant's

Signature: [Signature]

Name: Rushi Malavar

Date & Time: 30/5/26

10 am

Dietician's

Signature: [Signature]

Name: Lalna

Date & Time: 30/5/26

10 am

