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

ACTIVITY RECORDING

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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

UHID N ---------- Consultant : ---------- Dept : ----------

Date of Admission : 8/7/26 Time : 12:43pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	5:30pm	HW	OT	
8/7/26	7:24pm	OT	MICU	
08/7/26	11:47 AM	MICU	ROOM(202)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/26	NST at:- 12:20pm - 1	R26-0[illegible]0948	
8/7/26	CBP	V12602280O	
8/7/26	NST 5pm (2)	R26-010960	
	CROs Checked by manga 9/7/26 @ 12:47AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7/26	Infusion pump	5:20pm	9/7/26 12AM	3099065	[illegible]
8/7/26	Cardiac monitor	7:20pm	9/7/26 12AM		
	cross Chuked by	manga	9/7/26 @	12:49AM	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	IV placement	(1)	3099008	
8/7/26	PAC	(1)	3099066	b (illegible)
8/7/26	catheterization	(1)	3099067	
	esan checked by manga 9/7/26 @ 12:47AM			

ANY OTHER INFORMATION

Date : 10/7/26. Time : 10 AM Prepared By: Smishna.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Syeda	10/7/26 10 AM.		

INSURANCE COPY

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Name	Mrs DIKSHA JAIN	**UHID**	VIH-00201793
Father/Guardian	Mr Y HARISH	**Age/Gender**	32 Y 7 M 9 D/Female
Address	H.NO-2-2-213/40,GANESH MAGAR COLONY,MACHA BOLLARAM, Bolaram, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060617	**Admission Date**	08-07-2026
Ref Doctor	Self	**Discharge Date**	10-07-2026

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 38 weeks with Hypothyroidism (25) with Severe Small for Gestational Age Baby with Corrected Anemia for Induction of Labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 8.07.2026.

History:
LMP: 15.10.2025
Obstetric formula: Primigravida
EDD: 22.07.2026
Gestation at admission: 38 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since 5 years on Tab Thyronorm 25Mcg .
Family History: Both parents- Hypothyroid, HTN.
Surgical History: Rhinoplasty in Feb. 2024.
Allergies: Nil

Name Mrs DIKSHA JAIN **UHID** VIH-00201793

Antenatal Details: Mrs DIKSHA JAIN was booked to Rainbow hospital at 16+2 weeks of gestation. Previous ANCs done at Fernandez Hospital. She had regular antenatal checkups and investigations as advised. She had an uneventful antenatal period. She was admitted at 38 weeks with Hypothyroidism (25) with Severe Small for Gestational Age Baby with Corrected Anemia for Induction of Labour.

Investigations: Enclosed
Blood group: '**O**' **POSITIVE.**

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long & os was closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for induction of labour & labour induced with one dose of PGE1. Successive NST done was non reassuring. Patient & attenders explained regarding non reassuring NST with presumed fetal distress & need for emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view of non reassuring NST with presumed fetal distress, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, Liquor seen. Long cord noted. Baby delivered with one loop of cord around neck. 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 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 08.07.2026
Time of Delivery: 5:47:11 PM
Type of Delivery: Emergency LSCS
Indication: non reassuring NST.
Analgesia: Spinal

Baby Details:
Date: 08.07.2026
Time:5:47:11 PM
Sex: Female
Weight: 2.676 kg
Apgar: 7/10, 8/10.
Gestational Age: 38 weeks
NICU Admission: No

Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Name	Mrs DIKSHA JAIN	UHID	VIH-00201793

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 14.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 14.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 14.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 14.07.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 25 mcg once daily (6am) on empty stomach till further orders.
8. Repeat Sr. TSH levels after 6 weeks & review with reports.
9. Nebasulf powder for local application.
10. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 13.07.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST
& OBSTETRICIAN
54774

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Mrs DIKSHA JAIN	**Inpatient No.**	: IP-00060617
Age/Gender	: 32 Y 7 M 9 D/ Female	**Admit Date**	: 08-07-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :08-07-2026 13:21

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**10.9**	g/dL	L	12 - 16
RBC COUNT (DC detection method)	**3.70**	10^12/L	L	4 - 5.2
PCV/HCT (Calculated)	**30.7**	VOL%	L	33 - 51
MCV (Calculated)	82.9	fL		80 - 100
MCH (Calculated)	29.5	pg/cells		26 - 34
MCHC (Calculated)	35.6	g/dL		32 - 36
RDW-CV (Calculated)	**13.2**	%	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	269	10^9/L		150 - 450
MPV (Calculated)	9.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**12.46**	10^9/L	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**81**	%	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**14**	%	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC ANEMIA WBC : NEUTROPHIL LEUCOCYTOSIS PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

FICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	3	✓	✓	
5	In-patient Medical Record	1	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets	2	✓	✓	
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure	1	✓	✓	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form	1	✓	✓	
20	Anaesthesia notes(Pre Anaesthesia & Post)	2	✓	✓	
21	Pre Operative checklist	1	✓	✓	
22	Surgical safety Checklist	1	✓	✓	
23	Operation Theatre notes	1	✓	✓	
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	4	✓	✓	
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				
	medical Reconciliation	2	✓	✓	
	Braden 'Q' scale	3	✓	✓	
	pain Assessment	2	✓	✓	
	Thrombophlebitis	1	✓	✓	
	Morse fall Assessment	2	✓	✓	
	others	8+3	✓	✓	
	Total No. of Pages	54 pages			

Durgikaa 10/7/26 @ 12 Noon
Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060617 **Admit Date** : 08-Jul-2026 **Admit Time** : 12:43 PM **UHID** : VIH-00201793

Patient Details :

Patient Name	: Mrs DIKSHA JAIN	**Age**	: 32 Y 7 M 9 D
Guardian	: Mr Y HARISH	**DOB**	: 29-11-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO-2-2-213/40,GANESH MAGAR COLONY, MACHA BOLLARAM Bolaram Hyderabad Telangana INDIA 500010	**Phone No**	: 8019161316/ 8977901316
		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 Y HARISH **Relationship** : W/O

Contact Address : H.NO-2-2-213/40,GANESH MAGAR COLONY,MACHA BOLLARAM Bolaram Hyderabad Telangana INDIA 500010 **Phone No** : 8019161316 / 8977901316

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 8/7/26 Time of Arrival: 12:00Pm Time Seen by Nurse: 12:10pm

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: IOL

3) **Vital Signs:** Temperature: 98.1°F Pulse: 86 b/mt RR: 17 b/mt SpO₂: 99% BP: 110/70 mmHg Weight: 76.30

4) **Gestational Criteria:**

Gravida:	G —	P primi	L —	A —

LMP: 15/10/25 EDD: 22/7/26 Gestational Age: 38wks

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)

0 (circled) No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

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

6) **Past History:**

a) Surgeries: Rhinoplasty - 2024 feb

b) Medical: Hypothyroidism 5yrs.

Docu. No : F...M / CLINICAL / 098 (P.T.O.)

Patient Sticker

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: @ 12:30PM

Nurse Name : Norcah Nurse Signature: .....

Date: 8/7/20 Time: 12:35PM

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 8/7/26

Baseline Information:

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

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: TOV

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nikhita

Time Notified: 12:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroidism.	Rhinoplasty	yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 15/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G — P Primi L ..... A .....

Previous LSCS: NA

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

BP: 110/80mmHg Weight: 76.30 Height: 150cms BMI: .....

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

Dosage

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to mrs. Diksha

Name of Person Orientation was given to: mrs. Diksha

Orientation not given Reason: .....

Nurse Signature: K. Saleena

Nurse Name: .....

Date & Time: 8/7/26 12:35pm

PATIENT TRANSFER FORM

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VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

	Date & Time of Admission: 08/7/26 @ 12:43pm	Date & Time of Transfer Order: 09/7/26 @ 1:45 AM
Treating Consultant Name	Transfer Ordered by: Dr Ashwini	Reason for Transfer: Observation
From Unit: MICU	To Unit: ROOM (202)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films: NST (2)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab – Pcm (15)	underpad (1)
2.	Tab – Pantop (5)	Baccirub (1)
3.	Tab – Tramadol (10)	
4.	Tab – Diclopinac (10)	
5.	Saal (1)	

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

Dr. Ashwini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Rani	Dr. Ashwini

Patient & Clinical Records Received by : Dipika 9/7/26 @ 1:45pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00201793 IP-00060617 Mrs DIKSHA JAIN 29-11-1993 32 Y 7 M 9 D (F) Dr. BHAVANA K	8/7/26 @ 12.43 pm	8/7/26 @ 7.20 pm.
	Transfer Ordered by Dr. Shu Bhargavi	Reason for Transfer Post Op care.
From Unit OT	To Unit MICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 40	Number of Imaging Films NST (2)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐
Dr. Ashwini

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

Patient & Clinical Records Received by : Kamala

Date & Time of Patient Received : 7:20 pm 8/7/26

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

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

PATIENT TRANSFER FORM

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VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @12:43PM	8/7/26 at 5:30
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Ashwini	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**
39.	NIL - (2)	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sulochini	Dr. Ashwini

Patient & Clinical Records Received by : Manju 8/7/26 @ 7.30 pm.

Date & Time of Patient Received :

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

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

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 15/10/2025. EDD:

Corrected EDD: 22/7/2026. GA: 38 weeks.

Obstetric Formula: P2M1G2A0 + 1

ML - 10 yrs. NCM

Obstetric History:

G1 - Present pregnancy | Sp. Conception

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: ~ TCM.

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: 150 bpm ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record: Booked to RCH at 16+2 weeks. P2L1. ANCs at Fernandez Hosp. T1, T2, T3 uneventful. Inj. T.T. two doses taken.

RISK FACTORS:

- Severe SGA.
- Hypothyroidism

Height: 150 cm

Weight: 76.30 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/a/c

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊕

Temp: Afeb. PR: 96 bpm.

BP: 98/57 mmHg DTR: ⊕

CVS: S_1S_2 ⊕ RS BAE ⊕

Liver/Spleen: NAD. Urine Output:

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ✓ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

P2M1G2A0 + 1 with 38 weeks with hypothyroidism (25) with severe small for gestational age baby with corrected Anemia.

For: Induction of labour.

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

Family History:

Both parents - Hypothyroid, HTN.

Surgical History:

Rhinoplasty - 2024 Feb.

Medical History:

Hypothyroidism : 5 yrs

Medication History:

Tab. Thyroxine 25 mcg OD.
2 - Arginine sachets BD

Plan of Care:

C/I to Dr. Bhavana mam

- Admission
- Consent
- part preparation
- (N) diet
- FHR monitoring
- monitor vitals
- NST 4th hourly
- Follow drug chart
- Inform SAS.
- Ambulation
- Birthing ball exercises.
- Send CBP.
- Tab. Miso 25 mcg PV

Noted by Suhasini
8/7/26 12:30 pm

Investigations:

BG: 'O' POSITIVE.

16/6/26
HIV, HBsAg, HCV, VDRL } NR.
CUE - leucocytes (+++) pus cells 20-25
CBP - 11.9 / 10900 / 2.9L

• AFI Doppler
7/7/2026.
SLIUF
37+6 wks.
Cephalic
PL - post. high.
AFI - 10.1 cm.
Dopplers - (N).

• TIFFA Scan -
6/3/2026
SLIUF
20+2 wks
PL - post. high
CL - 38 mm
No anomalies.

HPLC - (N)

• Growth scan -
19/6/26.
SLIUF
35+2 wks
Cephalic.
PL - post. high.
AFI - 10.1 cm
AC - 4%
EFW - 2162 gm.
Dopplers - (N)

• NT Scan -
13/1/2026
SLIUF.
12+6 wks.
NT - 1.4 mm.

FTS - low risk
Fetal Echo - (N)

Dr. Bhavana Kasu Reg. No: 54774

Doctor Name: Dr. Nikita.
Signature: (NR)
Date & Time: 8/7/2026 12:30 pm.

Consultant Name: Dr. Bhavana K.
Signature:
Date & Time: 8/7/2026

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 2pm	O/E - pt is c/c/c	Adv:
	GC - Fair	- (N) diet
	Afebrile	- Adeq. Hydration
T. Miso 25 mcg PV kept at 2pm	BP - 100/68 mmHg	- Ambulation
	PR - 92 bpm	- Bishuing bed exercise
	S/E - NAD	- monitor vitals
	P/A - ut ~ TG	- FHR monitoring
	Cephalic	- NST 4th hourly
	relaxed.	- Follow drug chart
	FHR (+) 148 bpm.	- Inform SOS.
	V/E - Cx - long, sight os - closed.	Dr. Nikita
Noted by Kavita 8/7/26 @8PM	PPVx - 1-3 1.	
8/7/26 5pm.		Adv:
	O/E - pt is c/c/c	- NBM
	GC - Fair	- FHR monitoring
NST non reassuring	Afebrile.	- monitor vitals
	BP - 117 / 83 mmHg.	- Follow drug chart
	PR - 88 bpm	- Inform SOS.
CBP - 10.9 12460 2.69 L	S/E - NAD.	
	P/A - ut N TG	
	cephalic	
	relaxed.	
Noted by Sahu 5pm 8/7/26	FHR (+) 146 bpm.	Dr. Nikita

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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/B Dr. Bhavana mam.	
	Patient & attenders explained regarding Non-reassuring NST with presumed fetal distress. Risk of continuing with vaginal delivery & need for emergency LSCS & they opted to emergency LSCS.	
	Adv:	Dr. Nikhita
	- NBM	
	- Consent	Harish (Husband)
	- PAC	
	- Foleys catheterisation	
	- prepare for LSCS.	
8/7/26 7:30pm	POD-0	Adv
(hypothyroidism)	O/E pt c/c/c	- NBM x4 hrs
	afebrile	- I/O charting
	BP - 115/78 mmHg	- w/f bleeding PV
6 days A BF (+)	PR - 85 bpm	- monitor vitals
	S/E NAD	- follow drug chart
	P/A soft	- Rest
	BS +/-	- Inform SOS
	P/V NAB	Dr. Ashwini

noted by Sabina 8/7/26 7pm

Docu. No.: RCH /FRM / CLINICAL / 088 (P.T.O)

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	POD-0 (LSCS)	
8 pm	O/E - pt is c/c/c	Adv:
P1L1	GC - Fair	- water sips f/b
Hypothyroid	Afebrile	clear liquids.
	BP - 120/76 mmHg	- soft diet at 5 Am.
U/O	PR - 86 bpm	- Adeq. Hydration
450 ml	S/E - NAD	- passive ambulation
clear, adeq	P/A - ut ~ W/R.	- W/F bleeding PV
pt can be	soft, BS (+)	- monitor vitals
shifted	L/E - NAB.	- Follow drug chart
to room.	Baby < A, M BF (+)	- Inform SOS
	Noted by Rani 8/7/26 @ 11pm	Dr. Nikhita
9/7/26	POD-1 (LSCS)	
7:45 AM		Adv:
P1L1 Hypothyroid.	O/E - pt is c/c/c	- soft diet
	GC - Fair	- Adeq. Hydration
U/O	Afebrile	- Ambulation
1100 ml	BP - 117/70 mmHg	- monitor vitals
clear, adeq	PR - 80 bpm.	- W/F bleeding PV
Remove foleys.	S/E - NAD.	- Follow drug chart
	P/A - ut - W/R.	- Inform SOS.
	Soft, BS (+)	
	L/E - NAB.	
	Baby < A, M BF (+)	d/w Dr Ashwini
		Dr. Nikhita
	Noted by pooja (?) 9/7/26 @ 7:45	

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

VIH-00201793 IP-00060617
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-01	P1G1 / Hypothyroidism / severe SGA / corrected anaemia / non reactive NST / s/p LSCS)
9/7/26 9:30 AM	pt c/c/c c/o fever, chills BP- 112/74 mmHg PR- 84 bpm S/E - NAD P/A - UH NWR Soft, BS + / + / + / + UE - NAB BF (+)	Rx: → Normal diet → follow drug chart → monitor vitals → watch bleeding PV → Ambulation → adq. hydration → Encourage voiding urine → Inform SOS
baby - M/F, A, BF (+)		
Remove foleys		
Urine - Yet to void		
Faeces - passed		
9/7/26 1:30 PM	POD-1 (Post LSCS)	
P1G1 / Hypothyroid / c/ Anemia	O/E A/c c/c/c GC - fair Afebrile BP- 118/73 mmHg PR- 80 bpm S/E - NAD P/A - UH NWR Soft, BS (+) UE - NAB Baby F, A, BF (+)	Adv - (N) diet - WIF Bleeding PV - Ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS
Urine passed		
Motion not passed		

Noted by Dr. 9/7/26

Dr Greeshma

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN 32 Y 7 M 10 D (F)
29-11-1993
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 7:30PM	POD-1 (Post LSCS)	Adv
	O/E Pt is c/c/c	- (N) diet
	GC-fair	- W/F Bleeding PV
	Afebrile	- Ambulation
P1L1 / Hypothyroid / c Anemia	BP- 115/69 mmHg	- Adequate hydration
	PR- 80 bpm	- Monitor vitals
	S/E-NAD	- Follow drug chart
	P/A - Ut ~ W/R	- Inform SOS
Urine Passed	Soft, BS (+)	
Motion not Passed	L/E—NAB	Dr. Geetham
	Baby [A/M], BF (+)	
Noted by Poolnor 9/7/26		
	POD-2 (Post LSCS)	
10/7/26 7Am	O/E Pt is c/c/c	Adv
	GC-fair	- (N) diet
	Afebrile.	- W/F Bleeding PV
P1L1 / Hypothyroid / c Anemia	BP- 108/65 mmHg	- Ambulation
	PR- 60 bpm	- Adequate hydration.
	S/E-NAD	- Monitor vitals
	P/A- Ut ~ W/R	- Follow drug chart
Urine Passed	Soft, BS (+)	- Inform SOS
Motion Not Passed	L/E-NAB	
	Baby [A/M], BF (+)	
Patient can be discharged		Dr. Geetham
	Noted by Deepika 10/7/26 @7am	

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

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
28-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CLINICAL/088

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi c 38 toks c hypothyroidism severe Small for gestational age IOL

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	8/7/26 C	8/7/26 E	8/7/26 N	9/7/26 N	9/7/26 M	9/7/26 C
Medical Condition (Any special condition to be noted):	—	—	—	—	—	Nill
Diet:	NBM	NBM	Liquid	clear liquid	Soft liquid	Soft 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:	98.6F	98.4F	98.6F	98.7F	98.6F	98.6F
Res:	18 b/m	19 b/m	18 b/m	19 b/m	19 b/m	19 b/m
SpO_2:	99%	99%	110/70	98%	99%	99%
Pulse:	82 b/m	76 B/M	72 b/m	87 b/m	80 b/m	79 b/m
BP:	116/76 mmHg	116/76 mmHg	110/70	118/73 mmHg	118/73 mmHg	115/70
LOC:	Conscious	Conscious	Consci-	Conscious	Conscious	Conscious
Fall Risk Score:	15		15	15	15	0
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	Nill	—	Nill	Nil	Nill
Others Specify:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	NBM	NBM	Liquid	clear liquid	Soft liquid	Soft diet
Critical Lab Test / Values:	—	Nill	—	Nill	Nil	Nill
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent

Post Operative Procedure Special Orders:	W/P POL	W/P Bleeding	W/P Bleeding	W/P bleeding		
Handed Over By Name :	Mahalu	Maria	Rani	Raja	Padma	Padma
Signature / ID :	020477	018133	010830	[illegible]	606329	606329
Date:	8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	9/7/26
Time:	5:30pm	@8pm.	1:45PM	@8AM	@2pm	@8pm
Taken Over By Name :	Maria	Rani	Raja	padma	padma	Deepika
Signature / ID :	018133	010830	[illegible]	606329	606329	[illegible]
Date:	8/7/26	8/7/26	9/7/26	9/7/26	9/7/26	9/7/26
Time:	@8pm	@8pm	@8AM	@8AM	@2pm	@8pm

IP-00060617

32 Y 7 M 10 D (F)

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: preimi c 38 wks c hypothyroidism Severe Small for gestational age. PoL

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	9/7/26 N	10/7/26 M				
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil				
	Diet:	Ⓢ diet	Ⓢ diet				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	97.4°F				
	Res:	20/m	19/m				
	SpO_2:	99%	98%				
	Pulse:	76/m	76/m				
	BP:	110/70mm	112/70mm				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	0	0				
	Pain Score:	0	0				
	Skin Integrity	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:	Ⓢ diet	Ⓢ 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				
Post Operative Procedure Special Orders:							
Handed Over By Name :		Dupika	Syed				
Signature / ID :		60148	01645				
Date:		10/7/26	10/7/26				
Time:		@8AM	@10m				
Taken Over By Name :		Syed	[illegible]				
Signature / ID :		01645	[illegible]				
Date:		10/7/26	[illegible]				
Time:		@8PM					

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12 PM	maintain fluid Balance.	12 PM	RL 100ml/hr	Prevent dehydration	Patient well hydrated	8/7/26 1pm
Afternoon	2 PM	Ensure safety	2 PM	Provided Side Rails	Prevent fall	Patient safe	8/7/26 7pm
	6 PM	maintain fluid Balance.	6 PM	RL 100ml/hr	prevent dehy - drations	Patient well hydrated	
Night	9 PM	→ Relieve pain & Discomfort	9:15 PM	→ pain medication given	→ pain reduced patient feel comfort	→ Re-Assessed pain reduced & feel comfort	8/7/26 9 PM
	3AM	→ Ensure safety	3:30 AM	→ Provided Side rails daily	→ prevent fall risk	→ Patient well safe	

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM 10 AM	* Ensure Safety Relieve pain and discomfort.	8 AM 12 pm	* provided side rails * provided position every 2nd hourly	* prevent fall risks * prevent pain and discomfort	* Re-Assesment done patient is safe and good.	Padma 9/7/26 @ 12 pm
Afternoon	4pm	* maintain fluid Balanced.	7pm	* maintained the fluid Balanced. Nutritional status.	* prevent to the dehydration	* Re-Assesment Patient condition is stable.	Padma 9/7/26 @7pm
Night	8 pm 12 Am	Ensure Safety Maintain Good Nutritional status	11 pm 8 Am	To provide side rails To give Nutrition al diet	To provide Safety To prevent dehydeation	Vitals checked with help	Deepika 10/7/26 @8am

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
28-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 10/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am			Discharge Notes. Dr came for rounds and advised the pt will stable and the file will send for today.			Dr Sneha 10/7/26 @10Am
Afternoon							
Night							

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: .....

Goals

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

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

Rainbow Children's Hospital - 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 DIKSHA JAIN**	**Age :**	**32 Y 7 M 9 D**
IP No:	**IP-00060617**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned ...o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...surance 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 ...arance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) Harish

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: Harish

Name: Harish
Relationship: Husband
Date: 8/7/2026 Time: 12.43Pm
Witness Name:
Witness Signature:

Patient Address:
H.NO-2-2-213/40,GANESH MAGAR COLONY,MACHA BOLLARAM Bolaram Hyderabad Telangana INDIA 500010

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. DIKSHA JAIN Age : 32 YEARS Gender : ☐ M ☑ F

UHID / IP No. : VIH-00201793 / IP- Date : 8/7/2026 Time : 12:30 PM

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : DR. BHAVANA K.

Consentee :

Signature :

Name : Mrs. Diksha Jain

Date & Time : 8/7/26 12:30PM

Witness:

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : Harish TAMBAR

Relationship with Patient: Husband

Date & Time : 8/7/26 12:30PM

Doctor :

Signature :

Name : Dr. Ashwini

Date & Time : 8/7/26 12:30PM

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Induction of Labor Consent

Name: Mrs. DIKSHA JAIN
Date of Birth: 29/11/1993
ANC No: 10448/V/26

Consulatant: Dr. BHAVANA.K
Registration Number: VIH-00201793

You are scheduled for an induction of labor on 8/7/26 (date) at 38 (weeks of gestation).

The reason for your induction is TERM GESTATION

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother of fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Parent's Signature — Date: 8/7/26

Husband's Signature — Date: 8/7/26

Dr. Ashwini — Doctor's Signature — Date: 8/7/26

RMED CONSENT FOR SURGERY OR CIAL PROCEDURE

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nt Name : MRS. DIKSHA JAIN Gender: ☐ Male ☑ Female Age : 32YR

D No : VJM-201793/IP60617 Date : 8/7/26

struction:

his 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 acks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

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

EMERGENCY LOWER SEGMENT CAESAREAN SECTION upon MRS. DIKSHA JAIN

(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTION PPH.

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 [redacted]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. BHAVANA KASU

Consentee :

Signature :

Name : MRS. DIKSHA JAIN

Date & Time : 8/7/2026 5:20 PM

Patient Attendant :

Signature :

Name : Yashas Harish

Relationship with Patient: Husband

Date & Time : 8/7/2026 5:20 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 8/7/2026 5:20PM

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Dikesha Jain. Age : 32 yr.

Gender : M ☐ F ☑ - IP No : VIH- 00201793 Consultant : Dr. K. Bhavana.

Ward / Bed No. : Anaesthesiologist : Dr. Vineetha

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 / RTA

☐ Incapacitating COPD ☐ Others : Hypotension, Bradycardia, PDPH

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Dikesha Jain..... the above mentioned operation I Diagnostic I Therapeutic procedures Emergency Caesarean section.

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

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, 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, CVP 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 I 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 / MAC 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 : Diksha Jain

Relationship with Patient: Self

Date & Time : 08/07/26

Witness :

Signature : Harish

Name : LAMBAR HARISH (Husband)

Date & Time : 08/07/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR. M. VINEETHA

Date & Time : 08/07/26

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
28-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Diksha Jain Age: 32y. Sex: Female UHID.No : VIH-00201793

Date: 08/07/26. Time: Proposed Operation: Emergency LSCS

Diagnosis: preim' 38+ wks c hypothyroidism.

B.P / CRT: 120/72 mm H.R: 98/m. Weight: ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.9.	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : Diabetes :

CNS : / nil significant

Renal :

Hepatic / GE : Physical Activity: METS > 4.

Others : Hypothyroidism (+)

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 3F Mentohyoid Distance: (W) Neck: (W) Teeth: Intact.

Lungs : BBAE (+), clear.

Heart: S1S2 (+)

CNS: NAD (+)

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : (+) Spine Exam for regional : (N).

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

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

CURRENT MEDICATIONS	DOSAGE
T. THYROXINE	25 mcg.

Pre-Operative Instructions:

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

1-0-0 po.

Signature: Name: DR. M. VINEETHA

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

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

ANAESTHESIA CHART

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Pre Induction Assessment:

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

H.R: 86/min | B.P / CRT: 120/70 | SpO_2: 98% | R.R: | Last Feed:

Pre-OP Diagnosis: .... Operation: Em. LSCS. Date: 8/7/26

Surgeon: Dr. Bhavana/Dr. Swamy Anaesthesiologist: Dr. Bhargavi Technician: ....

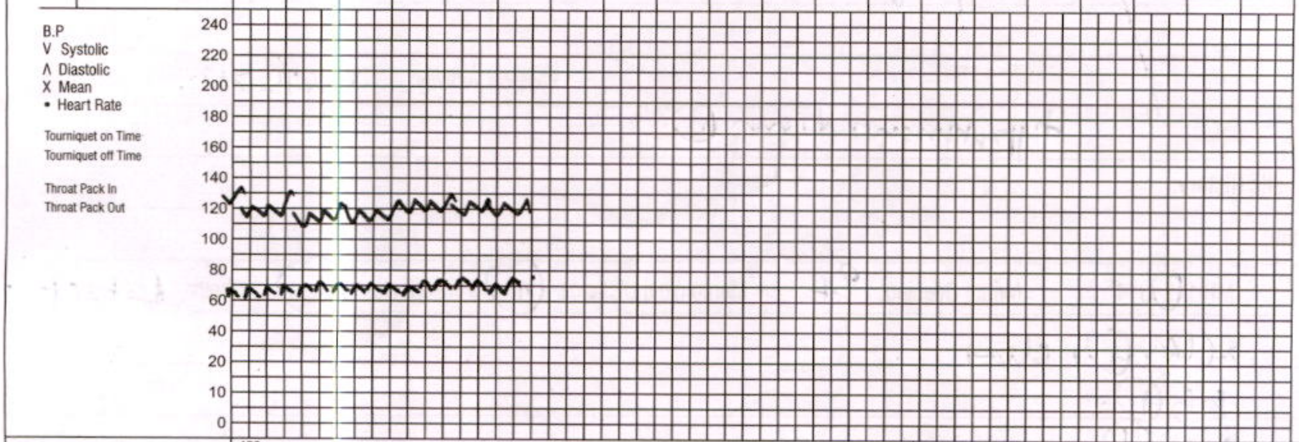
TIME
N_2O /AIR /O_2 LPM
HALO /SO /SEVO
Drugs:
inj. tranexamic acid } → 1gm IV
inj. carbetocin – 100mcg – IV
sup. diclofenac } 100mg PR
sup. tramadol }

Antibiotic
Suppository
Blood Loss

FIO_2 / SaO_2 — 100% —
$ETCO_2$
ECG — NSR —
Temperature
Urine Output

NOTES

Fluids / Blood — RL + RL



LAB Values
ABG
GRBS
Others

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

Position: ....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

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

Times:
Anaes Start: 5-30pm
OP Start: ↓
OP End:
Leave OR: 6-30pm

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: 18G
☐ IV: ....
☐ IV: ....

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

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

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

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

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: 25G
Site: L3-L4
Needle Size: 25G Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2.0ml 0.5%
Bolus: Bupivacaine + 25mcg fentanyl
Infusion: ....
Block Level: ....
Comments: ....
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA
Name of the Doctor: Sai Bhargavi
Signature of the Doctor: [signature]

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

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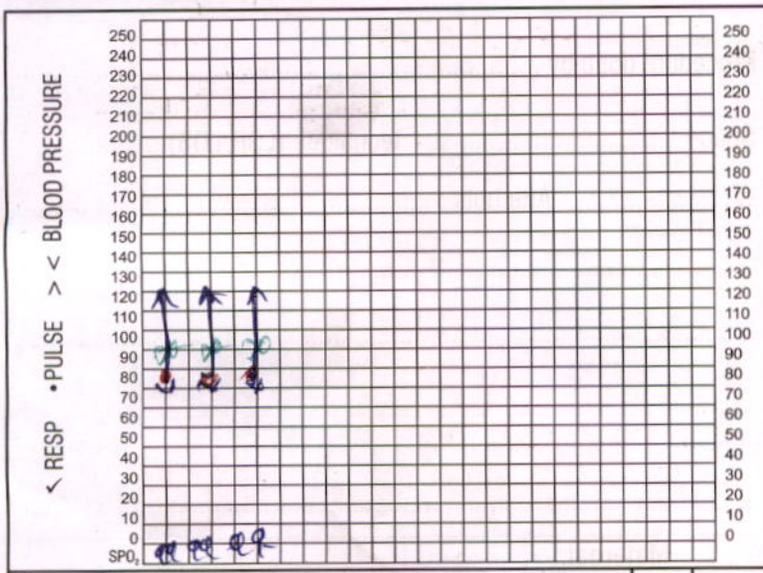
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Kamala Time Received : 7:20pm Time Discharged : 1:45pm



IV Cannula Site : Yes

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

Vomiting : ☐ Yes ☑ No Drugs as per doctor's order

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☐ Yes ☑ No

IV Fluids: RL 100ml/hr.

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0 ACTIVITY	1	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0 RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0 CIRCULATION	2	2	2	2	2	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0 CONSCIOUSNESS	2	2	2	2	2	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0 COLOR	2	2	2	2	2	
	TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
8/7/26	11pm	3/10	Analysic given	

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

Anaesthesiologist Name : DR. Sai Bhargavi

Anaesthesiologist Signature:

Date & Time: 09/7/26 @ 1:40pm

PACU Nurse Name : Kamala

PACU Nurse Signature: Kamala

Date & Time: 8/7/26 7:20pm.

Reassessment Frequency:

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

Transferred to Unit by (PACU): Rani

Date & Time: 09/7/26 @ 1:40 p.m.

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Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
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EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

PRE - OP

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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Date: 8/7/26

Patient's Name . ..... Age : 32Y Gender : ☐ M ☐ F

Blood Group : ..... UHID : .....

Planned Surgery : NVD & FM-LSCS Surgeon : DR. Bhavana Kasu

Anesthetist : DR. Madhav Date & Time of Operation : 8/7/26

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

S.No	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded? 76.30 kgs	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☑	☐	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☐	☑	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
13.	Site is marked	☐	☑	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☑	☐	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☑	☐	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : .....
Billing Executive Signature : .....
Date & Time : .....

OT Nurse Name : .....
Signature of OT Nurse : .....
Date & Time : .....

ER/Ward Nurse Name : Sujata
Signature of ER/Ward Nurse : .....
Date & Time : 8/7/26

Doc. No. : RCHBH/ FRM / CLINICAL / 107

SURGICAL SAFETY CHECKLIST

Surgeon : Dr Bhavana
Asst. Surgeon : Dr Soumya
Anaesthetist : Dr Vinodha
Scrub Nurse : Renuka

Patient Name : VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
UHID No. : 29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K
Date : 8/1/26

..... Gender : .....
e : .....

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Before Induction of Anaesthesia ➤➤ 20

SIGN IN Time: 5 pm

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 Sai Bhargavi
Name : Dr Sai Bhargavi

Before Skin Incision ➤➤ 30

TIME OUT Time: 5 pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) Mrs. Diksha Jain ☑ Yes ☐ No
- Correct Site Cervicabdominal ☑ Yes ☐ No
- Correct Procedure Emtses ☑ Yes ☐ No

Anticipated Critical Events

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

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? Hypothyroidism ☑ 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 : Pankaj
Name : Pankaj

Before Patient Leaves Operating Room

SIGN OUT Time: 6 pm

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 : Ashwini
Name : Dr. Ashwini

IP-00060617
VIH-00201793
Mrs DIKSHA JAIN (F)
29-11-1993 32 Y 7 M 9 D
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr - Bhavana K	Date of Delivery: - 8/7/26
Assistant Surgeon: - Dr. Soumyasri / Dr. Ashwini	Time of Delivery: 5:47 PM 11 sec
Anaesthetist's Name: - Dr. Vinitha	Gender of Baby: - Female
Type of Anaesthesia: - Spinal	Weight of Baby: - 2.676 kg
Neonatologist: -	AGPAR Score: - 7/10, 8/10.
Scrub Nurse: - Sis. Mariya	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis:

☐ Elective ☒ Emergency Indication: Non-reassuring NST

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: - Non-reassuring NST

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

Surgical Procedure: Emergency LSCS under SA

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: 1 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 one loop

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

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

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

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

Fat Closure: ☐ Yes ☑ No ..... Suture

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

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☑ Remove in 12-24 hrs days ☐ Await instructions

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

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

Post-Operative Notes: .....

NBM x 4hrs

Nocasting

WIF bleeding PV

monitor vitals

Allow drug chart

informs

Dr Ashwini

Name: Dr. Bhawana Doctor Signature: .....

Date & Time: 8/7/26

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29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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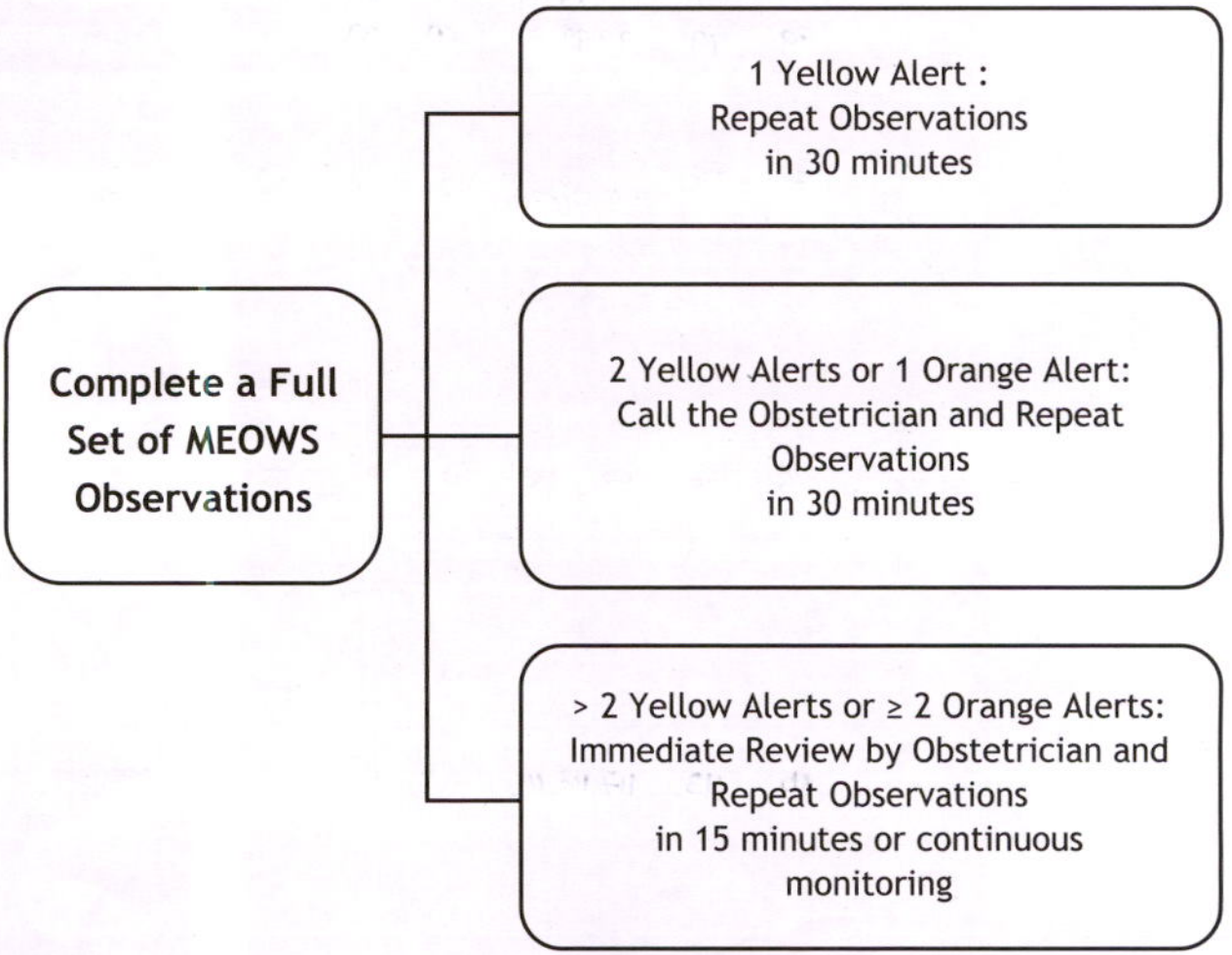
Early Warning Observation Score Chart - Obstetrics

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

8/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20					19		19		19	19	19		19		19		19				19			19
	0 - 10																								
Saturations	94 - 100 %					99		99		99	99	99		99		99		99				99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					37		37																	
	36									36	36	36										36			36
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					86		80		88	86			80		86		80							85
	70																					79			
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					116		113		117	118	116		117		120		110				112			113
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80							80		83	84	86													
	70					70								80		76		70							73
	60																					69			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓				✓		✓		✓	✓	✓		✓		✓		✓				✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓				✓		✓		—	✓	✓		✓		✓		✓				✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA				NA		NA		NA	NA	NA		✓		✓		✓				✓			NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA				NA		NA		NA	NA	NA		✓		✓		✓				NA			NA
	Green																								
TOTAL YELLOW SCORES		0				0		0		0	0	0		0		0		0				0			0
TOTAL ORANGE SCORES		0				0		0		0	0	0		0		0		0				0			0
Nurse Initial																						AP			AP

Obstetrics and Gynaecology Early Warning Signs



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

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RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19				19				19			18			19				19				19
	0 - 10																								
Saturations	94 - 100 %		99				99				99			99			99				98				99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		37°C				36°C				36°C			37°C			37°C				36°C				37°C
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	110		118				119				115			106			112				110				
	100																								108
	90																								
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	80																								
	70		73				70				69			70			78				70				65
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓				✓				✓			✓			✓				✓				✓
	Voice																								
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	Unresponsive																								
URINE mls / hour	> 30		✓				✓				✓			✓			✓				✓				✓
	< 30																								
Proteinuria	Protein + +																								
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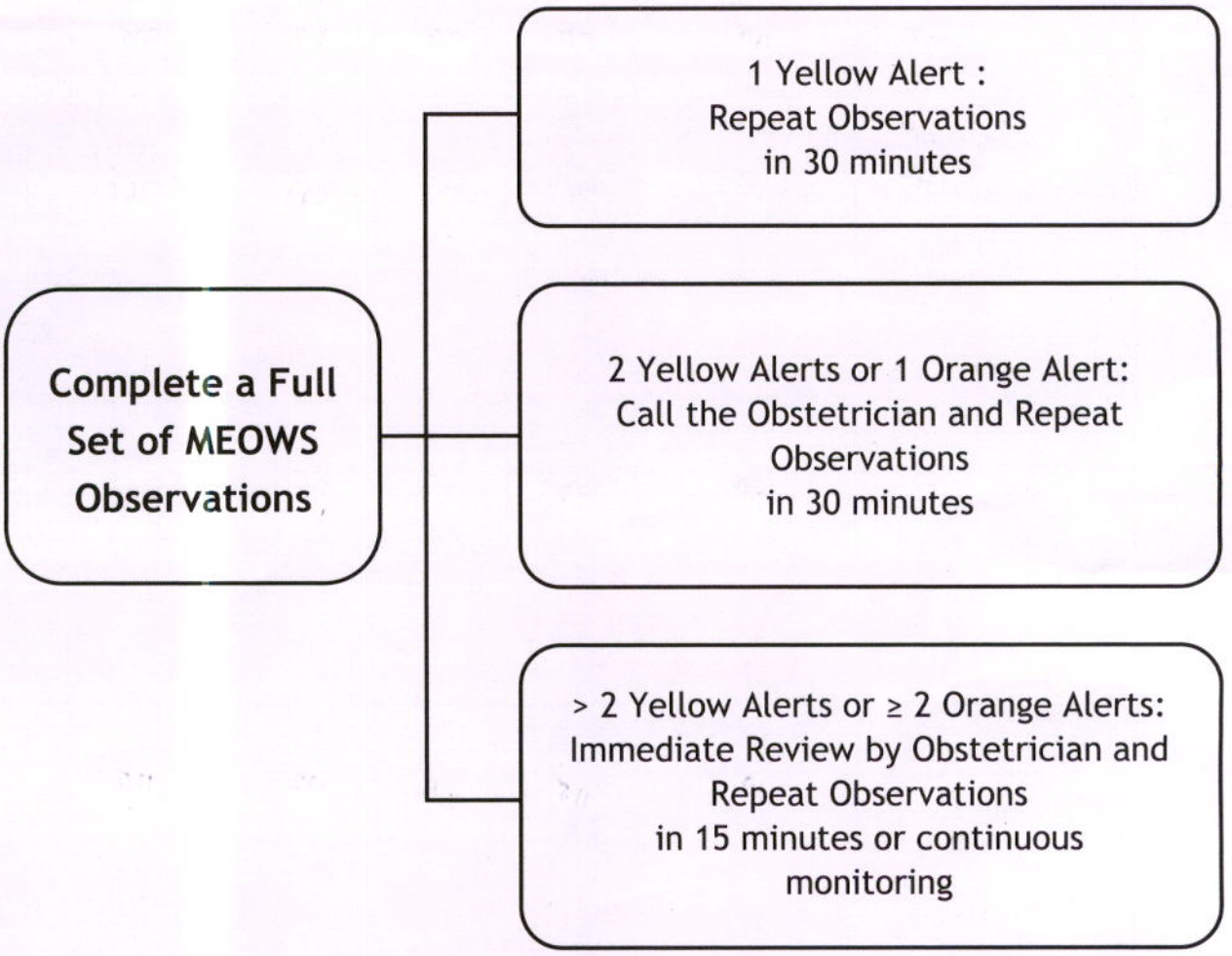
Lochia	Normal		✓				NA				NA			NA			NA				NA				NA
	Heavy / Foul																								
Liquor	Clear / Pink		✓				NA				NA			NA			NA				NA				NA
	Green																								
TOTAL YELLOW SCORES			0				0				0			0			0				0				0
TOTAL ORANGE SCORES			0				0				0			0			0				0				0
Nurse Initial			[illegible]				P				P			P			D				D				D

Obstetrics and Gynaecology Early Warning Signs



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	70			72																						
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NEURO RESPONSE [✓]	Alert			✓																						
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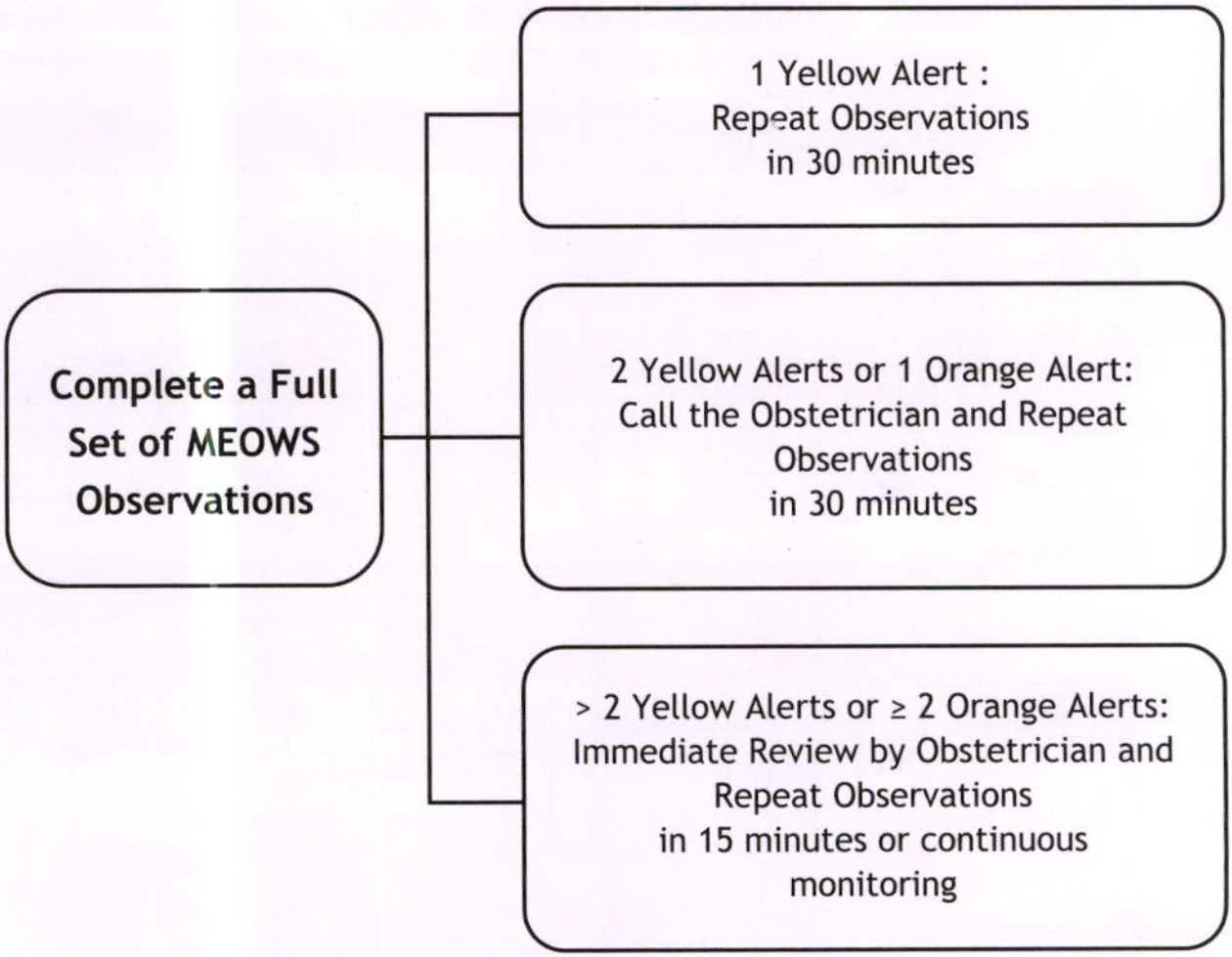
Lochia	Normal			N																						
	Heavy / Foul																									
Liquor	Clear / Pink			N																						
	Green																									
TOTAL YELLOW SCORES				0																						
TOTAL ORANGE SCORES				0																						
Nurse Initial				PV																						

Obstetrics and Gynaecology Early Warning Signs



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29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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FLUID CHART

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

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am				Nil							
	09:00 am											
	10:00 am											
	11:00 am											
8/7	12:00 pm	H20 + 50 ml								✓		
	01:00 pm	H20 + 50ml										
Total Intake :		100 ml				Total Output :						
	02:00 pm	NBM + H2O 50ml								✓		
	03:00 pm	H2O 50 ml										
	04:00 pm	H2O 50 ml										
8/7	05:00 pm	NBM + RL 100 ml								100ml		8/7/26
	06:00 pm	NBM + RL 100ml								100ml		7pm
	07:00 pm	NBM + RL 100 ml								100ml		
Total Intake :		850 ml				Total Output :				300ml		
	08:00 pm	NBM + RL 100 ml								50 ml		Ra
	09:00 pm	NBM + RL 100 ml								50 ml		8/7/26
	10:00 pm	NBM + RL 100 ml								50 ml		
8/7	11:00 pm	H2O 100 ml RL 100 ml								50 ml		Ra
	12:00 am	H2O 100 ml								50 ml		
	01:00 am	H2O 100 ml								50 ml		
Total Intake :		600 ml				Total Output :				300 ml		
	02:00 am									100 ml		
	03:00 am		H2O							100 ml		RA
	04:00 am									100 ml		
09/7	05:00 am		Juice							100 ml		9/7/26
	06:00 am									100 ml		8AM
	07:00 am									100 ml		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	1,300 ml

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FLUID CHART

Sheet No. : 2

9/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/7	08:00 am											
	09:00 am		Dolly 1/20							FIR ✓		
	10:00 am											
	11:00 am											
	12:00 pm		ABD							✓		Padma 9/7/26 @4pm
	01:00 pm											
Total Intake :						**Total Output :**						
9/7	02:00 pm		Gatorade 1/20									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm		Supp'									
	06:00 pm											
	07:00 pm		1/20							✓		Padma 9/7/26 @8pm
Total Intake :						**Total Output :**						
9/7	08:00 pm		Rice + 1/20									
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am		1/20									
Total Intake :						**Total Output :**						
10/7	02:00 am		1/20									Deepika 10/7/26 @ 8AM
	03:00 am											
	04:00 am											
	05:00 am		1/20									
	06:00 am									✓		
	07:00 am		1/20									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: L/W 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	12TH HOURLY	8/7	☐ C ☑ DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	7/7	☐ C ☑ DC
3	T. FOLIC ACID.	1 TAB	PO	ONCE DAILY	8/7	☐ C ☑ DC
4	T. THYROXINE	25 MCG	PO	ONCE DAILY	8/7	☑ C ☐ DC
5	L-ARGININE SACHET	1 SACHET	PO	12 TH HOURLY	8/7	☐ 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 : 8/7/2024 12:30 PM

Nurse Name & Signature: Teja

Date & Time : 8/7/20 @ 12:30 PM

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ 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: M.I.C.U Shifted to: Room (202)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFOTAXIME	1 GM	IV	12TH HOURLY		☑C ☐DC
2	T. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		☑C ☐DC
3	T. PARACETAMOL	1 GM	PO	6TH HOURLY		☑C ☐DC
4	T. DICLOFENAC	50 MG	PO	8TH HOURLY		☑C ☐DC
5	T. TRAMADOL	100 MG	PO	8TH HOURLY		☑C ☐DC
6	T. THYROXINE	25 MCG	PO	ONCE DAILY		☑C ☐DC
7	INJ. TRANEXAMIC ACID	1 GM	IV	8TH HOURLY		☑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 : 8/7/2026 11 PM.

Nurse Name & Signature: Rani

Date & Time : 8/7/26 @ 11 pm.

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

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DRUG CHART

Date of Admission: 8/7/2026 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 76.30 Ward. 4W

Charted 8/7/26

DRUG : T. THYROXINE				Date ▸ / Time ▾	8/7/26	9/7	10/7
Dose	Route	Frequency	Start Date	6 am	pt taken	pt taken	pt taken
25MCG	PO	ONCE DAILY	8/7/26				
Name & Signature of the Doctor Starting the Drugs: DR YOUGESHWARI							
Additional Instructions: ON EMPTY STOMACH							
Daily Doctor's Endorsement by a Sign							

DRUG : TAB. PARACETAMOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	STOP
1 gm	PO	QID	8/7/26	
Name & Signature of the Doctor Starting the Drugs: DR. BHARGAVI				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. TRAMADOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	STOP
100 mg	PO	TID	8/7/26	
Name & Signature of the Doctor Starting the Drugs: DR. BHARGAVI.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB. DICLOFENAC				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	STOP
50 mg	PO	TID	8/7/26	
Name & Signature of the Doctor Starting the Drugs: DR. BHARGAVI				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Rainbow Children's Hospital

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

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		C	MLW	76.30kg

REGULAR PRESCRIPTIONS

DRUG: T. PANTOPRAZOLE				Date / Time	9/7	10/7
Dose	Route	Frequency	Start Dt.			
40MG	PO	ONCE DAILY	8/7	6 AM		
Name & Signature of the Doctor starting the Drugs: Dr Ashwini						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

Chitha 8/7/26

DRUG: INJ CEFOTAXIME				Date / Time	9/7
Dose	Route	Frequency	Start Dt.		
1GM	IV	12TH HOURLY	8/7	6 AM	
Name & Signature of the Doctor starting the Drugs: Dr. Ashwini					
Additional Instructions:				6 PM	
Daily Doctor's Endorsement by a Sign.					

STOP 9/7/26, 4:30 PM Dr. [illegible]

Chitha 8/7/26

DRUG: INJ TRANEXAMIC ACID				Date / Time	9/7
Dose	Route	Frequency	Start Dt.	2AM	
1GM	IV	8TH HOURLY	8/7		
Name & Signature of the Doctor starting the Drugs: Dr. Ashwini				10AM	
Additional Instructions: ...R 3 DOSES ONLY				6PM	
...ctor's Endorsement by a Sign.					

STOP 9/7/26, 4:30 PM Dr. [illegible]

T. PARACETAMOL				Date / Time	9/7	10/7
	Route	Frequency	Start Dt.			
	PO	6TH HOURLY	9/7	12 AM		
...ature of the Doctor ...rugs: DR. NIKHITA				6 AM		
...ctions:				12 PM		
				6 PM		
...dorsement by a Sign.						

Verified Dr. Rishika Clinical Pharmacologist

...98 PTC029914

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VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

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

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

ULAR PRESCRIPTIONS

DRUG : T- DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	PO	8TH HOURLY	9/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	8/7	9/7	10/7
6 AM			
2 PM			
10 PM			

Verified
Dr. Rishika
Clinical Pharmacologist

DRUG : T- TRAMADOL

Dose	Route	Frequency	Start Dt.
100 MG	PO	8TH HOURLY	9/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	8/7	9/7	10/7
7 AM			
3 PM			
11 PM			

Verified
Dr. Rishika
Clinical Pharmacologist

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12th hrly	9/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	10/8
10 PM	
10 PM	

NCCG 28446 9/7/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Diksha

Weight: 76.30kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
8/7	6:40pm	T-MISOPROSTOL	800MCG	PR			
10/7	.	SUPPOSITORY BISACODYL	20MG	PR			

Verified
Dr. Rishika
Clinical Pharmacologist

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

Pati

Weight. 76-30kg Ward. 2/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.	

Signature .....

VERIFIED by ..... Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/7	2 PM	TAB · MISOPROSTOL	25 MCG	PV		
8/7	5:20 PM	INJ · CEFOTAXIME [AFTER TEST DOSE]	1 GM	IV		
8/7	5:10 PM	INJ · PANTOPRAZOLE	40 MG	IV		
8/7	5:10 PM	INJ · METOCLOPRAMIDE	10 MG	IV		
8/7	5:40 PM	INJ · TRAMADOL	20 mg	IV		
8/7	5:45 PM	INJ · TRANEXAMIC ACID	1 GM	IV		
8/7	6:20 PM	SUP · DICLOFENAC	100 mg	P/R		
8/7	6:20 PM	SUP · TRAMADOL	100 mg	P/R		
8/7	6:25 PM	INJ · CARBETOCIN	100 MCG	IV		

8/7 4:26

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
28-11-1993 32 Y 7 M 10 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 76.30 Ward. I/C

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
8/7	5:30 PM	RINGER LACTATE	IV	F/F			08/7		
8/7	HOLD	RINGER LACTATE	IV	100 ML/HR			8/		
8	5:45 PM	RINGER LACTATE	IV	FF			8/7		
8/7	9:10 PM	RINGER LACTATE	IV	100 ML/HR			8/7		
8/7	9:30 PM	RINGER LACTATE	IV	100 ML/HR			8/7		

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

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
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SURGERY DETAILS

Date : 8/7/26

Patient Name: Mrs. Diksha Jain Date of Birth: 29-11-1993 Age: 32Y

Gender: Female Ward : OT UHID No.: 201793

Date of Surgery: 8/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☑ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS & USA

Time in : 5:30pm Time Out : 6:30pm

		NAME	AMOUNT
1.	Surgeon	Dr. Bhavana K	OT charges
2.	Anaesthetist	Dr. Sai Bhargavi	
3.	Assistant Surgeon	Dr. Ashwini / Dr Soumyashree	
4.	OT Technician	Tech. Vaishnavi	
5.	Circulating Nurse	Sr. Ruby. F / Sr. Vanitha	
6.	Assistant Nurse	Sr. Maria	

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

Dr Ashwini
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3099111 / 3099112 Order by: Ruby. F

Ref. No. F/CONB/SUR/OT/02

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CONSUMABLES OF OT

Con. Ses (1)

VIH-00201793 IP-00060617
Mrs DIKSHA JAIN
29-11-1993 32 Y 7 M 9 D (F)
Dr. BHAVANA K

..... Age : .....
.....
ime : .....

Circulating Staff : Sr Ruby.f / Vanitha Technician : Vaishnav

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		1	Inj. Vit. K		1
LMA			Sutures 2346		2	Cord Clamp		1
ECG leads : A/P/N		3	2364		1	Suction Catheter		
HME filter : A/P/N			1326		1	Feeding Tube		
Syringe 10 cc		5				Vaccum Suction Set		
05 cc		5	Gloves Sg|6'|2,6		2+1	Surgical Gloves Sg|6'|2,7		1+1
02 cc		5	PF 6'|2,6		1+1	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		2
Cautery Plate : A/P/N			Surgical blade No. 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		3	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies			protegowns		2
Ribigel		1	Ointments					
Bloxamic		2	Suction Catheter			Mask		2
Fentanyl			Cap. Mask		10			
Morphine			Gauze Pack		1			
~~Ketamine~~ Adroglare		1	Mop Pack		2	Nitrile Gloves		4
~~Propofol~~ Biburon		1	Steristrip Steriszow		1			
~~Rocuronium~~ Bupnigesic		1	Underpad		1			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter			Ordered 30/9/18		
Pencan 25g/Spinal Needle 22		1	Urobag Allesorb		1			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy) Anacain		1	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol ~~100~~ mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ ~~100~~ mg		1	Plastic Bed Sheet D|A		4			
Tab. Misoprost : 200 mg		4	Betadine Solution		2			
PE (6'8)		1	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr Bhavanala Anaesthesiologist Dr. Vinitha Nurse Maria OT Technician Vaishnav

Order No. : 30/9/18 Ordered by : Ruby.f

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060617	**Ward**	N 2F-MICU
Patient Name	Mrs DIKSHA JAIN	**Bed Name**	MICU 229
Age/Sex	32 Y 7 M 10 D / Female	**Order No**	0003099118
Date	08/07/2026 19:56	**Prescription No**	PRIP-1295080
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	08/07/2026 19:58
UHID	VIH-00201793		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ADROGLARE(ADRENALINE) INJ 1MG 1ML	SWISS CRITICURE	H1	AG172	12/26	1	13.05	13.05
2	ALLESORB CORE TURNAROUND COVER 40x102IN			26062OI	06/31	1	563.00	563.00
3	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713922	12/27	1	31.47	31.47
4	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
5	BIOVIRON (DICLOFENAC) AQ INJ 75 MG 1 ML	Biochem Pharmaceutical Industries	H	24AJ080J	09/26	1	32.25	32.25
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
7	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045112	01/28	1	31.12	31.125
8	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	4	120.00	480.00
9	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	5	28.13	140.65
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	5	21.56	107.80
11	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	5	11.25	56.25
12	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
13	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	230301041T	03/29	1	128.00	128.00
14	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	10	10.00	100.00
15	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
16	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
17	LSCS DRAPE PACK SAFE SECURE			SS2606O23	05/29	1	2,850.00	2,850.00
18	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0384	12/26	4	20.26	81.04
19	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
20	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	2	949.00	1,898.00
21	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	8	23.43	187.44
22	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	2	23.43	46.86
23	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	25A25G82I7	01/30	1	469.69	469.69
24	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
25	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	3	69.39	208.17
26	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
27	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	1	91.00	91.00
28	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	155627	03/29	1	845.00	845.00
29	SUPRIDOL SUPPOSITORIES 100·MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
30	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
31	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	26B7017D10	01/29	2	140.00	280.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060617	**Ward**	N 2F-MICU
Patient Name	Mrs DIKSHA JAIN	**Bed Name**	MICU 229
Age/Sex	32 Y 7 M 10 D / Female	**Order No**	0003099118
Date	08/07/2026 19:56	**Prescription No**	PRIP-1295080
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	**Dispensed Date**	08/07/2026 19:58
UHID	VIH-00201793		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
32	UNDER PAD 60X90 10's Pack - MEDICUBE		GENERAL	06260606	05/29	1	146.20	146.20
33	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
34	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5009	10/30	1	988.00	988.00
35	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J	C1	T5014	05/30	2	951.00	1,902.00
						Total :	**11,350.80**	**14,861.74**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060626	**Ward**	N 2F-MICU
Patient Name	Baby B/O DIKSHA JAIN	**Bed Name**	CRDL-MICU-229-1
Age/Sex	0 Y 0 M 0 D 14 H / Female	**Order No**	0003099134
Date	08/07/2026 20:02	**Prescription No**	PRIP-1295081
Payor	SELFPAY	**Dispensed Date**	08/07/2026 20:03
UHID	VIH-00206722		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072542	02/31	2	24.00	48.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	4	10.00	40.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI09012026	12/99	2	450.00	900.00
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	1	91.00	91.00
8	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
9	SURGICAL BLADE 20	Surgeon	GENERAL	20C140326	02/31	1	7.67	7.67
						Total :	**769.85**	**1,344.14**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA