Name	Mrs VANDANAPU SAHITHI	**UHID**	VIH-00200609
Father/Guardian	Mr SHASHANK VANDANAPU	**Age/Gender**	25 Y 9 M 9 D/Female
Address	KOMPALLY, Kompally, Hyderabad, Telangana, INDIA, 500014		
IP No	IP-00060530	**Admission Date**	01-07-2026
Ref Doctor	Self	**Discharge Date**	

DISCHARGE SUMMARY

Consultants: Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+5 weeks with Hypothyroidism with High BMI with Oligohydramnios for Induction of labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 02.07.2026.

History:
LMP: 10.10.2025
Obstetric formula: Primigravida
EDD: 17.07.2026
Gestation at admission: 37+5 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

Medical History: Nil
Family History: Father - DM , Mother- Hypothyroid
Surgical History: Tonsillectomy in 2017
Allergies: Nil

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

Antenatal Details: Mrs VANDANAPU SAHITHI was booked to Rainbow hospital at 12 weeks of gestation. Previous ANCs at Vijetha hospital. She was diagnosed with hypothyroidism at 12 weeks & is on Tab Thyroxine 37.5mcg. H/o back pain & left abdominal pain at 21+1 weeks & was managed conservatively. H/o decreased fetal movements at 27+5 weeks & was managed conservatively. She had regular antenatal checkups and investigations as advised. She was admitted at 37+5 weeks with Hypothyroidism with High BMI with Oligohydramnios for Induction of labour.

Investigations: Enclosed

Blood group: **'O' POSITIVE**

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was partially effaced and 1 cm dilated. 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 2 doses of PGE1. NST done at 1F dilatation (12.30 AM) showed prolonged fetal tachycardia , 1 RL, oxygen, left lateral position given. Repeat NST was reactive . Patient opted for epidural analgesia at 1cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. NST showed fetal tachycardia post Epidural, 1 RL, oxygen, left lateral position given. Spontaneous rupture of membranes occured at 2cm dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. 3rd dose PGE1 given at per oral at 2cm dilatation. Patient and attenders have been explained clearly regarding the slow progression of labour and for further trial of labor and risks & benefits of vaginal delivery and augmentation of labour for further trial. They doesn't want any further trial for vaginal delivery and opted to emergency LSCS on maternal request.

She was decided for emergency C-section at maternal request, prepared

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

with indwelling Foley's catheter and IV cannula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus, clear Liquor seen. Baby delivered 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 600 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 02.07.2026
Time of Delivery: 3:07:36 PM
Type of Delivery: Emergency LSCS
Indication: Maternal request
Analgesia: Spinal

Baby Details:
Date: 02.07.2026
Time: 3:07:36 PM
Sex: Male
Weight: 2.883 kg

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

Apgar: 8/10, 9/10, 10/10
Gestational Age: 37+5 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. She was given thromboprophylaxis. 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.

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 08.07.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 08.07.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 08.07.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 08.07.2026 (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. Continue Tab Thyroxine 37.5 mcg before breakfast till further orders.
8. Repeat TSH after 6 weeks and review with reports to OPD.
9. TEDD stockings.
10. Nebasulf powder for local application.
11. HPV vaccine after 6 weeks of delivery.
12. INJ ENOXAPARIN 40MG once daily Subcutaneously till 5/7/26 (7am)

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

Review after 3 days on 07.07.2026 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	Mrs VANDANAPU SAHITHI	**UHID**	VIH-00200609

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

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

Name: Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

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MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
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54774

Name	Mrs VANDANAPU SAHITHI	UHID	VIH-00200609

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 10 D (F)
Dr. BHAVANA K

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Patie

Ward

IP.No: 60530

DOA: 1/07/2026

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	2	—	—	
5	In-patient Medical Record	1	—	—	
6	Doctors Progress Sheets	7	—	—	
7	Nurses Progress notes	4	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery	1	—	—	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for ~~Restraint~~ Vaginal birth	1	—	—	
15	DAMA Consent				
16	Consent for Special Procedure	1	—	—	
17	Consent for Radiological Investigations				
18	Consent for ~~HIV Test~~ Induction	1	—	—	
19	Anaesthesia consent form	1	—	—	
20	Anaesthesia notes(Pre Anaesthesia & Post)	1	—	—	
21	Pre Operative checklist	1	—	—	
22	Surgical safety Checklist	1	—	—	
23	Operation Theatre notes	1	—	—	
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	—	—	
26	Intake and Output chart (fluid Chart)	4	—	—	
27	Drug Chart (Regular prescription)	2	—	—	
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 Secondation	2	—	—	
	Others	16	—	—	
	Total No. of Pages	59 pages			

Signature and Date : 03/02/26 @ 22:45

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060530 **Admit Date** : 01-Jul-2026 **Admit Time** : 12:27 PM **UHID** : VIH-00200609

Patient Details :

Patient Name	: Mrs VANDANAPU SAHITHI	**Age**	: 25 Y 9 M 8 D
Guardian	: Mr SHASHANK VANDANAPU	**DOB**	: 23-09-2000
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOMPALLY Kompally Hyderabad Telangana INDIA 500014	**Phone No**	: 9121659644/ 9908271754
		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 SHASHANK VANDANAPU **Relationship** : W/O

Contact Address : KOMPALLY Kompally Hyderabad Telangana INDIA 500014 **Phone No** : 9121659644 / 9908271754

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 11/07/26

Baseline Information:

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

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: Induction of labour for delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Niketa

Time Notified: 11:30am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Tab. Thyroxine 37.5mcg OD L-Arginine sachets	Tonsillectomy in 2017.	yes.

Gynecology Assessment: ☑ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
.....	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche:	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 10/10/25	Others: _____	**If Yes** Type: ☐ Primary ☐ Secondary

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

Previous LSCS: ...NO...

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

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☑ Other ...Hypothyroid (Mother)...

Vital Signs / Measurements: Temp: 98.6F HR: 90/mt RR: 19/mt

BP: 112/87mmHg Weight: 103kg Height: 169cm BMI: 36.1 kg/m²

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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 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 of Pressure Sore: ☑ Yes ☐ No Score ..28.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Mrs. Sahithi..

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

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Adithya..

Date & Time: ..1/07/26 @ 11:25am..

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PATIENT TRANSFER FORM

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

	Date & Time of Admission: 1/7/26 @	Date & Time of Transfer Order: 2/7/26 @ 2:40pm
Treating Consultant Name	Transfer Ordered by: Dr. Nausheen	Reason for Transfer: Rm-2 SCS
From Unit: L&D	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 39	Number of Imaging Films: NIL	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Nausheen

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Suhasini	Dr. Nausheen

Patient & Clinical Records Received by : Maria

Date & Time of Patient Received : 2:40pm

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-00200609 IP-00060530 Mrs VANDANAPU SAHITHI 23-09-2000 25 Y 9 M 9 D (F) Dr. BHAVANA K	1/7/26 @ 12:27pm	2/7/26 @ 4:10pm
	Transfer Ordered by Dr vineetha.	Reason for Transfer postoperative care.
From Unit OT	To Unit MICU.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films NST - (6)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Ruby. P	Dr. vineetha.
Patient & Clinical Records Received by :	Meghana
Date & Time of Patient Received :	2/7/26 at 5pm

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-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D5H (M)
Dr. SIVA NARAYANA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	1/7/26 at. 12:27pm	2/7/26 at: 10pm
Treating Consultant Name	Transfer Ordered by: Dr. Curceshma	Reason for Transfer: for Observation
From Unit: MICU	To Unit: (207)	Information to Attendant: Yes ☒ No ☐
Number of Sheets in Clinical File: (35)	Number of Imaging Films: NST (9)	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.	(1) Tab paracetamol (1)	
2.	(2) Tab tramadol (1)	
3.	(3) Tab Diclofenac (1)	
4.	(4) ceftriaxone (1)	
5.	(5) pantoprazole (1)	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. pooja	Dr. Curceshma

Patient & Clinical Records Received by : Padma.

Epidural Catheter Removed YES / NO

Date & Time of Patient Received : 2/7/26 @ 10pm

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-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 10/10/2025 EDD:

Corrected EDD: 17/07/2026 GA: 37+5 wks.

Obstetric Formula: primigravida.

ML- 1½ yrs. NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:

G1 - present pregnancy / op. conception.

Obstetric Examination

Fundal Height: - TH

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

Present Pregnancy Record: Booked to RCH at 12 weeks. previous ANCs done at vijetha hosp. diagnosed c hypothyroidism at 12 wks, managed on [redacted]. Thyronorm 37.5 mcg. H/o back pain & at 21+1 weeks, managed conservatively. H/o decreased fetal movements at 27+5 wks managed conservatively.

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS: abdominal pain (left side)

FHS: 135 bpm ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

- high BMI
- oligohydramnios (9)
- Hypothyroidism (37·5)

Per Speculum Examination Not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: soft ant ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 169 cm

Weight: 103 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor:

Icterus: ⊖ Edema:

Temp: Afeb. PR: 99 bpm

BP: 117/87 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD. Urine Output: Adeq.

DIAGNOSIS

primigravida with 37+5 weeks c high BMI c hypothyroidism (37·5) c oligohydramnios for induction of labour.

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

Family History:

Father - DM
Mother - Hypothyroid.

Surgical History:

Tonsilectomy in 2017

Medical History:

Nil

Medication History:

Tab. Thyroxine 37.5 mcg OD.
~~Tab~~. L-Arginine sachets.

Plan of Care:

C/I to Dr. Bhavana mam

- Admission
- Consent
- (N) diet
- past preparation
- FHR monitoring
- monitor vitals
- NST 4th hourly
- Tab. miso 25 mcg PV 6th hrly
- Ambulation
- Bisthing ball exercises
- send CBP.
- Follow drug chart
- Inform SOS.

Teja 1/7/26 (R)

Investigations:

BG: 'O' POSITIVE

HIV, HBsAg, HCV, VDRL } NR.

10/6/26
TSH - 5.23

1/7/26
Urine Alb - ve

4/4/26
CBP - 10.2/ 9020/ 1.51 L

- AFI Doppler
  1/07/2026.
  SLIUF
  37+5 wks.
  cephalic.
  PL - post. right lateral high.
  AFI - 9 cm.
  Dopplers (N).

- TIFFA Scan
  5/3/2026
  SLIUF
  20+6 wks.
  PL - post. & lateral lower end is 2cm from os.
  CL - 31 mm.
  No anomalies.

- Growth scan -
  29/6/2026.
  SLIUF
  37+3 wks.
  Cephalic
  PL - post. right lateral high.
  AFI - 10.4 cm.
  AC - 18%.
  EFW - 2867 gm.
  Dopplers (N).

- NT Scan -
  2/1/2026
  SLIUF
  12 weeks
  NT - 1.4 mm

- FTS - low risk
  HPLC - (N)

Shan Dr Bhavana

Doctor Name: Dr. Nikhita
Signature: (R)
Date & Time: 1/07/2026 11:30 Am.

Consultant Name: Dr. Bhavana K.
Signature:
Date & Time: 1/07/2026.

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/07/2026 12 pm.	O/E - pt is c/c/c	Adv:
	GC - Fair.	- (N) diet
	Afebrile	- Adeq. Hydration
	BP - 118/72 mmHg.	- FHR monitoring
Tab. misoP 25 mcg kept PV at 12:40 PM	PR - 92 bpm.	- monitor vitals
	S/E - NAD.	- NST 4th hourly
	P/A - Ut nt TG.	- Ambulation
	Cephalic	- Birthing ball exercise.
	relaxed.	- Follow drug chart
	FHR (+) 142 bpm.	- Inform SOS.
	U/E - Cx - long, soft, ant	W/F POL
	os - closed	
	PPUX -1-3	
	memb (+)	Dr. Nikhita
Noted by Teja 1/7/26 @ 12pm		
1/07/26 4pm	O/E	Adv
	Pt is c/c/c	- Normal diet
	GC fair	- W/F POL
	Afebrile	- Monitor FHR
	BP - 116/70 mmHg	- Monitor vitals
CBP - 10.6/ 8.83/1.4L	PR - 86 bpm	- NST 4th hrly
	S/E - NAD	- Ambulation
	P/A - Ut nt TG	- Adequate hydration
Noted by Sahasra 4pm 1/7/26	(c) Relaxed	- Birthing Ball exercises
	FHR (+) 148 bpm	- Follow drug chart
		- Inform SOS
		Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 6:40pm	Pt is c/c/c	
	C+C fair	Adv
	Afebrile	- (N) diet
Tab misoprostol 25 mcg PV at 6:40pm	BP - 109/62 mmHg	- Ambulation
	PR - 86 bpm	- Hydration
	S/E - NAD	- w/f PoL
	P/A - Ut ~ TG	- follow drug chart
	(C) FHR (+) 138bpm	- monitor vitals
	Relaxed	- Inform SOS
	V/E - Cx - long, soft	
noted by Sukesini 6:40pm 1/7/26	Os - 1 finger tight	Dr. Farnaz
	PPx (-3).	
1/7/26 10:40pm	O/E - pt is c/c/c	Adv:
	G/C - Fair.	- (N) diet
	Afebrile.	- Ambulation
	BP - 110/78 mmHg.	- Hydration
	PR - 83 bpm.	- monitor vitals
	S/E - NAD.	- NST 4th hrly
	P/A - Ut ~ TG.	- monitor FHR
	cephalic	- Follow drug chart
	FHR (+) 140bpm.	- Inform SOS
noted by Sharmee 1/7/26 10pm		Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 12:30 AM	C/I to Dr Bhavana Maam RHST- prolonged fetal tachycardia 168 bpm → 172 bpm P/A - 4c/45-50sec/10min v/e - cx - long, soft os - 1 finger light PPT (+3).	Adv - IOAL - IV stat - O2 - Left lateral position - continue NST - No further doses of misoprostol - continuous FHK monitoring - Inform SOS Dr Bhavana
21/7/26 1 AM	C/I to Dr Bhavana Ma'am - continued NST- reactive with baseline FHK 145 - 160 bpm.	Adv - continuous FHK monitoring - NST - 4th hourly - Inform SOS Dr Bhavana
posted by 21/7/26 Prathyusha 1pm		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 4:30AM	C/I to Dr Bhavana Maam	
	Pt is c/c/o	
	GC fair	Adv
	Afebrile	- clear liquids
de epidural.	BP - 114/70 mmHg	- W/f POL
	PR - 90 bpm.	- Continuous FHR monitoring
	S/E - NAD	- 1 @ RL - stat
NST - fetal tachycardia 172-180 bpm noted by Prathyusha @ 3:30 AM on 2/7/26	P/A - Ut - TG	- O2 kept
	(C) FHR @ 162 bpm	- left lateral position
	3 c/t 35 sec/10 min	- Continue NST
	cx - 3/4th long	- follow drug chart
	os - 1 finger tight	- NST - 4th hourly
	PPT (-3) - Head not fixed.	- monitor vitals
		- Inform SOS
2/7/26 5:45AM	C/I to Dr Bhavana Maam	Dr Farnaz
	NST - baseline FHR 150 - 160 bpm	Adv
noted by Prathyusha @ 5:45AM on 2/7/26		- Repeat NST at 7 AM
		- Continuous FHR monitoring done
		- W/f POL
		Dr Farnaz

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 7AM	C/I to Dr Bhavana Ma'am	
	NST - Non reactive ± baseline FHR - 135 - 160 bpm. P/A - 3c/30 sec/10min V/E - 3/4th long es - 1 finger PPE (-3).	Adv - Repeat NST after 2 hours - clear liquids - Patient & attenders counselled regarding Non reactive NST. - ~~Plan for~~. - W/F POL - NST - 4th hourly - Inform SOS Dr Bhavana
noted by Prathyusha 7AM 2/7/26		
2/7/26 8 AM	C/I to Dr. Bhavana Mam.	
NST - Non reassuring	O/E Pt is c/c/c GC - Fair Afebrile BP - 108/60 mmHg PR - 64 bpm CVS - NAD P/A - UTNTG Cephalic 3c/25-30 sec/10min FHR ⊕ 160 bpm	Adv - Clear liquids - Adeq: hydration - W/F POL - FHR continuous monitoring - Monitor vitals - Follow drug chart - Inform SOS - Repeat NST after 2 hours.
noted by Saleem 8AM 9/7/26		Dr Nikhita

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Date & Time	Progress Notes	Doctor's Order
2/7/26 9:15 Am	C/E to Dr. Bhavana Mam	
	Vitals stable	Adv
	P/A- Uterus TG	- Repeat NST at 10 Am
	Cephalic	- W/F POL
	3c/30sec/10min	- Monitor vitals.
	V/E- Cx: 1½ inch long	- Follow drug chart
	Os: 1F	- Inform sos.
	PPVx 1-2/	Dr. Greeshma
Noted by Subavini 9:15Am 2/7/26		
2/7/26 11:00 Am	O/E Pt is c/c/c	
	GC- fair	Adv
	Afebrile	- Clear liquids
	BP- 112/78 mmHg	- W/F POL
	PR- 81 bpm	- Monitor vitals
	S/E-NAD	- Follow drug chart
NST - Reactive	P/A- Uterus TG	- Continuous FHR monitoring
T. MISOPROSTOL 25mcg given per oral @ 11 Am	Cephalic	- Inform sos
	2c/25sec/10min	
	V/E- Cx: 1½ inch long	
SROM occured	Os: 2cm	
	PPVx 1-2/	
	PM @ 1 hr @	Dr. Greeshma
noted by Subavini 2/7/26 11:00Am		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(4) IOL	
2/7/26 1 pm	pt c/o/c cc per, afebrile BP- 112/77 mmHg PR- 83 bpm SIE - NAD P/A - ut n TG cephalic 3c/40sec/10min FHR (+) 160 bpm V/E - Cx - 1/2 inch long OS - 2cm PP < 2½ m(-) liq. clear Noted by Subaiva 1 pm 2/7/26 C/S/A Dr. Bhavana	Rx: → clear liquids → w/f POL → monitor vitals → follow drug chart → monitor vitals → continous FHR → Inform SOS
2/7/26 1.15 pm	Patient and her attenders have been clearly explained regarding the slow progression of labour and explained for further trial of labour and risk and benefits of vaginal delivery and augmentation of labour for further trial have been explained	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 1.30 pm	Patient and her attenders dosen't want any furthur trial for vaginal delivery and they opted for emergency LSCS on maternal request (Husband)	M. Sai (patient)
2/7/26 2.30pm	Patient and her attenders discussed and waited for 1 hour to decide for going / opting for EM LSCS (or) to go for furthur trial of labour with augmentation of labour and decided for EM LSCS on maternal request	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	POD-0 (Post LSCS)	
4:20 PM	O/E pt is c/c/c	Adv
	Pfcfair	- NBM
	Afeb	- Rest
	BP- 114/74 mmHg	- Monitor Vitals
UO - 600ml	PR- 89 bpm	- follow drychart
Adequate, clear	S/E NAD	- TEDD stockings
	P/A Soft	- Early Ambulation
	utn w/R	- I/O charting
	L/E NAB	- Inform SOS.
	Baby MS BF (+)	Inj tranexa 1gm after shs.
	Noted by meghna 2/7/26 @ 11:30 pm	Dr. Nausheen
2/7/26	POD-0 (Post LSCS)	
8:30 PM	O/E Pt is c/c/c	Adv
P/H Ethypothyroidism	GC- fair	- Sips of Oral fluids f/b
& High BMI	Afebrile	Clear liquids
	BP- 126/74 mmHg.	- W/F Bleeding PV
	PR- 84 bpm	- Monitor vitals
U/O - 1200 ml	S/E- NAD	- Follow drg chart
Adequate, clear	P/A- Utn w/R	- I/o charting
	Soft, BS +/+	- Ambulation
		- Adequate hydration
shift to	L/E- NAB	- Inj. TRANEXA 1gm after
Room.	Baby mother side (A, H)	BF (+) 4 hrs.
		- Inform SOS
		- TEDD stockings
	Noted by pooja	pooja 2/7/26 @ 9pm Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26	POD - 1 (Post LSCS)	
7 AM	O/E Pt is c/c	Adv
	GC - fair	- Soft diet
P1L1 c hypothyroidism	Afebrile	- W/F Bleeding PV
c High BMI	BP - 112/70 mmHg	- Ambulation
	PR - 82 bpm	- Adequate hydration
U/O - 3160ml	S/E - NAD	- Monitor vitals
Adequate, clear	P/A - Ut ~ WR	- Follow drug chart
	Soft, BS ⊕	- Inform SOS
	L/E - NAB	- TEDD stockings
Remove Foley's	Baby - A/M, BF ⊕	
		Dr. [signature]
3/2/26	POD - 01 (P1L1 c high BMI c hypothyroidism c post EM LSCS ? P/U/O maternal request)	
9 AM		Rx
	pt c/c/c	→ Soft diet
	GC fair, afebrile	→ follow drug chart
	BP - 102/74 mmHg	→ monitor vitals
baby - M ⟨A/H, BF ⊕	PR - 84 bpm	→ W/F bleeding PV
	S/E - NAD	→ Ambulation
	P/A - Ut ~ WR	→ adeq. hydration
Remove foleys	soft, BS ⊕	→ pad for observation
	L/E - NAB	→ TEDD stockings
		→ Inform SOS
		[signature]

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 2:00pm	POD-1	(Post LSCS)
P1L1 high BMI hypothyroid	o/t pt is c/c/c afeb BP - 117/69mmHg PR - 72bpm S/E NAD	Adv - Soft diet - w/f bleeding PV - Monitor Vitals - follow drug chart
UP	P/A soft ut n w/r BS (+) LE NAB Baby MS BF (+)	- Ambulation - Hydration - TEDD stocking. - Inform SOS. Dr Nausheen
	noted by Abarna 03/7/26 @2pm	
3/7/26 7pm	POD-1 (post LSCS)	
P1L1 high BMI hypothyroid	Pt is c/c/c GTC fair Afebrile	Adv - soft diet - Ambulation
urine-passed not motion-passed	BP - 112/71mmHg PR - 84 bpm S/E - NAD P/A - soft BS (+) Ut n w/r LE - NAB Baby r/t BF (+)	- Hydration - w/f PV bleeding - TEDD stocking - follow drug chart - monitor vitals - Inform SOS Dr Tasneem

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7am.	POD - 2 (post CS)	
	Pt is c/c/c	
Hypothyroid ... BM, P/U	GC fair	Adv
	Afebrile	- soft diet
	BP - 117/72 mmHg	- Ambulation
urine passed	PR - 76 bpm.	- Hydration
motion	S/E - NAD	- w/f PV bleeding
Dressing done	P/A - soft BS (+)	- follow dry chest
wound healthy	Ut ~ WR	- monitor vitals
pt can be	L/E - No active	- Inform SOS
discharged	bleeding	- TEDD stocking
	Baby c̄ M, BF (+)	Dr. Farmer
	Vaginal Examination done.	
		Dr Nausheen
	Noted by Sr ... 3/7/26 @ 9pm	

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ING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primigravida with 37+5 weeks c high BMI c hypothyroidism (87.5) c oligohydramnios for induction of labour.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	1/7/26 M	1/7/26 E	1/7/26 Night	2/7/26 M	2/7/26 E	2/7/26 E
Medical Condition (Any special condition to be noted):		Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid
Diet:	N diet	N diet		clear liquid	NBM	NBM
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.6F	97.2°F	98.3F	98.4°F	98.6°F
Res:	19b/mt	19b/m	20b/mt	21b/m	21 b/M	19 br/mt
SpO_2:	99%	99%	98-1.	99%	99%	99%
Pulse:	96b/mt	82b/m	80b/mt	82b/m	86 B/M	87b/mt
BP:	117/87 mmHg	112/73mmHg	105/60mmHg	112/70mmHg	114/68 mmHg	115/75mmHg
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	15	15	15	"15"	15
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	Nill	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	N diet	Normal diet	Healthy diet		NBM	NBM
Critical Lab Test / Values:	—	—	—	—	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/F POL	W/F POL		W/F POL	NBM	W/F Bleeding PV
Handed Over By Name :	Teja	K. Sukasini	Prathyusha	K. Sukasini	Sr. Ruby P	Meghna
Signature / ID :	020477	020477	020533	020477	P 018135	M 020232
Date:	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26	2/7/26
Time:	@ 2pm	8pm	@ 8AM	2:40pm	@ 5:30pm	@ 8pm
Taken Over By Name :	K. Sukasini	Ushasri	K. Sukasini	mavia	Sukasini	pooja
Signature / ID :	020477		020477	P 018133		
Date:	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26	2/7/26
Time:	2pm	8pm	8AM	2:40pm	@ 5:30pm	@ 8pm

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primigravida 37+5 weeks c hyalt BMT hypothyroid (37+1) Oligohydramnios for IOL

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

Surgery / Procedure:

Post OP Day:

	Field						
BACKGROUND	Date / Shift	2/7/26 N	2/7/26 N	3/7/26 M	3/7/26 E	3/7/26 N	4/7/26 M
	Medical Condition (Any special condition to be noted):	—	Nill	Nil	Nil	Nil	Nil
	Diet:	clear liquid	clear liqu	S diet	(S) diet	(S) diet	(S) diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.5F	98.5F	98.6°F	98.7°F	98.0F
	Res:	19b/m	20b/m	21 b/m	23b/m	18 b/m	19b/m
	SpO_2:	99%	99%	99%	99%	98%	98%
	Pulse:	85 b/m	89b/m	94 b/m	96 b/m	89 b/m	79b/m
	BP:	120/77	120/70	113/67	120/70	110/80	116/21(78)
	LOC:	Conscious	conscious	Conscious	conscious	Conscious	conscious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity		Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nill	Nil	Nil	—	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	clear liquid	clear liqu.	S diet	(S) diet	(S) diet	(S) diet
	Critical Lab Test / Values:	—	Nill	Nil	Nil	Nil	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	Nil				—	—
	Handed Over By Name :	Pooja	Padma	Akanksha	Thami	Vasavi	Akanksha
	Signature / ID :	[signature]	606329	606607	17542	905844	606607
	Date:	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26	file
	Time:	@ 9pm	@ 8Am	@ 2PM	@ 8pm	@ 8Am	sending to
	Taken Over By Name :	padma	Akanksha	Thami	Varsha	Akanksha	Billing
	Signature / ID :	606329	606607	17542	[signature]	606607	
	Date:	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26	noted by
	Time:	@ 10pm	@ 8Am	@ 2pm	@ 8pm	@ 8am	Akanksha 04/7/26 @ 9am

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NURSING CARE RECORD

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Date: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am	Monitor vitals	11am	checked vitals	vitals are normal	patient is safe.	1/7/26 1pm
	1pm	Ensure safety	1pm	provided side rails	To prevent from fall	patient is safe.	
Afternoon	2pm	maintain fluid Balance	2pm	Encourage to take more oral liquids.	prevent dehydration	Patient well hydrated	1/7/26 6pm.
	6pm	Ensure safety	6pm	provided side Rails	prevent fall	Patient safe	
Night	10pm	Patient Conscious oriented, NST with help of RT	10pm	patient is Conscious NST with help of RT	Conscious	patient is Comfortable	2/7/26 @ 2am
	11pm	relieve pain & discomfort	11pm	Epidural Continuing given	Reconsulted epidural	patient is safe	

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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 2/7/26

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	maintain fluid Balance	8 Am	RL 100ml/hr	prevent dehydration	patient well hydration	
	10 am	Ensure Safety	10:15 am.	· Promoted Smile units	· To prevent falls	Patient is safe.	
	12 pm.	Prevent infection	12:40 pm.	· Maintain hygiene	· To Prevent infections	Patients Sye	
Afternoon	2pm	Ensure Safety	2:15 pm	Promoted Smile units	· TO Prevent falls	· Patient is Safe	
	4pm	Relieve Pain & discomfort	4:10 pm	· Promoted Comfortable Position.	· To relieve Pain	· Patient is feeling better	
	7pm.	Maintain fluid Balance	7:15 pm.	· Maintained fluid volume	· To avoid dehydration	· Patient is hydrated	
Night	9pm	maintain fluid Balance	bdr	R2 100ml/hr per Tablet oral liquids	TO maintain Body dehydration	patient is Safe	pooja 2/7/26 @ 9pm

VIH-00200809 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 26 Y 9 M 10 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 am 10 am	* Maintain fluid balance Ensure Safety		* Maintained fluid balance * provided side rails	* patient is hydrated * prevent fall risks	* Re-Assessment done patient is Stable	Ananthi 3/1/26 @ 10 am
Afternoon	3 pm 6 pm	Ensure safety Maintain fluid balance.	3 pm 6 pm	Ensure safety Maintain fluid balance.	* Patient prevented from fall risk. * patient is hydrated	* Re assessment done patient is stable.	Jhansi 3/1/26 @ 8pm
Night	10pm	=> Relieve pain & discomfort Ensure Safety	10:10 pm	=> Assessed pain Characteristics => Administered pain analogic => Provided side rails up	=> Reduced pain => To prevent risk of fall	=> Reassessed Every 4th hourly	Vasu 3/1/26 @8AM

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 10 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge notes Doctor came for rounds & Advice Discharge.			Akanksha 04/7/26 @8am
Afternoon				Voted by Akanksha. 04/7/26 @9am			
Night							

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VANDANAPU SAHITHI**	**Age :**	**25 Y 9 M 8 D**
IP No:	**IP-00060530**	**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 consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill irance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

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

Signature of Patient/Relative:

Name: SHA SHANK VANDANAPU
Relationship: Father Husband.
Date: 01/07/26. Time: 12.27 P.M
Witness Name:
Witness Signature:

Patient Address:
KOMPALLY Kompally Hyderabad
Telangana INDIA 500014

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : MRS. VANDANA PU SAHITHI Gender: ☐ Male ☑ Female Age : 25YRS

UHID No : VLH-00200609 / 00060530 Date : 2/7/

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION

upon MRS. VANDANA PU SAHITHI

(Name of the Patient)

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

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

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

BLEEDING, BOWEL AND BLADDER INJURY, URETERIC INJURY. BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTIONS, INFECTIONS, POST PARTUM HEMORRHAGE

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA. K

Consentee :

Signature : M. Sai

Name : Sahithi

Date & Time : 2/7/26 ; 2:30 pm

Patient Attendant :

Signature : Shashank V

Name : SHASHANK. VANDANAPU

Relationship with Patient: HUSBAND

Date & Time : 2/7/26 ; 2:30 pm

Witness :

Signature : M. Naga

Name : M. NagaRani

Date & Time : 2/7/26 ; 2:30 pm

Doctor (who is taking the consent) :

Signature : NB

Name : DR. NAUSHEEN

Date & Time : 2/7/26 ; 2:30 pm

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. V. Sahithi Age : 25 yr. Gender : Male ☐ Female ☐

UHID NO: VIH-DO200609 Surgeon Name: Dr. R. Kalavathi.

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 / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypertension, Bradycardia, PDPH

Comments : .....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. V. Sahithi the above mentioned operation / Diagnostic / Therapeutic procedures Emergency caesarean section

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : M. Sahithi

Name : ~~SHASHANK~~ SAHITHI

Relationship with Patient: ~~HUSBAND~~ / SELF

Date & Time : 2/7/26

Witness :

Signature : Shashank

Name : SHASHANK (Husband)

Date & Time : 2/7/26

Doctor (who is taking the consent) :

Signature :

Name : Dr. M. VINEETHA

Date & Time : 02/07/26

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. VANDANAPU SAHITHI UHID No : VIH - 00200609

Gender: ☐ Male ☑ Female Date : 1/07/2026 Time : 11:30 AM

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 of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal 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, benefits, alternatives 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 : M. Sahithi

Name : Mrs. VANDANAPU SAHITHI.

Date & Time : 1/07/2026 11:40 AM

Patient Attendant :

Signature :

Name : SHASHANK. VANDANAPU

Relationship with Patient: HUSBAND

Date & Time : 1/07/2026 11:40 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr Farnaz.

Date & Time : 1/07/2026 11:40 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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Induction of Labor Consent

Name: MRS. VANDANAPU SAHITHI
Date of Birth: 23/09/2000
ANC No: 10359/

Consulatant: DR. BHAVANA K.
Registration Number: VIH-00200609.

You are scheduled for an induction of labor on 1/07/2026 (date) at 37+5 (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.

M. Sai
Parents Signature — 1/07/2026 11:40 AM
Date

Husband's Signature — 1/07/2026 11:40 AM
Date

Doctor's Signature — 1/07/2026 11:40 AM
Date

NAME: EDD: GESTATION: INDICATION OF IOL:						SCORE	0	1	2
						STATION IN RELATION TO THE SPINES	-3	-2	-1
						DILTATION OF THE CEVIX CONSISTENCY	0CM	1-2CM	3-4CM
						LENGTH OF CERVIX	3CM	2CM	1CM
						CONSISTENCY	FIRM	MEDIUM	SOFT
						POSITION	POSTERIOR	MILD POSITION	ANTERIOR
DATE & TIME	VAGINAL EXAM	BISHOP SCORE	CTG	PGE1/E2 DOSE	PGE1/E2 NUMBER	OXYTOCIN	A.R.M	REMARKS	SIGNATURE & NAME

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : ..... Gender: ☐ Male ☑ Female

UHID No : ..... Department : ANESTHESIA ..... Date : 02/07/26

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

Here by give consent for procedure of : LABOUR ANALGESIA

For my patient, Named : .....

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

POST DURAL PUNCTURE HEADACHE, PATCHY BLOCK, PRURITIS, SHIVERING
CATHETER DISPLACEMENT, HYPOTENSION, BRADYCARDIA

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

ENTONOX REMIFENTANIL

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

Name of the Doctor performing the procedure: DR SHINY

Patient Attendant :

Signature : M. Sai

Name : CAHITHI . V

Relationship with Patient: SELF

Date & Time : 02/07/26, 3:10 pm

Witness :

Signature : Shashank

Name : SHASHANK. V

Date & Time : 02/07/26, 3:10 pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : DR SHINY

Date & Time : 02/07/26, 3:11 pm

ప్రత్యేక విధానాలకు సమ్మతి

BirthRight BY RAINBOW HOSPITALS
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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

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

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

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Patient Name: Mrs. Vandanapu Sahithi Gender: ☐ Male ☑ Female UHID. No: 200609 Age: 25yr

Date: 02/07/26 In-Time: 3:20Am Out-Time: 3:50Am

Doctor Performing Procedure: DR SHINY Doctor Giving Sedation: - Assisting Nurse: prathyusha

SIGN IN Time: 3:10Am	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☑	☐	☐
NPO Status Checked from Patient / Patient Attendant	☑	☐	☐
Consent is Signed	☑	☐	☐
Any need for blood products	☐	☑	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☑	☐
If Yes Comment:			
Any drug or food allergy	☐	☑	☐
If Yes Comment:			
Correct Site of Procedure Marked	☑	☐	☐
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: [signature]

Name of the Doctor: DR SHINY

TIME OUT Time: 3:20Am	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☐	☐
Correct Procedure	☑	☐	☐
All the team members introduced	☑	☐	☐

Signature of the Nurse: [signature]

Name of the Nurse: prathyusha

SIGN OUT Time: 3:50Am	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☑	☐	☐
Instrument, Sponge and Needle Count Completed	☑	☐	☐
Specimens are labeled	☑	☐	☐
Any equipment problems are addressed	☐	☑	☐

Signature of the Nurse: [signature]

Name of the Nurse: prathyusha

Any Adverse / Unexpected Events

.....

.....

.....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana.
Asst. Surgeon : Dr. Rajini / Dr. Nausheen
Anaesthetist : Dr. Madhav
Scrub Nurse : Ruby P / Vanitha

Patient Name :
UHID No. :
Date : 2/7/26 In-time : ...

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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2:55pm 3:55pm

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:50pm

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 : V
Name : Dr. Vineetha

Before Skin Incision ➤➤

TIME OUT Time: 2:55pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding, 1 hour, 500ml ☑ Yes ☐ No ☐ NA

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

Nursing Team Reviews: High Risk
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Yes ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☐ Yes ☑ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature : S.W.
Name : Sr. Mania

Before Patient Leaves Operating Room

SIGN OUT Time: 3:55pm

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 :
Name : Dr. Nausheen

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhavana. K	Date of Delivery: 2/7/26
Assistant Surgeon: DR. Rajani / DR. Nausheen	Time of Delivery: 3:07:36PM
Anaesthetist's Name: Dr. Vinetha.	Gender of Baby: MALE
Type of Anaesthesia: Spinal	Weight of Baby: 2.883Kgs
Neonatologist: ~~Dr. SRIHARI~~ VISHAL	AGPAR Score: 8/10, 9/10, 10/10
Scrub Nurse: Sis. Ruby, Sis	NICU Admission: ☐ Yes ☐ ~~No~~

Pre-Operative Diagnosis: Primi with 37+5 with high BMI with hypothyroidism with Oligo

☐ Elective ☑ Emergency Indication: Maternal Req

Urgency
- ☐ Immediate Threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☐ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

CTG Description: .....

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

Surgical Procedure: Emergency Lower Segment Cesarean Section LSA

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... Cervical Dilatation: 8 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 1 loop of cord ☑ Yes ☐ No

Appearance of placenta: Normal Cavity explored ☑ Yes ☐ No

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

Uterine Closure: ☐ One Layer ☑ Two Layers ..... Vicryl 1-0 ..... Suture

Peritoneal Closure: ☑ Pelvic ☑ Abdominal ☐ None ..... Vicryl 1-0 ..... Suture

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

Fat Closure: ☑ Yes ☐ No (intermittent) ..... Monocryl ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ..... Monocryl ..... Suture

Vaginal Evacuated ☑ Yes ☐ No

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

Ctheter ☑ Yes ☐ No ☐ Remove in 12hrs 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, Rest, I/O charting, WF bleeding PV, Monitor Vitals, Follow drug chart, Inform SOS, TEDD Stockings

Dr. Nausheen

Doctor Name: Dr. Bhavana. K. Doctor Signature: .....

Date & Time: 2/7/26.

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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

17/7/26	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	18		19		19	19		19		19		19
	0 - 10																								
Saturations	94 - 100 %				99		99	99	99	99	99		99	100		99		100	99		99		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37				37°C		37°C	36.2		36.4			36.5	36.2		36.4		36.4	36.4		37.2°C		36.4		36.4
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				90		88																		
	80							82			82		83				84		86		80				
	70														76								79		
	60																								64
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
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Diastolic Blood Pressure ↓	130																								
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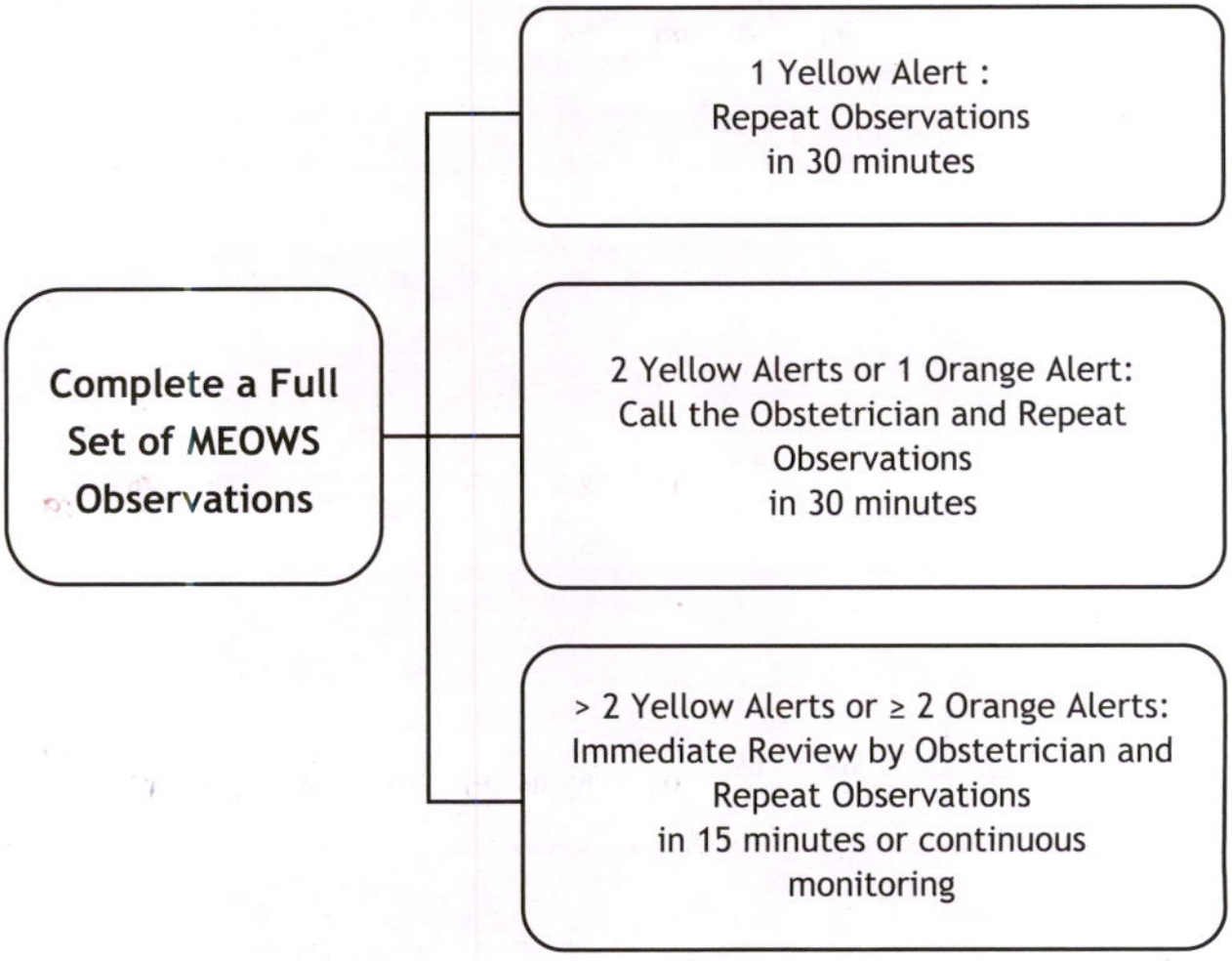
	70						72		74		72		78		76		74		70		71		72		
	60																								60
	50																								
	40																								
NEURO RESPONSE [✓]	Alert				✓		✓		✓		✓		✓		✓		✓		✓		-		-		-
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30				✓		✓		✓		✓		✓		✓		✓		✓		-		-		-
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal				NA		NA		NA		NA		NA								NA		NA		NA
	Heavy / Foul																								
	Clear / Pink				NA		NA		NA		NA		NA								NA		NA		NA
	Green																								
	YELLOW SCORES				0		0		0		0		0		0		0		0		0		0		0
	ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0
	Nurse Initial																								

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
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RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19		19		19	19	19	20	19	18	20	19	19	19					19			19			19
	0 - 10																									
Saturations	94 - 100 %	99		99		99	99	99	98	99	98	97	97	99	99					99			99			99
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37	36		36		37	37	37	37	37	37	37	37	37	37					36°			36°			36°
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
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	100																									
	90																									
	80						82	84	82	84	89	72	84	80	84	85				85			79			82
	70	72		83																						
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	110	110		112		110	110	110	102	114	126	133	120	124	120					120			115			112
	100																									
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Diastolic Blood Pressure ↓	130																									
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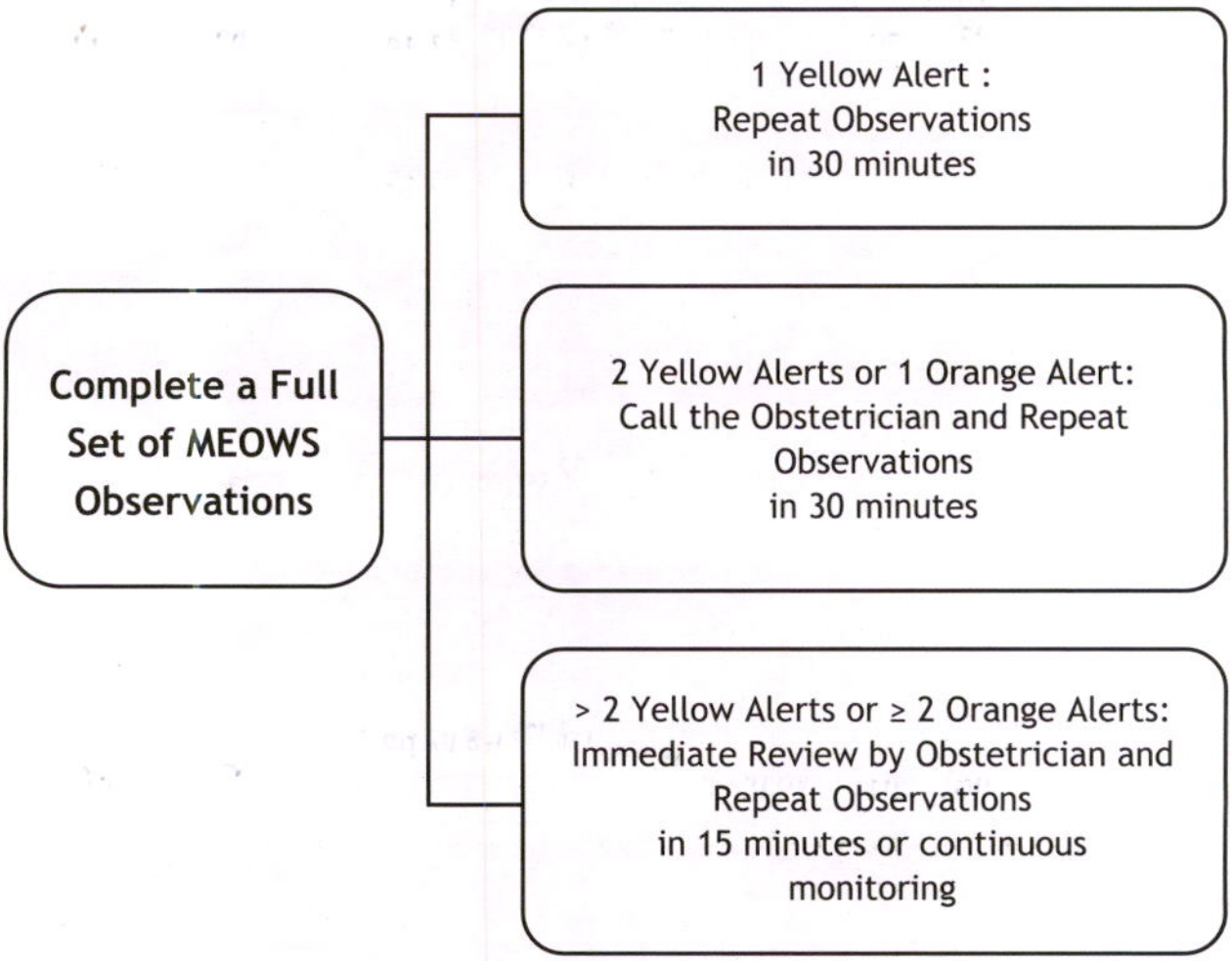
	110																									
	100																									
	90																									
	80																									
	70	70		77		72	75	76	70	72	74	88	85	81	75					70			69			90
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	–					✓			✓			✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					✓			✓			✓
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	NA		NA		✓	✓	✓	–	✓	–	–	✓	✓	✓					NA			NA			NA
	Heavy / Foul																									
Liquor	Clear / Pink	NA		NA		✓	✓	✓	✓	✓	✓	–	–	✓	–					NA			NO			NA
	Green																									
TOTAL YELLOW SCORES		0		0		0	0	0	0	0	0	0	0	0	0					0			0			0
TOTAL ORANGE SCORES		0		0		0	0	0	0	0	0	0	0	0	0					0			0			0
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 26 Y 9 M 10 D (F)
Dr. BHAVANA K

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Early Warning Observation Score Chart - Obstetrics

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3/7/26	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		20		21		19						20			19			19			19			19
	0 - 10																								
Saturations	94 - 100 %		99%		99%		98%						98%			99			98			99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		37C		37C			36C					36C			36.8C			36.8C			36C			36.8C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		90		94		88 bv						71 Irr.			77			86			83			72
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
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	170																								
	160																								
	150																								
	140																								
	130																								
	120						118																		
	110		110		113								112			116			108			114			105
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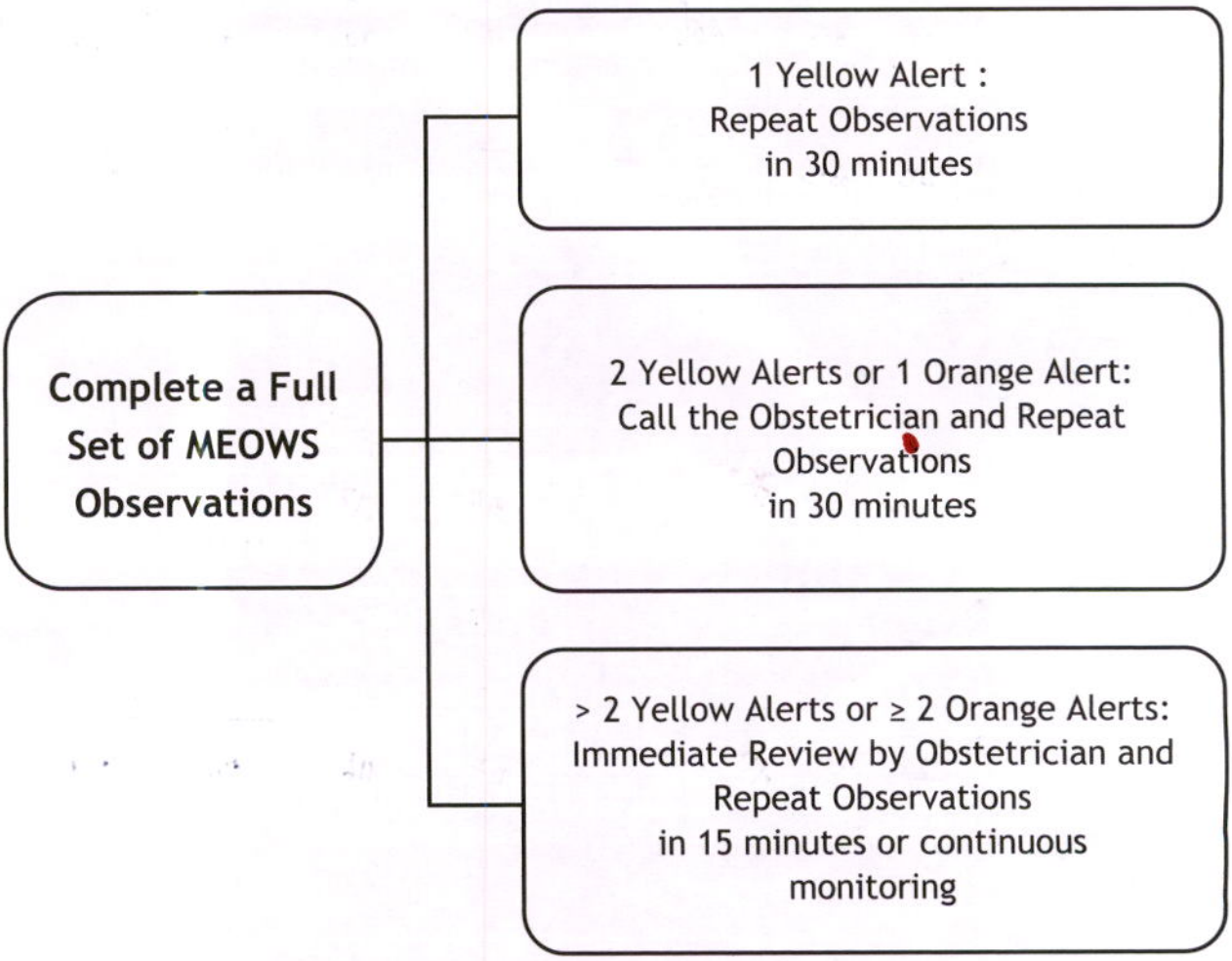
	90																								
	80																								
	70						72						73			74			70			65			67
	60		65		67																				
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		✓						✓			✓			✓			✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓		✓		✓						✓			✓			✓			✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
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			0
TOTAL ORANGE SCORES			0		0		0						0			0			0			0			0
Nurse Initial			A		A		A						A			A			A			A			A

Obstetrics and Gynaecology Early Warning Signs



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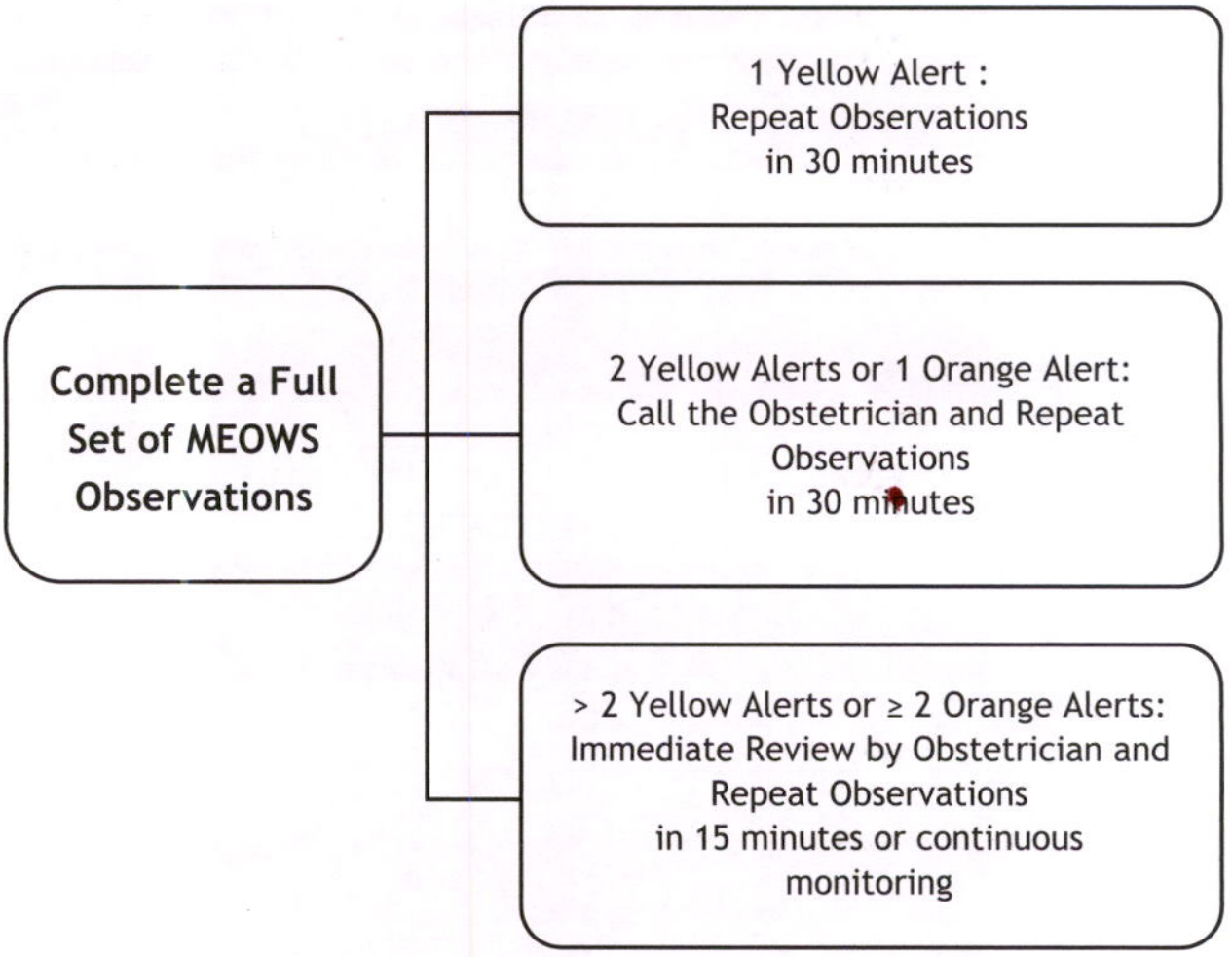
		Date																								
4/2/26		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)		> 30																								
		21 - 30																								
		11 - 20			19																					
		0 - 10																								
Saturations		94 - 100 %			99%																					
		< 94 %																								
Administered O_2 (L/min.)																										
Temp °c		40																								
		39																								
		38																								
		37			36°C																					
		36																								
		35																								
		< 35																								
Heart Rate		170																								
		160																								
		150																								
		140																								
		130																								
		120																								
		110																								
		100																								
		90																								
		80			80/hr																					
		70																								
		60																								
		50																								
		40																								
↑ Systolic Blood Pressue		190																								
		180																								
		170																								
		160																								
		150																								
		140																								
		130																								
		120			110																					
		110																								
		100																								
		90																								
		80																								
		70																								
		60																								
		50																								
↓ Diastolic Blood Pressure		130																								
		120																								
		110																								
		100																								
		90																								
		80																								
		70			79																					
		60																								
		50																								
		40																								
NEURO RESPONSE [✓]		Alert			✓																					
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour		> 30			✓																					
		< 30																								
Proteinuria		Protein + +																								
		Protein > + +																								
Lochia		Normal			Nor																					
		Heavy / Foul																								
Liquor		Clear / Pink			Nil																					
		Green																								
TOTAL YELLOW SCORES					2																					
TOTAL ORANGE SCORES					2																					
Nurse Initial					A																					

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/7/26	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am	H_2O +	50 ml								0	
	12:00 pm	H_2O +	100 ml							✓	0	1/7/26
	01:00 pm	H_2O +	100 ml								0	1pm
Total Intake :		250 ml				**Total Output :**				passed		
1/7/26	02:00 pm	H_2O +	100 ml							✓	0	
	03:00 pm	H_2O	100 ml								0	
	04:00 pm	H_2O	50 ml							✓	0	1/7/26
	05:00 pm	H_2O	100 ml								0	
	06:00 pm	H_2O	100 ml							✓	0	
	07:00 pm	H_2O	50 ml								0	7pm
Total Intake :		500 ml				**Total Output :**				passed		
1/7/26	08:00 pm	H_2O	100 ml							✓	0	
	09:00 pm	H_2O	50 ml								-	
	10:00 pm	H_2O	100 ml							✓	-	
	11:00 pm	H_2O	100 ml								0	
	12:00 am	RL	500 ml	FF							0	2/7/26
	01:00 am	H_2O	50 ml							✓	0	1am
Total Intake :		900 ml				**Total Output :**				Passed		
	02:00 am	H_2O 50ml + RL	100 ml/hr							50 ml		
	03:00 am	H_2O 50ml + RL	100 ml/hr							20 ml		
	04:00 am	RL	100 ml/hr							50 ml		
	05:00 am	RL	100 ml/hr							50 ml		
	06:00 am	H_2O 50ml + RL	100 ml/hr							50 ml		
	07:00 am	H_2O 50ml + RL	100 ml/hr							50 ml.		
Total Intake :		800 ml				**Total Output :**				270 ml		

Total 24 hrs. Intake	2450 ml

Total 24 hrs. Output	270 ml

FHR Monitoring chart

Date	Time	FHR	Contractions
2/7/26	8pm	148 b/mt	
	8:30pm	136 b/mt	- nil
	9pm	132 b/mt	
	9:30pm	140 b/mt	
	10pm	146 b/mt	- Irritability
	10:30pm	132 b/mt	
	11pm	136 b/mt	
	11:30pm	140 b/mt	
	12Am	142 b/mt	- 2 cont/10 mts/30 sec
	12:30am	166 b/mt	
	1am	152 b/mt	
	1:30am	160 b/mt	
	2am	168 b/mt	- 3 cont/10 mts/45 sec
	2:30am	150 b/mt	
	3am	149 b/mt.	
	3:30am	152 b/mt	
	4am	142 b/mt	
	4:30am	138 b/mt	
	5am	140 b/mt	
	5:30am	152 b/mt	
	6am	130 b/mt	
	6:30am	132 b/mt.	
	7am	146 b/mt	
	7:30am	142 b/mt	
	8am	130 b/mt	

Nil -

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Dr. BHAVANA K

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
2/7/26	08:00 am	H_2O	50ml	+RL 100ml						50ml	0	2/7/26 10 AM
	09:00 am	H_2O	50ml	+RL 100ml						50ml	0	
	10:00 am	H_2O	50ml	+RL 100ml						100ml	0	
	11:00 am		NBM	+RL 100ml						200ml	0	
	12:00 pm	H_2O	100ml	+ RL 100ml						200ml	0	
	01:00 pm	H_2O	150ml	+RL 100ml						200ml	0	
Total Intake :			1000ml			**Total Output :**				800ml		
2/7/26	02:00 pm		NBM	RL 100ml/HR							0	my bp 2/7/26
	03:00 pm		NBM	RL 100ml/hr + RL + oxy							0	
	04:00 pm		NBM	RL 100ml/HR ✓						600ml	0	
	05:00 pm		NBM	+RL 100ml/hr + RL + oxy						200ml	0	RU 2/7/26
	06:00 pm		NBM	+ RL + 100 ml/hr + oxy						200ml	0	
	07:00 pm		NBM	+RL + 100 ml/hr + oxy						150ml	0	
Total Intake :			1400 ml			**Total Output :**				1150 ml		
3/7	08:00 pm		NBM	+RL 100ml/hr						100ml	0	2/7/26 9 pm 10 cpm
	09:00 pm		NBM	+RL 100ml per						50ml	0	
	10:00 pm									100ml		
	11:00 pm									120ml		
	12:00 am		~~H_2O~~							130ml		
	01:00 am									120ml		
Total Intake :						**Total Output :**				620ml		
3/7	02:00 am		water							100ml		Padma 3/7/26 @7 Am
	03:00 am									90ml		
	04:00 am									80ml		
	05:00 am		water							100ml		
	06:00 am									120ml		
	07:00 am									100ml		
Total Intake :						**Total Output :**				590ml		

Total 24 hrs. Intake		Total 24 hrs. Output	3160 ml

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 10 D (F)
Dr. BHAVANA K

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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							
31/7/26	08:00 am		Idly + Water							100ml		Akanksha 31/7/26 @ 1pm
	09:00 am											
	10:00 am											
	11:00 am									Salyds Saroma		
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
31/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice water							✓	0	Sushila 31/7/26 @ 7pm
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		Rice Hvo									
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am		Hvo									
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											Vandhana 1/8/26 @ 8am
	03:00 am											
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 26 Y 9 M 10 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

4/7/26

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							
4/7/26	08:00 am		Dolo 1mg + H2O							✓	1	
	09:00 am										1	
	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**	

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 10 D (F)
Dr. BHAVANA K

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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**	

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

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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: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	37.5 mcg	PO	ONCE DAILY	1/7/26	☑C ☐DC
2	T. IRON	1 TAB	PO	ONCE DAILY	1/7/26	☐C ☑DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	1/7/26	☐C ☑DC
4	L-ARGININE SACHETS	1 sachet	PO	12AM July	1/7/26	☐C ☑DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Geetalma

Date & Time : 1/7/26 11:15 AM

Nurse Name & Signature: Adithya

Date & Time : 1/07/26 @ 11:15 AM

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

(2)

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... MICU ..... Shifted to: ..... (207) .....

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	1GM	IV	12th hrly	2/7/26	☑C ☐DC
2	T THYROXINE	37.5 mcg	PO	ONCE DAILY	2/7/26	☑C ☐DC
3	T. PARACETAMOL	1 GM	PO	6th hrly	2/7/26	☑C ☐DC
4	T. DICLOFENAC	50 MG	PO	8th hrly	2/7/26	☑C ☐DC
5	T. TRAMADOL	100 MG	PO	8th hrly	2/7/26	☑C ☐DC
6	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	2/7/26	☑C ☐DC
7	INJ. ENOXAPARIN	40 MG	SC	ONCE DAILY	2/7/26	☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Greeshma .....

Date & Time : ..... 2/7/26, 8:30 PM .....

Nurse Name & Signature: ..... Pooja .....

Date & Time : ..... 2/7/26 @ 9 pm .....

Epidural Catheter Removed YES / NO

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

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Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 10.3kg Ward 1-1W

VERIFIED 2/7/26 6 pm

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th HOURLY	2/7/26

Date/Time: 2/7/26 — 10 AM; 10 PM Teja; 3/7

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

Additional Instructions:

STOP DR Nausheen 3/7/26 2pm

Daily Doctor's Endorsement by a Sign

VERIFIED 2/7/26 6 pm

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	2/7/26

Date/Time: 3/7 — 6 AM; 4/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED 2/7/26

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40MG	SC	ONCE DAILY	2/7/26

Date/Time: 3/7 — 7 AM; 4/7

Name & Signature of the Doctor Starting the Drugs: Dr. Geetha

Additional Instructions: For 3 days

Daily Doctor's Endorsement by a Sign

VERIFIED BY :

3/7/26

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200MG	PO	12th HOURLY	3/7/26

Date/Time: 3/7 — 10 AM; 10 PM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Docu. No. : RCH /FRM / CLINICAL / 108

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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STAT / ONCE ONLY DRUGS

Name: Mrs. V. Sahithi 2 Yr. IP – 00200609.

Weight: ..... kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
02/07	3.15Pm	INJ. TRANEXAMIC ACID	1gm	I.V.		Rakesh	
02/07	3.55 Pm	SUPP. TRAMADOL	100 mg	PR		Rakesh	
02/07	3.55 Pm	SUPP. DICLOFENAC	100 mg	PR		Rakesh	
2/7/26	3:55pm	T. MISOPROSTOL	600 MCG	PR			

VERIFIED

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

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RESULT SHEET

Date	1/7/26					
Time	at: 1:05PM					
Hb	10.6					
PCV	30.0					
RBC	3.61					
WBC	8.83					
N/L						
Platelets	140					
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						
.Lipase						
od Lactate						
holesterol						
NR						
otein / Sugar						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping	Positive					
HIV	NR					
HBSag						
Hcv						
VDRL						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

IP-00060530

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

(1)

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DRUG CHART

Date of Admission: 1/7/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

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

Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 103 Ward. Ward

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/7/26	12:30 AM	RINGER LACTATE	IV	FF			2/7/26		
2/7/26	3:30 AM	RINGER LACTATE	IV	F/F			2/7/26		
2/7/26	5:30 am	RINGER LACTATE	IV	100 ML/HR			2/7/26		
2/7/26	11 AM	RINGER LACTATE	IV	100 ml/hr			02/07		Rakesh
02/07	8:15 PM	RINGER LACTATE	IV	900 ml/hr		Rakesh	02/07		Rakesh
02/07	3:35 PM	RINGER LACTATE + INJ. OXYTOCIN 20IU	IV	200 ml/hr		Rakesh	02/07		Rakesh
2/7	6:50 PM	RINGER LACTATE	IV	100ml/HR			02/7		

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

Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

Weight. ...L03..... Ward. .....L/en....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	12:40pm	T. MISOPROSTOL	25 mcg	PV		Teja
1/7/26	6:40 pm	T. MISOPROSTOL	25 MCG	PV		Teja
2/7	4 AM.	INJ. PARACETAMOL	1 GM	IV		
2/7/26	11 AM	T. MISOPROSTOL	25MCG	PO		
2/7/26	11:30AM	INJ. CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		
2/7/26	4 AM	ENEMA PROCTOCLYSIS	100 ML	PR		
2/7/26	1:30 PM	INJ PANTOPRAZOLE	40MG	IV		
2/7/26	1:30 PM	INJ METOCLOPRAMIDE	10MG	IV		
02/07	3:08 PM	INJ. CARBETOCIN	100 mcg	IV		Rakesh

VERIFIED

VIH-00200609
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS Weight. 103kg Ward. ICU

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
37.5 mcg	PO	ONCE DAILY	1/7

Name & Signature of the Doctor Starting the Drugs: Dr. Geetha

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date	Time				
1/7/26	2/7	3/7	4/7		
6 AM	at taken	8	Pooh		

VERIFIED 1/7/26

DRUG : TAB. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6 HRLY	02/07

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

Additional Instructions:

Date	Time				
2/7/26	3/7	4/7			
12 AM		Pooh			
6 AM		Pooh			
12 PM					
6 PM	Sham				

VERIFIED 2/7/26 6pm beigade S

Daily Doctor's Endorsement by a Sign

DRUG : TAB. TRAMADOL

Dose	Route	Frequency	Start Date
100 mg	PO	8 HRLY	02/07

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

Additional Instructions:

Date	Time				
2/7/26	3/7	4/7			
6 AM					
2 PM					
10 PM	Tab				

VERIFIED 2/7/26 6pm beigade S

Daily Doctor's Endorsement by a Sign

DRUG : TAB. DICLOFENAC

Dose	Route	Frequency	Start Date
50 mg	PO	8 HRLY	02/07

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

Additional Instructions:

Date	Time				
2/7	3/7	4/7			
7 AM					
3 PM	Sham				
11 PM	Pooh				

VERIFIED 6pm beigade S

Daily Doctor's Endorsement by a Sign

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 2/7/26

Patient Name: Mrs. Vandanapu Sahithi Date of Birth: 23/9/2000 Age: 25yrs

Gender: F Ward : OT UHID No.: 200609

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

Name of the Surgery : Emergency Lower Segment Cesarean ↓ SA

Time in : 2:55 pm Time Out : 3:55 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Bhavana	OT-charges
2.	Anaesthetist	Dr. Vineetha	
3.	Assistant Surgeon	Dr. Rajini / Dr. Nausheen	
4.	OT Technician	Tech: Rakesh	
5.	Circulating Nurse	Sr. Mania	
6.	Assistant Nurse	Sr. Ruby P / Sr. Vanitha	

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

Signature of the Surgeon Dr Nausheen

Signature of Circulating Nurse

Order No: ..... Order by: .....

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ACTIVITY

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 8 D (F)
Dr. BHAVANA K

Name: ---

UHID No .

Consultant : Dr. Bhavana k Dept : ----------

Date of Admission : 1/07/26 Time : @12:27pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 4W 219 Ward : 4W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	2:40 pm	4W	OT	
2/7/26	8:50 pm	OT	MICU	
2/7/26	10pm	MICU	Room(207)	

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
1/7/26	NST 12pm (1)	R26-010505	
1/7/26	CBP	V126022100	
1/7/26	NST 5pm (2)	R26-010533	
	Cross checked by Sukanya 1/7/26 7pm		
1/7/26	NST at 8:20 pm (3)	R26-010541	
2/7/26	NST at 12:20 am (4)	R26-010542	
2/7/26	NST at 1AM (5)	R26-010543	
2/7/26	NST at 5:30 am (6)	R26-010550	
	Cross checked by Sharmin 2/7/26 at 6am		
2/7/26	NST @ 7AM (7)	R26-010604	
2/7/26	NST at 10AM (8)	R26-010605	
2/7/26	NST at 1:30pm (9)	R26-010606	
	Cross checked by Jisa 2/7/26 at 10:00PM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/2/26	Infusion Pump	12:30 Am	9:00PM	3096586	
2/2/26	Cardiac Monitor	12:30 Am	9:00PM		
2/2/26	Epidural Pump	9:30 Am	4:00PM		
2/2/26	oxygen	1 AM	8:00AM	3096596	
	Records checked by Jisa 2/7/26 at:				10:00PM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	IV Placement	(1)	3096553 (1)	
2/7/26	Catheterization	(1)	3096585	
2/7/26	PRBC	(1)	3096584	
	Done checked by G Pharmacist			2/7/26 at 6am

ANY OTHER INFORMATION

Date : 4/7/26 Time : 9AM Prepared By : Mishma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	4/7/26 9AM.		