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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

(1)

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

ACTI LING

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

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

Date of Admission : 7/7/26 Time : 12:10AM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	7:52AM	MICU	OT	
7/7/26	9AM	OT	MICU	
7/7/26	at 6pm	MICU	(108)	

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
7/7/26	NST @ 12:30Am (Twins) - (1)	R26-010877	
7/7/26	NST @ 6:30 Am - (2)	R26-010879	
7/7/26	GRBS at 12:30Am 131 mg/dl	V1260722682	
7/7/26	GRBS at 6:30 Am 98mg/dl	V1260722683	
7/7/26	GRBS at 9:30Am 138 mg/dL	V1260722684	
7/7/26	GRBS at 9:00pm 92mg/dl	V1260722685	
	Cross checked by [illegible] 3pm 7/7/26		
7/7/26	GRBS at 8pm 82mg/dl	26022864	
8/7/26	GRBS at 7Am 87 mg/dl	26022865	
8/7/26	GRBS @ 1:40pm - 124 mg/dl	26022866	
8/7/26	GRBS @ 7:45 pm - 117 mg/dl	26022867	
	Cross checked by [illegible] 9/7 @ 2AM		
9/7/26	FBS	26022881	
	PLBS	26022908	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	infusion pump	11:40AM	3:00PM	3098891	
7/7/26	cardiac monitor	9:00AM	3:00PM		Teja
cross checked	by Teja	7/7/26 at:	3:00PM		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/26	IV placement	1	3098293	[illegible]
7/7/26	catherazation	1		[illegible]
7/7/26	PAC	1	3098293	[illegible]
Crossed checked by [illegible] 7/7/26 at 2:34pm				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] D/S [illegible]		

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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SURGERY DETAILS

Date : 7/7/26

Patient Name: Mrs. Reddi Ramani Date of Birth: Age: 40yrs

Gender: female Ward : UHID No.: BCH00039544
IP No- 60596

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

Name of the Surgery : ELECTIVE LOWER SEGMENT CESAREAN SECTION (Twins)
↓ spinal anaesthesia.

Time in : 7:55 AM Time Out : 8:50 AM

		NAME	AMOUNT
1.	Surgeon	: Dr Srilatha patnaik	OT-charges
2.	Anaesthetist	: Dr. Madhav	—
3.	Assistant Surgeon	: Dr. Greeshma	
4.	OT Technician	: Miss. Vaishnavi	
5.	Circulating Nurse	: Sr Jyothi / Sr Reeby. P	
6.	Assistant Nurse	: Sr Reeby Florence	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3098345/46 Order by: Sheyn

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

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3098345

CONSUMABLES OF OT

Twins C/S 7/7/26

Patient N BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
Gender | 03-05-1986 40 Y 2 M 4 D (F)
Date : .....
Dr. SRILATA PATNAIK

Age : .....

Circulating Staff : Sr Jyothi / Ruby.P Technician : Vaishnavi

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical disposables	Qty Issued	Qty Used	Disposables (Baby side)	Qty Issued	Qty Used
ET tube			Major Pack		1	Inj. Vit. K		1
LMA			Sutures 2347		1	Cord Clamp		1
ECG leads - A/P/N		3	4259		1	Suction Catheter		
HME filter : A/P/N			1336		1	Feeding Tube		
Syringe 10 cc		4	2364		1	Vaccum Suction Set		
05 cc		4	Gloves PF 6½	3		Surgical Gloves 6.9.6½	7	14
02 cc		4	6.9-6½	2		Gauze Pack		
01 cc						Syringe 1ml/ 2 ml		1
Cautery Plate : A/P/N			Surgical blade NO 22		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil			[redacted] Tonsic	[redacted] 1	2
NS : 10ml/100 ml/ 500ml/1000ml			Koochies					
Rifigol Bioxamic		1	Ointments			Latex gloves		6
		2	Suction Catheter					
Fentanyl			Cap. Mask	10	10	Propo gowns		2
Morphine			Gauze Pack		1			
Ketamine			Mop Pack		2	Mucus Sucker set		1
Propofol			~~Steristrip~~ Allegorb		1	Orchard : - 3098431		
Rocuronium			Underpad			Twin - 2		
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel		1			
Ondansetron			Foleys Catheter			Twin II		
Pencan 25g/Spinal Needle 22		1	Urobag			my. vst IC		1
Bupivacine 0.25%			Chest Drinage Catheter			cord clamp		1
Bupivacine 0.25%(Heavy) Anawin		1	Romodrain bag			6.9. gloves bt 7		14
Antibiotics			~~Bandage~~ Steristrip pad		1	blade no 20		1
			Tegaderm			[redacted] Tonsic	[redacted]	1
Suppositories			Ioban			latex gloves		6
Anamol : 80mg/250mg/170 mg			Double J Stent			Propo Gowns		2
Supridol 100 mg		1	Vaccum Suction set		1	1cc Syringe		1
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic ~~Bed Sheet~~ DA		4	Mucus Sucker		1
Tab. Misoprost : 200 mg		2	Betadine Solution		1			
PE (7)		1	Microshield		1	Orchard		
			Cotton Balls			3098432		
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Srilata Anaesthesiologist Dr. Madhav Nurse Ruby.P OT Technician Vaishnavi

Order No. : 3098350 Ordered by : .....

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060596	**Ward**	N 2F-MICU
Patient Name	Mrs REDDI RAMANI .	**Bed Name**	MICU 226
Age/Sex	40 Y 2 M 4 D / Female	**Order No**	0003098350
Date	07/07/2026 09:20	**Prescription No**	PRIP-1294768
Payor	STATE BANK OF INDIA	**Dispensed Date**	07/07/2026 09:20
UHID	BCH-00039544		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x102IN			26O525I	05/31	1	563.00	563.00
3	ANAWIN HEAVY 5 MG INJ 4 ML	Neon Laboratories Ltd	H	KP1713922	12/27	1	31.47	31.47
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP260O1	01/29	1	229.00	229.00
5	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	1	103.95	103.95
6	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
7	DISPOSABLE APRONS STERILE XL	Mediblue		26060103	05/28	4	120.00	480.00
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26D29K49	03/31	4	28.13	112.52
9	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	4	11.25	45.00
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260031	05/29	3	61.00	183.00
12	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	1	128.00	128.00
13	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	10	10.00	100.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	1	100.00	100.00
15	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274055	12/28	1	18.74	18.74
16	LSCS DRAPE PACK SAFE SECURE			VI02072026	12/30	1	2,000.00	2,000.00
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0384	12/26	4	20.26	81.04
18	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5115	09/30	1	997.00	997.00
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	2	949.00	1,898.00
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
21	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	25A25G82I7	01/30	1	469.69	469.69
22	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	2	69.39	138.78
24	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	2	91.00	182.00
25	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	1109418	01/29	1	805.00	805.00
26	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
27	SURGEONS CAP	Mediblue	GENERAL	VI03062026	12/30	10	10.00	100.00
28	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
29	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A260455S	02/31	1	308.00	308.00
30	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
31	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5009	10/30	1	988.00	988.00
32	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5054	06/30	1	951.00	951.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060596	**Ward**	N 2F-MICU
Patient Name	Mrs REDDI RAMANI .	**Bed Name**	MICU 226
Age/Sex	40 Y 2 M 4 D / Female	**Order No**	0003098350
Date	07/07/2026 09:20	**Prescription No**	PRIP-1294768
Payor	STATE BANK OF INDIA	**Dispensed Date**	07/07/2026 09:20
UHID	BCH-00039544		

Total :	**10,795.74**	**13,094.83**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060600	**Ward**	N 2F-MICU
Patient Name	Baby B/O REDDI RAMANI TWIN -1	**Bed Name**	CRDL-MICU-226-1
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	0003098431
Date	07/07/2026 13:08	**Prescription No**	PRIP-1294817
Payor	STATE BANK OF INDIA	**Dispensed Date**	07/07/2026 13:10
UHID	VIH-00206662		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072542	02/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	2	10.00	20.00
5	MUCOS SUCKER(SMALL)	Local	GENERAL	MUCSPS	12/30	1	155.00	155.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	4	23.43	93.72
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI09012026	12/99	2	450.00	900.00
8	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	1	91.00	91.00
9	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
10	SURGICAL BLADE 20	Surgeon	GENERAL	20C140326	02/31	1	7.67	7.67
						Total :	**924.85**	**1,455.14**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Printed Time : 07-07-2026 13:19

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145 **CIN :** L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060601	**Ward**	N 2F-MICU
Patient Name	Baby B/O REDDI RAMANI --TWIN-2	**Bed Name**	CRDL-MICU-226-2
Age/Sex	0 Y 0 M 0 D 5 H / Male	**Order No**	0003098432
Date	07/07/2026 13:14	**Prescription No**	PRIP-1294818
Payor	STATE BANK OF INDIA	**Dispensed Date**	07/07/2026 13:18
UHID	VIH-00206663		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6072542	02/31	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	4	10.00	40.00
5	MUCOS SUCKER(SMALL)	Local	GENERAL	MUCSPS	12/30	1	155.00	155.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	4	23.43	93.72
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VI09012026	12/99	2	450.00	900.00
8	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E4039M	04/31	1	91.00	91.00
9	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
10	SURGICAL BLADE 20	Surgeon	GENERAL	20C140326	02/31	1	7.67	7.67
						Total :	**924.85**	**1,475.14**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Ref. No. F/INPR/12

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108

Patient Name : BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

Registration No.:

MEDICATION

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
8/7	00.00	12AM TAB. PCM 1gm [QID] 6AM		
	1.00	TAB. THYROXINE 125mcg [OD]		
	2.00	TAB. PCM 1gm [QID].		
	3.00	TAB. DICLOFENAC 50mg [TID]		
	4.00	TAB. PAN 40mg [OD]		M. Reddi
	5.00	7AM		
	6.00	TAB. TRAMADOL 100mg [TID]		
	7.00	8AM		
	8.00	INJ. CEFOTAXIME 1gm [BD]		
	9.00	9AM		
	10.00	TAB. LABETALOL 100mg [BD]	Bmini	
	11.00	12PM		
	12.00	TAB. PCM 1gm [QID].	Bmini	
	13.00	2PM		
	14.00	TAB. DICLOFENAC 50mg [TID].		
	15.00	3PM		
	16.00	TAB. TRAMADOL 100mg [TID].		
	17.00	6PM		
	18.00	TAB. PCM 1gm [QID]		
	19.00	8PM		
	20.00	INJ. CEFOTAXIME 1gm [BD].		
	21.00	9PM		
	22.00	TAB. LABETALOL 100 mg [BD].		
	23.00			

Ref. No. F/INPR/12

Rainbow® Children's Hospital
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Patient Name : _____

Registration No.: _____

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	10 PM		
	1.00	TAB. DICLOFENAC 50 mg [TID]		
	2.00	11 PM		
	3.00	INJ. ENOXAPARIN 40 mg [OD]		
	4.00	TAB. TRAMADOL 100 mg [TID]		
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060596 **Admit Date** : 07-Jul-2026 **Admit Time** : 12:10 AM **UHID** : BCH-00039544

Patient Details :

Patient Name	: Mrs REDDI RAMANI .	**Age**	: 40 Y 2 M 4 D
Guardian	: Mr MR. KARTHIK KUMAR L	**DOB**	: 03-05-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kharkhana Main Road Kharkhana Main Road Hyderabad Telangana INDIA 500015	**Phone No**	: 9030808707/
		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 MR. KARTHIK KUMAR L **Relationship** : Husband

Contact Address : **Phone No** : 9030808707

Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR MAMATA DEENADAYAL(MAMATA FERTILITY HOSPITAL) **Phone No** : 040 4567 8899

Co-Consultant :

Payment Details :

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

Payor Name : STATE BANK OF INDIA

(1)

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BCH-00039544 IP-00060596 Mrs REDDI RAMANI . 03-05-1986 40 Y 2 M 4 D (F) Dr. SRILATA PATNAIK	7/7/26 @ 12:10AM	7/7/26 @ 7:52 AM
	Transfer Ordered by DR. Rajani	Reason for Transfer EL. LSCS
From Unit MICU	To Unit OT	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 38	Number of Imaging Films NST-(2)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

NS

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

DR. Rajani

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis-meghana	DR. Rajani

Patient & Clinical Records Received by : Jyothi

Date & Time of Patient Received : 7/7/26 @ 7:52AM

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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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BCH-00039544 IP-00060596 Mrs REDDI RAMANI . 03-05-1986 40 Y 2 M 4 D (F) Dr. SRILATA PATNAIK	07/7/26 @ 12:10AM	07/07/26, @ 9AM.
	Transfer Ordered by Dr. Ayesha.	Reason for Transfer post operative care.
From Unit OT	To Unit MICU.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 40	Number of Imaging Films NIL (2)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
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. Ayesha

Patient & Clinical Records Received by : Sahasini

Date & Time of Patient Received : 7/7/26 9AM

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

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PATIENT TRANSFER FORM

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26 @ ~~12~~ 10AM	7/7/26 @ 6pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	dr yogeshwari	for observation
From Unit	**To Unit**	**Information to Attendant**
MICU	(108)	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(40)	NIST (2)	Yes ☒ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	(1) Paracetmol (10)	Sterilizam — (1)
2.	(2) Tramudol — (9)	Tab. pan — (15)
3.	(3) diclofenac — (9)	
4.	Saral — (1)	
5.	under pad — (1)	

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(1)

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints for EL. LSCS

LMP: 27/10/25
ET transfer - 12.11.25
EDD:
Corrected EDD: 5/8/26
GA: 36+4 wks

Obstetric Formula: G4A3
ML - 3yrs, NCM

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Hostory:
G1 - missed abortion / 7wks / MERC / 2023
G2 - missed abortion / 8wks / MERPC / 2023
G3 - missed abortion / 9wks / D&C / 2024

Present Pregnancy Record: G4 - PP, IVF concept^n, donor egg, booked to RCH @ 23+4 wks. Previous @ mamatha Hsptl. Diagnosed GHTN @ 36 wks & managed c̄ T. Labet 100mg BD. Stopped Ecosprin 150mg @ 36 wks. Scan @ 35+6 wks showed increased growth resistance. Had H/O UTI @ 12+5 wks & 18 wks & managed conservatively. Maternal echo (N) @ 36+4 wks

Obstetric Examination

Fundal Height: over distended

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others Twins (I - cephalic, II - transverse)

Head Fifths Palpable:

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
Twin (I - 146 bpm, II - 156 bpm)

RISK FACTORS:
→ AMA
→ IVF conception → increased umb (A) resistance
→ DCDA twins
→ PGDM (Insulin < tegliment 14 U TID, tresiba 26 U HS)
→ Hypothyroidism (125 mcg)
→ Twin I - SGA (AC < 1%, EFW - 7%)

Per Speculum Examination not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated ______

Height: 159 cm

Weight: 82.9 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: +
Pallor: −
Icterus: −
Edema: B/L pitting type pedal oedema above ankle
Temp: afebrile
PR: 94 bpm
BP: 123/93 → 128/86 mmHg
DTR: (+)
CVS: S1S2 (+)
RS: BLAE (+)
Liver/Spleen: not palpable
Urine Output: adq

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G4A3 c̄ 36+4 wks c̄ DCDA twins c̄ pregestational DM (Insulin) c̄ hypothyroidism c̄ GHTN c̄ IVF conception c̄ Twin II transverse lie c̄ Twin I with increased resistance c̄ SGA baby. Advanced maternal age c̄ H/O hysteroscopic myomectomy for EL. LSCS

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

Family History:	Surgical History:
father - DM	hysteroscopic H/o myomectomy @ 2025 DNS Sx @ 2025 D&C 2024

Medical History:	Medication History:
Type II DM x 3 Yrs Hypothyroidism x 2024	pre preg ⇒ Thyronorm 25mcg. On preg - Insulin teglument 14-14-14 Tresiba - 26 U H/s Thyronorm 125 mcg

Plan of Care:

→ clear liquids
→ NBM from 5 Am
→ follow drug chart
→ monitor vitals
→ NST now and @ 6Am
→ FHR monitoring
→ check GRBS, urine albumin
→ PAC
→ part preparation
→ foley catherization
→ consents
→ Kick count
→ I/O charting
→ Infeeem SOS
→ check FBS & Infeeem
→ 1 O PRBC reserve

3/7/26
CBP - 11.9 | 8.60 | 1.65L
LFT - ALP: 299 (↑)
Total Protein: 5.085 (↓)
Sr. Urea - 20
Sr. Creat - 0.54
LDH - 214

PE profile (12/6/26)
CBP - 12.3 | 9500 | 1.65L
CUE - (N)
PT/aPTT/INR - 11.8/29.1/0.9
LFT - ALP - 289
rest - (N)
Sr. creat - 0.46
Sr. urea - 12.6
uric acid - 5.4
Na/K/Cl - 137.6 / 4.05 / 105.9

Investigations: BGT - 'O' POSITIVE

HIV, HbsAg, HCV, VDRL } NR
GRBS - 138
urine alb - Neg.

NT scan (19/01/26)
DCDA twins, 12+5 wks

	Twin I	Twin II
NT -	1.6mm	1.6mm
Plac -	Post, low	post. high

CL - 40mm

NIPT - low risk

TIFFA scan (2/3/26)

	Twin I	Twin II
Plac	P, L	P, H

CL - 4.1cm
no obv. str. anomalies noted.

Fetal 2D echo @ 22+6 wks - (N)

Growth scan (6/7/26)

	Twin I	Twin II
	cephalic	transverse
Plac -	P, H	P, H
AFI (largest pool)	4.8	3.7cm
AC	< 1%	5%
EFW	2337 (2.7%)	12%, 2451 gms.

umb (A) (↑) resistance Dopp (N)

Noted by meghana 7/7/26 @ 12 AM ... Rudera

Doctor Name: Dr. Rajani
Signature: [signature]
Date & Time: 7/07/26 @ 12:15AM

Consultant Name: Dr. Srilata Patnaik
Signature:
Date & Time: 7/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 7AM	GRBS - 98	
		Sd/-
7/7/26 9:30 Am	POD - 0 (Post LSCS)	
	O/E Pt is c/c/c	
P1L1A3 c PGDM(I) c Hypothyroid c GHTN	GC - fair	Adv
	Afebrile	- NBM x 6hrs
	BP - 126/82 mmHg	- Rest
U/O - 200 ml	PR - 86 bpm	- I/O charting
Adequate, clear	S/E - NAD	- BP monitoring
	P/A - Ut w W/R	- GRBS 6th hrly, if
	Soft, BS ⊖	>150 Inform Dr. Kiran sir
	4C - NAB	- Monitor vitals
	Both babies mother side c A/H, BF ⊕	- Follow drug chart
	GRBS - 138 mg/dL	- Inform SOS.
	Noted by pooja 7/7/26 @7AM	Sd/- Dr. Gunalan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/2026 1:30pm P1L2 Hypothyroid, PPHPM (I) GHHTN U/O 350 ml clear, adeq. GRBS - 92 mg/dl at 2pm	POD-0 (LSCS) O/E - pt is c/c/c Gc - fair Afebrile. BP - 136/80 mmHg. PR - 71 bpm. S/E - NAD. P/A - ut - W/R. Soft, BS + L/E - NAB. Babies ♂ A/M BF +	Adv: - water sips f/b clear liquids - Passive Ambulation - Adeq. Hydration - monitor vitals - Follow drug chart - Inform sos. Dr. Nikhita Noted by poojaa 7/7/26 @ 1:30pm
7/7/26 5PM P1L2 Hypothyroid PPHPM(I) GHHTN UO - 450ml clear adequate shift to ROOM GRBS at 8pm	POD-0 (LSCS) O/E pt is c/c/c Gc fair Afebrile BP - 127/83mmHg PR - 72bpm S/E - NAD P/A - ut ~ WR Soft BS + L/E - NAB Baby - A/Ms BF +	Adv - clear liquids - passive ambulation - Adequate hydration - Monitor vitals - Follow drug chart - I/O Charting - Inform SOS - Diabetic soft diet at 8PM - GRBS 6th hrly - BP 2nd hrly Dr. yogeshwari Noted by Sahini 7/7/26 8pm

CH-00039544 IP-00060596
Mrs REDDI RAMANI .
3-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7.7.26 4.30pm	Both babies c mother ↓ topfeeding c/o ↓ Urine, high coloured urine. GRBS = 92mg/dl at 2pm ★ Adv GRBS at 8pm	O/POD ! SI B Dasilala. GC fair Hemodynamically stable Cyc Rest MMD P/A soft Well retracted PS ⊕ 1 Pad → Lochia (N).	Rx ① Oral sips ② Diabetic soft diet ③ Cont all ④ GRBS 8th hrly ⑤ Tab LOBET 100mg TID if DBP ≥ 90-100 mmHg
			Noted by Manisha 7/7/26 @8pm

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

VIH-00206662 IP-00060600
Baby B/O REDDI RAMANI TWIN -1
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9pm	POD-0	(Post LSCS)
P1L2 P4DM(I) Hypothyroid GHTN UO - 50ml/hr Urine colour Adq Hydration	O/E pt is c/c/c Lyc fair Afeb BP - 120/69 mmHg PR - 88 bpm. S/E NAD P/A soft ut c/w/r L/E NAB Babies MS BF (+)	Adv - Soft diabetic diet - W/F bleeding PV - Monitor Vitals - Follow drug chart - GRBS 8th July - Adq Hydration - Ambulation - Inform SOS - BP charting 2nd July Dr. Navaneen
8/7/26 7am.	POD - 1 (Post LSCS)	
P1L2 P4DM(I) Hypothyroid GHTN UO - 2650ml clear adv Remove foleys' GRBS - 87	O/E pt is c/c/c Lyc fair Afeb BP - 120/70 mmHg PR - 78 bpm S/E NAD P/A soft ut c/w/r L/E NAB Babies MS BF (+)	Adv - Soft diabetic diet - W/F bleeding PV - Monitor Vitals - Follow drug chart - GRBS 8th July - Ambulation - Hydration - BP charting 2nd July - Inform SOS Dr. Navaneen

VIH-00206662 IP-00060600
Baby B/O REDDI RAMANI TWIN -1
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8.7.26 11AM	Both babies with mother. ↓ Top feeding. Foley's removed	1st POD ! S/B Dr. Srilulal. Afebrile. Vitals stable. P/A Soft. Wound intact. BS (+). ASD Dry. Top tolerated. ℞ (1) Diabetic diet (2) Clexane (3) IV antibiotic 48 hrs (4) Adv [Strikethrough: FBS] PLBS tomorrow

CH-00039544 IP-00060596
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	POD - 1	(LSCS)
1 pm.	O/E - pt is c/c/c	Adv:
	GC - Fair.	- Diabetic diet c̄ low salt
urine passed	Afebrile	- Adeq. Hydration
motion not passed	BP - 134/86 mmHg	- Ambulation
	PR - 94 bpm.	- monitor vitals
	S/E - NAD.	- Follow drug chart
	P/A - ut - W/R	- Inform SOS
P1L2 GHTN PGDM (I) Hypothyroid	soft, BS (+)	- IV Antibiotics - 48 hrs.
	L/E - NAB.	Dr. Nikhita
	Babies < A M BF (+)	
Check all pre-sugar FBS, PLBS (lab) tomorrow	Dr. Ashwini	
		Noted by Beronika 8/7/26 @ 8pm

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9PM	POD - 1 (LSCS)	Adv
P1 L2 GHTN PUDM (I) operated hypothyroidism	O/E pt c/c/c	- Diabetic diet c̄
	a/c/a/i/s	low salt
	afebrile	- adq hydration
Motion not passed	BP - 130/85 mmHg	- ambulation
	PR - 86 bpm	- W/F bleeding PV
	S/E NAD	- monitor vitals
FBS, PPBS tomorrow morning	P/A Ut wr	- follow drug chart
	soft, BS (+)	
	PV N AB	- inform SOS
	bldg ↑A ↓H BF (+)	
		A/Dr Ashu.
9/7/26 8AM	POD - 2 (LSCS)	Adv
P1 L2 GHTN PUDM (I) Hypothyroid	O/E pt c/c/c	- Diabetic diet c̄
	a/c/a/i/s	low salt
Patient can be discharged	afebrile	- BP charting
Urine passed	BP - 108/91 mmHg	- W/F bleeding PV
	PR - 86 bpm	- monitor
Motion Not passed.	S/E NAD	vitals
	P/A Ut wr	- follow drug chart
FBS PPBS today.	soft, BS (+)	- inform SOS
	PV N AB	
	bldg ↑A ↓H BF (+)	(signature)
Aseptic dressing done.		Dr. Nikhita
	FBS - 86 mg/dl	

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9.7.26 10:40am	2nd POD / Both babies c mother ↓ top feeding. Mother can be discharged. P L D S report awaited (FBS: 82 mg/dl)	S/B Dr Srilata. C/o fine, vitals stable, c/o clear, P/A soft, wound healthy, BS(+), DSD, I/O [illegible] / Rx (1) [illegible] normal diet (3) [illegible]
		Noted by Benorika 9/7/26 @ 12pm

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G4A3 c̄ 36+4 wks c̄ DCDA Twins c̄ Pre GDM (insulin) c̄ hypothyroidism

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

Surgery / Procedure: c̄ GHTN c̄ BVF conc EL.4

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	7/7/26 / Night	7/7/26 / NBM	7/7/26 / E	7/7/26 / E	7/7 / E	7/7 / N
	Medical Condition (Any special condition to be noted):	Hypothyroidism GHTN, GDM	Nil	Hypothy	Hypothyroidism	Hypo	Hypothy
	Diet:	NBM	NBM	NBM	Clear liquid	clear	
ASSESSMENT	Allergy:	☑ No	☑ No	☑ No	☐ Yes ☐ No	☑ No	☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA.	RA	RA.	RA	RA
	Tubes/Drains/Catheter:	☑ Yes	☑ Yes	☑ Yes	☑ Yes	☑ No	☑ No
	Vital Signs: Temp:	98.4 F	98.6 F	98.6 F	98.6 F	98.6 F	98.4 F
	Res:	19 b/m	20 b/mt	20 b/m	20 b/mt	22 b/m	20 b/m
	SpO_2:	99%	99%	99%	99%	98%	99.1
	Pulse:	90 b/m	82 bpm	82 b/m	92 bmt	90 b/m	92 b/m
	BP:		110/70 mmHg	110/70 mmHg	130/70 mmHg	120/80	125/[illegible] mmHg
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	40	40	40	15	0	0
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes	☑ Yes	☑ Yes	☑ Yes	☑ Yes	☑ Yes
	Physiotherapy:	Nil	✓	—	—	Nil	Nil
	Others Specify:	☑ No	☑ No	☑ No	☑ No	☑ No	☑ No
	Special Diet:	Nil	—	NBM	clear liquid	clear	S diet
	Critical Lab Test / Values:	Nil	—	—		Nil	Nil
	Other Special Orders / Medications:	☑ No	☑ No	☑ No	☑ No	☑ No	☑ No
	PU Prophylaxis:	☑ No	☑ No	☑ No	☑ No	☑ No	☑ No
	DVT Prophylaxis:	☑ No	☑ No	☑ No	☑ No	☑ No	☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	Depe	Dependent
Post Operative Procedure Special Orders:		—	—	—	-	Nil	Nil
Handed Over By Name :		Meghana	Ruby	Sulu	Pooja	[illegible]	Manasa
Signature / ID :		M020232	018135	020477	9050150	66660	[illegible]
Date:		7/7/26	7/7/26	7/7/26	7/7/26	7/7	8/7
Time:		@ 7:52am	@ 8:45am	2pm	@ 8pm	@ 8pm	@ 8Am
Taken Over By Name :		Jyothi	K. Sulu	Teja	[illegible]	Manasa	[illegible]
Signature / ID :		016110	020477	Teja	66660	[illegible]	018727
Date:		7/7/26	7/7/26	7/7/26	7/7/26	8/7	8/7/26
Time:		7:52am	8:45am	@ 2pm	@ 8pm	@ 8pm	@ 8am

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: EL LSCS - POD-1

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

Surgery / Procedure: yes

Post OP Day: 1

BACKGROUND	Date / Shift	8/7/26 M	8/7/26 E	09/07/26 N	9/7/26 M		
	Medical Condition (Any special condition to be noted):	Nil	BP Tablet	Nil	Nil		
	Diet:	Soft diet	Soft 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	R.A.	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.6°F		
	Res:	20b/m	18b/m	22b/mt	20b/m		
	SpO_2:	99.1.	99.1,	100%.	99.1.		
	Pulse:	72b/m	80b/m	82b/mt	75 b/m		
	BP:	115/84	118/73	—	139/84		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	0	0	0	0		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	Nil	Nil	Nil		
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	dependent		
Post Operative Procedure Special Orders:		Nil	Nil	Nil.	Nil		
Handed Over By Name :		Beunika	Beunika	Subham	Beunika		
Signature / ID :		B018727	B018727	S OTHER	B018727		
Date:		8/7/26	8/7/26	09/07	9/7/26		
Time:		@2pm	@8pm	8pm	@12pm		
Taken Over By Name :		Beunika	Subham	Beunika			
Signature / ID :		B018727	S OTHER	B018727			
Date:		8/7/26	08/07/26	9/7/26			
Time:		2pm	8pm.	@8am			

noted by Beunika 9/7 @ 12pm

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 REDDI RAMANI .**	**Age :**	**40 Y 2 M 4 D**
IP No:	**IP-00060596**	**Sex:**	**Female**
Consultant:	**Dr. SRILATA PATNAIK**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Rashid Khan L
Relationship: Husband
Date: 07-07-2026
Time:
Wittness Name:
Wittness Signature:

Patient Address:
Kharkhana Main Road Kharkhana Main Road Hyderabad Telangana INDIA 500015

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(1)

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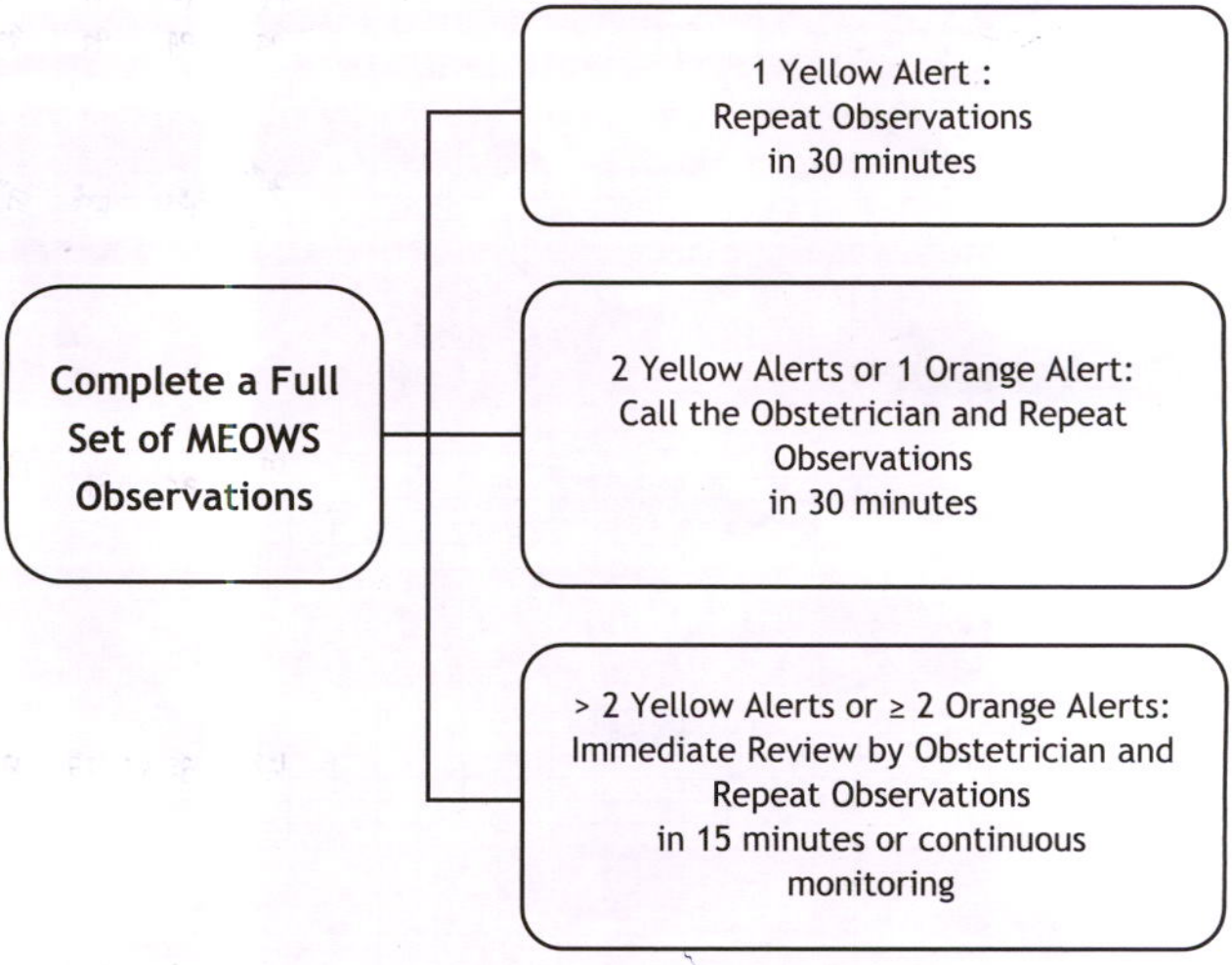
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																	19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %																	99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37																	38.1°C		37.5°C		36.5°C		37°C	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																	91		85		86		90	
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																	128		125	125	128		129	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																	91		95					
	80																							81	
	70																				75	71			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																	✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																	✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																	NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink																	NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES																		0		0		0		0	
TOTAL ORANGE SCORES																		0		0		0		0	
Nurse Initial																		M		M		M		M	

Obstetrics and Gynaecology Early Warning Signs



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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(2)

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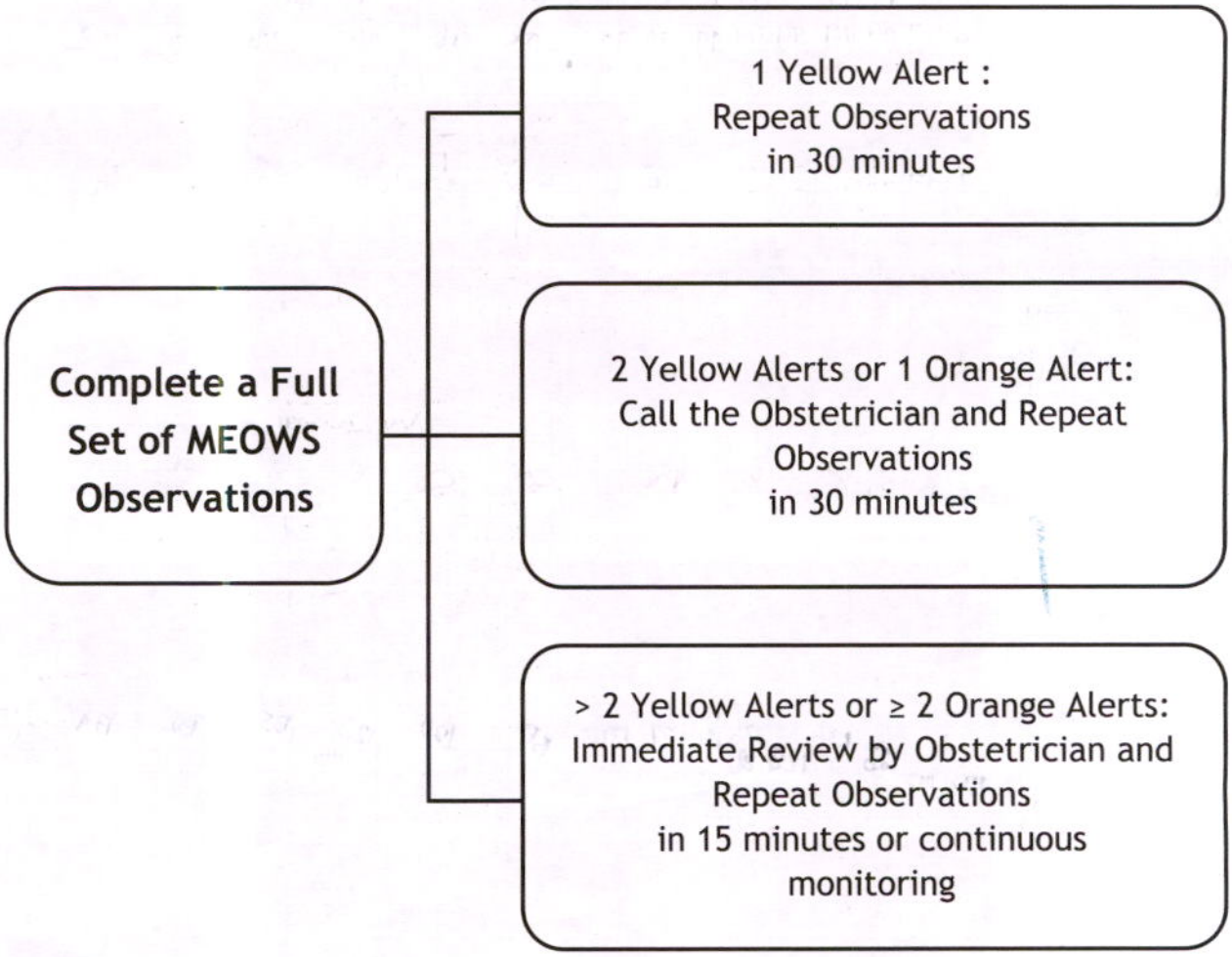
Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	99	19	19	19	19	19	19		19		19		18		19		18		19			18
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99		98		98		99		98		98		99			99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	37	36	37	37	37		38			38		38		37		37		37		37			37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82	85	86	80	82	86	88				85		88		92		94		86		94			88
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140							140																	
	130			126	136	126	136	136	136	134		130		120		125		135		132		134			130
	120																								
	110	110	110																						
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80				86	82	80		84		81				69	89		89		84		86			85
	70	70	72	76				71		77		80													
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		✓		✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		✓		✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		✓		✓			✓
	Heavy / Foul																								
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		✓		✓			✓
	Green																								
TOTAL YELLOW SCORES		0	0	0	1	1	0	0	0	0	0	0		0		0		0		0		0			0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0		0		0		0		0		0			0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

CH-00039544 IP-00060596
rs REDDI RAMANI .
3-05-1986 40 Y 2 M 4 D (F)
r. SRILATA PATNAIK

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Early Warning Observation Score Chart - Obstetrics

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

8/7/26	Date																						
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19		19		19		19		19		18		19		18		19		20		18		19
	0 - 10																								
Saturations	94 - 100 %		99		98		99		98		99		97		100		99		100		97		100		100
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36		36°C		36°C		36°C		36°C		36°C		36°C		37°C		37°C		37°C		36.5°C		36°C		36°C
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		69		72		80		82		77		72		82		84		86		61				
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		130		113		115		118		130		135		121				134		128				128
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90												92										91		
	80		89		82		84		73		82				89				85		88				
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	Heavy / Foul																								
Liquor	Clear / Pink		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓
	Green																								
TOTAL YELLOW SCORES			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
Nurse Initial			B		B		B		B		B		B		SK		SK		SK		SK		SK		SK

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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 5 D (F)
Dr. SRILATA PATNAIK

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Early Warning Observation Score Chart - Obstetrics

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

		Date	9/7/26																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20				19																					
	0 - 10																									
Saturations	94 - 100 %				99																					
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37				36°C																					
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80				95																					
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120				139																					
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80				74																					
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert				✓																					
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓																					
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal				L																					
	Heavy / Foul																									
Liquor	Clear / Pink				✓																					
	Green																									
TOTAL YELLOW SCORES					0																					
TOTAL ORANGE SCORES					0																					
Nurse Initial					B																					

Noted by Dr. @ 12pm

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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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
	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 :**						
7/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	NBM										
	01:00 am	NBM+RL 100ml								✓	0	RM
Total Intake : 500ml						**Total Output :** passed						
7/7/26	02:00 am	NBM+RL 100ml								✓	0	RM
	03:00 am	NBM+RL 100ml								✓	0	Manoj
	04:00 am	NBM + RL 100ml								✓	0	7/7/26
	05:00 am	NBM + RL 100ml								✓	0	@7pm
	06:00 am	NBM + RL 100ml								✓	0	
	07:00 am	NBM + RL 100ml								✓	0	
Total Intake : 600ml						**Total Output :** passed						

Total 24 hrs. Intake	1100ml	Total 24 hrs. Output	passed

BCH-00039544 IP-00060596
Mrs REDDI RAMANI . (F)
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 9

7/7/26

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.

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
			Mouth	I.V	N.G							
7/7/26	08:00 am		NBM	RL 500ml/hr						100ml	0	YK
	09:00 am		NBM + RL 100ml/hr							50ml	0	
	10:00 am		NBM + RL 100ml/hr							50ml	0	
	11:00 am		NBM + RL 100ml/hr							100ml	0	
	12:00 pm		NBM + RL 100ml/hr							100ml	0	7/7/26
	01:00 pm		NBM + RL 100ml/hr.							200ml	0	1pm
Total Intake :			1000ml			**Total Output :**				600ml		
7/7/26	02:00 pm		NBM+RL 100ml							200ml	1	Sindu
	03:00 pm		NBM+RL 100ml							50ml		
	04:00 pm		50ml							50ml	0	
	05:00 pm		50ml							50ml	1	8pm
	06:00 pm									100ml		
	07:00 pm									50ml		7/8/26
Total Intake :						**Total Output :**				500ml		
7/7	08:00 pm									100ml		
	09:00 pm		Idly water							200ml		
	10:00 pm									250ml		
	11:00 pm									250ml	0	
	12:00 am									100ml		
	01:00 am									100ml	1	
Total Intake :						**Total Output :**				1000ml		
8/7	02:00 am									100ml		manasa
	03:00 am		water							100ml		8/7
	04:00 am									100ml	0	@2am
	05:00 am									100ml		
	06:00 am									100ml		
	07:00 am									50ml	1	
Total Intake :						**Total Output :**				550ml		

Total 24 hrs. Intake		Total 24 hrs. Output	2650 ml

CH-00039544 IP-00060596
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Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : 2

8/7/26

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							
8/7/26	08:00 am											
	09:00 am		Idly water							450ml		
	10:00 am											Benonika 8/7 @1pm
	11:00 am									✓	0	
	12:00 pm											
	01:00 pm		•									
Total Intake :						**Total Output :**						
8/7/26	02:00 pm		Rice water									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm									✓	0	Benonika 8/7 @7pm
	07:00 pm											
Total Intake :						**Total Output :**						
8/7	08:00 pm		RCa water									
	09:00 pm									✓		
	10:00 pm										P	
	11:00 pm											
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
9/7	02:00 am											
	03:00 am		water									
	04:00 am									✓	P	Subha 9/07 @ 8Am
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BCH-00039544 IP-00060596
Mrs REDDI RAMANI (F)
03-05-1986 40 Y 2 M 5 D
Dr. SRILATA PATNAIK

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FLUID CHART

Sheet No. : 4

9/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am		Idly water							–		
	10:00 am										0	Bmini 9/7 @12pm
	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 :** Noted by Benjamika 9/7 @12pm						
	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	

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(1)

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	125mcg	PO	OD	5/7/26	☑ C ☐ DC
2	INJ. TRESIBA	26 U	S/C	HS	5/7/26	☐ C ☑ DC
3	T. LABETALOL	100MG	PO	BD	6/7/26	☐ C ☑ DC
4	INJ. TEGLUMENT	14 U	S/C	TID	6/7/26	☐ C ☑ DC
5	T. IRON	1 TAB	PO	OD	6/7/26	☐ C ☑ DC
6	T. CALCIUM	500MG	PO	OD	6/7/26	☐ 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. Rajani,

Date & Time : 7/7/26, 12.10 AM

Nurse Name & Signature: Manga Devi,

Date & Time : 7/7/26 @ 12:10 AM

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(2)

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: ROOM (108)

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	125MCG	PO	ONCE DAILY	7/7/26	☑C ☐DC
2	T- LABETALOL	100MG	PO	12TH HOURLY	7/7/26	☑C ☐DC
3	T. PARA CETAMOL	1GM	PO	6TH HOURLY	7/7/26	☑C ☐DC
4	T. TRAMADOL	100MG	PO	8TH HOURLY	7/7/26	☑C ☐DC
5	T-DICLOFENAC	50MG	PO	8TH HOURLY	7/7/26	☑C ☐DC
6	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	7/7/26	☑C ☐DC
7	INJ CEFOTAXIME	1GM	IV	12TH HOURLY	7/7/26	☑C ☐DC
8	INJ ENOXAPARIN	40MG	PO	ONCE DAILY	4	☑C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. YOGESHWARI

Date & Time : 7/7/2026 5 PM

Nurse Name & Signature: K. Suhasini

Date & Time : 7/7/26 5PM

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

(1)

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DRUG CHART

Date of Admission: 7/7/16@12:10AM Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

REGULAR PRESCRIPTIONS

Weight. 82.9kg Ward. CW

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
125mcg	PO	ONCE DAILY	7/7

Date / Time: 7/7, 8/7, 9/7 — 6 AM

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

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Cliti 7/7/26

DRUG : T. LABETALOL

Dose	Route	Frequency	Start Date
100MG	PO	12th hly	7/7

Date / Time: 7/7, 8/7 — 9 AM, 4AM; 9 PM, 3:33pm, 8PM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Cliti 7/7/26

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6thhrly	07/07

Date / Time: 7/7, 8/7, 9/7 — 12 AM; 6AM; 12 pm; 6 pm

Name & Signature of the Doctor Starting the Drugs: Dr P Madhav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

S. maaykemar 7/7/26

DRUG : Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	8thhrly	07/07

Date / Time: 7/7, 8/7, 9/7 — 7 AM; 3 pm; 11 pm

Name & Signature of the Doctor Starting the Drugs: Dr P Madhav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

S. maaykemar 7/7/26

Rainbow Children's Hospital

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
		0	L/W	82.9kg

REGULAR PRESCRIPTIONS

DRUG : Tab. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	PO	8thhrly	07/07

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	7/7	8/7	9/7
6 AM		ESW, Sdays	Gay
2 PM	B		
10 PM	ESW, Sdays	Gay, Kaye	

S. Maaybanas 7/7/26

DRUG : Inj. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	SC	ONCE DAILY	07/07

Name & Signature of the Doctor starting the Drugs: x 7days Dr P Madhav

Additional Instructions: administer after 03:00pm after checking for active bleeding

Daily Doctor's Endorsement by a Sign.

Date / Time	7/7	08/7
11 PM	ESW, Sdays	Gaye

S. Maaybanas 7/7/26

DRUG : INJ. CEFOTAXIME

Dose	Route	Frequency	Start Dt.
1GM	IV	12th hrly	7/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	7/7	8/7	9/7
8 AM		ESW, Sdays	Gay
8 PM			

STOP
DR. NIKHITA
9/7/2026
8 AM.

S. Maaybanas 7/7/26

DRUG : T. PANTOPRAZOLE

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	8/7	9/7
6 AM	ESW, Sdays	Gay

S. Maaybanas 9/7/26

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BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 5 D (F)
Dr. SRILATA PATNAIK

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

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

REGULAR PRESCRIPTIONS

DRUG : T. CEFUROXIME			
Dose	Route	Frequency	Start Dt.
500 MG	PO	12TH HOURLY	9/7
Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.			
Additional Instructions: T. CEFTUM 500 MG			
Daily Doctor's Endorsement by a Sign.			

DRUG :			
Dose	Route	Frequency	Start Dt.
Name & Signature of the Doctor starting the Drugs:			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign.			

DRUG :			
Dose	Route	Frequency	Start Dt.
Name & Signature of the Doctor starting the Drugs:			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign.			

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 grid: (blank)

CIN : U85110 TG1998 PTC029914

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 82.9 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7	9:00PM	T. MISOPROSTOL	400 mcg	PR			
9/7		SUPPOSITORY BISACODYL	20 MG	PR			

Verified
Dr. Rishika
Clinical Pharmacologist

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

Weight. 82.9kg Ward. Ward

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	2AM	T. BISACODYL	20 MG	PO		
7/7/26	7:20AM	INJ. CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		
7/7/26	6:40AM	INJ. PANTOPRAZOLE	40 MG	IV		
7/7/26	6:40AM	INJ. METACLOPRAMIDE	10 MG	IV		
07/07	08:12 AM	Inj. CARBETOCIN	100 mcg	IV		
07/07	08:15 AM	Inj. TRANEXAMIC ACID	1 gm	IV		
07/07	09:00 AM	Sup. TRAMADOL	100 mg	PR		
07/07	09:00 AM	Sup. DICLOFENAC	100 mg	PR		
7/7	8:20AM	T. MISOPROSTOL	400 mcg	Intra-Cavitary		

Verified Dr. Rishika Clinical Pharmacologist

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
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I.V. FLUIDS CHART

Weight. 82.9 kg Ward. ICU

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
7/7	1:40 AM	RINGER LACTATE	IV	ff			7/7		
7/7	3:40 AM	RINGER LACTATE	IV	100ml/hr			07/07		
07/07	08:20 AM	RINGER LACTATE	IV	900 ml/hr			7/7		

Signature .....

VERIFIED BY : Name .....

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. SRILATA PATNAIK.	Date of Delivery: 07/07/26
Assistant Surgeon: Dr. GREESHMA	~~Time~~ Weight of Delivery: I- 2.218 kg. II- 2.13 kg
Anaesthetist's Name: Dr. MADHAV	Gender of Baby: I- Male II- Male
Type of Anaesthesia: SPINAL	~~Weight~~ Time of Baby: I- 8:10:31 AM II- 8:11:22 AM.
Neonatologist: Dr. VISHAL	AGPAR Score: I- 7/10, 9/10 II- 7/10, 9/10
Scrub Nurse: SIS. RUBY SA	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☑ Elective ☐ Emergency Indication: G4A3 Σ 36+4 weeks Σ DCDA twins Σ PreGDM. CI.) Σ Hypothyroidism Σ G-HTN Σ IUF Σ AMA Σ Twin II transverse lie & Twin I increased resistance Σ SGA baby

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

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

CTG Description: Reactive

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

Surgical Procedure: ELECTIVE LOWER SEGMENT CESAREAN SECTION

Post Operative Diagnosis:

Peri-Operative Complications:

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

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

Presentation: ☑ Cephalic ☐ Breech ☐ Other ..... (Twin I, Twin II - Transverse lie)
Cervical Dilatation: ..... cm
5th Palpable: .....
Fetal Position: .....
Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Moulding: ☐ None ☐ + ☐ ++ ☐ +++
Caput: ☐ + ☐ ++ ☐ +++
Meconium: ☐ None ☐ + ☐ ++ ☐ +++
Bladder Catheterized : ☑ Yes ☐ No
Urine: ☑ Clear ☐ Blood Stained

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other .....
Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision
Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar
Incision Through Placenta: ☐ Yes ☑ No
Delivery of head: ☐ Manual ☑ Forceps - Twin I, Twin II - Manual after controlled ARM
Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☑ Not Offensive
Delivery of Placenta: ☐ Manual ☑ CCT ..... ☑ Complete ☐ Incomplete ☐ Piecemeal
Cord Appearance: NORMAL ..... Cord around the neck ☐ Yes ☑ No
Appearance of placenta: NORMAL ..... Cavity explored ☑ Yes ☐ No
Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

Uterine Closure: ☐ One Layer ☑ Two Layers ..... VICRYL 1-0 ..... Suture
Peritoneal Closure: ☐ Pelvic ☐ Abdominal ☐ None ..... Suture
Sheath Closure: ..... VICRYL 1-0 ..... Suture
Fat Closure: ☑ Yes ☐ No ..... CAT.G.U.T ..... Suture
Skin Closure: ☑ Subcuticular ☐ Mattress ..... MONOCRYL 3-0 ..... Suture
Vaginal Evacuated ☑ Yes ☐ No
Drain: ☐ Yes ☑ No ☐ Remove in ..... days ☐ Await instructions
Ctheter ☑ Yes ☐ No ☐ Remove in ..12 Hours.. days ☐ Await instructions
Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No
Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: NBM x 6 hrs, Rest, I/o charting, BP charting, GRBS 6th hrly, Monitor vitals, Follow drug chart, Inform SOS

Dr. Srikata

Doctor Name: Dr. SRIKATA PATNAIK Doctor Signature: .....
Date & Time: 7/01/26, 9:30 Am