INSURANCE COPY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Mrs B JHANSI	**UHID**	VIH-00204698
Father/Guardian	Mr M AVINASH	**Age/Gender**	26 Y 9 M 8 D/Female
Address	4-37/6a, hasmathpet lionstone colony, Old Bowenpally, Hyderabad, Telangana, INDIA, 500011		
IP No	IP-00060507	**Admission Date**	28-06-2026
Ref Doctor	Self	**Discharge Date**	01-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+2 weeks with Oligohydramnios with Short stature for Induction of Labour.

EMERGENCY LOWER SEGMENT CESAREAN SECTION DONE UNDER SPINAL ANAESTHESIA ON 29.6.2026

History:
LMP: 28.9.2025
Obstetric formula: Primigravida
EDD: 17.7.2026
Gestation at admission: 37+2 weeks

Obstetric History:
G1 - Present pregnancy Spontaneous conception.

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

Name	Mrs B JHANSI	UHID	VIH-00204698

Antenatal Details: Mrs. B. JHANSI was booked to Rainbow hospital at 29+6 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had history of anemia at 29 weeks and was managed by Tablet Iron BD. She was admitted at 37+2 weeks with Oligohydramnios with Short stature for Induction of Labour.

Investigations: Enclosed
Blood group: 'O' POSITIVE

Management: Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consents for induction of labour taken and labour induced with 4 doses of PGE1. Artificial rupture of membrance done at 1 cm dilatation revealing clear liqour. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Despite of induction of labour, no adquate contractions, no cervical changes noted. Patient and attenders were explained regarding the non progress of labour, risks of fetal distress, risks of continuing with normal vaginal delivery and the need for emergency lscs and they opted for emergency lscs.

She was decided for emergency C-section in view non progress of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV pantop and Perinorm) given. Antibiotic prophylaxis with Injection Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Clear liquor seen. Baby delivered 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 1000 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:
Date: 29.6.2026
Time of Delivery: 3:45:15pm
Type of Delivery: Emergency LSCS
Indication: non progress of labour
Analgesia: Spinal

Baby Details:
Date: 29.6.2026
Time: 3:45:15 pm
Sex: Male
Weight: 2.426kgs
Apgar: 7/10, 8/10
Gestational Age: 37+3 weeks
NICU Admission: yes

Post-Operative Notes: Post Operative Period:

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

Name	Mrs B JHANSI	UHID	VIH-00204698

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 5.7.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 5.7.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 5.7.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 5.7.2026 (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. Nebasulf powder for local application.
8. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 4.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Care of the wound:

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

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

Name: Signature:

Relationship:

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

Registrar/Resident/C.M.O

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

Rainbow Children's Hospital - Secunderabad

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

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PatientName	: Mrs B JHANSI	**Inpatient No.**	: IP-00060507
Age/Gender	: 26 Y 9 M 7 D/ Female	**Admit Date**	: 28-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :28-06-2026 17:05

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**11.2**	**g/dL**	L	12 - 16
RBC COUNT (DC detection method)	4.02	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**31.7**	**VOL%**	L	33 - 51
MCV (Calculated)	**78.7**	**fL**	L	80 - 100
MCH (Calculated)	28.0	pg/cells		26 - 34
MCHC (Calculated)	35.5	g/dL		32 - 36
RDW-CV (Calculated)	**13.6**	**%**	H	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	328	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**11.85**	**10^9/L**	H	4.5 - 11
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**71**	**%**	H	35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	**23**	**%**	L	24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE**			

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 8 D (F)
Dr. BHAVANA K

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SURGERY DETAILS

Date : 29/6/26

Patient Name: Mrs. B. Jhansi Date of Birth: 21/09/1999 Age: 26yrs

Gender: female Ward : OT UHID No.: 00204698

Date of Surgery: 29/6/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section ↓SA

Time in : 03:35pm Time Out : 04:30pm

	NAME	AMOUNT
1. Surgeon	: Dr. Bhavana. K.	OT charges
2. Anaesthetist	: Dr. madhav	
3. Assistant Surgeon	: Dr. Soumya / Dr. Nausheen	
4. OT Technician	: Tech. vaishnavi	
5. Circulating Nurse	: Sr. Azad / Sr. Aziz	
6. Assistant Nurse	: Sr. Prasoona	

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

Dr Nausheen
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3095822 / 3095823 Order by: Ruby. F

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VIH-00204688 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

ACT **LING**

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

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

Date of Admission : 28/6/26 Time : 01:45PM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	3:20 pm	L/W	OT	
29/6/26	06:10pm	OT	MICU	
29/6/26	@ 10:30pm	MICU	Room (114)	

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
28/6/26	CBP	V12602797	puja
28/6/26	NST at 3:30PM (1)	R26-010306	puja
28/6/26	NST @ 8:00pm (2)	R26-010309	
29/6/26	NST @ 12 AM (3)	R26-010321	Rani
29/6/26	NST 4AM (4)	R26-010322	
29/6/26	NST 8AM (5)	R26-010407	Rani
	cross checked by Rani 29/6/26 @ 10 pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Infusion pump	6:00pm	10 Pm	3095807	Ravi
29/6/26	Cardiac monitor	6:00pm	10 Pm		
	Cross Checked by	Ravi		29/6/26 @	10 pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/6/26	I V placement	1	3095493	Sruja
29/6/26	Catheterization	1	3095806	Rani
29/6/26	PAC	1	3095808	Rani
	cross checked by Rani 29/6/26 @ 10 pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sahuja I/T @ 10:30 Am		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

Patient Nam

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	01	—	—	
4	Patient Trasfer Forms	03	—	—	
5	In-patient Medical Record				
6	Doctors Progress Sheets	05	—	—	
7	Nurses Progress notes	04	—	—	
8	Consultation Sheets	07	—	—	
9	General Consent for Treatment	01	—	—	
10	Conset for Surgery	01	—	—	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist	01	—	—	
23	Operation Theatre notes				
24	Nurses Clinical Presentation			—	
25	TPR & BP chart	04	—	—	
26	Intake and Output chart (fluid Chart)	03	—	—	
27	Drug Chart (Regular prescription)	04	—	—	
28	Daily Investigation sheet	01	—	—	
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty Dumpty	00	—	—	
	Pain assessment	03	—	—	
	Thrombophlebitis	01	—	—	
	Braden q scale	01	—	—	
	other				
	Total No. of Pages	38			

marked @ 8AM 11/2/26

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060507 **Admit Date** : 28-Jun-2026 **Admit Time** : 04:05 PM **UHID** : VIH-00204698

Patient Details :

Patient Name	: Mrs B JHANSI	**Age**	: 26 Y 9 M 7 D
Guardian	: Mr M AVINASH	**DOB**	: 21-09-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-37/6a, hasmathpet lionstone colony Old Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8125103307/ 9381275653
		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 M AVINASH **Relationship** : Husband

Contact Address : **Phone No** : 8125103307

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others, specify —

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify —

Chief Complaints: Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavan

Time Notified: 4pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	NO

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 28/9/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: TOL

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primi ☐ 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 Father - Dm mother - Hypothyroid

Vital Signs / Measurements: Temp: 97.1°F HR: 79bt/m RR: 19b/m

BP: 112/71mmHg Weight: 57kgs Height: 156.5cm BMI: 23

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

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score '0' (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score '0' (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Mrs. B. JHANSI .....

Name of Person Orientation was given to: ..... Mrs. B. JHANSI .....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: 28/6/26 @ 4:15pm .....

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Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/26 Time of Arrival: 3:10pm Time Seen by Nurse: 3:10pm

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: ROL

3) **Vital Signs:** Temperature: 97.1°F Pulse: 80 bpm RR: 19 /min SpO_2: 98% BP: 112/71 mmHg Weight: 57 kgs.

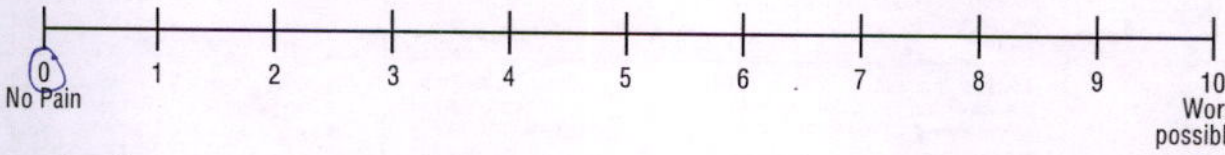
4) **Gestational Criteria:**

Gravida:	G primi	P –	L–	A –

LMP: 28/9/2025 EDD: 17/7/2026 Gestational Age: 37 + 2 Weeks

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

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



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

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

7) **Allergy:** ☐ Yes ☐ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 4pm

Nurse Name : Prathyusha Nurse Signature: A

Date: 28/6/26 Time: 3:40 pm

VIH-00204698 IP-00060507
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21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: Primi
MS - 10m NCM.

Obstetric Hostory:
G1 - PP - spont conception

Present Pregnancy Record:
Booked to RCH at 29+6 weeks
Oser AHC's Ankura
T1 T2 T3 - uneventful

RISK FACTORS: H/o Anemia - 29 weeks, managed with oral medication.

- ~~Anemia~~ corrected Anemia
- Oligohydramnios
- Short stature. (146.5cm)

Height: 146.5 cm
Weight: 57 kg
Allergies: -
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C/C/C
Pallor: (-)
Icterus: (-)
Edema: (-)
Temp: Afebrile
PR:
BP:
DTR: (+)
CVS: $S_1 S_2$ (+)
RS: BAE (+)
Liver/Spleen: NAD
Urine Output: Adequate

LMP: 28/9/25
EDD:
Corrected EDD: 17/7/26
GA: 37+2 weeks

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Ut = TG

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

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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

DIAGNOSIS

Primi with 37 + 2 weeks with ~~Anemia~~ with Oligohydramnios with short stature for Induction of Labour.

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

Family History:
Father - DM
mother - Hypothyroid

Surgical History:
NIL

Medical History:
NIL

Medication History:
NIL

Plan of Care: C/I to Dr Bhavana Mam
- Admission
- consent
- past preparation
- (N) diet
- NST - 4th hourly
- send CBP
- Tab misoprostol 25 mg - 4th hourly
- Birthing ball excercise
- Ambulation
- follow dry chart
- monitor vitals
- Inform SOS.

Noted by Prathyusha

HPLC - (N)

Investigations: BG - 'O' POSITIVE

HIV, HBsAg, HCV, VDRL } NK. 22/5/26

CBP - 12/12100/3.1

29/4/26 - TIFFA scan (outside)
- SLIUF
- 19 + 3 weeks
- No anomalies
- CL - 3.3 cm.

29/12/25 - NT scan (outside)
- SLIUF
- 11 + 5 weeks
- NT - 1.6 mm
- CL - 3.5 cm

22/2/26 - Growth scan (outside)
- SLIUF
- 32 weeks
- Cephalic
- PL - Post upper segment
- AFI - 9 cm
- AC - 309 mm 10%.
- EFW - 2.204 ± 380 gm
- Dilation of large bowel - 15 mm +
- B/L Renal pelvis - (N)

Doctor Name: Dr Farna
Signature: Dr farna2
Date & Time: 28/6/26 4PM

Consultant Name: Dr Bhavana K
Signature:
Date & Time: 28/6/26.

PATIENT TRANSFER FORM (1)

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00204698 IP-00060507 Mrs B JHANSI 21-09-1999 26 Y 9 M 7 D (F) Dr. BHAVANA K	Date & Time of Admission	Date & Time of Transfer Order
	28/6/26 at: 4:05pm	29/6/26 @ 3:20pm
	Transfer Ordered by	Reason for Transfer
	Dr. Bhavana. K	EM-LSCS
From Unit	To Unit	Information to Attendant
HW	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
- 40	- NST -	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Soumya Sree

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Meghana	Dr. Bhavana. K

Patient & Clinical Records Received by : Vanitha

Date & Time of Patient Received : 29/6/26 3:20pm

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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Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
28/6/26 @ 4:05pm	29/6/26 @ 6:10pm,

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Bhavana. K.	Dr. madhav.	post operative care.

From Unit	To Unit	Information to Attendant
OT	MICU.	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
45	NIL (6)	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Praveena	Dr. madhav.

Patient & Clinical Records Received by : Meghana.

Date & Time of Patient Received : 29/6/26 @6:10pm

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

PATIENT TRANSFER FORM

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Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
28/6/26 @ 4:5Pm	29/6/26 @ 10:30Pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Mounika.	observation

From Unit	To Unit	Information to Attendant
MICU	Room (114)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
	NS+ - (6)	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. Mounika.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Kamala.	Dr. Mounika.

Patient & Clinical Records Received by : Sr. Benonika

Date & Time of Patient Received : 29/6/26 @10:30 pm

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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21-09-1999
Dr. BHAVANA K 26 Y 9 M 7 D (F)

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/24 4:45pm	Pt is c/c/c	
	GC fair	Adv
NST reactive	Afebrile	- (N) diet
	BP ~ 118/78 mmHg	- Ambulation
Tab misoprostol 25 µg PV @ 4:45pm	PR ~ 86 bpm.	- Hydration
	S/E ~ NAD	- w/f ~~PV bleeding~~
	P/A - ~~...~~ ~ TG	- follow drug chart
	(C) FHR (+) 138 bpm	- w/f POL
	Relaxed	- NST - 4th hourly
	V/E ~ Cx - long	- FHR monitoring
	os - closed	- Birthing ball exercise
	PP ^{vx} (-2)	- monitor vitals
		- Inform SOS
	noted by prathyusha @ 4:45pm	Dr Farheen
28/6/24 8:45pm		
	Pt is c/c/c	
	GC fair	Adv
Tab misoprostol 25 µg PV @ 8:45 pm	Afebrile	- (N) diet
	BP ~ 108/71 mmHg	- Ambulation
	PR ~ 77 bpm.	- NST - 4th hourly
	S/E ~ NAD V/E - Cx -	- FHR monitoring.
	P/A - UterO os -	- W/f for POL
NST reactive	(C) FHR (+) 148 bpm PP ^{vx}	- follow drug chart
	Relaxed.	- monitor vitals
	Noted by Ravi 28/6/24 @ 8:45 pm	- Inform SOS
		Dr Farheen

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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 12:45 AM	C/S By Dr madhumita maam	
	Pt is c/c/c	
	RTC fair	Adv
	Afebrile	- Diabetic (N) diet
NST reactive	BP - 118/62 mmHg	- Ambulation
	PR - 71 bpm	- Hydration
	S/E - NAD	- w/f PV bleeding
w/f spontaneous progress	P/A - Ut ~ TG	- FHR continuous monitoring
	(c) FHR - 140 bpm	
	4c/35-40sec/10min	- follow drug chart
	v/e - cx - long post	- monitor vitals
	os - 1 finger	- Inform SOS
	PP < vx (-2)	- NST-4th hourly.
Noted by Sai... 29/6/26		Dr James
29/6/26 5:30 AM	C/I to Dr madhumita Maam	
	Pt is c/c/c	Adv
	GC fair	- Diabetic (N) diet
	Afebrile	- Ambulation
NST reactive	BP - 109/64 mmHg	- Hydration
Tab misoprostol 25 mg kept PV @ 5:30 AM.	PR - 69 bpm	- w/f PV bleeding
	S/E - NAD	- NST-4th hourly
	P/A - Ut ~ TG	- FHR monitoring
	(c) FHR (+) 149 bpm os - 1 finger light	- follow drug chart
	Irritable. PP < vx (-2).	- monitor vitals
Plan ARM at 9 am	v/e - cx - long, post	- Inform SOS

Noted by Meghna 29/6/26 5:30 AM

Dr James

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Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8:45 AM.	C/S By Dr madhumita Maam	
	Pt is c/c/c	Adv
	GC fair	- (N) diet
	Afebrile	- Ambulation
	BP - 109/61 mmHg	- Hydration
	PR - 86 bpm	- w/f POL
ARM	S/E - NAD	- follow drug
done	P/A - Ut - TG	chart
	(C) FHR (+) 138 bpm	- NST - 4th hourly
	Irritable.	- FHR monitoring
	V/E - Cx - 1/2 inch, soft, post	- Inform SOS
	OS - 1 cm m(-)	
	PPT x (-2), liq clear	Jhansi Dr. [illegible]
	Noted by Meghna 29/6/26 @ 8:45AM	
29/6/26 9:15 AM.	O/E - pt is c/c/c.	Adv:
	GC - Fair	- clear liquids
	Afebrile	- Continuous FHR monitoring
	BP - 112/64 mmHg.	- Ambulation
Tab miso	PR - 88 bpm	- Birthing ball exercises.
50 mcg	S/E - NAD.	- w/F POL
PO given at 9:15AM	P/A - ut - TG.	- NST 4th hrly.
	cephalic	- monitor vitals
NST reactive	FHR (+) 140 bpm	- Follow drug chart
CBP - 11.2 / 11.85 / 3.28 L	irritable	- Inform SOS
	V/E - Cx - 1/2 inch, soft.	- start synto at 12 pm.
Noted by Meghna	OS - 1 cm	Dr. Nikhita
29/6/26 @ 9:15AM	PPV x -1-2	
	memb (-), liq. clear.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	cs by Dr. Soumya sri	
29/6/26 1:30 pm	P/A ut ~ T	Adv
	O/E pt c/c/c	- NBM
	afeb	- FHR monitoring
	afebrile	- NST 4th hrly
	BP-111/70 mmHg	- monitor vitals
NST reactive	PR-85 bpm	- follow drug chart
	S1S2N AD	- inform SOS
	P/A ut ~ T4	
	3c/30sec/10min	
	cephalic	
	FHR ⊕ 140 bpm	
	PV- cx ½ inch	
	os - 1 cm	
	m ⊕ liq ⊕	Dr. Ashwini
	PPUR - ~	
	input ⊕	
	Noted by Meghna 29/6/26 at 1:30pm	
29/6/26 3 PM	Patient and attender have been explained regarding the non-progression of labor and risk of fetal distress and risk of continuing with vaginal delivery & need for Emergency LSCS and they opted for it.	
	B. Jhansi (Patient) ... (Husband)	Dr. Greeshma

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Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 5:15pm.	POD-0 (Post LSCS)	
	O/E pt is c/c/c Gc fair Afeb BP- 127/70mmHg PR- 76bpm. S/E NAD P/A soft UT NW/R UE NAB Baby NICU.	Adv - NBM x 4 hr - RL @ 125ml/hr - I/O charting - W/F bleeding PV - Monitor Vitals - Follow drug chart - Inform SOS.
Vo- 150 ml high coloured		
	Noted by meghana 29/6/26 5:15pm	Dr Nausheen
29/6/26 9:30pm	POD- 0 (LSCS) O/E Pt is c/c/c Gc fair Afebrile BP- 115/60mmHg PR- 88bpm S/E - NAD P/A - UT ~ WR Soft BS (+) UE - NAB Baby - NICU	Adv - clear liquids at 10pm - W/F bleeding PV - Monitor vitals - Follow drug chart - I/O charting - Adequate hydration - Inform SOS - Soft diet 6AM
Vo- 250ml clear adequate		
Pt can be shifted to room		
	Noted by Kanel 29/6/26 9:30PM	Dr Yogeshwari

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Mrs B JHANSI
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Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 8 AM	POD-1 (LSCS)	
	O/E	Adv
	pt is c/c/c	soft diet
Pik1	Gc fair	- W/F bleeding PV
	Afebrile	- Monitor vitals
	BP- 112/70 mmHg	- follow drug chart
Vo - 1600ml clear adequate	PR- 86 bpm	- Adequate hydration
	S/E - NAD	- Ambulation
	P/A - Ut ~ WR	- Inform SOS.
	Soft BS+	
Remove foley's	L/E - NAB	
	Baby - NICU	
Baby NICU		Dr Yogeshwari
	POD-1	
30/6/26 3PM	c/o episodes of vomiting - No distension	
	O/E pt c/c/c	
Pik	Gc fair	Adv
	afebrile	- N diet
UP MVP.	BP- 109/75 mmHg	- Inj. Zofer 4mg stat
	PR- 76 bpm	- W/F bleeding PV
	S/E NAD	- adq. hydration
baby NICU	P/A Ut+ WR+	- ambulation
	BS+	- monitor vitals
	P/V - NAB	- follow drug chart
		- Inform SOS
		A/D Dr. Ashwini

Noted by Manisha 30/6/26 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	No vomiting, nausea	
30/6/26 9 PM	POD-1	Adv
	O/E pt c/c/c	– N diet
	c/c fair	
P, 4	afebrile	– W/F bleeding PV
	BP – 109/75 mmHg	– adq. hydration
UP	PR – 75 bpm	– ambulation
M–NP	S/E NAD	– monitor vitals
	P/Abd soft	– follow drug chart
	BS +	
	P/V – NAB	– inj ... SOS
	baby ... NICU	Dr. Ashwini
1/7/26 7:15 AM.	POD-2 (Post LSCS)	
	O/E pt c/c/c	Adv
	c/c fair	– N diet
P, 4	afebrile	– W/F bleeding
	BP – 117/72 mmHg	– adq hydration
UP	PR – 76 bpm.	– ambulation
M – NP	S/E NAD	– monitor vitals
	P/Abd soft	– follow drug chart
Dressing Done wound healthy	BS +	
pt can be discharged.	PV – NAB Baby NICU.	– inj ... SOS
	Vaginal Examination Done no active bleeding	Dr. Nausheen
		noted by ...

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order
	FHAE	FHR	CONTRACTIONS
28/6			
	4pm	149 b/mt	
	4:30pm	140 b/mt	
	5pm	150 b/mt	
	5:30pm	146 b/mt	NIL
	6pm	141 b/mt	
	6:30pm	148 b/mt	
	7pm	139 b/mt	
	7:30pm	136 b/mt	
	8pm	151 b/mt	
	8:30pm	142 b/mt	NIL
	9pm	142 b/mt	
	9:30pm	139 b/mt	
	10 pm	140 b/mt	
	10:30pm	140 b/mt	
	11 pm	136 b/mt	
	11:30pm	142 b/mt	
29/6	12 Am	146 b/mt	NIL irritabelity.
	12:30 Am	142 b/mt	
	1 Am	142 b/m	
	1:30 Am	135 b/m	
	2 Am	132 b/m	
	2:30 Am	142 b/m	
	3 Am	135 b/m	
	3:30 Am	137 b/m	
	4:00 Am	140 b/m	irritabulity
	4:30 Am	143 b/m	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order
	Time	FHR	contraction
29/6/26	5AM	136b/m	
	5:30AM	138b/m	
	6AM	140b/m	
	6:30AM	158b/m	
	7AM	152b/m	
	7:30AM	132b/m	
	8AM.	140b/m.	
	8:30AM	146b/mt.	
	9AM	148b/mt	
	9:30AM	140 b/mt	
	10AM	141 b/mt	
	10:30AM	142 b/mt	
	11AM	146b/mt	
	11:30AM	138 b/mt	
	12PM	136b/mt	
	12:30PM	140b/mt.	
	1PM	143b/mt	
	1:30PM	146b/mt	
	2PM	152b/mt	
	2:30PM	142b/mt	
	3PM	150b/mt	
	delivered		

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Primi c̄ 37+2 weeks c̄ oligohydramnios c̄ Short stature for IOL.			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	28/6 E	28/6 N	29/6/26 M	29/6/26 E	29/6 E	29/6 E
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	N diet	N diet	NBM	NBM	NBM	NBM
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	—	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Vital Signs: Temp:	97.2°F	98.6°F	98.6°F	98.2°F	98.6F	98.1F
	Res:	20 b/m	19 b/m	19 b/mt	19 b/mt	18 b/mt	17 b/mt
	SpO_2:	96%	98%	99%	99%	98%	99%
	Pulse:	80 b/m	86 b/m	80 b/mt	86 b/mt	84 b/mt	88 b/mt
	BP:	114/71 mmHg	117/70	118/76 mmHg	117/76 mmHg	113/70 mmHg	113/76 mmHg
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	0	15	0	0	15	15
	Pain Score:	0	0	01	2	2	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	N diet	N diet	NBM	NBM	NBM	NBM
	Critical Lab Test / Values:	—	—	—	—	—	—
	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				
Handed Over By Name :		prathyusha	K. Suhasini	Meghna	Meghana	Pravani	Meghana
Signature / ID :		020533	020477	M 020232	M 020232	[signature]	[signature]
Date:		28/6/26	29/6/26	29/6/26	29/6/26	29/6/26	29/6/26
Time:		@8pm	8Am	@2pm	@3:20pm	@6:19pm	@8pm
Taken Over By Name :		Devi	Meghana	Meghna	Pravanya	Meghana	[signature]
Signature / ID :		09082	M 020232	M 020232	[signature]	[signature]	020573
Date:		28/6/26	29/6/26	29/6/26	29/6/26	29/6/26	29/6/26
Time:		[illegible]	@8Am	@2pm	@3:20pm	@6:20pm	@8PM

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

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

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: primi c 37+2wks c oligohydromnis c short stature for IOL.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	29/6/26 N	29/6/26 N	30/6/26 M	30/6/26 E	30/6/26 NIGHT	01/7/26 M
	Medical Condition (Any special condition to be noted):		—	—	—	NIL	Nil
	Diet:			Soft diet	S. diet	Soft 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:	98.1°F	98.2°F	98.6°F	98.6°F	98.4°F	98.6°F
	Res:	18b/mt	20b/m	22b/m	20 b/m	24b/min	20b/m
	SpO_2:	100%.	99%.	99%.	98%.	99%.	99%.
	Pulse:	88b/mt	88b/m	100b/m	94 b/m	96b/min	75b/m
	BP:	120/70mmHg	110/70mmHg	108/78(83)	104/72(80)	106/76(82)	110/65
	LOC:	conscious	conscious	conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	0	0	0	0	0	0
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	NIL	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Special Diet:			S.diet	S.diet	Soft diet	S.diet
	Critical Lab Test / Values:	—	—	—	—	NIL	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:			—	Nil	Nil	NIL	Nil
Handed Over By Name :		Komal	Vasthy	Manisha	Anitha	Manasa	Bowmike
Signature / ID :		020573	9050141	9050145	9050140	019547	018727
Date:		29/6/26	30/6/26	30/6/26	30/6/26	1/7/26	1/7/26
Time:		@10.25pm	@8am	@2pm	@8pm	8AM	@11am
Taken Over By Name :		Vasthy	Manisha	Manisha	Manasa	Subham	
Signature / ID :		9050141	9050145	9050145	019547	17444	
Date:		29/6/26	30/6/26	30/6/26	8pm	01/7/26	
Time:		@10.40pm	@8am	@2pm	30/6/26	@8AM	

Noted by Bowmika 1/7 @10a

Docu. No. : RCH /FRM / CLINICAL / 097

MH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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

Date: 28/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify.... To check NST Every 4th Hourly
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3:30 Pm	Ensure Safety	3:30 Pm	Provide side rails	To prevent fall from bedside.	Patient was Safe	Prathyusha @ 3:30pm 28/6/26
	7pm	maintain fluid Balance	7pm	Encourage to take Oral fluids	Provided Oral fluids	Patient was dehydrated	Prathyusha @ 7pm 28/6/26
Night	8pm → To check NST every 4th hourly 6 am → Maintain fluid Balance.		8:15 PM 6 am	→ NST checked it's reacted FHR - checked - 142 b/mt Encourage to take oral fluids.	→ NST is good Prevent dehydration	→ Re-Assessed NST is reacted Patient well hydrated.	Rani 28/6/26 8pm

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 29/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	⇒ Ensure safety ⇒ Any others, specify	9:10 AM	⇒ provided side rails ⇒ Check FHR & NST 4th hourly	⇒ patient safety ⇒ Checked FHR & NST	⇒ patient safe & comfortable ⇒ FHR & NST good	29/6/26 @1pm
Afternoon	2pm 1pm 7 Pm	⇒ Any others Specify. maintain fluid balance	12Am 7 Pm	⇒ Chek FHR & NST 4th hourly Maintained RL 100ml/hr	⇒ Checked FHR & NST To prevent dehydration.	⇒ FHR & NST good. Patient is Comfortable	29/6/26 @8pm
Night	9 Pm 11pm	Ensure safety * Maintain fluid fluid Balance	9 pm 12Am	To provied side rails. * Maintained intake	To prevent fall To prevent dehydration	Patient is Good Re-assessment done pt is stable	29/6/26 @10:30pm 29.6.26 @8pm.

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 30.6.26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	→ Ensure safety - Maintain Good Nutritional Status		- side rail kept up - oral intake is Good.	- prevent from fall risk - provided soft diet	- patient is stable	Manisha 30/6/26 @2pm
Afternoon	3pm 4pm	→ Maintain Aseptic Technique → check vitals		→ Maintained Aseptic Technique → checked the vitals	→ To prevent infection → To vitals are Normal	→ patient is Stable	manisha 30/6 @ 8pm
Night	11pm 7AM	→ Ensure Safety → check vitals		→ Side rail kept up → Checked the vitals	→ Prevent from fall risk → To vitals checked and recorded	→ Patient is stable	Manasa 1/7/26 8AM

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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

Date: 01/7/26

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 Note Doctor came for rounds and advice for discharge.			
Afternoon					Noted by Benorika 02/07/26 @ 11am		
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 B JHANSI**	**Age :**	**26 Y 9 M 7 D**
IP No:	**IP-00060507**	**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 rance 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 rance. 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: B Jhansi
Relationship: Husband
Date: 29-06-2009 Time:

Patient Address:
4-37/6a, hasmathpet lionstone colony
Old Bowenpally Hyderabad Telangana
INDIA 500011

Wittness Name:
Wittness Signature:

Patient Jhansi

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 29/6/26

To Be Filled In By Assigned Nurse:

Department: Labour ward Duration of Procedure : 1 hour

Name of Surgeon: Dr. Bhavana.K. Date of Admission : 28/6/26

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☑ Yes ☐ No ☑ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☑ Yes ☐ No Name of the Antibiotic: Inj: cefotaxime	Nhz
2.	Hair Removal ☑ Yes ☐ No If Yes: ☑ Surgical Clipper Department where Hair Removed: ☑ Ward ☐ Operating Room ☐ Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Nhz
3.	Patient's body temperature immediately post operation (Recovery Room) 96'5 °C ☐ Oral Or ☑ Axilla (Goal: 36-37°C)	Nhz
4.	Name of doctor or staff administering the antibiotic: Meghana Date & Time of antibiotic administration: 29/6/26 @ 10:30 Am Date & Time procedure started: 29/6/26 @ 3:35pm	Nhz

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Ref. No. : F / LR / CON / VB / 18

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS B JHANSI Age : 26 Gender : ☐ M ☒ F

UHID / IP No. : VIH-00204698 Date : 28/6/26 Time : 4 PM

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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 KASU

Consentee :

Signature : B. Jhansi

Name : B. Jhansi

Date & Time :

Witness:

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : MUNIGANTI AVINASH

Relationship with Patient: HUSBAND

Date & Time : 28/06/26

Doctor :

Signature :

Name : Dr farmer

Date & Time : 28/6/26

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Induction of Labor Consent

Name: MRS B JHANSI
Date of Birth: 21/9/99
ANC No: 107051V/26

Consulatant: DR BHAVANA K
Registration Number: VIH-00204698

You are scheduled for an induction of labor on 28/6/26 (date) at 37+2 (weeks of gestation).

The reason for your induction is TERM GEST.

he 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.

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

B. Jhansi — 28/6/26

Parents Signature — Date

28/06/26

Husband's Signature — Date

Dr Saine — 28/6/26.

Doctor's Signature — 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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : B. THANSI Gender: ☐ Male ☑ Female Age : 26 years

UHID No : KLH-002046981IP-60507 Date : 29/6/26

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

(Name of the Patient) Mrs. B. THANSI

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, INFECTION, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, 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 : B. Thansi

Name : B. Thansi

Date & Time : 29/6/26, 2:20 PM

Patient Attendant :

Signature :

Name : M. Avinash

Relationship with Patient: Husband

Date & Time : 29/6/26, 2:20 PM

Witness :

Signature :

Name : Meghana

Date & Time : 29/6/26 @ 2:20 pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Aswini

Date & Time : 29/6/26 2:20 pm.

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Mrs. B. Thansi Age : 26y Gender : Male ☐ Female ☐

UHID NO: VIH-00204698 Surgeon Name: Dr. Bhavana. K

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Emergency Cesarean delivery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding

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. B. Thansi the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean delivery

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 : B. Thansi

Name : B. Thansi

Relationship with Patient: Self

Date & Time : 29/6/26, 2:15 PM

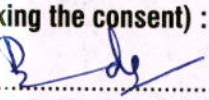
Witness :

Signature : 

Name : M. Avinash

Date & Time : 29/6/26, 2:15 PM

Doctor (who is taking the consent) :

Signature : 

Name : Dr. Bonda

Date & Time : 29/6, 2:12pm

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana.b
Asst. Surgeon : Dr. Soumya / Dr. Nausheen
Anaesthetist : Dr. madhavi
Scrub Nurse : Sr. Jasoona

Patient Name : B. Jhansi Age : 26 Gender : F
UHID No. : 204698 Surgery Name : EUA + LSCS
Date : 29/6/26 In-time : 2:25pm Out-time : 4:30pm

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Before Induction of Anaesthesia ➤ ➤

SIGN IN Time: 02:45pm

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : Dr. Madhavi 29/06/26
Name :

Before Skin Incision ➤ ➤

TIME OUT Time: 5:35pm

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 hr 500ml ☑ Yes ☐ No ☐ NA

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

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

Signature : Rst
Name : Ruby

Before Patient Leaves Operating Room

SIGN OUT Time: 4:30pm

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

Doc. No. : RCH / FRM / CLINICAL / 111

VIH-00204698 IP-00060507
Mrs B JHANSI 26 Y 9 M 9 D (F)
21-09-1999
Dr. BHAVANA K

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. BHAVANA. K.	Date of Delivery: 29/06/26
Assistant Surgeon: Dr. SOWMYA/Dr. NAUSHEEN	Time of Delivery: 3:45pm (15scc)
Anaesthetist's Name: Dr. MADHAV.	Gender of Baby: MALE
Type of Anaesthesia: SPINAL.	Weight of Baby: 2.426 kg
Neonatologist: Dr. SHIVAM / Dr. BARASHA	AGPAR Score: 7/10 8/10.
Scrub Nurse: Sr. PRASOONA.	NICU Admission: ☑ Yes ☐ No

Pre-Operative Diagnosis: Primi with 37+2weeks with oligohydramnios with short stature

☐ Elective ☑ Emergency Indication: Non progress of labour.

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: 1cm cm

5th Palpable: 3/5 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 No 1-0 Suture

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

Sheath Closure: Vicryl No. 1 Suture

Fat Closure: ☐ Yes ☑ No ..... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress Monocryl Suture

Vagineal 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, COIF bleeding PV, Monitor Vitals, follow drug chart, Inform SOS.

Dr. Nasreen

Doctor Name: ..... Doctor Signature: .....

Date & Time: .....

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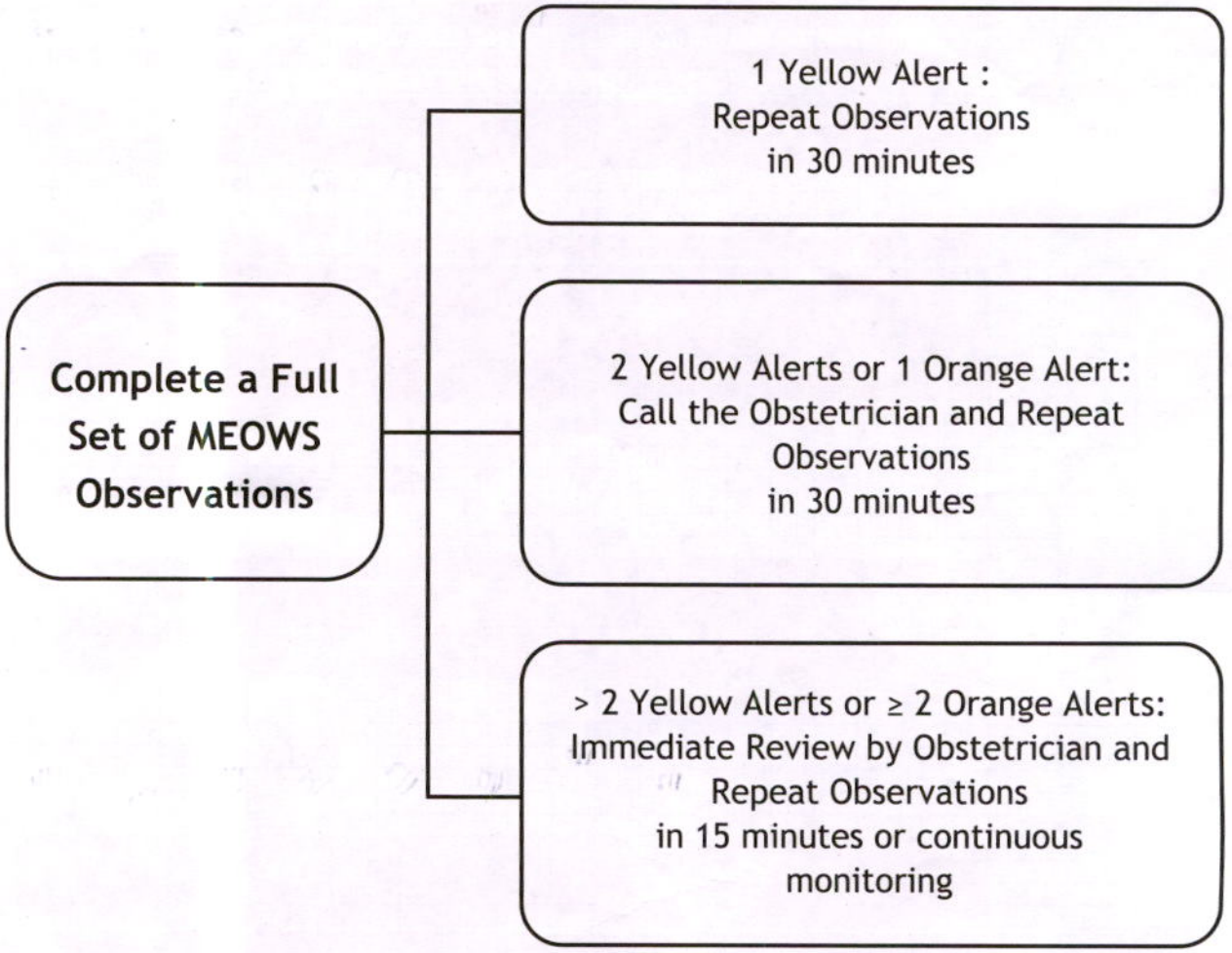
Early Warning Observation Score Chart - Obstetrics

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

28/6	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								19		19		19		19		17		19		19		19		19
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %								99		99		99		98		99		99		99		99		99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37								36.1°		37.0°		37.1°		37		37		36		36		36		36
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90								90	0															
	80										81		80		82		80		73		79		72		79
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120										120														
	110								112				110		112		114		113				114		110
	100																				102				
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70								71		74		69		80		77		72		73		77		75
	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
	Heavy / Foul																								
Liquor	Clear / Pink								NA		NA		NA		✓		✓		NA		NA		NA		NA
	Green																								
TOTAL YELLOW SCORES									0		0		0		0		1		0		0		0		0
TOTAL ORANGE SCORES									0		0		0		0		0		0		0		0		0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

(2)

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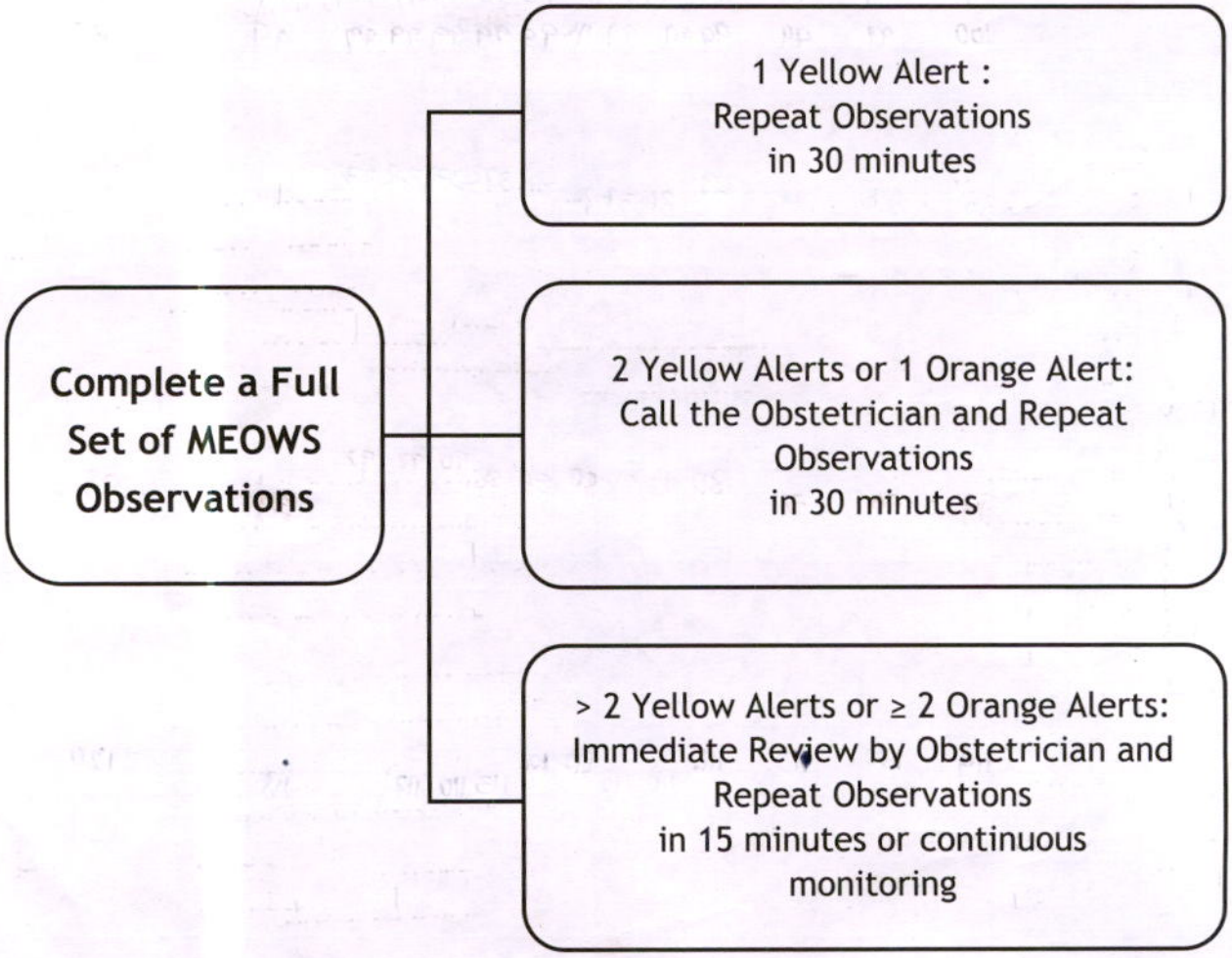
Early Warning Observation Score Chart - Obstetrics

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

Date: 29/8/26

Parameter	Range	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)	11 - 20	19		19		19		19	19	19	19	18	19	19	19	19		19				19			19
Saturations	94 - 100 %	100		99		99		99	99	99	98	98	99	99	99	99		99				99			99
Administered O_2 (L/min.)																									
Temp °c	36 - 37	36°C		36°C		36°C		37	36	36	36°C	37°C	37°C	37°C	37°C	37°C		36°C				37°C			36°C
Heart Rate		79		70		78		80	82	85	80	86	88	90	92	92		79				83			86
Systolic Blood Pressure ↑		119		120		115		116	110	110	112	120	113	110	112			118				120			95
Diastolic Blood Pressure ↓		73		70		78		75	72	75	70	80	76	73	70			72				80			65
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓			✓				✓			✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓			✓				✓			✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA	✓	✓	NA	NA	NA	NA	NA			NA				NA			NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		✓	–	–	NA	NA	NA	NA	NA			NA				NA			NA
	Green																								
TOTAL YELLOW SCORES		0		0		0		0	0	0	0	0	0	0	0			0				0			0
TOTAL ORANGE SCORES		0		0		0		0	0	0	0			0	0			0				0			0
Nurse Initial		[illegible]		[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]				[illegible]			[illegible]

Obstetrics and Gynaecology Early Warning Signs



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

BirthRight By Rainbow

Ref. No. : F / HW / GYNIC / EWOS / 18

Early Warning Observation Score Chart - Obstetrics

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

VIH-00204698 IP-00060507
Mrs B JHANSI
Name : 21-09-1999 26 Y 9 M 9 D (F) ..... Date of Birth : .....
Dr. BHAVANA K
UHID N ..... IP No. : .....

		Date	30/6/26																					
		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		18		19		19		18		20		20		19		18			19			18
	0 - 10																									
Saturations	94 - 100%			100		99		100		98		99		98		99		98		98			97			98
	< 94%																									
Administered O_2 (L/min)																										
Temp °C	40																									
	39																									
	38																									
	37			37°C		37°C		37°C		37°C		37°C		37°C		37°C		37°C		37°C			37°C			37°C
	36																									
	35																									
	<35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80			74		79		78		77		78		75		78		80		84			86			84
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110			110		103		109		100		102		109		111		102		106			110			100
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70			74		70		75		76		70		75		78		76		70			70			72
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert			✓		✓		✓		✓		✓		✓		✓		✓		✓			✓			✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mis / hour	>30			✓		✓		✓		✓		✓		✓		✓		✓		✓			✓			✓
	<30																									
Proteinuria	Protein ++			✓		✓		✓		✓		✓		✓		✓		✓		✓			✓			✓
	Protein>++																									
Lochia	Normal			NA		NA		NA		NA		NA		NA		NA		NA		NA			NA			NA
	Heavy / Foul																									
Liquor	Clear / Pink			NA		NA		NA		NA		NA		NA		NA		NA		NA			NA			NA
	Green																									
TOTAL YELLOW SCORE				0		0		0		0		0		0		0		0		0			0			0
TOTAL ORANGE SCORE				0		0		0		0		0		0		0		0		0			0			0

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

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Early Warning Observation Score Chart - Obstetrics

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

1/7/26	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																					
	0 - 10																								
Saturations	94 - 100 %			99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36			36.6°C																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			75																					
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			112																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			72																					
	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																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				B																					

Noted by Bavanika 1/7 @11am

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

VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

(1)

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FLUID CHART

Sheet No. : .....

28/6/26

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am				Nil							
	12:00 pm		—									
	01:00 pm											
Total Intake :						**Total Output :**						
28/6	02:00 pm											
	03:00 pm	H_2O 50ml										
	04:00 pm	H_2O 100ml								✓	0	Pradhyot @ 7pm 28/6/26
	05:00 pm	H_2O 100ml									0	
	06:00 pm	H_2O 50ml									0	
	07:00 pm	H_2O 100ml								✓	0	
Total Intake :		400 ml				**Total Output :**				Passed		
28/6	08:00 pm	H20 100ml								✓	0	Ravi 10PM 28/6/26
	09:00 pm	H20 100ml								✓	0	
	10:00 pm	H20 100ml									0	
	11:00 pm	H20 100ml									0	
	12:00 am	H_2O 50ml									0	
	01:00 am	H_2O 50ml									0	
Total Intake :		500 ml				**Total Output :**				Passed		
29/6	02:00 am	H_2O 50ml								✓	0	29/6/26 7AM
	03:00 am	H_2O 50ml									0	
	04:00 am	H_2O 50ml									0	
	05:00 am	H_2O 50ml								✓	0	
	06:00 am	H_2O 50ml									0	
	07:00 am	H_2O 50ml									0	
Total Intake :		300ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1200 ml	Total 24 hrs. Output	passed

VIH-00204698 IP-00060507
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FLUID CHART

Sheet No. : 2

29/6/26

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							
29/6/26	08:00 am	H2O	100ml								0	Manoj
	09:00 am	H2O	100ml							✓	0	
	10:00 am	H2O	100								0	
	11:00 am	H2O	100ml							✓	0	Meghe
	12:00 pm	H2O	50ml	+ RL 100/HR + Inj. oxytocin - 5ml/H						✓	0	29/6/26
	01:00 pm	H2O	100ml	+ RL 100ml/HR + Inj oxy 5ml/HR						✓	0	2pm
Total Intake : 550,								Total Output :		passed		
29/6/26	02:00 pm	NBM + RL 100ml/HR								50ml	0	Meghe
	03:00 pm	NBM + RL 100ml/HR								50ml	0	29/6/26
	04:00 pm	NBM + RL + 800 ml/hr								100ml	0	
	05:00 pm	NBM + RL + 100ml/hr								100ml	0	Ry.
	06:00 pm	NBM RL + 100ml/hr								100ml	0	
	07:00 pm	NBM RL + 100ml/hr								50ml	0	29/6/26
Total Intake : 1300ml.								Total Output :		450ml		@8PM
29/6	08:00 pm	NBM + RL 100ml/hr								50ml	0	
	09:00 pm	NBM + RL	100ml							150ml	0	Kamala
	10:00 pm	H2O + clear liquids	100ml							150ml	0	29/6/26 @10pm
	11:00 pm	H2O + sa... water								50ml	0	
	12:00 am									100ml		
	01:00 am									50		
Total Intake :								Total Output :		550ml		
	02:00 am	H2O	ORS							100ml	0	Vaishali
	03:00 am	H2O	~~[illegible]~~							100ml	0	
	04:00 am	H2O	ORS							100ml	0	30/6/26
	05:00 am	H2O	~~[illegible]~~							100ml	0	
	06:00 am	H2O	50ml							100ml	0	@8AM
	07:00 am	H2O	80ml							100ml		
Total Intake :								Total Output :		600		

Total 24 hrs. Intake		Total 24 hrs. Output	1600 ml

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FLUID CHART

Sheet No. : 3

30/6/26

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							
30/6	08:00 am		Idly									
	09:30 am		+ water							350ml		
	10:00 am										0	Manisha 30/6/26 @2pm
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
30/6	02:00 pm		Idly									
	03:00 pm		water									
	04:00 pm											
	05:00 pm		Soup							✓	0	Manisha 30/6 @8pm
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
30/6	08:00 pm		Rice									
	09:00 pm		water									
	10:00 pm										0	Manisa 30/6 @11pm
	11:00 pm											
	12:00 am		water									
	01:00 am											
Total Intake :						**Total Output :**						
1/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am										0	Manisa 1/7 @7AM
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

1/7/26

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		Jelly water							~		
	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 :**						

Noted by Renuka

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: L/W Shifted to: Room (114)

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	TAB IKORI	1 TAB	PO	12 PM HOURLY	28/6	☐C ☐DC
2	TAB CALCIUM	1 TAB	PO	OD	28/6	☐C ☐DC
3	TAB FOLIC ACID	1 TAB	PO	OD	28/6	☐C ☐DC
4	L-ARGININE SACHET	1 SACHET	PO	12 PM HOURLY	28/6	☐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 : Ethan Dr Ramya

Date & Time : 28/6/26 4 PM

Nurse Name & Signature: Mathusha

Date & Time : 28/6/26 @4pm

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Dr. BHAVANA K

(2)

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

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

Shifting From: HW Shifted to: Room (114)

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 HOURLY	-	☐C ☐DC
2	TAB PARACETAMOL	1GM	PO	OD	-	☐C ☐DC
3	TAB TRAMADOL	100MG	PO	TID	-	☐C ☐DC
4	TAB DICLOFENAC	50MG	PO	TID	-	☐C ☐DC
5	TAB PANTOPRAZOLE	40MG	PO	OD	-	☐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. Manika.

Date & Time : 29/6/26 @9pm

Nurse Name & Signature: Kamala.

Date & Time : 29/6/26 @9pm

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VIH-00204698 IP-00060507
Mrs B JHANSI
21-09-1999 26 Y 9 M 9 D (F)
Dr. BHAVANA K

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

Patient Name : Jhans.	I.P. No.	Sheet No. (1)	Wards 4CW	Weight (kg) 57 kg

REGULAR PRESCRIPTIONS

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40MG	PO	ONCE DAILY	29/6/26

Name & Signature of the Doctor starting the Drugs: ~~AS~~ DR NAVSHEEN

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	30/6	1/7														
Time																
	6 AM	CSW	CSW													

DRUG : ~~T.CEF~~

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 : TAB. CEFIXIME 200MG

Dose	Route	Frequency	Start Dt.
200MG	PO	12TH HOURLY	30/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	30/6	1/7														
Time																
	10 AM															
	10 PM	CSW														

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																

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

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

REGULAR PRESCRIPTIONS

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

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

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

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

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Name: Mrs. Jhansi	I.P. No.	Weitght(kg) 57 kg	Sheet No 2

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
29/06	03:46 pm	Inj. CARBETOCIN	100mcg	IV	[illegible]	Vaishnavi / Ruby
29/06	03:50 pm	Inj. TRANEXAMIC ACID	1gm	IV	[illegible]	Vaishnavi / Azad
29/06	04:30 pm	Sup. TRAMADOL	100mg	PR	[illegible]	Vaishnavi / Azad
29/06	04:30 pm	Sup. DICLOFENAC	100mg	PR	[illegible]	Vaishnavi / Ruby
29/6/26	04:30 pm.	T. MISOPROSTOL	1000 MCG	PR	[illegible]	Naushee / Raveena
30/6	2:30 pm	INJ. ONDENSETRON	4 MG	IV	[illegible]	Subham / Lalpuia

[illegible] 29/6/…

[illegible] 29/6/…

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Dr. BHAVANA K

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DRUG CHART

Date of Admission: 28/6/26 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 *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 .....

Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 57kgs Ward. L/W

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
29/6/26	12:30 pm	INJ OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5ML/HR			29/6		
29/6/26	12:30 pm	RINGER LACTATE	IV	100 ML/HR			29/06		
29/06	03:45 Am	RINGER LACTATE	IV	800 ml/h			29/6		
29/06	04:00 pm	RINGER LACTATE + 15 U OXYTOCIN	IV	100 ml/h			29/6		
29/6	5pm	RINGER LACTATE	IV	FF			29/6		
29/6	6pm	RINGER LACTATE	IV	FF			29/6		
29/6	8:20 pm	RINGER LACTATE	IV	100ml/HR			29/6		

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

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Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

Weight. 57kgs Ward. LW

	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
28/6/26	4:45 pm	TAB MISO PROSTOL	25MCG	PV		Teja
28/6/26	8:45 pm	TAB MISOPROSTOL	25MCG	PV		Sunil
29/6/26	5:30 AM	TAB MISOPROSTOL	25MCG	PV		Rani
29/6/26	10:30AM	INJ. CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV		Mrs Manga
29/6/26	10:AM	ENEMA PROCTOCLYSIS	100 ML	PR		Mrs Manga
29/6	9:15 AM	TAB. MISOPROSTOL	50 MCG	PO		Mrs manga
29/6	2:50pm	~~INJ~~ PANTOPRAZOLE	40MG	IV		Mrs
29/6	2:50pm	~~INJ~~ METOCLOPRAMIDE	10MG	IV		Mrs
~~3~~/7/26		SUPPOSITORY BISACODYL	20MG	PR		

29/6/26

Mrs B JHANSI
21-09-1999 26 Y 9 M 7 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 57kgs Ward. I/W

DRUG: INJ. CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	12th hrly	29/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6
10 AM		
10 PM		

STOP Dr Ashwini 30/6

29/6/26 Chith

DRUG: Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6th hrly	29/06

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6	1/7
12 AM			
6 PM			
12 PM			
6 PM			

29/6/26 Chith

DRUG: Tab. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	8th hrly	29/06

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6
7 AM		
3 PM		
11 PM		

STOP Dr. Ashwini 30/6. 3:30pm

29/6/26 Chith

DRUG: Tab. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	8th hrly	29/06

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/6	30/6	1/7
6 AM			
2 PM			
10 PM			

29/6/26 Chith