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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

ACTI .ING

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

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

Date of Admission : 7/7/26 Time : at 6:54PM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	2:7pm	2LW	OT	
8/7/26	2:05pm.	OT	MLW	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/26	Blood grouping	V126027726	
8/7/26	electrolytes,	V126027765	
8/7/26	magnesium, calcium		
8/7/26	Biopsy for histopathology (medium)	V126027818	
8/7/26	RPO CT Scan	R26-010953	
Consult Cheif of Tejas		8/7/26 at 6:40 PM	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7/26	Infusion pump	8:10 AM	3:00PM	3098783	[illegible]
8/7/26	Oxygen	11:25AM	3:00PM		
Charges Checked by Resa 8/7/26 at 6:40PM					

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/7/26	replacement	1	3098595	
7/7/26	MERPC	1	3098595	
7/7/26	PAC	(1)	3099044	
	Checked by		8/7/26 at: 6:40pm	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Name	Mrs IP-00037	**UHID**	VIH-00206682
Father/Guardian	Mr TELUKUNTLA SUSHANTH	**Age/Gender**	27 Y 0 M 19 D/Female
Address	MALLAPUR,SURYA NAGAR,HYDERABAD, Mallapur, Hyderabad, Telangana, INDIA, 500076		
IP No	IP-00060606	**Admission Date**	07-07-2026
Ref Doctor		**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 13 weeks with Hypothyroidism with Missed miscarriage for Medical evacuation of retained products of conception (MERPC).

DILATATION AND CURRETAGE OF RETAINED PRODUCTS OF CONCEPTION DONE UNDER SPINAL ANAESTHESIA ON 08.07.2026.

History:
Menstrual History: Regular cycles
L.M.P: 06.04.2026

Obstetric History:
G1 - Present Pregnancy, spontaneous conception

Medical History: Hypothyroidism since 2015 on Tab Thyronorm 125Mcg OD

Family History: Father - DM, HTN
Mother - HTN
Sister - Mentally challenged
Surgical History: Hematoma drainage on left thigh in 2023

Name	Mrs IP-00037	UHID	VIH-00206682

Allergies: Nil

Antenatal Details: Mrs IP-00037 was booked to Rainbow hospital since conception. NT scan was done at 12+5 weeks showed absent cardiac activity s/o intrauterine fetal demise. Patient and attenders have been explained regarding absent cardiac activity in fetus & need for termination of pregnancy and they opted for TOP. Tab Mifepristone 600mg given on 06.07.2026 after taking informed consent. Patient was admitted at 13 weeks with Hypothyroidism with Missed miscarriage for Medical evacuation of retained products of conception (MERPC).

Investigations: Enclosed
Blood Group : **'O' POSITIVE**

Management: Course in Hospital:
She was admitted for MERPC. MERPC done with 6 doses of PGE1. Patient expelled a dead fetus weighing 18gms 8:24Am on 08.07.2026. Patient was having numbness in hand and perioral numbness . Axon review done Sr electrolytes sent. Potassium - 3.2 Syp Potklor started. Placenta was retained. RPOC scan done on 08.07.2026 showed RPOC of ~60.1mmx39mmx28mm. Patient and attenders has been explained regarding RPOC and option for D &C given and they opted for it. Fetus sent for Chromosomal Microaaray & WES .

Surgery Notes:
Operation performed: Dilatation & Curettage done under Spinal Anaesthesia.

Indication: Retained Products of Conception

Operative findings:
- Under strict aseptic conditions, under SA, patient kept in lithotomy position, parts painted & draped.
- Anterior and posterior vaginal walls retracted using SIMS speculum.

- Anterior lip of cervix held using Vulsellum.
- Products obtained with ovum forceps.
- Retained Products Suctioned done with karmann's cannula No.8.
- Gentle curettage done.
- Products sent for HPE.
- Hemostasis secured.
- Swab count tallied & correct.

Post-Operative Notes: Postoperative period: - Uneventful. Tab Cebergoline 0.5Mg stat given for lactation supression. Patient vitals stable at the time of discharge.

Advice:

1.Tab. Thyroxine 12.5mcg once daily (7am) before breakfast till further orders.
2.Syrup POTKLOR 10ml twice daily (9am-9pm) after food.
3.Tab. Pan 40mg once daily (before food) till 14.07.2026.
4. Tab. Cefixime 200mg twice daily (9am-9pm) after food till 14.07.2026.
5. Tab. Metronidazole 400mg thrice daily (9am-2pm-9pm) after food till 14.07.2026.
6. Tab. Misoprostol 200mg thrice daily (9am-2pm-9pm) after food till 10.07.2026.
7. Repeat Serum electrolytes (Na, K, Cl, Mg, Ca) after 3 days.
8. Collect HPE report after 2weeks review with reports

Review after 3 days on 11.07.2026 in Gynaec OPD 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

Name	Mrs IP-00037	UHID	VIH-00206682

In case of emergency kindly contact 040-42462200. Extension 2155, 2177 (Rainbow Hospital, Karkhana).

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 with patient :

This summary has been 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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

DEFICIENCY C **CASE SHEET**

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Patient Name :

IP.No: 60606

Ward: MW

DOA: 7/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	-			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	2			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	4			
7	Nurses Progress notes	1			
8	Consultation Sheets	-			
9	General Consent for Treatment	1			
10	Conset for Surgery	1			
11	Consent for Blood Transfusion	-			
12	Consent forChemotherapy	-			
13	Consent for High Risk	-			
14	Consent for Restraint	-			
15	DAMA Consent	-			
16	Consent for Special Procedure	1			
17	Consent for Radiological Investigations	-			
18	Consent for HIV Test	-			
19	Anaesthesia consent form	1			
20	Anaesthesia notes(Pre Anaesthesia & Post)	1			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	1			
23	Operation Theatre notes	1			
24	Nurses Clinical Presentation	1			
25	TPR & BP chart	2			
26	Intake and Output chart (fluid Chart)	1			
27	Drug Chart (Regular prescription)	2			
28	Daily Investigation sheet	-			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart Triage Form	1			
31	Diabetic chart medication Reconcil ation form	1			
32	Nutritional Review chart Pain Assessment	1			
33	MLC form (in case of MLC) SSI Form	1			
34	Patient Education Form Morse fall Risk Assessment	1			
35	FORM-I Registered medical PRACTITONER(RMP) OPINION FORM	1			
36.	FORM-C consent for medical Termination of Pregency MTP	1			
37.	THROMBOPHLEBITIS	1			
38.	Braden A Scale	1			
		34.			
	Total No. of Pages				

Signature and Date 8/7/26 @5:50pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060606 **Admit Date** : 07-Jul-2026 **Admit Time** : 06:54 PM **UHID** : VIH-00206682

Patient Details :

Patient Name	: Mrs IP-00037	**Age**	: 27 Y 0 M 18 D
Guardian	: Mr TELUKUNTLA SUSHANTH	**DOB**	: 19-06-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: MALLAPUR,SURYA NAGAR,HYDERABAD Mallapur Hyderabad Telangana INDIA 500076	**Phone No**	: 9704403606
		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 TELUKUNTLA SUSHANTH **Relationship** : Husband

Contact Address : MALLAPUR,SURYA NAGAR,HYDERABAD Mallapur Hyderabad Telangana INDIA 500076 **Phone No** : 9704403606 / 9849166453

Signature

Doctor Details :

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

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : VIDAL HEALTH INSURANCE TPAPVT LTD

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 7/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify H/W

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: Termination of pregnancy & MERP

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Vogelmann

Time Notified: 7/7/26 at 7:00PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
hypothyroidism since 2015	nil	nil

Gynecology Assessment: ☐ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 6/4/2026

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others:

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☐ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G primi P — L — A —

Previous LSCS: nil

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 98.6 F HR: 80 b/m RR: 18 c/m

BP: 106/64 mmHg Weight: 64.95 kgs Height: 155 cm BMI: 27 kg/m²

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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..23..... (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. IP-00037.....

Name of Person Orientation was given to: ..MRS. IP-00037.....

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: ..Anja.....

Date & Time: ..7/7/26 at 7:10PM.....

PATIENT TRANSFER FORM (1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

Date & Time of Admission	Date & Time of Transfer Order
7/7/26 at: 6:54 pm	8/7/26 at 2:07 pm
Transfer ordered by	**Reason for Transfer**
Dr. Ashwarini	D & C
From Unit	**To Unit**	**Information to attendant**
L/W.	OT	Yes ☐ No ☐
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant**
39.	Nil	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 : Dr: Ashwarini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. K. Sukanya	Dr. Ashwarini

Patient & Clinical records received by : Prasanna

Date & Time of Patient Received: 8/7/26 @ 2 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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00206682 IP-00060606 Mrs IP-00037 19-06-1999 27 Y 0 M 19 D (F) Dr. BHAVANA K	Date & Time of Admission 7/7/26 @ 6:34 am	Date & Time of Transfer Order 8/7/26 @ 2:08 pm
	Transfer Ordered by Dr. Vineetha	Reason for Transfer Post Op Care.
From Unit 01	To Unit MICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Ashwini

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Mana	Dr. Vineetha.

Patient & Clinical Records Received by : 8/7/26 @ 5:30pm

Date & Time of Patient Received :

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

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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came for termination of pregnancy

Obstetric Formula: Primigravida. ML- 4month 3rd CM

Obstetric Hostory:

I- PP, Spontaneous conception

Booked to RCH since conception.

NT scan was done at 12+5weeks

Present Pregnancy Record: showed absent cardiac activity

S/o intrauterine fetal demise. patient and attenders explained regarding absent cardiac activity in fetus & Need for termination of pregnancy and they opted for TOP.

RISK FACTORS:

After taking informed consent regarding Termination of pregnancy tab mifepristone 600mg given on 6/7/2026.

Hypothyroidism (125)

Missed miscarriage.

LMP: 6/4/2026 EDD:

Corrected EDD: 11/01/2027 GA: 13+0 weeks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: (13 wks) Just palpable

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

Liquor: ☐ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 155 cm

Weight: 64.95 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: C|C|C Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 80bpm

BP: 106/64 mmHg DTR: ⊕

CVS: S1S2⊕ RS BAE⊕

Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

Primigravida with 13+0week with Hypothyroidism (125) with missed miscarriage

Medical Evacuation of Retained products of conception for Termination of pregnancy (MERPC)

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

Family History:

Father - DM, HTN
Mother - HTN
Sister - Mentally challenged.

Surgical History:

Nil
Hematoma drainage on left thigh in 2023

Medical History:

Hypothyroidism since 2015
Her

Medication History:

T. Thyroxine 125 mcg OD.

Plan of Care: C/I to DR Bhavana mam

- Admission
- Part preparation
- Normal diet
- ~~Pa~~risent
- Monitor Vitals
- Follow drug chart
- Tab Misoprostol 600 mcg PV stat f/b 400 mcg oral 3rd hrly
- Inform SOS
- send Blood grouping & Rh typing

Notes by Teja 7/7/26 at 7:00PM

- fetal autopsy, WFS, placental HPE

Investigations:

BG - O POSITIVE

4/7
HIV & NR
HBsAg

4/7/26
CBP - 12.02 / 10.42 / 3.54L
CRP - 13
TSH - 0.041
plasma fibrinogen - 476.1

4/7/2026
Viability scan
12+5 weeks
CRL - 47.6 mm
Cardiac activity absent
Suggestive of Intrauterine fetal demise.

27/5/26
Viability scan
7+1 wks
CRL - 10.9 mm.
SLIUF
FHS @ 151 bpm.

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 7/7/2026 7 PM

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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

9

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 7:30pm	O/E pt is c/c/c	Adv
	GC fair	- Normal diet
	Afebrile	- W/F Expulsion
	BP- 106/64 mm Hg	- Monitor vitals
Tab misoprostol 600 mcg kept PV at 7:30 PM	PR- 80 bpm	- Follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - Ut just palpable	- Inform SOS
	Relaxed	
	P/V - Cx long	
	os closed.	
Noted by Tej 7/7/26 7:30 PM		Dr Yogeshwari
7/7/26 11:30pm	O/E	
	Pt is c/c/c	Adv
	GC fair	- Normal diet
	Afebrile	- W/F expulsion
Tab misoprostol 400 mcg give per orally at 10:30 PM	BP- 110/70 mm Hg	- Monitor vitals
	PR- 85 bpm	- Follow drug chart
	P/A - Ut just palpable	- Adequate hydration
	Relaxed.	- Inform SOS
Noted by Mangesh 7/7/26 11:30 PM		Dr Yogeshwari

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 1:30AM	BP- 116/74 mmHg V/E cx long os- closed	PR- 80bpm
	Tab Misoprostol per orally at	400 mcg give 1:45 AM.
	Noted by Rani 08/7/26 @ 1:30AM	Dr Yogeshwari
8/7/26 3:30 AM	O/E Pt is c/c/c Gc fair Afebrile BP- 116/70 mmHg PR- 86 bpm S/E - NAD P/A - Ut^ just palpable Imitable	Adv - Normal diet - W/F bleeding PV - W/F expulsion - Monitor vitals - Follow drug chart - Adequate hydration - Inform SOS
	Noted by Rani 8/7/26 @ 3:30AM	Dr Yogeshwari
8/7/26 5 AM	O/E Pt is c/c/c Vitals stable	V/E- Cx long os closed.
	Tab. Misoprostol given 400 mcg per orally at 5 AM	
	Noted by Rani 08/7/26 @ 5AM	Dr Yogeshwari

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 7.30AM	O/E	Adv
	Pt is c/c/c	- Normal diet
	Gc fair	- W/F expulsion
	Afebrile	- Monitor vitals
T. Misoprostol 400mcg per orally given at 8 AM	BP - 100/60mmHg	- Follow drug chart
	PR - 86 bpm	- Adequate hydration
	S/E - NAD	- Inform SOS
	P/A - UT Just palpable.	
	3C/20scc/10mic	
Noted by Rani 8/7/26 @ 7.30AM		Dr Yogeshwari
8/7/26 8am.	BP - 97/70mmHg	
	PR - 88bpm.	
	v/e cx long os closed.	
	T. Miso 400 mcg PO given at 8Am.	Dr Nausheen
Noted by Suhasini 8/7/26 8AM		

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8:30 Am.	Patient Expelled dead fetus of weight 189gms at 8:24 Am on 8/7/26. Placenta retained C/I to Acon. / C/I to Dr Bhavana Mam Pt complained of perioral numbness & numbness in hands.	DR Sreesheers
8/7/26 Adv 8:50 Am	Send S. electrolytes - S. Sodium S. Potassium S. Chloride S. Magnesium S. Calcium.	Dr Gowtham
8/7/26 9:30 Am	O/E Pt is c/c ac- fair Afebrile BP- 117/70 mmHg PR- 71 bpm S/E - WNAD P/A - Utw just palpable.	Adv - Normal diet - W/F Expulsion of placenta - Adequate hydration - Monitor vitals - Follow drug chart - Inform Dr

noted by Subashini 8/7/26 8:30 Am

noted by Subashini 8/7/26 9:30 Am

Dr. Gowtham

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10:40 Am	C/I to Axon S. Sodium - 138 S. Potassium - 3.2 S. Calcium - 10 S. Magnesium - 1.4 S. Chloride - 104	Adv - Syp. Pot Klor 10ml BD x 3 day - Repeat electrolytes at the time of review. Dr. Gurudutt
Noted by Sahana 8/7/26 (10:40 Am)		
8/7/26 11am	C/I. Dr. Bhavana man.	
	PV - CX - long OS - TOF	
		Adv - T. Mi 50 400mg PO stat NBM - RPO C scan at 1PM Dr. Ashwini
8/7 12PM	keep NBM RPOC scan at 1 PM	Plan D&C
8/7/26 PAC NOW		Dr. Aravind

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 19 D (F)
Dr. BHAVANA K

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 1:30pm	RPOC scan - RPOC - 60.1mm x 39mm x 38mm.	
		Adv - NBM - D&C now - PAC Dr. Ashwini
	Noted by suhasini 1:30pm 8/7/26	
8/7/26 1:30pm	OT Attached copies attended BP - 124/78 mmg PR - 70 bpm RS - NAD P/A soft NT PV - OS-closed. bleeding (+)	Adv - NBM - monitor vitals - follow drug chart - w/f bleeding PV - inform SOS Dr. Ashwini
	Noted by suhasini 1:30pm 8/7/26	

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	POD-0 (D&C)	
-3 PM	O/E Pt is c/c GC- fair Afebrile BP- 112/72 mmHg PR- 98 bpm S/E- NAD P/A- Utw w/R Soft, BS(+) PE- NAD	Adv - NBM x 2 hrs - W/F Bleeding PV - Monitor vitals - Follow drug chart - T. cabergoline 0.5mg stat - T. MISOPROSTOL 200mg TID x 3 days - Inform SOS.
Send file for Discharge		

8/7/26 3PM

Noted By Karan

Gynaecologist

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206682
Mrs IP-00037
19-06-1999
Dr. BHAVANA K
IP-00060606
27 Y 0 M 18 D (F)

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: 7/7/26

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							
Afternoon	7pm	⇒ Ensure safety	7:10 pm	⇒ provided side rails	⇒ Patient safety	⇒ Patient safe & Comfortable	Tej 7/7/26 @ 7:15 pm
Night	9 Pm	→ Maintain fluid balance	9:15 pm	→ provided plenty of oral fluids	→ Maintained fluid balance	→ Re-Assessed maintained fluid balance	Mary 7/7/26 @ 9 PM

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 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: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Relieve pain & Discomfort	8 AM	Analgesic given	pain relief.	patient is safe.	Sso. 8/7/26 12pm
	12pm	plain/ns fluid balance	12pm	provided fluids	To prevent dehydration	patient is checked	
Afternoon	2pm	Ensure safety	2pm	provided side rails	To prevent fall	patient is safe.	Steni 8/7/26 @6PM
	6 PM	Maintained fluid Balance	6 PM	Maintained fluids RL 100ml/hr	To prevent dehydration.	Patient is Stable	
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 IP-00037**	**Age :**	**27 Y 0 M 18 D**
IP No:	**IP-00060606**	**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 so consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: T. Sushanth
Relationship: husband
Date: 07/07/2026 Time: 06:54 Pm
Wittness Name:
Wittness Signature:

Patient Address:
MALLAPUR,SURYA NAGAR,
HYDERABAD Mallapur Hyderabad
Telangana INDIA 500076

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. THADURI SUSRUTHA Gender: ☐ Male ☐ Female Age : 27 YR

UHID No : VIN-206692 | IP 60606 Date : 8/7/26

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)

DILATATION AND CURETTAGE upon MRS. THADURI SUSRUTHA
(Name of the Patient)

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, UTERINE PERFORATION, BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ITS ASSOCIATED REACTION INFECTION

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. RAVANA KASU

Consentee :

Signature : Susrutha

Name : Mrs. Susrutha

Date & Time : 8/7/26 2PM

Patient Attendant :

Signature :

Name : T. Suhanth

Relationship with Patient: husband

Date & Time : 8/7/26 2PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Aswini

Date & Time : 8/7/26 2PM

CONSENT FOR SPECIAL PROCEDURES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : MRS. THADURI SUSRUTHA Gender: ☐ Male ☑ Female

UHID No : VIH-00205332 IP-00060606 Department : OBGY Date : 7/7/2026

I MRS THADURI SUSRUTHA S / D / W / O SUSHANTH

Here by give consent for procedure of : MEDICAL TERMINATION OF PREGNANCY (MERPC)

For my patient, Named : MRS. THADURI SUSRUTHA

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

BLEEDING, INFECTIONS., RETAINED PRODUCTS OF CONCEPTION

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

SURGICAL EVACUATION OF RETAINED PRODUCTS OF CONCEPTION.

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

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

Patient Attendant :

Signature : Susrutha

Name : SUSRUTHA. T

Relationship with Patient:

Date & Time : 7/7/26, 7:15pm

Witness :

Signature :

Name : T. Sushanth (HUSBAND)

Date & Time : 07/07/2026, 7:15pm

Doctor (who is taking the consent) :

Signature :

Name : DR. NAUSHEEN

Date & Time : 7/7/26 ; 7:15pm.

ప్రత్యేక విధానాలకు సమ్మతి

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

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

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : IP-00037. Age : 27yr.

Gender : M ☐ F ☑ - IP No : VH-00206682 Consultant : Dr. K. Kiranmai

Ward / Bed No. : Anaesthesiologist : Dr. Vineeth

Operative procedure planned : Dilatation & curettage.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : Hypertension, Keradynlandia, PDPH.

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient IP-00037. the above mentioned operation I Diagnostic I Therapeutic procedures Dilatation & curettage.

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :
Signature : Susrutha
Name : Thaduri Susrutha
Relationship with Patient: self
Date & Time : 08/07/2026

Witness :
Signature :
Name : Telukuntla Sushanth (husband)
Date & Time : 08/07/2026

Doctor (who is taking the consent) :
Signature :
Name : DR. M. VINEETHA
Date & Time : 08/07/2026

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana
Asst. Surgeon : Dr Soumyashree
Anaesthetist : Dr. Vineetha
Scrub Nurse : Dr Prasoon

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 19 D (F)
Dr. BHAVANA K

..... Age : ..... Gender : .....
Name : Duc

Date : 8/7/26 In-time : 2:17pm Out-time : 2:45pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 2:10 Pm

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

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

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

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

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

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

Signature : 5

Name : DR. M. VINEETHA

Before Skin Incision ➤➤ 15

TIME OUT Time: 2 pm

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

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ 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 30 mins ☐ Yes ☐ No ☐ NA

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

Nursing Team Reviews: Hypothyroidism
- 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 :

Name : Mam

Before Patient Leaves Operating Room

SIGN OUT Time:

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 - Ashwini

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 19 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION NOTES

Surgeon : Dr. Bhavana K.	Asst. Surgeon : Dr. Soumya sri Dr. Ashwini
Pre-Operative Diagnosis:	
Surgical Procedure : D&C ↓SA	
Indications for Surgery :	
Date : 8/7/26	Start Time : 2:15pm / End Time : 2:45pm
Post Operative Diagnosis:	
Peri-Operative Complications:	
Amount of Blood Loss: – 30ml.	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination: – Placenta for CRPOC) for HPE	
Operation Notes: – under strict aseptic condition, under SA patient kept in lithotomy position. Parts painted & draped.	

- Anterior & posterior vaginal wall retracted with speculum
- Anterior lip of cervix held with vulsellum
- Products obtained with ovums forceps
- Gentle curettage done.
- Suction done with karmans cannula No: 8.
- Products sent for HPE
- Hemostasis secured no active bleeding
- Swab count tallied & correct.

Adv
- NBM x 2 hrs
- WF bleeding PV
- T. misoprostol 200mg TID x 3 days
- Tab. Cabergoline 0.5mg stat
- monitor vitals
- follow drug chart
- inform SOS

Dr. Ashwini

Name of the Surgeon: Dr. ...

Signature of the Surgeon: .....

Date & Time: 8/7/26 2:45pm

FORM I
REGISTERED MEDICAL PRACTITIONER (RMP) OPINION FORM
(For gestation age upto twenty weeks)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name: Mrs. THADURI SUSRUTHA UHID no: VIH-00205332 Date: 6/1/2026
IP-00060606

I Dr. BHAVANA KASU
(Name and qualification of the Registered Medical Practitioner in block letter)
RAINBOW HOSPITAL - KARKHANA
(Full address of the Registered Medical Practitioner)

Hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

Mrs. THADURI SUSRUTHA.
(Full name of the Patient in block letter)

Resident of MALLAPUR, SURYA NAGAR, HYDERABAD, TELANGANA-500076
(Full address of the Patient in block letter)

For the reason given below*

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the serial no: .....

in the admission register of the hospital / approved place.

Place: KARKHANA, SECUNDERABAD

Date: 6/1/26

Registered Medical Practitioner: Signature: ..... Name: Dr Bhavana

*of the reasons specified items (a) to (e) Tick the one which is appropriate:

- ☐ a. In order to save the life of the pregnant woman.
- ☐ b. In order to prevent grave injury to the physical and mental health of the pregnant woman.
- ☐ c. In view of the substantial risk that if the child born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- ☐ d. As the pregnancy is alleged by pregnant woman to have been caused by rape.
- ☐ e. As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place: .....

Date: .....

Registered Medical Practitioner: Signature: ..... Name: .....

(FORM – C)
CONSENT FOR MEDICAL TERMINATION OF PREGNANCY (MTP)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name: Mrs. THADURI SUSRUTHA UHID no: VIH-DO205332 Date: 06/07/2026
IP-00060606

I THADURI SUSRUTHA Daughter / wife of SUSHANTH

aged about 27 Years of MALLAPUR, SURYA NAGAR, HYDERABAD TELANGANA - 500076
(here state the permanent address).

At present residing at ..... do herby give my consent to be

Termination of my Pregnancy at BIRTHRIGHT BY RAINBOW HOSPITALS
(State the name of place where the pregnancy is to be terminated).

Place: KARKHANA, SECUNDERABAD

Patient:

Signature: .....

Name: .....

Date & Time: 6/7/26

Doctor: (who is taking the consent)

Signature: Susrutha

Name: SUSRUTHA

Date & Time: 6/7/26

(To be filled in by guardian where the women is a lunatic or minor)

I ..... son / daughter / wife of .....

aged about ..... Years of .....
(here state the permanent address).

At present residing at ..... do herby give my consent to the

Termination of Pregnancy of my ward ..... who is minor / lunatic at .....
(Place of termination of pregnancy).

Place: .....

Patient Guardian:

Signature: .....

Name: .....

Relationship with patient: .....

Date & Time: .....

Doctor: (who is taking the consent)

Signature: .....

Name: .....

Date & Time: .....

IH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Prim c T3+L wks c Hypothy roidism (MERPC)

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	7/7/26 Evening	8/7/26 N	8/7/26 M	8/7/26 E		
	Medical Condition (Any special condition to be noted):	HTN	Hypothy	Hypothy	Hypothyroid		
	Diet:	NPO diet	NPO Lt	Liquids	NBM		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	—	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4F	98.6F	98°F	98.4F		
	Res:	19 b/mts	18 b/mt	19 b/mt	19 b/M		
	SpO_2:	99%	98%	99%	99%		
	Pulse:	80 b/mts	86 b/mt	84 b/mt	78 B/M		
	BP:	114/70mmHg	110/70	113/83mmHg	114/74mmHg		
	LOC:	Conscious	Conscious	Lenscious	Conscious		
	Fall Risk Score:	40'	40	40'	"40'		
	Pain Score:	0' Scale	0 Scale	0'	'0'		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	—	-	Nill		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	—	-	NBM		
	Critical Lab Test / Values:	Nil	—	-	Nill		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependant		
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Teju	Mangesh	Sushma	[illegible]		
Signature / ID :		10928	[signature]	[signature]	020264		
Date:		7/7/26	08/7/26	8/7/26	8/7/26		
Time:		@8PM	8 AM	@ 2PM	@ 3pm		
Taken Over By Name :		mangesh	K. Sukanya	Prasanna	Manish		
Signature / ID :		@01550020477	[signature]	[signature]	020573		
Date:		7/7/26	8/7/26	8/7/26	8/7/26		
Time:		@8PM	8AM	@ 2pm	@ 3pm		

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:					Post OP Day:		
BACKGROUND	Date / Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs: Temp:							
	Res:							
	SpO_2:							
	Pulse:							
	BP:							
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity							
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:							
	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):							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

(1)

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

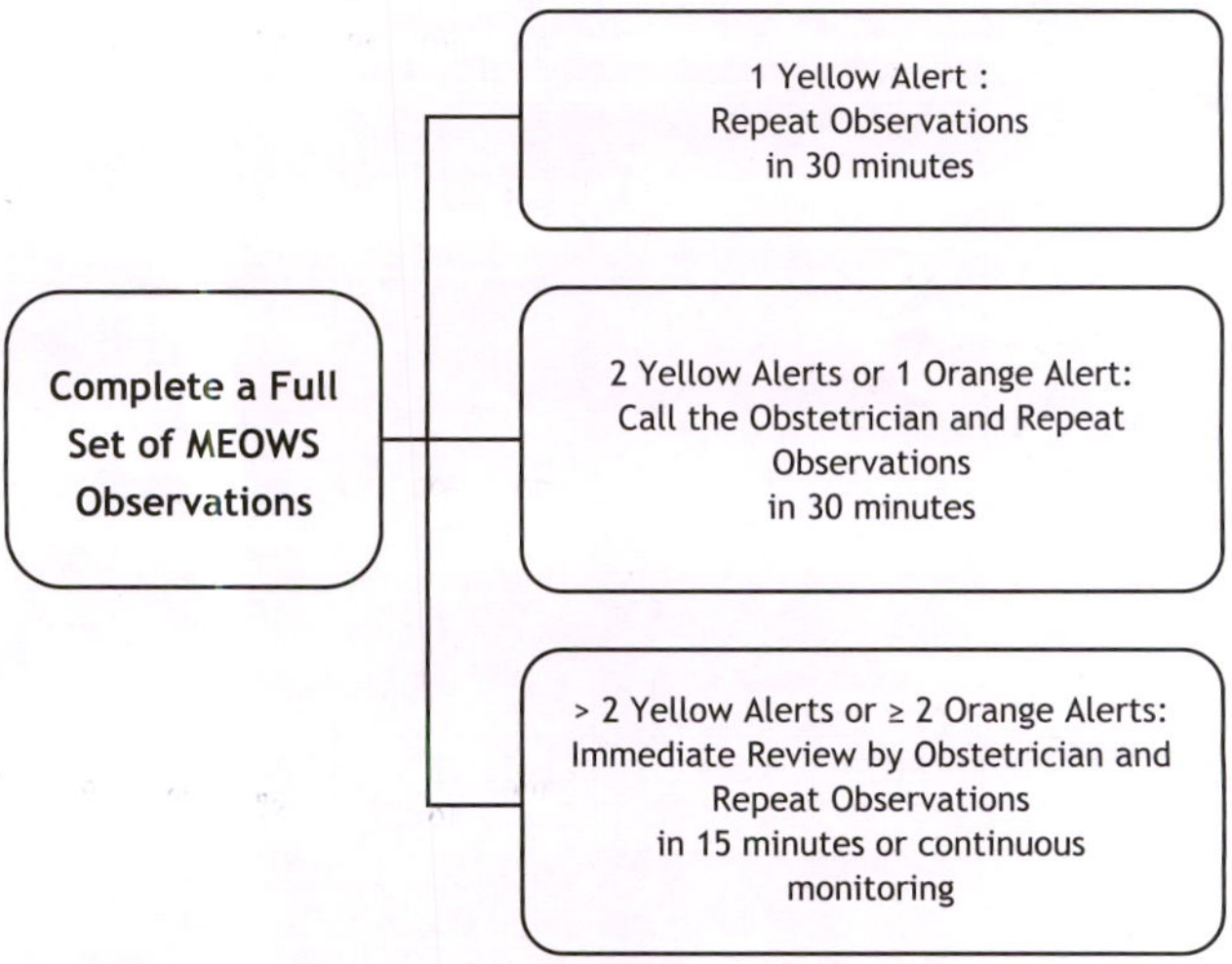
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

7/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20											19		19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %											99		100		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36											36°C		36°C		37		37		37		37		37	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																					92			
	80											79		89		87		80		77				86	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110											114						119		116		117		119	
	100													110											
	90															98									
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70											79													
	60													69		69		80		85		80		85	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert											✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30											✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal											NA		NA		N		N		N		N		N	
	Heavy / Foul																								
Liquor	Clear / Pink											NA		NA		C		C		C		C		C	
	Green																								
TOTAL YELLOW SCORES												0		0		1		1		1		1		1	
TOTAL ORANGE SCORES												0		2		2		2		2		2		2	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

(2)

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

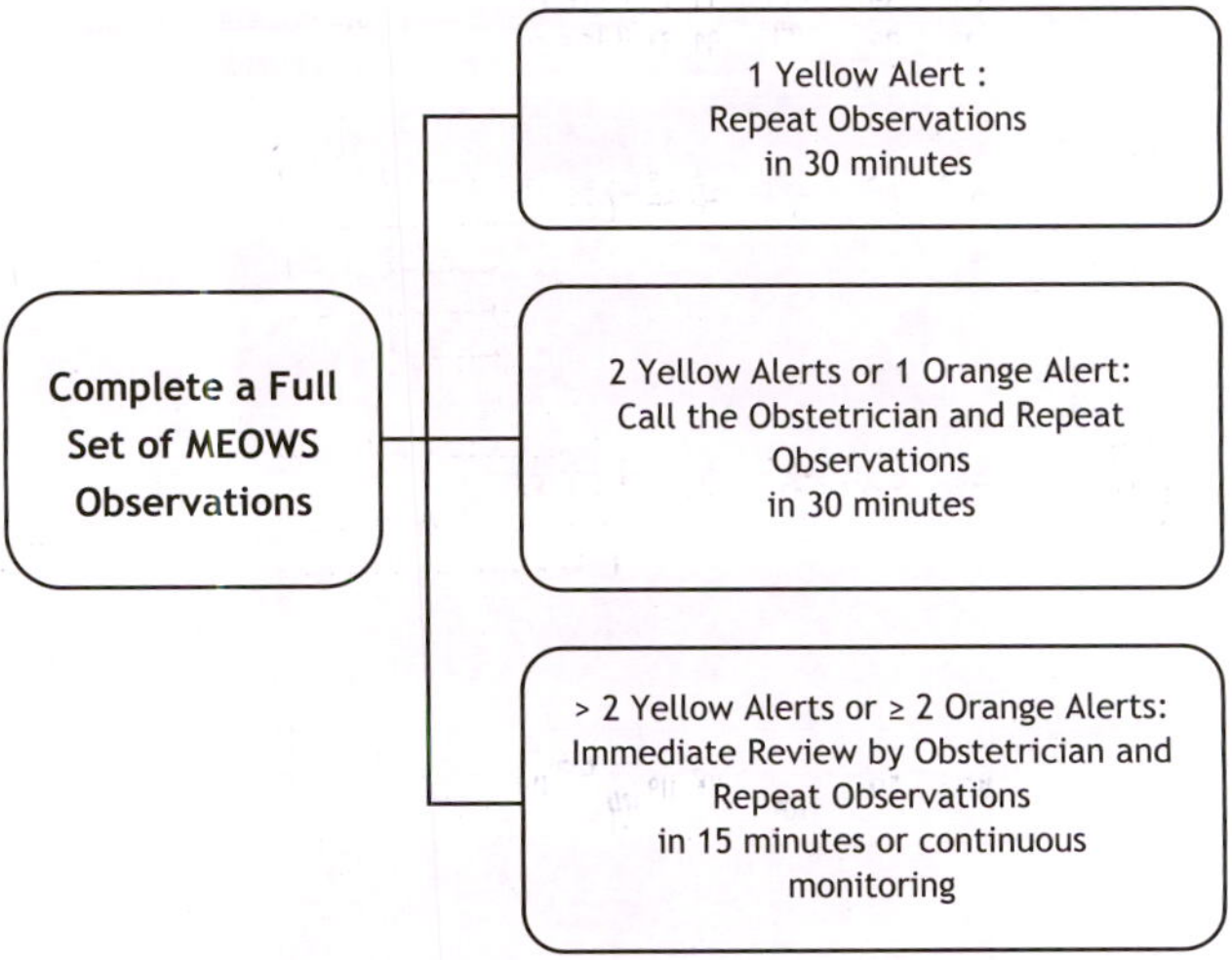
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

8/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		19		19		19	19	19	19	19													
	0 - 10																								
Saturations	94 - 100 %	99		96		99		99	99	99	99	98													
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	36.2		36.2		37		36.6	36.6	36.8	37	37.2													
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82		83		76		78	80	80	86	83													
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	112		110				118	119		120	113													
	100					100				94															
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80										80	83													
	70	70		72		70		75	76																
	60									57															
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓	✓	✓	✓	✓													
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓	✓	✓	✓	✓													
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA		NA	NA	NA	NA	NA													
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA	NA	NA	NA	NA													
	Green																								
TOTAL YELLOW SCORES		0		0		0		0	1	0	0	0													
TOTAL ORANGE SCORES		0		0		0		0	0	0	0	0													
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am					NIL						
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	H20	100ml							✓	=	Tej 7:30am 7/7/26
	07:00 pm	H20	100ml								=	
Total Intake :		200ml				**Total Output :**				Payad		
07/7/26	08:00 pm	H20	100ml									
	09:00 pm	H20	100ml							✓		7/7/26
	10:00 pm	H20	100ml									
	11:00 pm	H20	100ml							✓		
	12:00 am	H20	100ml									
	01:00 am	H20	100ml									
Total Intake :		600 ml.				**Total Output :**				passed		
08/7/26	02:00 am	H20	100ml							✓		
	03:00 am	H20	100ml									
	04:00 am	H20	100ml							✓		08/7/26
	05:00 am	H20	100ml									5a.
	06:00 am	H20	100ml							✓		
	07:00 am	H20	100ml									
Total Intake :		600 ml				**Total Output :**				passed		

Total 24 hrs. Intake	1400 ml	Total 24 hrs. Output	passed

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
8/7/26	08:00 am	H_2O + RL 100ml									0	
	09:00 am	H_2O + 50ml + RL 100ml									0	
	10:00 am	H_2O + RL 500ml									0	8/7/26
	11:00 am	H_2O + RL 100ml								✓	0	12pm
	12:00 pm	H_2O + RL 100ml									0	
	01:00 pm	NBM RL 100ml/hr										
Total Intake :		1000ml				**Total Output :**				Passed		
8/7/26	02:00 pm		NBM RL 500ml/hr								0	
	03:00 pm		NBM + RL 100ml/hr								0	
	04:00 pm		NBM + RL 100ml/hr								0	
	05:00 pm	NBM + RL 100ml/hr									0	
	06:00 pm	H_2O + 50ml RL 100ml/hr									0	8/7/26 6PM
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 64.95kg kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
8/7/26	10:30AM	INJ-ONDANSETRON	4MG	IV			
8/7/26	10:35AM	INJ-TRAMADOL (IN 100 ML NS)	100MG	IV			
8/7	11AM	T. MISOPROSTOL	400MCG	PO			
8/7	1pm	INJ PANTOPRAZOLE	40MG	IV			
8/7	2pm	INJ METOCLOPRAMIDE	10MG	IV			
08/07	2:40PM	SUPP. TRAMADOL	100 mg	PR	½	Refh	
08/07	2:40 PM	SUPP. DICLOFENAC	100 mg	PR	½	Refh	
8/7	4pm	T. CABERGOLINE	0.5MG	PO			

Verified
Dr. Rishika
Clinical Pharmacologist
8/7/26

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY Name Signature

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 64.95kg 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
8/7/26	8:10 AM	RINGER LACTATE	IV	FF			8/7/26		
8/7/26	10:30 AM	INJ OXYTOCIN 10 UNITS IN RINGER LACTATE	IV	FF			8/7/26		
8/7/26	12PM	RINGER LACTATE	IV	100ml/HR			8/7/26		
08/07	2:15PM	RINGER LACTATE	IV	500ml/4hr			08/07		

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

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

Weight. 64.95kgs Ward. LFW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	7:30pm	T. MISOPROSTOL	600 MCG	PV		
7/7/26	10:30pm	T. MISOPROSTOL	400MCG	PO		
8/7/26	1:~~35~~AM	T. MISOPROSTOL	400 MCG	PO		
8/7/26	5:~~00~~AM	T. MISOPROSTOL	400MCG	PO	~~NS~~	
8/7/26	5 AM	INJ ONDANSE-TRON	4MG	IV		
8/7/26	12:20 AM	INJ PARACETAMOL	1GM	IV		
8/7/26	8:00am	T. MISOPROSTOL	400MCG	PO	~~NS~~	
8/7/26	10:30 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	~~NS~~	
8/7	~~7 AM~~	INJ PARACETAMOL	1GM	IV		
8/7		INJ TRAMADOL (IN 100MLNS)	100MG	IV		Hold

Verified Dr. Rishika Clinical Pharmacologist

Verified Dr. Rishika Clinical Pharmacologist

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 64.95kgs Ward. L/W

DRUG : T. THYROXINE — Date/Time: 7/7/26

Dose	Route	Frequency	Start Date
125mcg	PO	ONCE DAILY	7/7/26

6AM PT TAKEN

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

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Pharmacologist

DRUG : POTASSIUM CHLORIDE SYRUP — Date/Time:

Dose	Route	Frequency	Start Date
10ML	PO	TWICE DAILY	7/7

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

Additional Instructions: SYP. POT-KLOR

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ METRONIDA 200 — Date/Time: 8/7/26

Dose	Route	Frequency	Start Date
500 MG	IV	8TH HOURLY	7/7

8 AM

2 PM 10

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

Additional Instructions: 10 PM

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : TAB PARACETAMOL — Date/Time:

Dose	Route	Frequency	Start Date
1gm	PO	6HRLY	08/07

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

CLH 8/7/26

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

Weight. 64.95kgs Ward. LW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/7/26	7:30pm	T. MISOPROSTOL	600MCG	PV		
7/7/26	10:30pm	T. MISOPROSTOL	400MCG	PO		
8/7/26	1:~~45~~AM	T. MISOPROSTOL	400MCG	PO		
8/7/26	5:~~00~~AM	T. MISOPROSTOL	400MCG	PO		
8/7/26	5AM	INJ ONDANSE-TRON	4MG	IV		
8/7/26	12:20 AM	INJ PARACETAMOL	1GM	IV		
8/7/26	8:00pm	T. MISOPROSTOL	400MCG	PO		
8/7/26	10:30 AM	INJ CEFOTAXIME (AFTER TEST DOSE)	1GM	IV		
8/7	7AM	INJ PARACETAMOL	1GM	IV		
8/7		INJ TRAMADOL (IN 100ML NS)	100MG	IV		

Verified Dr. Rishika Clinical Pharmacologist

Verified Dr. Rishika Clinical Pharmacologist

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 18 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 64.95kgs Ward. L/W

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
75mcg	PO	ONCE DAILY	7/7/26

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

Additional Instructions:
ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date/Time: 7/7/26 6AM PT TAKEN

Verified Dr. Rishika Clinical Pharmacologist

DRUG : POTASSIUM CHLORIDE SYRUP

Dose	Route	Frequency	Start Date
10ML	PO	TWICE DAILY	7/7

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

Additional Instructions:
SYP. POTKLOR

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ METRONIDAZOLE

Dose	Route	Frequency	Start Date
500 MG	IV	8TH HOURLY	7/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7/26 6 AM 2PM 10

Verified Dr. Rishika Clinical Pharmacologist

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Date
1gm	PO	6HRLY	08/07

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

CLH 8/7/26

VIH-00206682 IP-00060606
Mrs IP-00037
19-06-1999 27 Y 0 M 19 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 8/7/26.

Patient Name: Mrs. IP-00037 Date of Birth: 19/6/1999 Age: 27yrs

Gender: F Ward : OT UHID No.: 206682

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

Name of the Surgery : DLC & LSA

Time in : 2:15pm Time Out : 2:45pm

		NAME	AMOUNT
1.	Surgeon	Dr. Bhavana	OT charges.
2.	Anaesthetist	Dr. Vineetha	
3.	Assistant Surgeon	Dr. Soumyashree / Dr. Ashwini	
4.	OT Technician	Tech. Rakesh	
5.	Circulating Nurse	Sr. Mana	
6.	Assistant Nurse	Sr. Prasanna	

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

Dr. Ashwini
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3098938 / 3098938 Order by: Ruby. P