


ACTIVITY RECORD FOR BILLING






IH-00172645 IP-00060205
Name: Mrs ALEENA CHACKO K
19-03-1996 30 Y 2 M 4 D (F)
Dr. PALLAVI PRASAD

UHID N  Consultant: _____ Dept: _____

Date of Admission: 2/6/26 Time: 8:46 AM Date of Discharge: _____ Time: _____

Room / Bed No: 219 Ward: New Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	@ 11:40 am	MICU	OT	
02/06/26	1:00 PM	OT	MICU	
2/6/26	1:00 @ 6 pm	Room 108	Room (108)	

Cross Consultation Visit

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

VIH-00172645 IP-00060205
Mrs ALEENA CHACKO K
29-03-1996 30 Y 2 M 4 D (F)
Dr. PALLAVI PRASAD



SURGERY DETAILS

Date : 02/06/26

Patient Name: Mrs. ALEENA CHACKO K Date of Birth: 29-03-1996 Age: 30 yr

Gender: FEMALE Ward: OT UHID No.: 142645

Date of Surgery: 02/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Elective LSCS + SA

Time in : 11:50 AM

Time Out : 12:50 PM

	NAME	AMOUNT
1. Surgeon	Dr. PALLAVI PRASAD	OT CHARGES
2. Anaesthetist	Dr. VINEETHA	
3. Assistant Surgeon	Dr. ASHWINI	
4. OT Technician	Br. RAKESH	
5. Circulating Nurse	Sr. MANIMALA / Br. RATAN	
6. Assistant Nurse	Sr. BHAVANI / Br. ARIF	

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

Pallavi
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No:

Order by:

3086426/429

EL-188

Dr. M. S. CONR/SIR/OT/02



CONSUMABLES OF OT

(1)

Patient Name :
 Gender M F UHIS/
 Date : 02/06/26

VIH-00172645 IP-00060205
 Mrs ALEENA CHACKO K
 29-03-1996 30 Y 2 M 4 D (F)
 Dr. PALLAVI PRASAD



Circulating Staff : Ruby - P Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS	✓	1	Inj. Vit. K		1
LMA			Sutures 4259	✓	2	Cord Clamp		1
ECG leads : A/P/N	✓	3	2347	✓	1	Suction Catheter		
HME filter : A/P/N			1326/2364	✓	1+1	Feeding Tube		
Syringe 10 cc	✓	2				Vaccum Suction Set		
05 cc	✓	2	Gloves AF 6 1/2 + 6 + 7	✓	2+2+5	Surgical Gloves Sg 6.7		1
02 cc	✓	2	Sg 6 1/2 + 6.1	✓	2+1	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		1
Cautery Plate : A/P/N	✓	1	Surgical blade 22 NO	✓	1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL	✓	2	Cautery Pencil	✓	1	protogons		2
NS : 10ml/100 ml/ 500ml/1000ml	✓	1	Koochies			Cap + Mask		2+2
minispike	✓	1	Ointments			alibi		4
Riligid	✓	1	Suction Catheter			Order No		
Fentanyl			Cap. Mask	✓	10+10	3086423		
Morphine			Gauze Pack	✓	2			
Ketamine			Mop Pack	✓	3			
Propofol			Steristrip					
Rocuronium midazolam	✓	1	Underpad	✓	1			
Glycopyrolate evatoun	✓	2	Draw Sheet		9			
Myopyrolate Methergin	✓	1	Abgel	✓	1			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22	✓	1	Urebag Allestrb	✓	1			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy) Anawin	✓	1	Romodrain bag					
Antibiotics			Bandage					
Bioxamic	✓	2	Tegaderm					
Suppositories			tohan Sterizone	✓	1			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg	✓	1	Vaccum Suction set	✓	1			
Justin : 12.5 mg/25 mg/ 100 mg	✓	1	Plastic Bed Sheet D/A	✓	4			
Tab. Misoprost : 200 mg	✓	3	Betadine Solution	✓	2			
power free (\$5)	✓	1	Microshield	✓	2			
			Cotton Balls					
			Latex Gloves	✓	16			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Pallavi P Anaesthesiologist Dr. Vineetha Nurse Sr. Brauani OT Technician Bro. Rakesh

Order No. : ~~3086~~ 3086418 Ordered by : Manimala / Bro. Ratan



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060205	Ward	N 2F-MICU
Patient Name	Mrs ALEENA CHACKO K	Bed Name	MICU 226
Age/Sex	30 Y 2 M 4 D / Female	Order No	0003086418
Date	02/06/2026 14:34	Prescription No	PRIP-1289659
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	02/06/2026 14:36
UHID	VIH-00172645		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
3	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
5	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
6	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	2	103.95	207.90
7	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO004	01/28	2	73.23	146.46
8	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	24070610B	08/27	1	1,153.00	1,153.00
9	DISPOSABLE APRONS STERILE XL	Medibblue		26041802	03/28	3	120.00	360.00
10	DISPOSABLE APRONS STERILE XL	Medibblue		26050203	04/28	1	120.00	120.00
11	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	4	28.13	112.52
12	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
13	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
14	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
15	Encore Microptic gloves-6.5		H	2510072605	10/28	3	117.00	351.00
16	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
17	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
18	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091670	11/27	1	18.90	18.90
19	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091670	11/27	1	18.90	18.90
20	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
21	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	2	100.00	200.00
22	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
23	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI07052026	12/30	1	2,000.00	2,000.00
24	METHERGIN INJ 1 ML	Novartis India Ltd	H	605SPAJ5	05/27	1	15.92	15.92
25	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
26	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
27	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
28	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	1	997.00	997.00
29	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	3	949.00	2,847.00
30	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26FB001	01/29	16	23.43	374.88
31	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirif	H	1C261641	02/29	1	44.93	44.93
32	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69

~~Handwritten scribbles~~



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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060205 Ward N 2F-MICU
Patient Name Mrs ALEENA CHACKO K Bed Name MICU 226
Age/Sex 30 Y 2 M 4 D / Female Order No 0003086418
Date 02/06/2026 14:34 Prescription No PRIP-1289659
Payor MEDI ASSIST INSURANCE TPA PVT LTD Dispensed Date 02/06/2026 14:36
UHID VIH-00172645

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	PREGELLED SURGICAL PLATES(ADULT)	Erbee		2510292407	10/27	1	1,195.00	1,195.00
34	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	1	566.05	566.05
35	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	2	69.39	138.78
36	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
37	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
38	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
39	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
40	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	10	10.00	100.00
41	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
42	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A250619	08/30	2	308.00	616.00
43	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
44	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
45	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
46	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5049	05/30	1	951.00	951.00
Total :							14,128.10	18,227.96

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

RAINBOW CHILDREN'S MEDICARE LIMITED

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H.No.3-7-222/223, Sy.No.51 to 54, Opp.Karkhana P S, Karkhana Main Road,
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INPATIENT ISSUES AGAINST ORDERS

IP No: IP-00060208
 Patient Name: Baby B/O ALEENA CHACKO K
 Age/Sex: 0 Y 0 M 0 D 5 H / Female
 Date: 02/06/2026 14:40
 Payor: SELFPAY
 UHID: VIH-00205550

Ward: N 2F-MICU
 Bed Name: CRDL-MICU-226-1
 Order No: 0003086423
 Prescription No: PRIP-1289660
 Dispensed Date: 02/06/2026 14:41

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE	BECTON DICKINSON (BD)	GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	H	5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML			L1152508A	10/27	1	31.75	31.75
4	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	2	10.00	20.00
5	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	General	26FB001	01/29	4	23.43	93.72
6	PROTO GOWN (ADULT) (PROTECTCARE)	ICARE (KANAM LATEX)	GENERAL	VI20052026	12/30	2	450.00	900.00
7	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
8	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
9	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	2	10.00	20.00
10	SURGICAL BLADE 20	Surgeon	General	071125	10/30	1	7.67	7.67
Total :							779.85	1,320.14

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Receiver Name

1,00,000/-
 19,000/-
 1260
 1,000/-
 2,100/-
 2850/-
 3000/-
 1200/-
 1,120/-
 3980
 1,35,553

Rec -
 New
 In
 NCD
 NCD
 NCD
 Det (1000f3)
 GST (1000f3)
 Blas & Br
 Dr

ADMISSION SHEET

Registration Details :



Admission No : IP-00060205

Admit Date : 02-Jun-2026

Admit Time : 08:46 AM UHID : VIH-00172645

Patient Details :

Patient Name : Mrs ALEENA CHACKO K

Age : 30 Y 2 M 4 D

Guardian : Mr BINU THOMAS

DOB : 29-03-1996

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : PLOT NO 33 RAJIV ENCLAVE PHASE 2
VAMPUGUDA KAPRA ECIL HYD A S Roa Nagar
Hyderabad Telangana INDIA 500062

Phone No : 7382018098/ 9441779117

E-mail : na123@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 BINU THOMAS

Relationship : W/O

Contact Address : PLOT NO 33 RAJIV ENCLAVE PHASE 2
VAMPUGUDA KAPRA ECIL HYD A S Roa Nagar
Hyderabad Telangana INDIA 500062

Phone No : 7382018098 / 7286812236


Signature

Doctor Details :

Doctor Name : Dr. PALLAVI PRASAD

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

PATIENT TRANSFER FORM

VIH-00172645 IP-00060205 Mrs ALEENA CHACKO K 29-03-1996 30 Y 2 M 4 D (F) Dr. PALLAVI PRASAD  Treating Consultant Name		Date & Time of Admission 2/6/25 @ 8:46 Am	Date & Time of Transfer Order 2/6/26 @ 6 pm
		Transfer Ordered by Dr. Yogeshwari	Reason for Transfer Observation
From Unit MICU	To Unit Room (108)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 35	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? op table given to attendant (HUSBAND)	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1) pantoprazole ①		
2.	2) paracetamol ①		
3.	3) ramodol ①		
4.	4) diclofenac		
5.	5) vnderpad @ garai @ Benitrab ①		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring sis pooja		Name of Person Ordered Transfer Dr. Yogeshwari	
Patient & Clinical Records Received by : Subher			
Date & Time of Patient Received : 2/6/26 @ 6 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

2

PATIENT TRANSFER FORM



Patient Name / I.P. No. VIH-00172645 IP-00060205 Mrs ALEENA CHACKO K 29-03-1996 30 Y 2 M 4 D (F) Dr. PALLAVI PRASAD 		Date & Time of Admission 02/06/26 @ 8:46 AM	Date & Time of Transfer Order 2/6/26 @ 1:00 PM
Transfer ordered by Dr. Vineetha		Reason for Transfer Post-op care	
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file A3	Number of Imaging films NGI - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / notes written by Doctor :

Dr. Vineetha

Name & Signature of Person who is Transferring Sis. Manimala	Name of Person Ordered Transfer Dr. Vineetha
---	---

Patient & Clinical records received by :

Pooja

Date & Time of Patient Received:

2/6/26 @ 1 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

WIH-00172645 IP-00060205
Mrs ALEENA CHACKO K
19-03-1996 30 Y 2 M 4 D (F)
Dr. PALLAVI PRASAD



Treating Consultant Name

Date & Time of Admission

2/6/26 @ 8:40am

Date & Time of Transfer Order

2/6/26 / @ 11:40AM

Transfer Ordered by

Dr. Arceesha

Reason for Transfer

Em. LSCS

From Unit

MICU

To Unit

(OT)

Information to Attendant

Yes No

Number of Sheets in Clinical File

30

Number of Imaging Films

NST 1

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Dr.

Name & Signature of Person who is Transferring

S/S pooja

Name of Person Ordered Transfer

Dr. Arceesha

Patient & Clinical Records Received by :

Manimala Mandal

Date & Time of Patient Received :

2/6/26 @ 11:40AM

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

I/H-00172645 IP-00060205
 Mrs ALEENA CHACKO K
 19-03-1996 30 Y 2 M 4 D (F)
 Dr. PALLAVI PRASAD



- 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	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: @ 8:40 Am

Nurse Name : Pooja Nurse Signature: [Signature]

Date: 2/6/20 Time: @ 9am

I/H-00172645 IP-00060205
 Mrs ALEENA CHACKO K
 19-03-1996 30 Y 2 M 4 D (F)
 Dr. PALLAVI PRASAD



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/6/26

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: Doctor Notified on Admission: Yes No

..... Name of the Doctor:

..... Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	yes	—

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>8/9/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
--	--	---

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS:

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 HR: 88b/m RR: 20b/m

BP: 101/60 mmHg Weight: 79.5 Height: 1.62 BMI:

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

H-00172645 IP-00060205
 Mrs ALEENA CHACKO K
 9-03-1996 30 Y 2 M 4 D (F)
 Mr. PALLAVI PRASAD

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 (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

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. Aleena

Name of Person Orientation was given to: Pooja

Orientation not given Reason:

Nurse Signature: Pooja

Nurse Name: Pooja

Date & Time: 26/26 @ 10 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 8/9/25 EDD: _____
 Corrected EDD: 15/6/26 GA: 38+1 weeks

Obstetric Formula: G2P1L1
 ML-4YUS NCM

Menstrual History: Regular: Yes No

Obstetric History: NPOC - fetal demise
 G1 - Male (2 years) / Misses ilulo CPD / FHS in Active labour

Obstetric Examination

3.8 kg / A.M.H / RCH V.K.P / BF x 1 1/2 years / Unsuccessful
 Fundal Height: ~ TG

G2 - PP, Spontaneous conception

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Unbooked to RCH

Liquor: Adequate Oligo Poly

Previous ANCs at Mayflower Hospital
 Hit Fall from chair at 28 weeks and
 was admitted to hospital for 1 day
 was managed conservatively.

pp: Cephalic Breech Others _____

RISK FACTORS:

Tdap Vaccine, Flu vaccine
 given.

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

⊕ 135 bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not done

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: 162 cm

Weight: 72.5 kg

Allergies: NIL

Breast: Normal Abnormal

General Examination:

Consciousness: clear

Pallor: ⊕

Icterus: ⊕

Edema: ⊕

Temp: Afebrile

PR: 96 bpm

BP: 95/69 mmHg

DTR: ⊕

CVS: S1/2 ⊕

RS: BAE ⊕

Liver/Spleen: ⊕

Urine Output: Adequate

DIAGNOSIS

G2P1L1 with 38+1 weeks with Previous LSCS - Large for Gestational

Age for Elective lower segment Caesarean section
 baby



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 10:10 Am	Blood Group - IA POSITIVE CBP - 11.9 / 11890 / 258L HIV - NR Hep Ag - NR	
	<p style="text-align: center;">noted by _____</p>	<p style="text-align: right;">Dr. G. _____</p>
2/6/26 1 PM	<p style="text-align: center;">POD-0</p> o/e p d/c u/jais a/jeboie BP - 105/66 mg PR - 89 bpm SGWAD PIA ut nr BS - $\frac{+}{-}$ $\frac{-}{-}$ PIUNAB. baby ms. A 11	<p style="text-align: right;">Dr. _____</p> <p style="text-align: right;">2/6/26 10:10 Am</p>
P22 0.0400ml adq. cells emptied.		<p style="text-align: center;">Adv</p> <ul style="list-style-type: none"> - NBM x 4 hrs - Foley's for 2 hrs - I/O charting - Ambulation after foley's tomorrow - monitor vitals - rest - follow drug chart - informees
	<p style="text-align: center;">noted by _____</p>	<p style="text-align: right;">Dr. Ashu _____</p>
	<p style="text-align: center;">noted by _____</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5 PM	<p>POD-0 (LSCS)</p> <p>o/e Pt is c/c/c Gc fair Afebrile</p>	<p>Adv</p> <p>- sips of water flb clear liquids</p> <p>- I/O charting</p> <p>- W/F bleeding PV</p>
<p>Uo - 400ml clear adequate</p>	<p>BP - 114/70 mmHg PR - 78 bpm S/E - NAD P/A - ut - wr</p>	<p>- Monitor vitals</p> <p>- follow drug chart</p> <p>- Foley remove after 24 hrs flb Ambulation</p>
<p>Pt can be shifted to room</p>	<p>Soft BS +/+</p> <p>L/E - NAB</p> <p>Baby ^A BF (+)</p>	<p>- Inform SOS</p> <p>- soft diet at 11 PM</p>
<p>Per vaginal examination done no active bleeding</p> <p>noted by govt</p>		
<p>2/6/26 8:30 PM</p>	<p>POD-0 (LSCS)</p> <p>o/e Pt is c/c/c Gc: fair Afebrile</p>	<p>Adv:</p> <p>- clear liquids flb soft diet at 11 PM</p> <p>- I/O charting</p> <p>- W/F bleed PV</p>
<p>U/O: 600ml Adequate clear</p>	<p>BP: 116/74 mmHg PR: 74 bpm S/E: NAD P/A: ut - wr</p>	<p>- Monitor vitals</p> <p>- follow drug chart</p> <p>- Inform SOS</p> <p>- soft diet at 11 PM</p>
<p>noted by Subh</p>	<p>Soft BS (+)</p> <p>C/L: NAB</p> <p>Baby ^A BF (+)</p>	<p>- Inform SOS</p> <p>- soft diet at 11 PM</p>

Dr. Prasad
 Dr. Prasad



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:30 AM	O/E Pt is c/c/c GC: fair Afebrile	Adv - Soft diet - w/f bloody Plv - monitor vitals
U/O: 2850 ml Adequate, clear Removal of Foley's at 1pm	BP: 112/70 mmHg PR: 80 bpm S/E: NAD P/A: ut wnl Soft BSt	- Ambulation - Adequate hydration - follow drug chart - Inform SDS.
	L/E: NAB Baby ← ^A BF (+) H	Adv Dr. Alka
		noted by sushila 3/6/26 at 8 AM
3/6/26 2 PM	O/E c/o Giddiness vitals stable	Adv
U/O - 600ml clear adequate Remove Foley's at 7 PM	Pt is c/c/c GC fair Afebrile BP - 106/68 mmHg PR - 90 bpm S/E - NAD P/A - ut - wnl soft BSt L/E - NAB Baby ← ^A BF (+) H	- soft diet - w/f bleeding pv - monitor vitals - Ambulation - Adequate hydration - Follow drug chart - Inform SDS

noted by
sushila
3/6
Dr Yogeshwarji
(P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 4pm	Clara & Pallavi	
		As
		for pain
		- 1mg morphine today RTM
		- stop oral pain killers
		continue with
		- P Paracetamol 500
		- T. Metoprolol 25
		- T. Maxon 200
	Noted by Subham Bhat @7:30p	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-1</u>	
<u>3/6/26</u> 9pm	O/E pt is c/c/c Gc fair Afebrile BP- 114/72mmHg PR- 86bpm. S/E - NAD P/A - U+ ~ WR soft BS + +H	<u>Adv</u> - soft diet - W/F bleeding pv - Monitor vital - follow drug chart - Ambulation. - Adequate hydration. - Inform sos
<u>Urine passed</u>		
<u>Motion passed</u>		
	U/E - NAB Baby ← ^A _H BF ⊕	
		Dr. Yogeshwar
	<u>POD-2</u>	
<u>4/6/26</u> 8AM	O/E pt is c/c/c Gc fair Afebrile BP- 100/70mmHg PR- 76bpm. S/E - NAD. P/A - U+ ~ WR soft BS + +H	<u>Adv</u> - normal diet - W/F bleeding pv - Monitor vital - Follow drug chart - Ambulation - Adequate hydration - Inform sos
<u>Urine passed</u>		
<u>Motion passed</u>		
	U/E - NAB. Baby ← ^A _H BF ⊕	
		Dr. Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	POD-2	
12:15 Pm		Adv:
	O/E - pt is c/c	- (N) diet
	Gc - Fair	- Ambulation
w/ive passed	Afebrile	- Adeq. Hydration
Motion passed	BP - 99/71 mmHg	- monitor vitals
pt. can be discharged	PR - 75 bpm	- Follow drug chart
	S/E - NAD.	- Furosem 50s.
Do Dressing in evening	PIA - w/ w/R.	
	Soft, BS (+)	DR. Nikhita
	LIE - NAB.	
	Baby ← A BF (+) M	Dr. Arjun
Noted by		
Indy		
4/6/26		
@ 12:40pm		

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs Aleena Chacko Age: 29 yrs Sex: F UHID.No: _____
 Date: 2/6/26 Time: 9am Proposed Operation: 3rd US
 Diagnosis: G.P. L. E 88 wks
 B.P / CRT: _____ H.R: _____ Weight: 78kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

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

Allergies: Nil

Medical History: CVS: _____
 RESP: _____ Diabetes: _____
 CNS: _____
 Renal: _____
 Hepatic / GE: _____ Physical Activity: _____
 Others: _____

Nothing significant

Past Anaesthetic History: H/O. prev. use of Epidural. - uneventful - eyes were

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: >3F Neck: @ Teeth: @
 Lungs: cl. clear
 Heart: S1 S2

CNS: _____
 Pregnant: Yes No NA Venous Access Site: _____ Spine Exam for regional: palpable

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>

- Pre-Operative instructions:**
- DVT Prophylaxis: _____
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ night 8:30 pm
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: _____

Signature: [Signature] Name: Dr. Scithan



ANAESTHESIA CHART



Pre Induction Assessment: 11:50 am

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 86/min B.P./CRT: 120/90/4mm SpO₂: 100% R.R.: 16/min Last Feed:

Pre-OP Diagnosis: G.P.H. & 2e wbs i previous Operation: Elective cec Date: 02/06/26

Surgeon: Dr. Pallavi Anaesthesiologist: Dr. Vivek Technician: Mr. Rakesh

TIME	11:45	11:50	11:55	12:00	12:05
N ₂ O /AIR /O ₂ LPM					
HALO /SO /SEVO					
Drugs:					
CARDIAC					
TRAMADOL					
DIACETAMOL					
Antibiotic					
Suppository					
Blood Loss					
Notes					

LAB Values

ABG

GRAB

Other

Equipment Checked and Functional

BP Cuff Site: Brach

Art Site: Brach

EKG Lead Quad

Temp Site

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 11:50 AM

OP Start: 11:55 AM

OP End: 12:50 PM

Leave OR:

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: Brach

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# _____ at _____ cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: _____

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# _____ Attempts: _____

Difficulty Why? _____

Bilal = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify: _____

Spinal Epidural Caudal

Others: _____

Position: Sitting

Site: L2-L4

Needle Size: 27G (W) Depth: _____

Paresthesia Yes No

Catheter at skin _____ cm

Drug Name & Conc: 0.5% Bupivacaine 2cc + 0.5% (2cc) Fentanyl

Bolus: _____

Infusion: _____

Block Level: T4

Comments: _____

Transportation to

PACU ICU Other

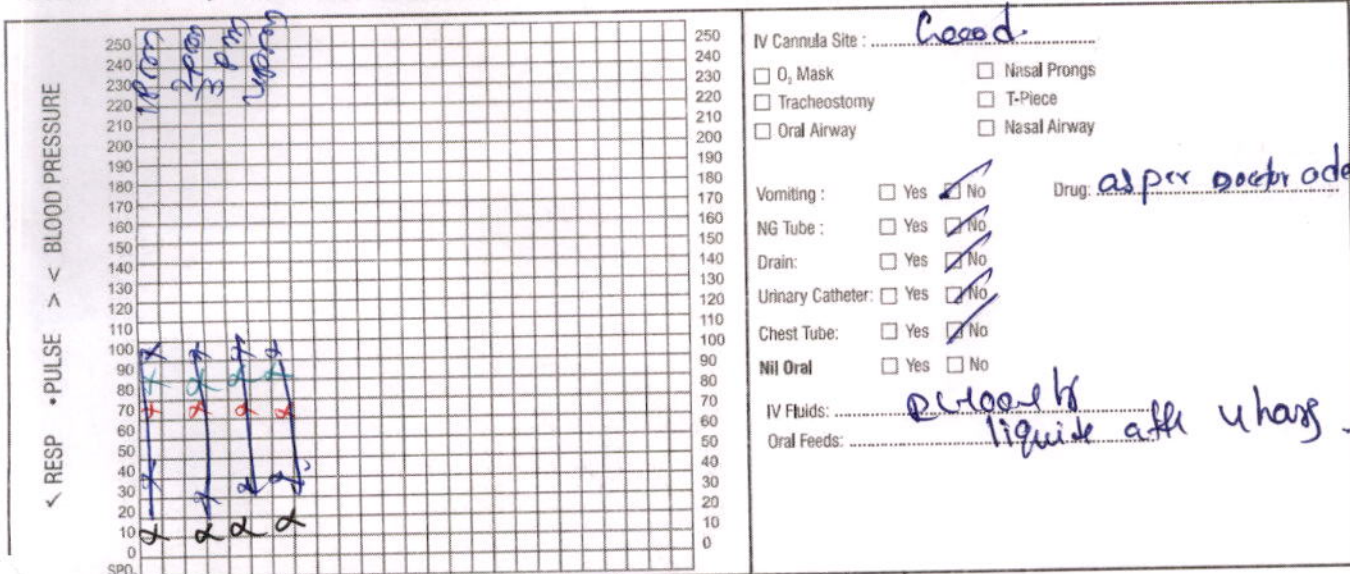
Relaxant Reversed Yes No NA

Name of the Doctor: DR. N. VIVEK

Signature of the Doctor: _____

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Shankar Time Received: 1 PM Time Discharged: @ 5:40 pm



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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
2/6/26	1 PM	0	—	<u>Shankar</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

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

Anaesthesiologist Name: Dr. Vineetha

Anaesthesiologist Signature: [Signature]

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

PACU Nurse Name: poofa

PACU Nurse Signature: [Signature]

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

Transferred to Unit by (PACU): poofa

Date & Time: 2/6/26 @ 5:40pm

VIH-00172645 IP-00060205
Mrs ALEENA CHACKO K
29-03-1996 30 Y 2 M 4 D (F)
Dr. PALLAVI PRASAD



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Pallavi Prasad	Date of Delivery: - 2/6/26
Assistant Surgeon: Dr. Ashwin	Time of Delivery: 12:03 PM S4 EC
Anaesthetist's Name: Dr. Vineetha	Gender of Baby: female
Type of Anaesthesia: - spinal	Weight of Baby: - 3.021 kg.
Neonatologist: Dr. Vishal	AGPAR Score: 8/10, 10/10.
Scrub Nurse: Sis Bhavani / Bro Anil	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency

Indication: Previous LSCS.....

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: Knife to rectus:

CTG Description: Reactive

If there was a delay give the reasons:

Surgical Procedure: - Elective LSCS

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: cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

prev scar not excised

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

Uterine Closure: One Layer Two Layers *catgut* Suture
Peritoneal Closure: Pelvic Abdominal None *catgut* Suture
Sheath Closure: *Vicryl* Suture
Fat Closure: Yes No Suture
Skin Closure: Subcuticular Mattress *Monocryl 3-0* Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter Yes No Remove in *24 hrs* days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
NBM x 4 hrs
Ambulation after 24 hrs
No charting
folys for 24 hrs
monitor vitals
follow drug chart
in form s.s.
Dr Astin

Doctor Name: *Dr. Pallavi* Doctor Signature: *Pallavi*
Date & Time: *2/6/26*

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. ALEENA Gender: Male Female Age : 29 years

UHID No : VH-00172645 / IP-00060205 Date : 2/6/26

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)

ELECTIVE LOWER SEGMENT CAESAREAN SECTION

upon

(Name of the Patient) Mrs. ALEENA

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, NEED FOR BLOOD AND BLOOD PRODUCTS TRANSFUSION AND IT'S ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, ADHESIONS, INFECTIONS, POST PARTUM HAEMORRHAGE

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. PALLAVI PRASAD

Consentee :

Signature : Aleena

Name : Aleena

Date & Time : 2/6/26, 8:30 Am

Witness :

Signature : Shonalakshmi

Name : Shonalakshmi

Date & Time : 2/6/26 8.30Am

Patient Attendant :

Signature : [Signature]

Name : Lt. Binu Thomas

Relationship with Patient: Husband

Date & Time : 2/6/26, 8:30 Am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. KASHMI

Date & Time : 2/6/26, 8:30Am

IP-00060205 (F)
 NH-00172645
 Mrs ALEENA CHACKO K
 19-03-1996 30 Y 2 M 4 D
 Jr. PALLAVI PRASAD



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 2/6/2026

To Be Filled In By Assigned Nurse:

Department: labour ward Duration of Procedure: 1 hours

Name of Surgeon: Dr Pallavi Prasad Date of Admission: 2/6/2026

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

		Staff Signature
1.	Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>1gm Doxycycline 1gm BD</u>	
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____ Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>96</u> °F <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: <u>Dr. Cheralakshmi</u> Date & Time of antibiotic administration: <u>2/6/2026 at 10.15 AM</u> Date & Time procedure started: <u>2/6/26 at 11.50 AM</u>	

- 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

VIH-00172645

IP-00060205

Mrs ALEENA CHACKO K

29-03-1996

30 Y 2 M 4 D

(F)

Dr. PALLAVI PRASAD



1

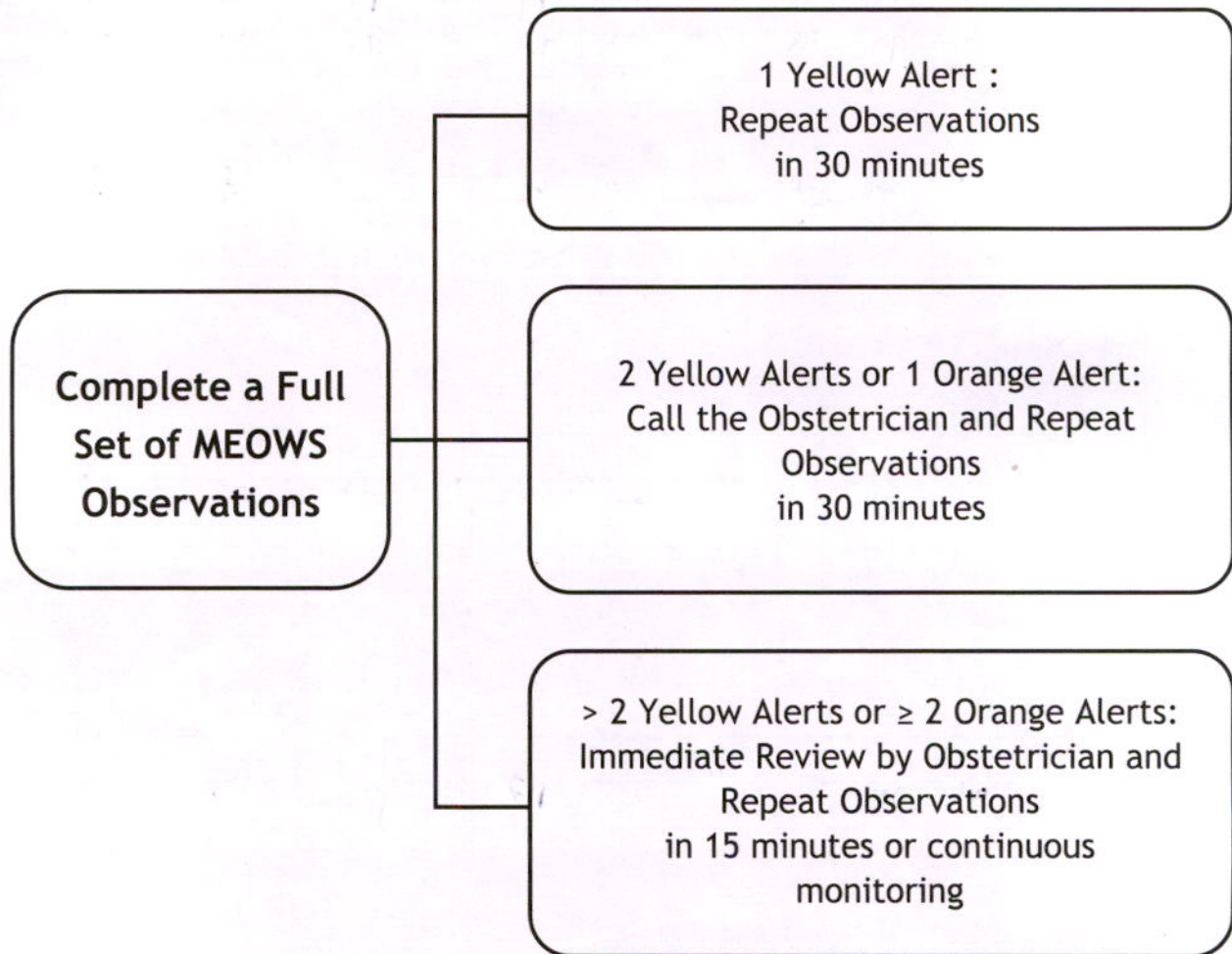


Early Warning Observation Score Chart - Obstetrics

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

		Date																						
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20	19	19	18	19	18	19	18	19	18	19	19	18	19	19	19	19	19	19	19	19	18	18	18
	0 - 10																							
Saturations	94 - 100 %	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	98	98
	< 94 %																							
Administered O ₂ (L/min.)																								
Temp °C	40																							
	39																							
	38																							
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	36																							
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																							
	90																							
	80	88	89	86	75	70	88	88	84	77	75	77	80											
	70																							
	60																							
	50																							
40																								
Systolic Blood Pressure	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110	101	106	105	118	109	112	110	100	110	109	102	102											
	100																							
	90																							
	80																							
	70																							
60																								
50																								
Diastolic Blood Pressure	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70	75	78	67	75	65	70	84	67	72	62	69												
60																								
50																								
40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																							
Proteinuria	Protein ++																							
	Protein > ++																							
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																							
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Green																							
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00172645 IP-00060205
 Mrs ALEENA CHACKO K
 29-03-1996 30 Y 2 M 4 D (F)
 Dr. PALLAVI PRASAD

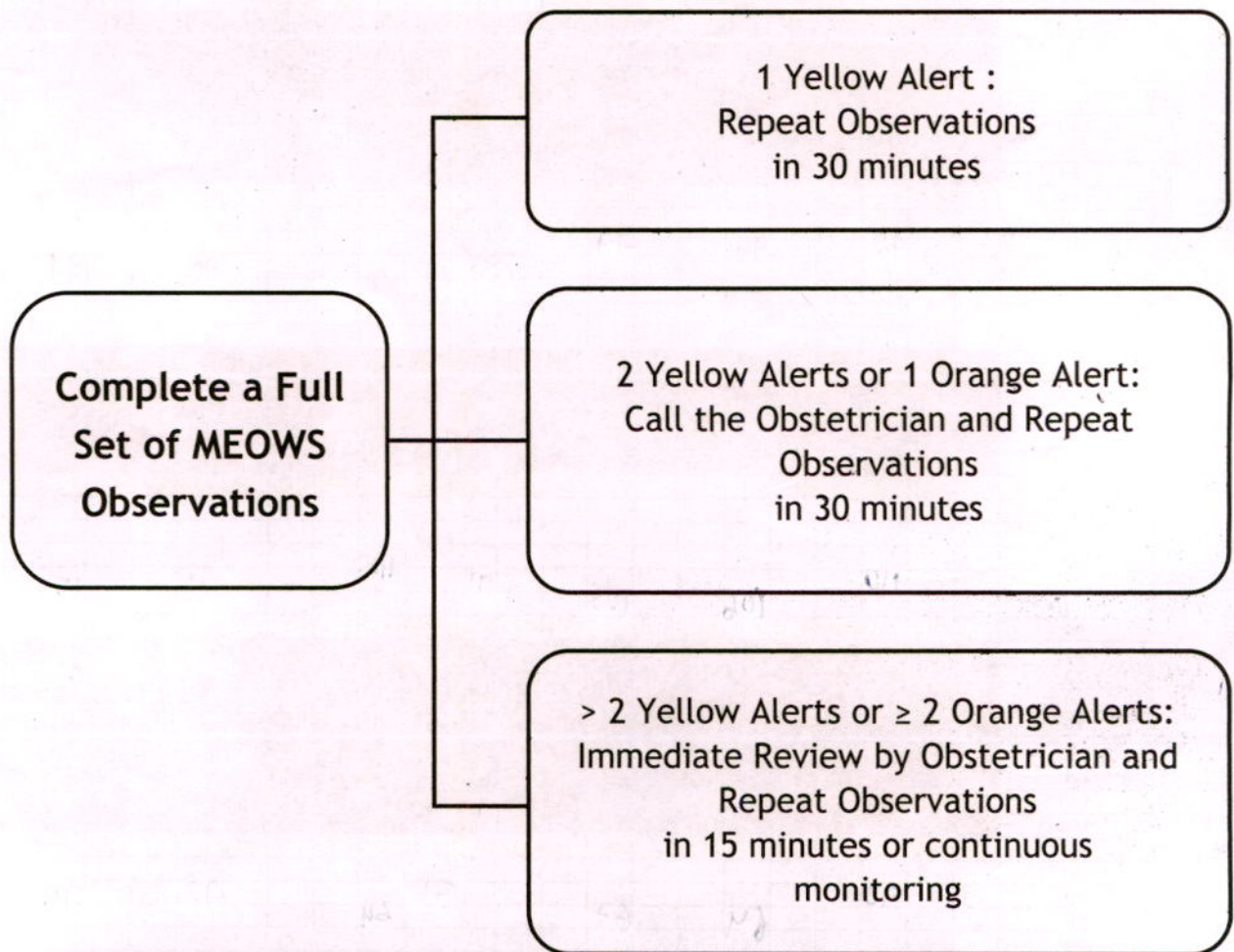


Early warning Observation Score Chart - Obstetrics

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

Date 3/6/26		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 <small>(write rate in corresp. box)</small>	> 30																											
	21 - 30																											
	11 - 20			19			20			18			19			19			19			18			19			18
	0 - 10																											
Saturations	94 - 100 %			98			97			98			97			99			99			99			97			99
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp ^o C	40																											
	39																											
	38																											
	37			37 ^o			37 ^o			37 ^o			37 ^o			36 ^o			37 ^o			37 ^o			37 ^o			37 ^o
	36																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90			92			96			79			85			77			80			71			75			75
	80																											
	70																											
	60																											
50																												
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100			110			106			105			111			112			101			105			99			99
	90																											
	80																											
70																												
60																												
50																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70			70			64			67			71			64			72			70			71			71
	60																											
50																												
40																												
NEURO RESPONSE [✓]	Alert			✓			✓			✓			✓			✓			✓			✓			✓			✓
	Voice																											
URINE mls / hour	> 30			✓			✓			✓			✓			✓			✓			✓			✓			✓
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal			NA			NA			NA			NA			NA			NA			NA			NA			NA
	Heavy / Foul																											
Liquor	Clear / Pink			NA			NA			NA			NA			NA			NA			NA			NA			NA
	Green																											
TOTAL YELLOW SCORES				0			0			0			0			0			0			0			0			0
TOTAL ORANGE SCORES				0			0			0			0			0			0			0			0			0
Nurse Initial				WV			WV			SK			SK			SK			B			B			B			B

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



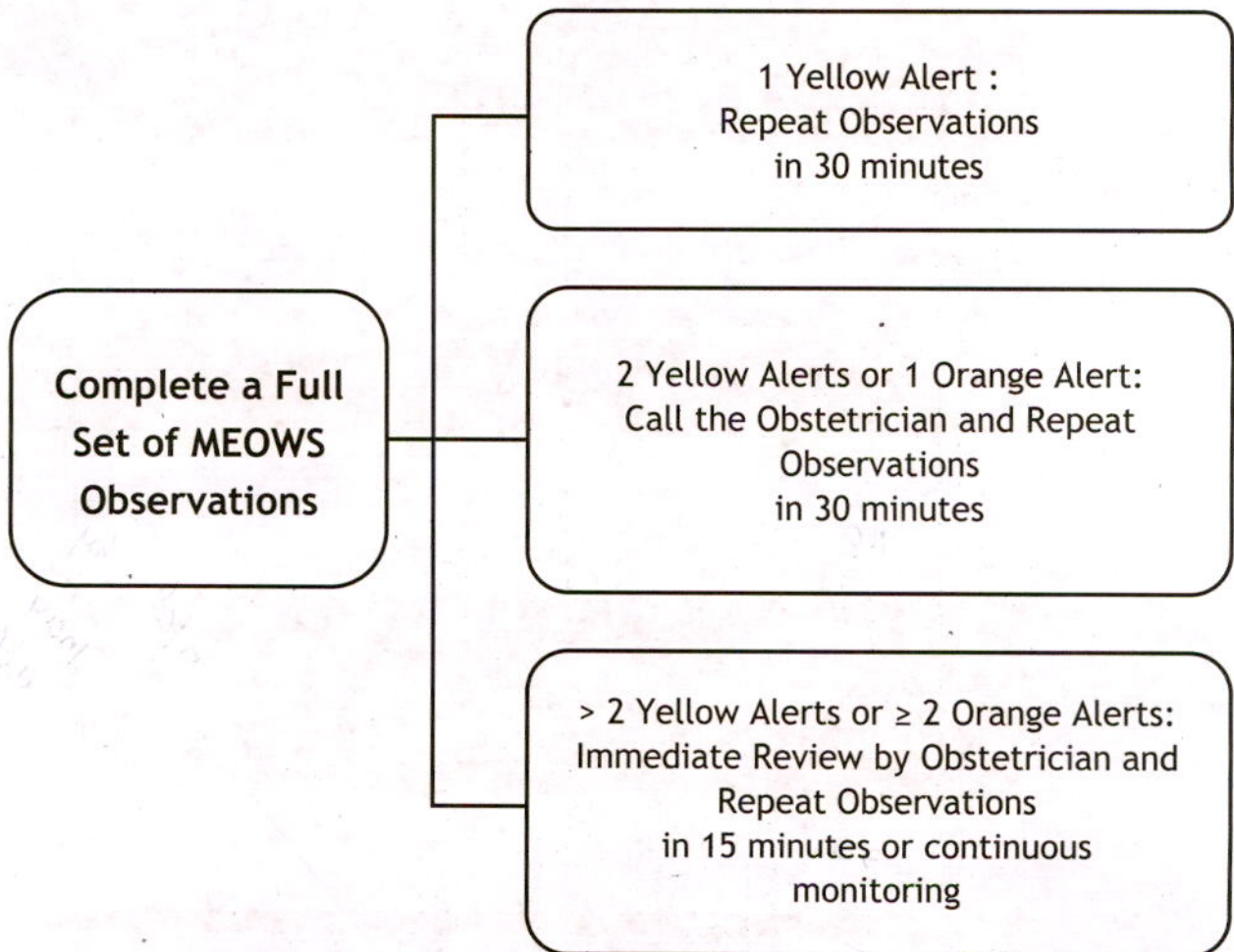
Early warning observation Score Chart - Obstetrics

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

4/6	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																										
	11 - 20			19	20																						
	0 - 10																										
Saturations	94 - 100 %		98	97																							
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37		37	37																							
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90		96																								
	80			86																							
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		✓	✓																							
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		NA	NA																							
	Heavy / Foul																										
Liquor	Clear / Pink		NA	NA																							
	Green																										
TOTAL YELLOW SCORES			✓	✓																							
TOTAL ORANGE SCORES			✓	✓																							
Nurse Initial			PM	PM																							

noted by
 Indu
 4/6
 12:40pm

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : ①

2/6

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			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
2/6/26	08:00 am											
	09:00 am	RL FF+IV										page 9
	10:00 am	RL 100ml + IV										2/6/26
	11:00 am	RL 100ml IV										e.gom
	12:00 pm	RL NBM	900 ml/hr									
	01:00 pm	RL NBM	+ Oxytocin to IV	200ml/hr								
Total Intake :					Total Output :					1200ml		
	02:00 pm	RL 100ml						50ml				
	03:00 pm	RL 100ml						50ml				page 9
	04:00 pm	RL 100ml						50ml				2/6/26
	05:00 pm	RL 100ml						50ml				e.gom
	06:00 pm	H ₂ O 20ml						100ml				
	07:00 pm							100ml				
Total Intake :					Total Output :					400ml		
2/6/26	08:00 pm							100ml				
	09:00 pm							100ml				
	10:00 pm		water					100ml				
	11:00 pm		water					100ml				
	12:00 am							100ml				
	01:00 am							100ml				
Total Intake :					Total Output :					600ml		
2/6/26	02:00 am							100ml				
	03:00 am							100ml				
	04:00 am		water					100ml				
	05:00 am							100ml				
	06:00 am							100ml				
	07:00 am							50ml				
Total Intake :					Total Output :					550		

Total 24 hrs. Intake

Total 24 hrs. Output 2750 ml



FLUID CHART

Sheet No. :

03/06/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/6/26	08:00 am	Dily water								100ml	1	Mansoor 3/6 @ 3pm	
	09:00 am								100ml				
	10:00 am								100ml				
	11:00 am								100ml				
	12:00 pm								100ml				
	01:00 pm												
Total Intake :						Total Output : 500ml							
3/6/26	02:00 pm	Rice water									1	Subin 3/6/26 @ 7pm	
	03:00 pm												
	04:00 pm		100ml						500ml				
	05:00 pm		100ml										
	06:00 pm		100ml										
	07:00 pm		100ml										
Total Intake : 400ml						Total Output :							
3/6/26	08:00 pm	Rice water		100ml							1	Benavida 4/6 @ 1am	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
4/6/26	02:00 am	water								✓	1	Benavida 4/6 @ 7am	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am									✓			
Total Intake :						Total Output :							

Total 24 hrs. Intake 500 ml

Total 24 hrs. Output 1000 ml



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/6	08:00 am	Ddy water									✓		
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

*noted by
 the medy
 4/6
 @ 12:40*



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: ICU Shifted to: OT.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. MULTIVITAMIN	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. [Signature]

Date & Time: 2/6/26, 8:40 AM

Nurse Name & Signature: Pooja @ 9 AM

Date & Time: 2/6/26 @ 9 AM



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: Pre-post OP Shifted to: Room (108)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INS CEFOTAXIME	1gm	IV	12TH HOURLY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS METRONIDAZOLE	500mg	IV	8TH HOURLY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. PARACETAMOL	1gm	PO	6TH HOURLY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. DICLOFENAC	50mg	PO	8TH HOURLY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	T. TRAMADOL	100mg	PO	8TH HOURLY	2/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Yogeshwari


Date & Time: 2/6/2026 5PM

Nurse Name & Signature: Pooja

Date & Time: 02/06/26 6pm

Rx: VH-00172645 IP-00060205
 Cx: Mrs ALEENA CHACKO K
 Hx: 29-03-1996 30 Y 2 M 5 D (F)
 Dr. PALLAVI PRASAD

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

P		I.P. No.	Sheet No.	Wards	Weight (kg)
---	---	----------	-----------	-------	-------------

REGULAR PRESCRIPTIONS

DRUG : INJ DICLOFENAC				Date																
				Time	3/6	4/6														
Dose	Route	Frequency	Start Dt.	10																
75mg	IM	12TH HOURLY	3/6/26	am																
Name & Signature of the Doctor starting the Drugs:																				
Dr. YOGESHWARI				10 PM																
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.																				

VERIFIED

NEW COPY



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	10:15	INT-CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	[Initials]
2/6/26	10:30 AM	INT-PANTOPRAZOLE	40 MG	IV	[Signature]	[Initials]
2/6/26	10:5 AM	INT. METOCLOPRAMIDE	10 MG	IV	[Signature]	[Initials]
02/06	12:04 PM	INT. CARBETOCIN	100 mcg	IV	[Signature]	[Initials]
02/06	12:05 PM	INT-TRANEXAMIC ACID	1g	IV	[Signature]	[Initials]
02/06	12:50 PM	SUPP. DICLOFENAC	100 mg	PR	[Signature]	[Initials]
02/06	12:50 PM	SUPP. TRAMADOL	100 mg	PR	[Signature]	[Initials]
2/6	12:50 AM	T. MISOPROSTOL	600mcg	PR	[Signature]	[Initials]

Signature
VERIFIED BY: NURSE

108

Patient Name : VIH-00172645 IP-00060205
Mrs ALEENA CHACKO K
29-03-1996 30 Y 2 M 4 D (F)
Registration No. Dr. PALLAVI PRASAD



Medication NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/6/26	00.00	12am	[Signature]	[Signature]
	1.00	TAB PARACETAMOL 1gm (QID)		
	2.00	TAB PRANADOL 100mg (TID)		
	3.00	6am		
	4.00	TAB PANTOPRAZOLE 40mg (OD)		
	5.00	TAB PARACETAMOL 1gm (QID)		
	6.00	INJ METRONIDAZOLE 500mg (TID)		
	7.00	7am		
	8.00	TAB DICLOFENAC 50mg (TID)		
	9.00	8am		
	10.00	TAB PRANADOL 100mg (TID)		
	11.00	10am		
	12.00	INJ CEFOTAXIME 1gm (BD)		
	13.00	12pm		
	14.00	TAB PARACETAMOL 1gm (QID)		
	15.00	2pm		
	16.00	INJ METRONIDAZOLE 500mg (TID)		
	17.00	3pm		
	18.00	TAB DICLOFENAC 50mg (TID)		
	19.00	4pm		
	20.00	TAB PRANADOL 100mg (TID)		
	21.00	6pm		
	22.00	TAB PARACETAMOL 1gm (QID)		
23.00				

