



**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad  
,Telangana, India ,500034.  
TEL NO :+91-40-4466 5555  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174272      Admit Date : 25-May-2026      Admit Time : 08:19 AM      UHID : BAH-00655834

**Patient Details :**

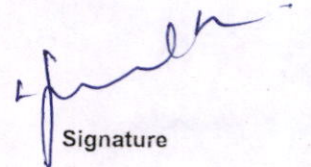
Patient Name	: Mrs RAJAMAHENDRAVARAPU PRIYANKA	Age	: 31 Y 7 M 18 D
Guardian	: MR VIJAY RAJU	DOB	: 07-10-1994
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: B BLOCK, 303, MATHRU KRUPA APTS, ANAND NAGAR COLONY, Khairatabad Hyderabad Telangana INDIA 500004	Phone No	: 9989434511
		E-mail	: NOMAIL@GMAIL.COM

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 418      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 418      Admission Type : First Visit

**Contact Details :**

Name : MR VIJAY RAJU      Relationship : Husband  
Contact Address : B BLOCK, 303, MATHRU KRUPA APTS, ANAND NAGAR COLONY, Khairatabad Hyderabad Telangana INDIA 500004      Phone No : 8826426496 / 9989434511

  
Signature

**Doctor Details :**

Doctor Name : Dr. ANNIE PRANUTHA P      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00655834 IP5-00174272  
Mrs RAJAMAHENDRAVARAPU  
07-10-1994 31 Y 7 M 18 D (F)  
Dr. ANNIE PRANUTHA P



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5	3:30 PM	ORL	304	Swape

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma (PT)	27/5/26	9630274	Pooja
2	Dr. Niveditha Teleconsultation	28/5/26	9630276	Pooja
3				
4				
5				
6				
7				
8				
9				
10				









# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

For Elective LSCS.

LMP: 27/8/20

EDD: 30/5/26

Corrected EDD:

GA: 39+2 weeks

**Obstetric Formula:**

Primi

Menstrual History: Regular:  Yes  No

**Obstetric History:**

ML-2025; NCM.

**Obstetric Examination**

Fundal Height: Ut ~ term.

**Present Pregnancy Record:**

- Spontaneous conception.
- GDM on OHA x 34 wks
- Booked x 36+6 wks.

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

**RISK FACTORS:**

FHS:  Normal  Tachy  Brady  Absent

GDM on OHA x 34 wks

**Per Speculum Examination**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Height: 164 cm

Weight: 87.2 kg

Allergies: NKA

Breast:  Normal  Abnormal

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

**General Examination:**

Presenting Part:  Vertex  Breech  Others

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 82bpm

BP: 120/22 mmHg DTR: ?

CVS: normal RS: ?

Liver/Spleen: not palpable Urine Output: normal

Pelvis:  Adequate  Doubtful

SpO2 - 98% on RA

**DIAGNOSIS**

Primi | 39+2 weeks | = GDM on OHA = LGA baby @  
 Gl. LSCS.



<p>Family History:</p> <p>Father - CAD, HTN          Mother - HTN, DM          Husband's sibling - Osteopenia imperfecta</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>See reconciliation for.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>1 Admission</li> <li>2 Prepare parts</li> <li>3 CTG on admission</li> <li>4 Informed consent</li> <li>5 PAC</li> <li>6 Catheterise</li> <li>7 Shift to OT on call</li> </ol> <p>CRBS - 105 mg/dl</p>	<p>Investigations:</p> <p>⊙ positive</p> <p>VDRL          HIV          HbsAg } NR          HCV</p> <p>- MPT - low risk [FF-8.3y]</p> <p>- TIFFA - (N)</p> <p>- 16<sup>5</sup> - 38 weeks -</p> <p>Cephalic / APF = 15.1 / CFW = 3.71 kg (91%)</p> <p>AC = 99% NI - anterior, left lateral, high</p> <p>→ Pt counselled - LGA fetus -          Trial of vaginal delivery &amp; risk of          shoulder dystocia explained.</p>

Doctor Name: Dr. Sathya  
 Signature: Sathya  
 Date & Time: 25/5/26, 8:30 AM

DR. ANNIE PRANUTHA P  
 Registration No: 51306

Consultant Name: Dr. Annie  
 Signature: Annie  
 Date & Time: 25/5/26 9 AM





BAH-00655834 IP5-00174272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/5/26 1pm	POD-0 / EL-Lms	GDM on OHA
V/O: 400ml clear BMS	GC: fair B.P - 100/60 mmHg P-R - 72 bpm SPO2 - 100% on RA P/A: Uterus retracted well Plv: NAB	1) NRM for 4-6 hrs 2) Flt fluids - 100ml/hr 3) Drug as charted 4) Monitor vitals - 4ly 5) CRBS - 4ly 6) Flt charting 7) w/f excessive bleed
	FBS, PPBS - 27/5/26	8) Insulin 8u Dr. Annie Pranutha P Registration No: 51356
25/5/26 8pm	POD-0 / EL-Lms	GDM on OHA
V/O: 150ml CRBS - 95 Shift to Mom	GC: fair B.P: 114/63 (80) P-R: 90 bpm SPO2: 100% on RA P/A: Uterus retracted well BS (+) Plv: NAB FBS, PPBS - 27/5/26 Foley removed at 12pm	Soft diet -> 10pm liquid diet 7pm 1) Allow sips of fluid 2) Flt fluid - 100ml/hr - EL 3) Drug as charted 4) Monitor vitals - 4ly 5) CRBS - 4ly - today 6) Flt charting 7) w/f PLW bleed 8) Insulin 8u Dr. Sravathi

BAH-00655834 IP5-00174272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>25/5/2016</del> 8:20 AM	O'AD, / (cont. on 27/5) Clo-Purin Circ. fair. T-20 P-10/min. BP - 110/70. Plac. uterus - retroflex. well. L&F Plu - no bleeding	Fetal - Renome of fetus's - Dulcolax supp. - Auscultation - Plenty of liquor - Umbilical 12 <sup>th</sup> hourly
Baby - well		
Sugar - on 27/5/16 Baby - well		
DR. BHARGAVI REDDY K Registration No: 98315		Dr. BHARGAVI REDDY K
<del>26/5/2016</del> 9:20 AM	<u>POD - 0 - (Inleture Co. S. S. S. S. S.)</u>	
Baby - well	Has pain over vulva side not ambulant yet - passing flatus vital stable App. as above → LCP uterus involute well Duesy Dry no chis → healthy →	





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/1/20	AOD	
7:30	Pt is stable - No burning sensation while passing urine - had tried but not passed urine	
UX	- Vitals stable	
FU	Ms - ut well ☺	Advice
SA	Tenderness ⊕ c/o BwNL	- to drink adequate water - Patient counselled for draining bladder i.e. catheter but she want to try again to pass urine
		- Inform if not passed urine by 8:30pm
		- Drugs as charted
		- Monitor vitals GM hly
		- W/Lf bloody plv
		- FBS/PPBS tomorrow (27/1/20)
		Noted by Dr. SH

BAH-00655834 IP5-00174272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	e/l/s Dr. Lavanya / Dr. Dilga Doctor's Order
26/5/26 9:50pm	<p>pt clo: pain in lower Abdomen.            inability to void. urine since Foley's removal at 3:30pm</p> <p>vitals - stable            Cc - fair            PLA - pain in lower abdomen.</p> <p>Foley's catheterization done            1 liter of urine drained out from Bladder.</p>	<p>POD-1) EL-LCS/GOM on GHA.</p>
		<p>Adv            1) UT            2) foley's catheter till tomorrow morning.            3) FBs / PPS on 28/5/26            4) Tafm 100</p>
		<p><del>Dr Dilga</del>            noted by Susha @ 8Am            27/5/26 607635</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/20 8:40 PM.	POD - 2	
	No specific complaints.	
	Gr c for afebrile.	Achs
	Temp - 36°C.	1) soft diet
	Pn - 84h	
	RD - 120/75	2) plenty
	P/a - ures nil retained	of oral fluids.
	Dress dry	
	Loche - healthy	3) encourage ambulation
	#days ✓	
	Urine - clear	4) Mentis intact
	(on w cefotax → continue)	5) Infem post med
	RRs - 105 r/lal	In. Durio. Jcs

BAH-00655834  
 M: RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 20 D (F)  
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>27/12/26            11:30 AM</p>	<p>FBS - 105 mg/dl            PLBS - 95 mg/dl            c/E/T Dr. Mercedes</p>	<p><u>Adv</u>            - Diabetic diet            - check FBS, PLBS once in a week            - Review after 2 weeks</p>
<p>27/12/26            2:30 PM</p>	<p>A comfortable            O/E            GI - fair            vitals - stable            P/A - normal            retracted well            VC - tachicardia            healthy</p>	<p><u>Adv</u>            - soft diet,            plenty of oral fluids            - drugs as per charted            - vitals &amp; intake            - W/F active            - Discharge planning            - Info to be given</p>

*[Signature]*  
 Dr. Mercedes

Noted by Swap  
*[Signature]*  
 Dr. Anand (T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/20 8:30 PM	POD-2 / Lscs / GDM on OHA	
B-Well	GC: fair Vitals: stable	1) Normal diet 2) w/ P/V Bleeding
Foley's in	P/A: Uters retracted well	3) Ambulation 4) Dwg as charted
U/O: good — 2000	P/V: NATS	5) Monitor vitals 6) I/O charting
Passel stools	D/E / P/V	7) Tetracyclins
	Foley's #11 further orders	- Dr. Sravathi
		<del>Noted by Susha 28/5/20 @ 8 AM</del>
28/5/20 9:30 AM	POD-3 / Lscs / GDM on OHA	
U/O: 2000 cc	GC: fair Vitals: stable	1) Normal diet 2) w/ P/V Bleeding
B-Well	P/A: Uters retracted well	3) Ambulation 4) Dwg as charted
stools ✓	P/V: NATS	5) Monitor vitals 6) I/O charting
D/E / U/E / P/V	Remove foley's at 3pm	7) Tetracyclins





BAH-00655834 IP5-00174272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



## RESULT SHEET

Date	25/5/26				
Time	9:30 AM				
Hb	11.7				
PCV	36.4				
RBC	4.36				
WBC	17.48				
N/L					
Platelets	3.34				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

*Clear*



Patient Sticker

### MEDICATION RECONCILIATION FORM

Drug Allergies: N/A  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: OBG Shifted to: \_\_\_\_\_

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	T. METFORMIN	500mg	PO	OD	25/5/26	<input type="checkbox"/> C <input type="checkbox"/> DC
2	T. C. PINK.		PO	OD	25/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. C-DENSC		PO	OD	25/5/26	<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

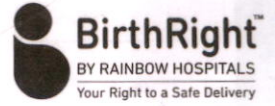
Doctor Name & Signature: Dr. Smith, Smith

Date & Time: 25/5/26 @ 8:20 AM

Nurse Name & Signature: Swarna

Date & Time: 25/5/26 @ 8:30 AM

DM-0003834 IP-001/4272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANATHA P



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward ..... OB .....

DRUG : T. PANTOPRAZOLE				Date					
Dose	Route	Frequency	Start Dt.	Time	25/5	26/5	27/5	28/5	
40mg	PO	BD	25/5	6am	✓	✓	✓	✓	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Pravanthi</u>									
Additional Instructions:					6am	12pm	6pm	9pm	
Daily Doctor's Endorsement by a Sign									
DRUG : 325 PARACETAMOL				Date					
Dose	Route	Frequency	Start Dt.	Time	26/5	27/5	28/5		
1g	PO	Q 20	26/5	12pm	✓	✓	✓		
Name & Signature of the Doctor Starting the Drugs: <u>R. Pravanthi</u>									
Additional Instructions:					12pm	6pm	9pm		
Daily Doctor's Endorsement by a Sign									
DRUG : 75mg Diclofenac				Date					
Dose	Route	Frequency	Start Dt.	Time	26/5	27/5	28/5		
75mg	PO	BD	26/5/27	9pm	✓	✓	✓		
Name & Signature of the Doctor Starting the Drugs: <u>A. Sonika</u>									
Additional Instructions:					9pm				
Daily Doctor's Endorsement by a Sign									
DRUG : 54P CITRALKA				Date					
Dose	Route	Frequency	Start Dt.	Time	26/5				
15ml	PO	OD	26/5/20						
Name & Signature of the Doctor Starting the Drugs: <u>Dr. S. S. Pravanthi</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

VERIFIED

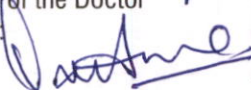

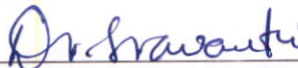



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

<b>DRUG :</b> Symp. Citricus				Date Time	27/5																
Dose	Route	Frequency	Start Dt.																		
20ml	PO	QID	27/5	7AM																	
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				SOMES																	
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> T. CEFIXIME				Date Time	28/5																
Dose	Route	Frequency	Start Dt.																		
200mg	PO	BD	28/5	10AM																	
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				10PM																	
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b>				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

Signature

VERIFIED BY : Name

Dr. P.

BAH-00655834 IP5-00174272  
Mrs RAJAMAHENDRAVARAPU  
07-10-1994 31 Y 7 M 18 D (F)  
Dr. ANNIE PRANUTHA P

Pa



# DRUG CHART

Date of Admission: 25/5/16 Drug Allergies: NKA  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)

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

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

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

nature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. .... Ward 08

VERIFIED

VERIFIED

VERIFIED

VERIFIED

**DRUG :** T-RAMAPRO

Date/Time: 25/5 26/5 27/5 28/5

Dose	Route	Frequency	Start Date
100mg	PO	TID	25/5 26/5 27/5 28/5

Name & Signature of the Doctor: *[Signature]*

Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG :** T-DICLOFENAC

Date/Time: 25/5

Dose	Route	Frequency	Start Date
10mg	PO	TID	25/5

Name & Signature of the Doctor: *[Signature]*

Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes: STOP 26/5/26]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG :** T-PARACETAMOL

Date/Time: 25/5 26/5

Dose	Route	Frequency	Start Date
1g	PO	QID	25/5 26/5

Name & Signature of the Doctor: *[Signature]*

Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes: STOP]*

Daily Doctor's Endorsement by a Sign: *[Signature]*

**DRUG :** T-CEFOTAXIME

Date/Time: 25/5 26/5 27/5

Dose	Route	Frequency	Start Date
1gm	IV	BD	25/5 26/5 27/5

Name & Signature of the Doctor: *[Signature]*

Starting the Drugs: *[Signature]*

Additional Instructions: *[Handwritten notes: STOP Dr. Pravanthi]*

Daily Doctor's Endorsement by a Sign: *[Signature]*



Date Time	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
<b>DRUG :</b>								
Route	Start Date							
Name & Signature of the Doctor								
Additional Instructions:								

Date Time	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.	Dose	Nurse Sig.
<b>DRUG :</b>								
Route	Start Date							
Name & Signature of the Doctor								
Additional Instructions:								

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	9:40 AM	INS CEFOTAXIM	1g	IV	Suthi	Bhacappa Sandhu
25/5/26	9:40 AM	INS PANTOPRAZOLE	40mg	IV	Suthi	Bhacappa Sandhu
25/5/26	9:40 AM	INS PERINDOM	10mg	IV	Suthi	Bhacappa Alexai
25/5	12:20 PM	TRAMEXA ACID	1g	IV	[Signature]	KRABHU Sethi
25/5	7 PM	INS PARACETAMOL	1gram	IV	Sethi	Swagat Sandhu
25/5	11:30 PM	INS TRAMADOL	100mg	IV	[Signature]	Juvevi Sudha
26/5		Duloxax	2	PR	[Signature]	Holla Kumar
26/5	4 AM	INS TRAMADOL + NORMAL SALINE	100mg + 100ml	IV	[Signature]	Immanuel Kumar

Signature

VERIFIED BY : Name

VERIFIED

VERIFIED

I.V. FLUIDS CHART

Weight ..... Ward. 083



Composition of I.V. Fluid  
 (If infusion, mention ml/hr = Mcg/kg/min. etc)

Time	Rate	Composition of I.V. Fluid	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
25/12/16	9 AM	RINGER LACTATE COOL	IV	100 ml/hr	Siti	Shanika	25/12	[Signature]	[Signature]
25/12	1 PM	RINGER LACTATE	IV	500 ml/hr	[Signature]	Laxmi Kulsi	25/12	[Signature]	Laxmi Kulsi
25/12	12:30 PM	RINGER LACTATE	IV	500 ml/hr	[Signature]	Laxmi Kulsi	25/12	[Signature]	Laxmi Kulsi
25/12	12:30 PM	RINGER LACTATE	IV	500 ml/hr	[Signature]	Laxmi Kulsi	25/12	[Signature]	[Signature]
25/12	4 PM	Ringer lactate	IV	100 ml/hr	[Signature]	Shanika Shy	25/12	[Signature]	[Signature]
25/12	8 PM	RINGER LACTATE	IV	100 ml/hr	[Signature]	Shanika Shanika	26/12/16	[Signature]	[Signature]

VERIFIED

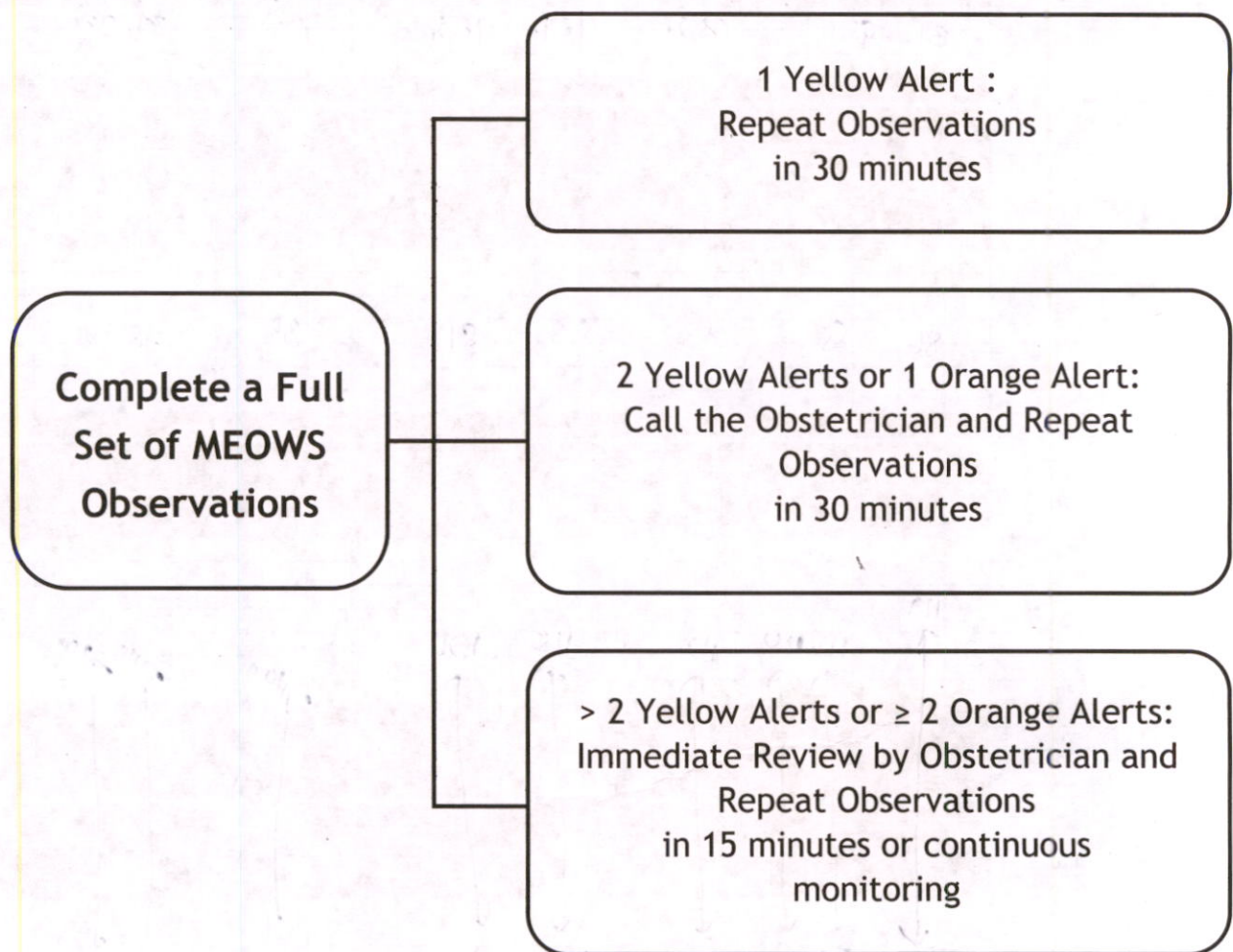
VERIFIED

Signature

VERIFIED BY: Name



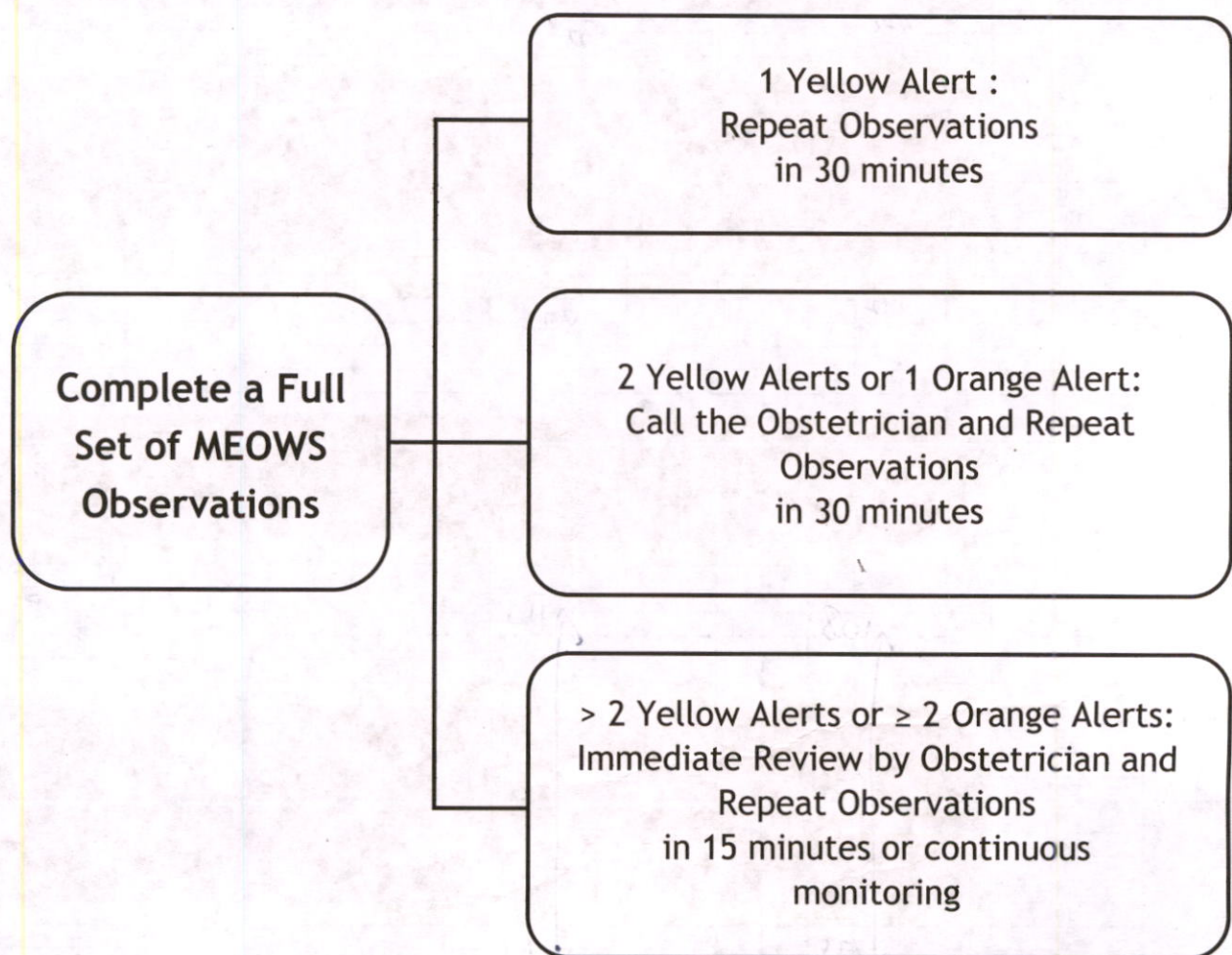
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



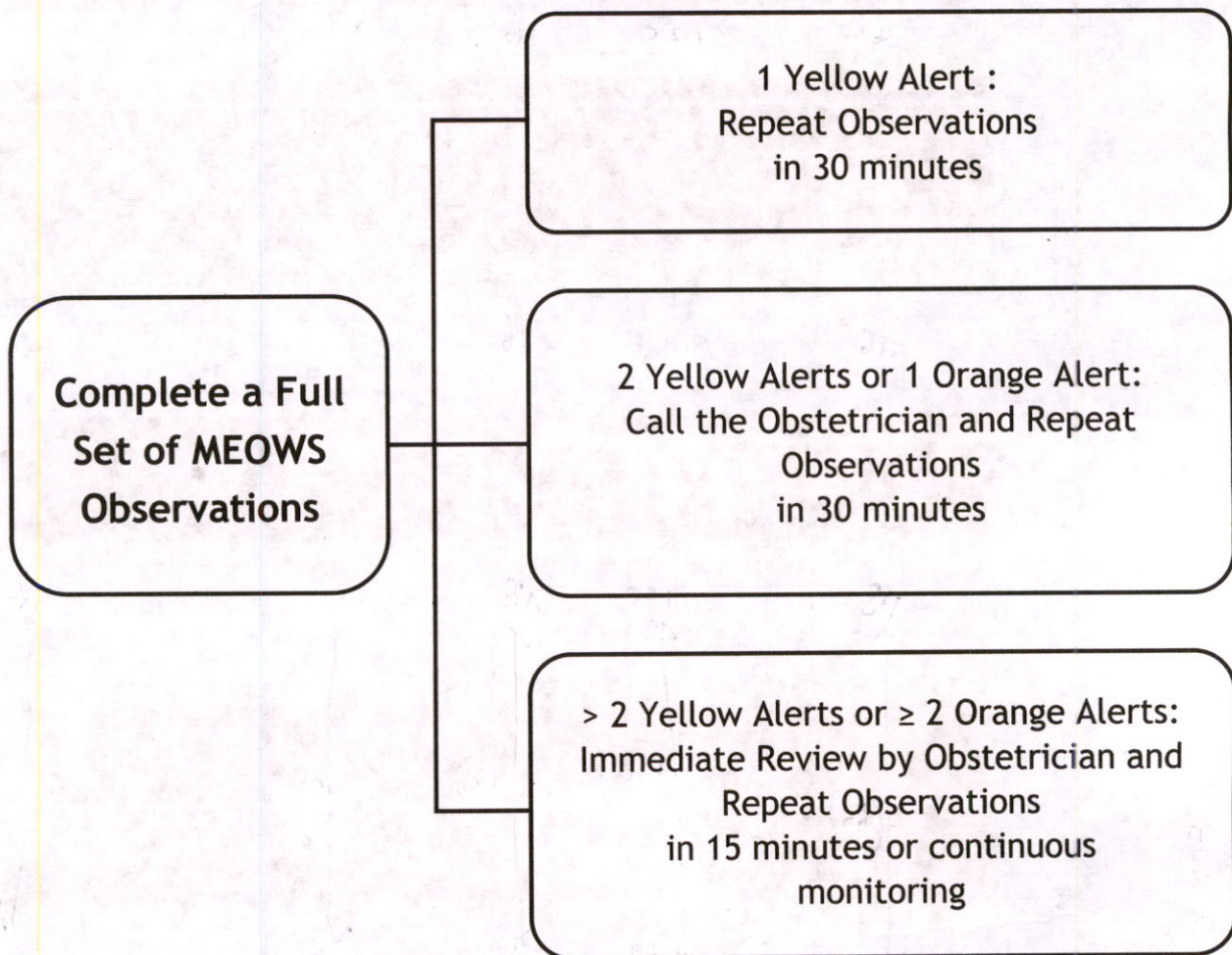
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



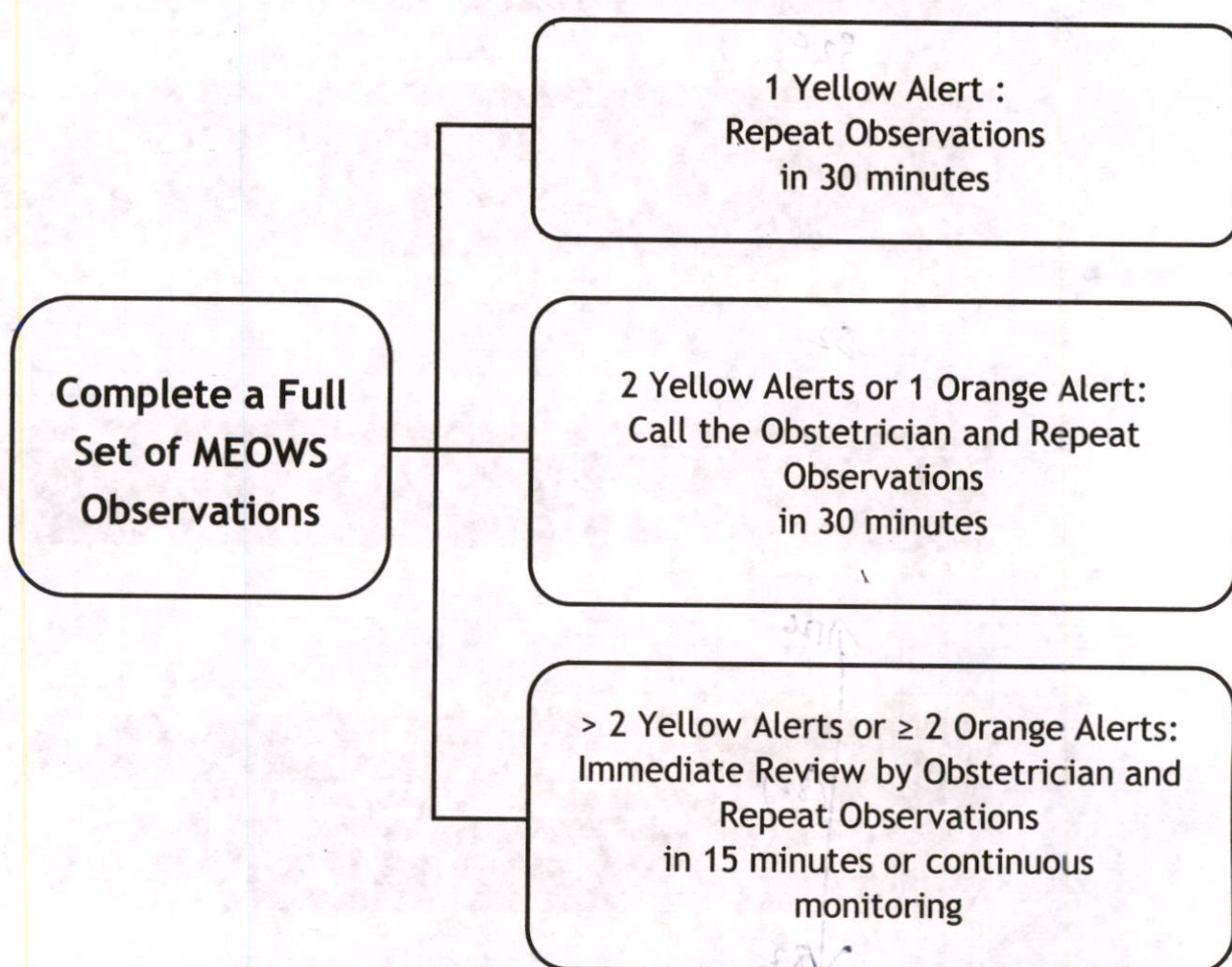
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00655834  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



IPS-00174272

25/5/26

# FLUID CHART

Sheet No. : 1

- 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			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am	Re	N	Re 100ml							0	Swamp	
	09:00 am		B	Re 100ml					✓		0	Swamp	
	10:00 am			Re 100ml							0	Swamp	
	11:00 am		m	Re 100ml			N				0	Swamp	
	12:00 pm			100ml			P				0	Swamp	
	01:00 pm	Re		100ml						400ml	0	Swamp	
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm	Re	N	100ml							0	Swamp	
	03:00 pm	Re	N	100ml							0	Swamp	
	04:00 pm	Re	m	100ml							0	Swamp	
	05:00 pm	Re	tho	100ml			N			300ml	0	Swamp	
	06:00 pm	R	tho	100ml							0	Swamp	
	07:00 pm		tho							100ml	0	Swamp	
<b>Total Intake :</b>						<b>Total Output :</b>							
												Taken	
	08:00 pm			100ml							0	Swamp	
	09:00 pm		corane	100ml							0	Swamp	
	10:00 pm	RL	water	100ml			MP				0	Swamp	
	11:00 pm			100ml							0	Swamp	
	12:00 am		uro	100ml						300ml	0	Swamp	
	01:00 am			100ml							0	Swamp	
<b>Total Intake :</b>						<b>Total Output :</b>							
												Passed	
	02:00 am			100ml							0	Swamp	
	03:00 am			100ml						900ml	0	Swamp	
	04:00 am	RL		100ml			MP				0	Swamp	
	05:00 am			100ml							0	Swamp	
	06:00 am			100ml							0	Swamp	
	07:00 am			100ml							0	Swamp	
<b>Total Intake :</b>						<b>Total Output :</b>							
												U - 300ml m -	

**Total 24 hrs. Intake**

**Total 24 hrs. Output** U - 2900ml m - 0



26/5/26

# FLUID CHART



Sheet No. : 9

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	poop	
	09:00 am	tho									0	poop	
	10:00 am								600ml		0	poop	
	11:00 am										0	poop	
	12:00 pm	tho									0	poop	
	01:00 pm										0	poop	
<b>Total Intake :</b>						<b>Total Output :</b> U-600ml M-0							
	02:00 pm									400ml	0	poop	
	03:00 pm	tho									0	poop	
	04:00 pm										0	poop	
	05:00 pm										0	poop	
	06:00 pm	tho									0	poop	
	07:00 pm										0	poop	
<b>Total Intake :</b>						<b>Total Output :</b> U-400ml M-0							
	08:00 pm										0	suck	
	09:00 pm	H <sub>2</sub> O								200ml	0	suck	
	10:00 pm										0	suck	
	11:00 pm	H <sub>2</sub> O									0	suck	
	12:00 am									200ml	0	suck	
	01:00 am	H <sub>2</sub> O									0	suck	
<b>Total Intake :</b>						<b>Total Output :</b> U-400ml M-0							
	02:00 am										0	suck	
	03:00 am	H <sub>2</sub> O								400ml	0	suck	
	04:00 am										0	suck	
	05:00 am										0	suck	
	06:00 am	H <sub>2</sub> O								200ml	0	suck	
	07:00 am										0	suck	
<b>Total Intake :</b>						<b>Total Output :</b> U-600ml M-0							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** U-3000 ml M-0



22/5/26  
 22/5/26

# 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.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am								200ml	0	Swape	
	09:00 am	NO	H <sub>2</sub> O							0	Swape	
	10:00 am	NO	H <sub>2</sub> O			NP				0	Swape	
	11:00 am	IVF	H <sub>2</sub> O							0	Swape	
	12:00 pm								400ml	0	Swape	
	01:00 pm		H <sub>2</sub> O							0	Swape	
<b>Total Intake :</b>					<b>Total Output :</b> M-0 U-600ml							
	02:00 pm									0	Swape	
	03:00 pm		H <sub>2</sub> O			NP				0	Swape	
	04:00 pm									0	Swape	
	05:00 pm		H <sub>2</sub> O						300ml	0	Swape	
	06:00 pm									0	Swape	
	07:00 pm		H <sub>2</sub> O							0	Swape	
<b>Total Intake :</b>					<b>Total Output :</b> U-300ml M-0							
	08:00 pm									0	Suck	
	09:00 pm	NO	H <sub>2</sub> O						300ml	0	Suck	
	10:00 pm	NO				NP				0	Suck	
	11:00 pm	IVF	H <sub>2</sub> O						400ml	0	Suck	
	12:00 am									0	Suck	
	01:00 am		H <sub>2</sub> O							0	Suck	
<b>Total Intake :</b>					<b>Total Output :</b> M-0 U-700ml							
	02:00 am									0	Suck	
	03:00 am		H <sub>2</sub> O						300ml	0	Suck	
	04:00 am	NO				NP				0	Suck	
	05:00 am	IVF	H <sub>2</sub> O						500ml	0	Suck	
	06:00 am									0	Suck	
	07:00 am		H <sub>2</sub> O							0	Suck	
<b>Total Intake :</b>					<b>Total Output :</b> M-0 U-900ml							
<b>Total 24 hrs. Intake</b>					<b>Total 24 hrs. Output</b> M-0 U-2500ml							

BAH-00655834 IP5-0017427Z  
 Mrs RAJAMAHENDRAVARAPU 31 Y 7 M 20 D (F)  
 07-10-1994  
 Dr. ANNIE PRANUTHA P



280526



# FLUID CHART

Sheet No. : .....

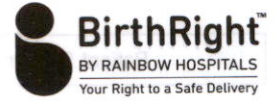
- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	Pooja	
	09:00 am						✓				0	Pooja	
	10:00 am										0	Pooja	
	11:00 am										0	Pooja	
	12:00 pm										0	Pooja	
	01:00 pm											Pooja	
<b>Total Intake :</b>						<b>Total Output :</b> U-							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Department of Anaesthesiology  
**PRE-ANAESTHETIC EVALUATION**



Name: Dr. Benjamin Age: 32y Sex: F UHID.No: \_\_\_\_\_  
 Date: 11/3 Time: 9am Proposed Operation: Elective CS  
 Diagnosis: 1st degree 1/39tw  
 B.P / CRT: 110/70 H.R: 100 Weight: ~55kg ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**  
 Hgb: 11.3 Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_ HIV: \_\_\_\_\_ X-Ray: \_\_\_\_\_  
 PCV: 35.1 Urea: \_\_\_\_\_ Alb: \_\_\_\_\_ HBS Ag: IND ECG: \_\_\_\_\_  
 WBC: 25,000 Creat: \_\_\_\_\_ Total Bill: \_\_\_\_\_ HCV: OT 2D Echo: \_\_\_\_\_  
 Plate: 133 Na: \_\_\_\_\_ Dir. Bill: \_\_\_\_\_ Blood group: O+ Stress/Angio: \_\_\_\_\_  
 PT: \_\_\_\_\_ K: \_\_\_\_\_ LDH: \_\_\_\_\_ T3 \_\_\_\_\_ Other: \_\_\_\_\_  
 PTT: \_\_\_\_\_ Ca++: \_\_\_\_\_ Alk phos: \_\_\_\_\_ T4 \_\_\_\_\_  
 INR: \_\_\_\_\_ Mg++: \_\_\_\_\_ Amylase: \_\_\_\_\_ TSH \_\_\_\_\_  
 Cl: \_\_\_\_\_ SGOT/SGPT: \_\_\_\_\_  
 Allergies: NKA

**Medical History:** CVS: Spontaneous  
 RESP: ANC - OK Diabetes: GDM  
 CNS: no other convuls  
 Renal: \_\_\_\_\_  
 Hepatic / GE: \_\_\_\_\_ Physical Activity: good  
 Others: \_\_\_\_\_

**Past Anaesthetic History:** nil  
**Physical Exam:**  
 Airway: MP 1 2 3 4 Mouth Opening: 3cm Mentohyoid Distance: 4cm Neck: adq Teeth: NUT  
 Lungs: clear  
 Heart: clear  
 CNS: \_\_\_\_\_

Pregnant:  Yes  No  NA Venous Access Site: (A) Spine Exam for regional: (N)  
**Anaesthetic Plan:**  MAC  REGIONAL  GA-ETT  LMA  
 Peri-Operative Plan Explained to the Patient:  Yes  No

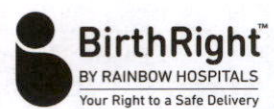
CURRENT MEDICATIONS	DOSAGE
<u>Meloxicam 80</u>	<u>OD</u>

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

Signature: \_\_\_\_\_ Name: Akeem

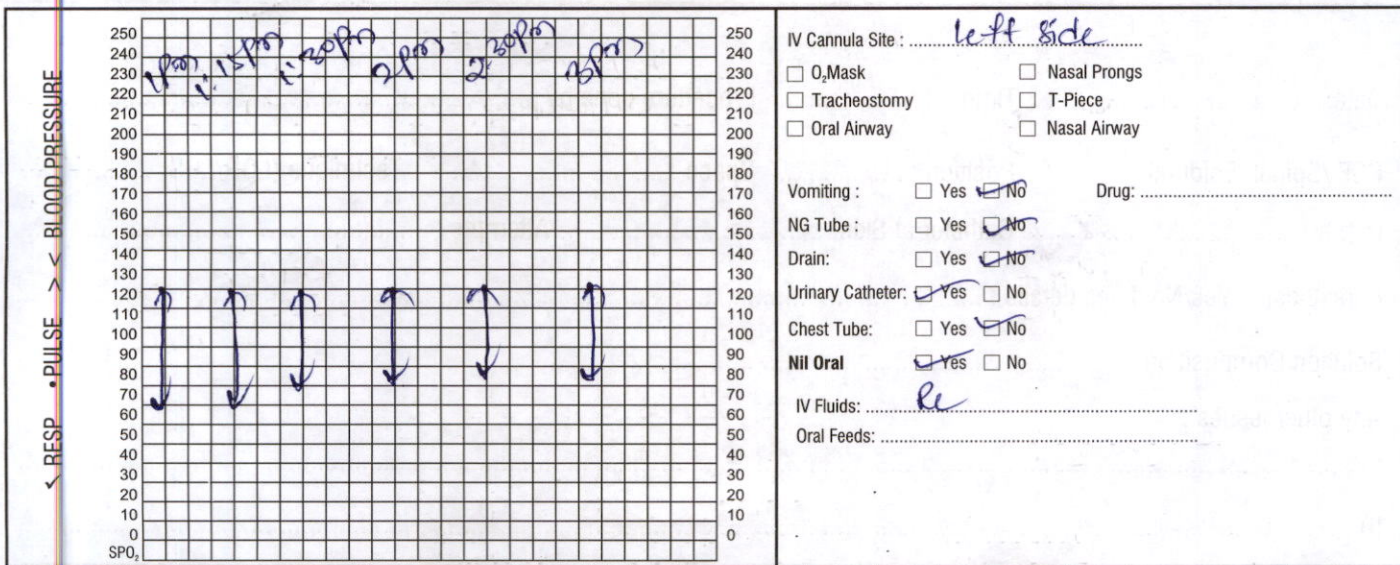


BAH-00655834 IP5-00174272  
 Mrs RAJAMAHENDRAVARAPU  
 07-10-1994 31 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



**PEDI-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Swaroopa Time Received : 1pm Time Discharged : 3pm



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	2	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 $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 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		9	10	10	10	

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
<u>29/5</u>	<u>3pm</u>	<u>0</u>	<u>NA</u>	<u>[Signature]</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. Heena  
 Anaesthesiologist Signature: [Signature]  
 Date & Time: 29/5/06 4pm

PACU Nurse Name : Swaroopa  
 PACU Nurse Signature: [Signature]  
 Date & Time: 29/5/06 4pm

Transferred to Unit by (PACU): ORS  
 Date & Time: 29/5/06 4pm



# SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Anu  
 Asst. Surgeon : Dr. Deepika  
 Anaesthetist : Dr. Anveer  
 Scrub Nurse : Sis. Lenui

Patient Name : ..... Age : ..... Gender : .....  
 UHID No. : ..... Surgery Name : .....  
 Date : 2/15/24 In-time : 11:35 AM Out-time : 12:35 PM



## Before Induction of Anaesthesia >>

## Before Skin Incision >>

## Before Patient Leaves Operating Room

SIGN IN		Time: <u>11:35 am</u>
<b>Patient Has Confirmed</b>		
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Site Marked</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
<b>Anaesthesia Safety Check Completed</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse Oximeter on Patient &amp; Functioning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does Patient have a:</b>		
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Difficult Airway / Aspiration Risk?</b>		
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Risk of &gt; 500ml Blood Loss (7ml/kg In Children)?</b>		
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Blood Units Reserved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Has Antibiotic Prophylaxis been given within the last 60 minutes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Anveer</u>		

TIME OUT		Time: .....
<b>Confirm all team members have introduced themselves by Name and Role</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Surgeon, Anaesthesia Professional and Nurse Verbally Confirm</b>		
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Anticipated Critical Events</b>		
<b>Surgeon Reviews:</b>		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Anaesthesia Team Reviews:</b>		
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Nursing Team Reviews:</b>		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>Is Essential Imaging Displayed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <u>[Signature]</u>		
Name : <u>Sis. Lenui</u>		

SIGN OUT		Time: .....
<b>Nurse Verbally Confirms with the Team:</b>		
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
<b>To Surgeon, Anaesthetist and Nurse:</b>		
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Deepika</u>		

Patient

BAH-00655834  
Mrs RAJAMAHENDRAVA  
07-10-1994 31 Y 7 M 18 D  
Dr. ANNIE PRANUTHA P



### CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Annie</u>	Date of Delivery: <u>25/5/26</u>
Assistant Surgeon: <u>Dr. Deepika</u>	Time of Delivery: <u>12:05 PM</u>
Anaesthetist's Name: <u>Dr. Amreen</u>	Gender of Baby: <u>Male Baby</u>
Type of Anaesthesia: <u>ASA</u>	Weight of Baby: <u>3.713kg</u>
Neonatologist: <u>Dr. Prathiba, Dr. Acharya</u>	AGPAR Score: <u>9/10</u>
Scrub Nurse: <u>Sis. Laxmi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: Primigravida 39 +2 / 40w on OGA / LGA baby / Elective KCS

Elective       Emergency      Indication: LGA (change for gestational age) fetus

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: .....  
.....

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

Surgical Procedure: Elective KCS under Spinal Anesthesia

Post Operative Diagnosis: P4 - POD - 0

Peri-Operative Complications: rectus delivery

Amount of Blood Loss: ~ 500ml      Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

Nil

**Examination Findings when Appropriate:**

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

Skin Incision:  Pfannenstiel  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 *Single Blade → Vectis*  
 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 ..... *No 1-0 Vicryl* Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None ..... *No 2-0 Rapid Vicryl* Suture  
 Sheath Closure: ..... *No 1 Vicryl* Suture  
 Fat Closure:  Yes  No ..... *No 2-0 Rapid Vicryl* Suture  
 Skin Closure:  Subcuticular  Mattress ..... *No 2-0 Rapid Vicryl* Suture  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter  Yes  No  Remove in *24 hours* days  Await instructions  
 Swap & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No  
 Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No

Post-Operative Notes: *NSM for 3-4 hours*  
*IVF & Analgesics - Axon*  
*PPBS x 4th hourly - today*  
*Drugs as charted*  
*Monitor vitals*  
*Im: Cefotaxime 1 gram IV - 80 x 48 hours 1b oral*  
*mobilization*  
*urine output monitoring*  
*watch for excessive bleeding*  
*Inform SRS*

Doctor Name: *Dr. Deepika* Doctor Signature: *[Signature]*  
 Date & Time: *25/05/2026, 2:30 PM*



304

# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/5/26 Time: 8am

Origin: Indian Height: 164cm Weight: 87.2 Kg's BMI: 31.23 kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: POP-1 LSCS (lower segment cesarian section)

Type of Diet:  Liquid  Soft  Normal  Diabetic  
 Vegetarian  Non-Vegetarian  Vegan

Diet Advised:

soft high protein diet  
include plenty of oral liquids  
avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: [Signature]

Name: Raja

Date & Time: 26/5/26 8am

Dietician's

Signature: [Signature]

Name: Rama

Date & Time: 26/5/26 8am

