FDH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
08-09-1993 32 Y 8 M 4 D (F)
Dr. MANASA BADVELI

SURGERY DETAILS

Date : 12/5/26

Patient Name: Mrs. Vahini Date of Birth: 8/9/1993 Age: 32 Y

Gender: Female Ward : OT UHID No.: FDH - 00036458

Date of Surgery: 12/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

Time in : 3:20 pm Time Out : 4:30 pm

		NAME	AMOUNT
1.	Surgeon	Dr. Manasa	
2.	Anaesthetist	Dr. Srinivas	
3.	Assistant Surgeon	Dr. Swetha, Dr. Divya	
4.	OT Technician	Sr. Subhasini	
5.	Circulating Nurse	Br. Subhadup	
6.	Assistant Nurse	Br. Amar	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 25-000574503
25-000574502

Order by: Sr. Pujari

Docu. No. : RCH/FRM/GENERAL/114

FDH-00036458
Mrs VAHINI BHAVIRI IP25-00020398
08-09-1993 32 Y 8 M 4 D (F)
Dr. MANASA BADVELI

SPINAL
CONSUMABLES OF OT

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Circulating staff : .... Technician : SUBHASINI Date : 12/05/26 Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		01
LMA			Sutures 2347		03	Cord Clamp		01
ECG leads : A / P / N		03	2364		02	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		01
05 cc		04	Gloves 6½, 7		3+2	Surgical Gloves 6½		2
02 cc		04	surgicare 6½		01	Gauze Pack 1X5		1
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		01	Prongs cannula		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Baby side 574536		
RILIWOL		01	Ointments					
THEMICAR		01	Suction Catheter					
~~Fentanyl~~ LOX 2%		01	Cap, Mask					
Morphine			Gauze Pack 1X5		3			
Ketamine			Mop Pack 1X5		2			
Propofol			Steristrip (sterizone)		01	D.Aprons		04
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet			miso Tab 200mg		4
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.~~25%~~ (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100ml		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist DR. SRINIVAS. Nurse OT Technician

Order No. : 574475 (TECH) (574498) NSG Ordered by : Sr. Pyari

Doc. No. : RCH / FRM / GENERAL / 125

DISCHARGE SUMMARY

Name	Mrs VAHINI BHAVIRI	UHID	FDH-00036458
Father/Guardian	Mr SRAVAN KUMAR JILAKARA	Age/Gender	32 Y 8 M 4 D/ Female
Address	H NO - 2-63/2, GOPANAPALLY, SERILINGAM PALLY, HYDEABAD, Serilingampally, Hyderabad, Telangana, INDIA, 500019		
IP No	IP25-00020398	Admission Date	11-05-2026
Ref Doctor			
Discharge Date	14.05.2026		

Consultant: Dr. MANASA BADVELI,
MBBS MS
12176

Diagnosis: PRIMIGRAVIDA AT 38+3WEEKS WITH GESTATIONAL HYPOTHYROIDISM FOR INDUCTION OF LABOUR

EMERGENCY LSCS DONE I/V/O NON PROGRESSION OF LABOUR, DELIVRED A SINGLE LIVE MALE BABY AT 3:56PM ON 12.5.2026 OF BIRTH WEIGHT- 3.472KG

History:

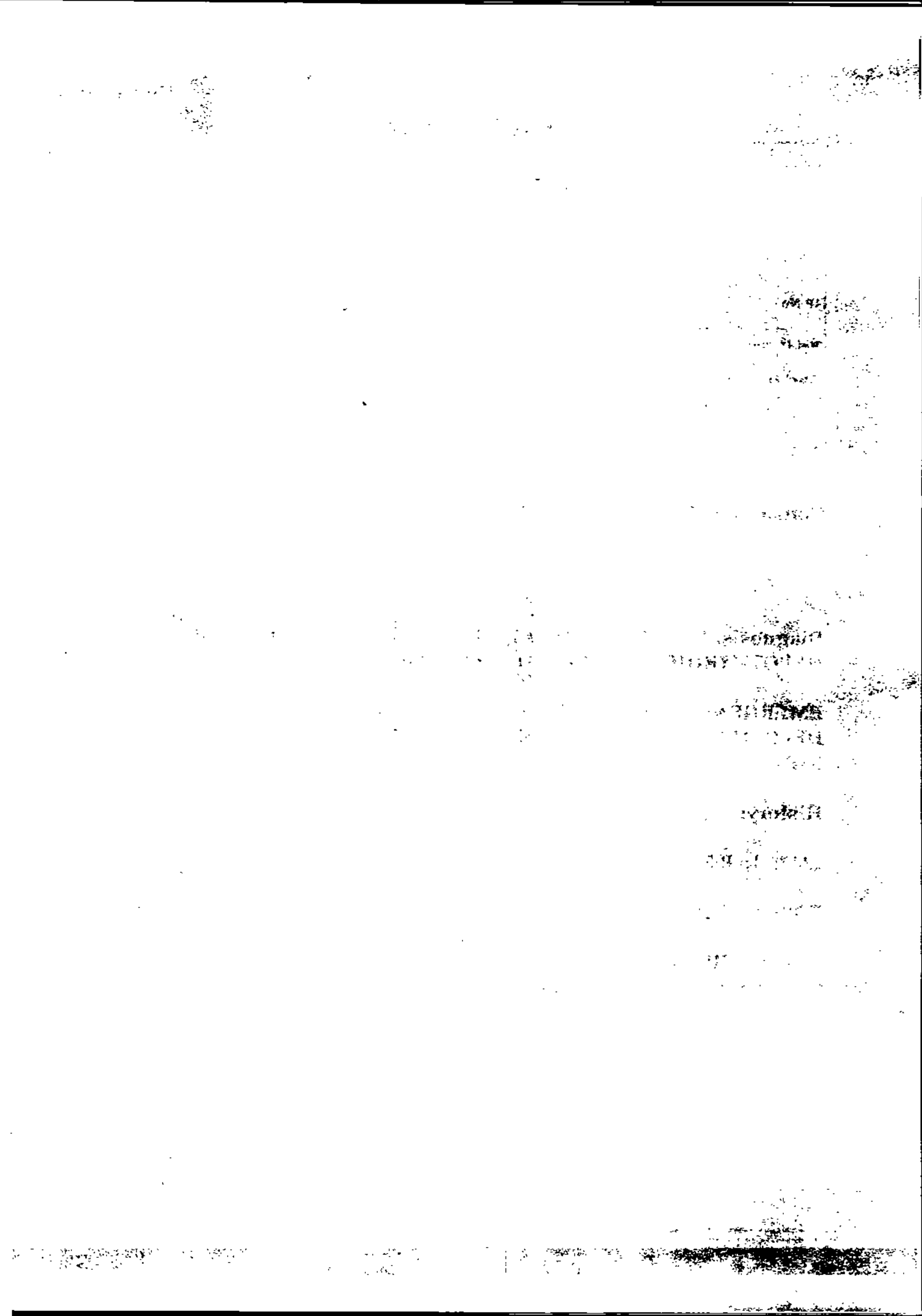
LMP: 15.8.2025

Obstetric formula: Primigravida

EDD: 22.5.2026

Gestation at admission: 38+3 weeks

Obstetric History:
G1 - Present pregnancy, Spontaneous conception.



Name	Mrs VAHINI BHAVIRI	UHID	FDH-00036458
IP No	IP25-00020398	Admission Date	11-05-2026

Medical History: Gestational hypothyroidism since 6+3weeks, on Tab. Thyronorm 12.5mcg once daily
Family History: Mother - DM, Father- HTN.
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs VAHINI BHAVIRI was booked to Rainbow hospital at conception. She had regular antenatal checkups and investigations as advised. NT scan at 13weeks showed uncertain nasal bone, FTS showed low risk for chromosomal abnormalities. Scan at 17weeks showed nasal bone. TIFFA at 20+5weeks was normal. Serial growth scans were normal. She had an uneventful antenatal period. Scan done on 4.5.2026 showed SLIUF at 37+3weeks, cephalic, placenta -fundal posterior, high, AFI- 13cm, EFW- 3150grams(53%), AC- 57%, normal dopplers. She was admitted at 38+3weeks for induction of labour.

Investigations: Enclosed
Blood group -"O" Positive

Management:
Course in hospital and Delivery Details:
At admission on clinical examination the vitals were stable, uterus was moderately contracting, cervix was 1cm long and 1cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent for induction of labour taken. Labour induced with 2doses of PGE1. Artificial rupture of membranes done at 3cm dilation, revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. On further examination, the cervical findings were same and couple counselled about the need for emergency LSCS i/v/o non progression of labour and couple opted for the same.

Name	Mrs VAHINI BHAVIRI	UHID	FDH-00036458
IP No	IP25-00020398	Admission Date	11-05-2026

She was decided for emergency C- section in view of Non progression of labour, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Patient shifted to theatre.

Surgery Notes:

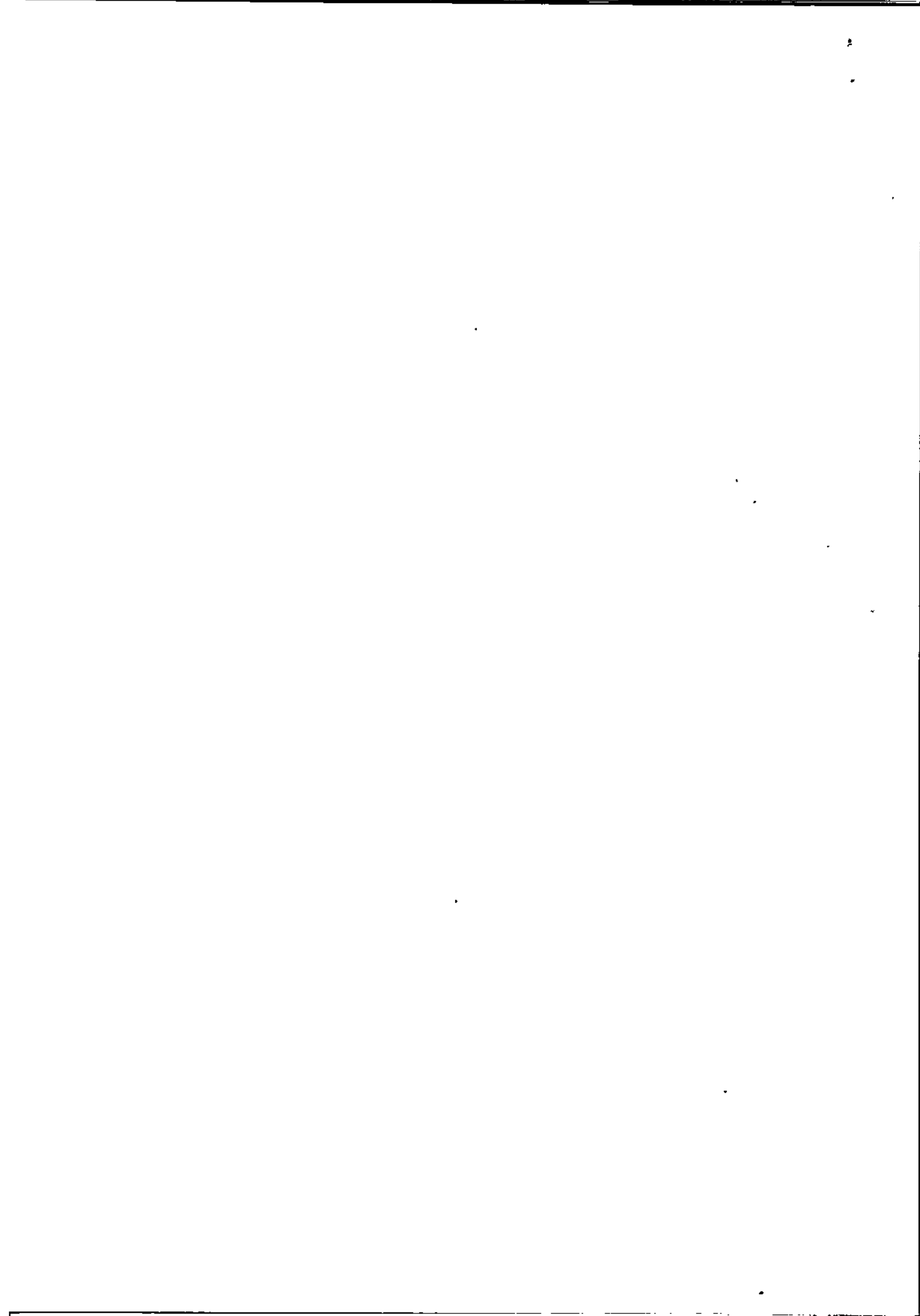
Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Uterus closed in layers. Hemostasis secured. Instruments and swab count checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details :

Date : 12.5.2026
Time of Delivery: 3:56PM
Type of Delivery: Emergency LSCS
Indication : Non progression of labour
Analgesia : Spinal

Baby Details:

Date : 12.5.2026
Time : 3:56PM
Sex : Male
Weight : 3.472kg



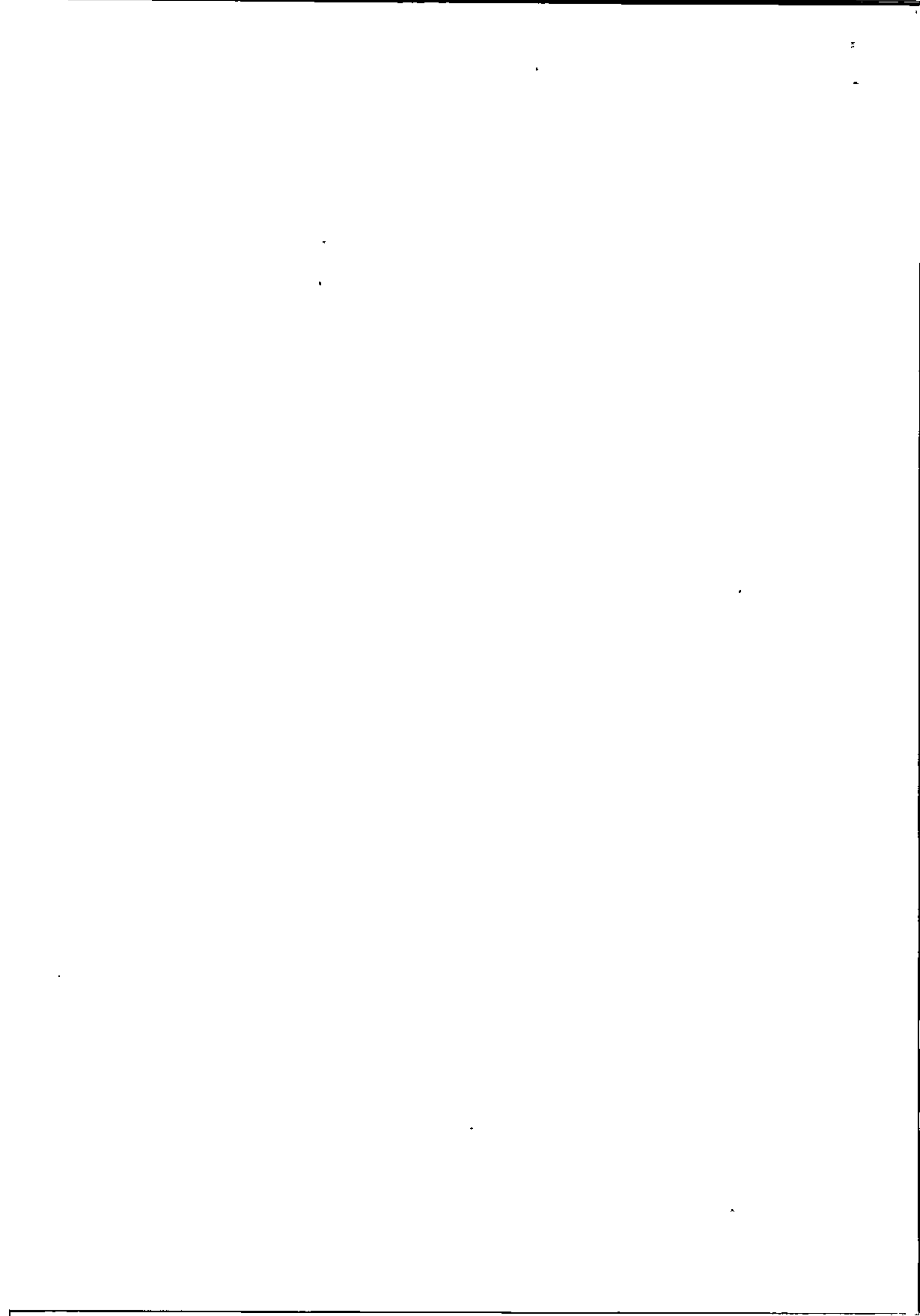
Apgar : 8,9
Gestational Age: 38+3 weeks
NICU Admission: No

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

Advice:
1. Tab. Taxim O 200mg twice daily till 18.5.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 18.5.2026 (8am-2pm-10pm) after food.
3. Tab. Pantop 40mg twice daily till 18.5.2026 (7am-7pm) before food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
6. Nebasulf Powder for local application.
7. To do TSH after 6weeks.

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 21.5.2026 with prior appointment.



Name	Mrs VAHINI BHAVIRI	UHID	FDH-00036458
IP No	IP25-00020398	Admission Date	11-05-2026

Review with Dr. MANASA BADVELI after one week on 21.5.2026 at postnatal clinic with prior appointment **(Review consultation will be charged).**

For Women Who Have Had a Cesarean Section
Care of the wound:

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

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

Patient/ Attender

In case of emergency like bleeding, fever please refer to postpartum book for further details - Chapter II page 6 kindly contact 8121039515 at Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Name	Mrs VAHINI BHAVIRI	UHID	FDH-00036458
IP No	IP25-00020398	Admission Date	11-05-2026

Dr. MANASA BADVELI
MBBS MS
12176

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Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020398 **Admit Date** : 11-May-2026 **Admit Time** : 09:31 PM **UHID** : FDH-00036458

Patient Details :

Patient Name	: Mrs VAHINI BHAVIRI	**Age**	: 32 Y 8 M 3 D
Guardian	: Mr SRAVAN KUMAR JILAKARA	**DOB**	: 08-09-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO - 2-63/2, GOPANAPALLY, SERILINGAM PALLY, HYDEABAD Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: 9553053930/ 9912010633
		E-mail	: 9553053930@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU-01 **Ward Name** : 4F -MICU

Room No : MICU-01 **Admission Type** : First Visit

Contact Details :

Name	: Mr SRAVAN KUMAR JILAKARA	**Relationship**	: Husband
Contact Address	: H NO - 2-63/2, GOPANAPALLY, SERILINGAM PALLY, HYDEABAD Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: / 9912010633

Signature

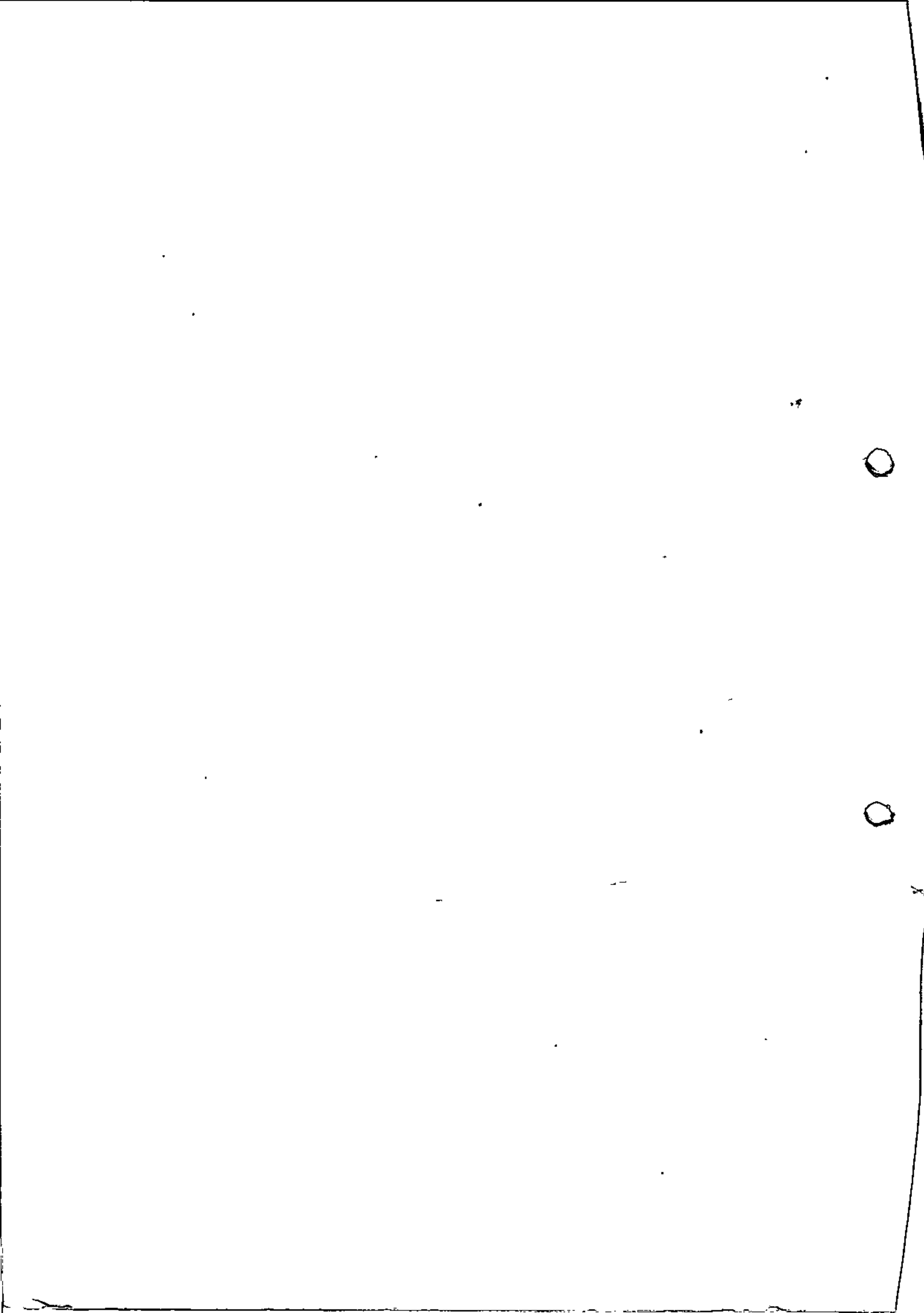
Doctor Details :

Doctor Name	: Dr. MANASA BADVELI	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD



OBG

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ACTIVITY RECORD FOR BILL

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

Name: Mrs. VAHINI

UHID No : IP No : Dept :

Date of Admission : Time : Date of Discharge : Time:

Room / Bed No : Ward : Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	2:50pm	Birthy-I	OT	[signature]
12/5/26	5:05 pm	OT	MICU	[signature]
12/5/26	12:05 AM	MICU	ward	[signature]
14/5/26	1:3Pm	ward	Billing	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/5/26	NST - (1)	5377	Srivani
12/5/26	NST - (2)	5378	Srivani
12/5/26	NST - (3)	5379	Srivani
"	NST - (4)	5495	
"	NST - (5)	5496	
"	NST - (6)	5497	
"	NST - (7)	5498	Sadhna
"	NST - (8)	5499	
"	NST - (9)	5500	
12/5/26	NST - (10)	5502	
12/5/26	GRBS 91 mg/dl	7053	Sr. Renuka
	cross checked by [illegible]		12/5/26 @ 8PM
13/5/26	NHA	4788	Subhra
		CC by Ruma	14/05/26 @ 9:52am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/5/26	Cardiac monitor	3Am	12/5/26 10PM	4562	Srivani
12/5/26	Infusion pump	3Am	10pm		Srivani

cl done by sr. Renu 12/5/26 @ 8pm

C C by Suma 14/05/20

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/5/26	IV placement.	1	4927	[illegible]
12/5/26	PAC IP	1	4586	Sadhna
12/5/26	catheterization	1	4565	Sadhna
	0029 checked	by nms 12/5/26 @ 8PM		
			c/by	[illegible] 14/05/26 @ 9:52 pm

ANY OTHER INFORMATION

* Enema given at 11:40 AM)
* ARM DONE AT 12:32 pm.
* of fille given to Attenders

Date: 11/5/26 Time: 9:31pm Prepared By: Srivani

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
srivani	MICU		

MRIV

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ESTIMATION SLIP

Date : 6/4/2026 UHID / IP No. : FDH-00036458 Sl No. 3639

Name of Patient : Mrs Vahini Bhavisri Age: 32Y Gender: Female

Father's / Husband's Name : Mr. Sravan. Corporate / Occupation : NTT Data

Address : Phone : Email :

Procedure / Plan : Delivery, Single, Primi EDD/Dos: May 22

MODE OF PAYMENT : ☐ SELF ☐ TPA : ☑ GIPSA : New India Assurance/MA OTHER

TARIFF INFORMATION : Dr. Manasa

Particulars	Package Amounts (Rs.)	
Room Category	Normal Delivery	LSCS
Multi Shared Ward		
Shared Ward		
Twin Shared Ward	80,000	90,000
Private Room	90,000	1,00,000
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission) *	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : 2days/48 hrs	Length of Stay for : 3days/72hrs
	Pharmacy up to 9000	Pharmacy up to 12000
	Investigations up to 2500 (NSTs/CBP)	Investigations up to 3000
Others		

Neonatologist Charges : ☐ Covered ☐ Not Covered Epidural / Entonox : ☐ Covered ☑ Not Covered

Initial Minimum Deposit : Mother=10K, Baby=20K → 10K extra → NBS/OAE → Not incl

REMARKS :

1. Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage. 1st → RBS, BG, SBR Healthy
3. **Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc.** Neonatologist = 10K 30-35K
4. In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm Not Cover
5. **For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.**
6. Difference if any between the final bill amount and amount permitted/approved by TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable. Non Medical as per actual.
7. Two attendants are permitted with patients in SDLX, DLX and PVT rooms and only one attendant is permitted in the rest of the categories of rooms and no attendant is permitted in ICU's
8. Tariffs are subject to revision Mother + well Baby = approx = 1.45 to 1.55 Lacs
9. Kindly check your billing status on day to day basis at IP Billing Department. → pharmacy & Inv. limitations applicable
10. Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

DECLARATION

I J. Sravan H. No. 2-63/2 Gopanpally have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

[signature] [signature]

Signature of the Client   Signatory Relationship   Signature of the financial Counselor

Mrs. Vahini

Patient Sticker

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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Manasa	Date of Delivery: 12/5/26
Assistant Surgeon: Dr. Swetha, Dr. Divya	Time of Delivery: 3:56 pm
Anaesthetist's Name: Dr. Srinivas	Gender of Baby: Male
Type of Anaesthesia: ↓ SA	Weight of Baby: 3.472 kgs
Neonatologist: Dr. Sravanthi	AGPAR Score: 8/10 9/10
Scrub Nurse: Br. Amar	NICU Admission: ☐ Yes ☑ No

Pre-Operative Diagnosis:

☐ Elective ☑ Emergency Indication: Non progression of labour

Urgency

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

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

CTG Description: Reactive

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

Surgical Procedure: POPS Emergency LSCS

Post Operative Diagnosis: POPS Emergency LSCS

Peri-Operative Complications:

Amount of Blood Loss: ~ 500 ml | **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

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT .... ☐ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ....N.. Cord around the neck ☐ Yes ☑ No

Appearance of placenta: ....Ⓝ.. Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

---

Uterine Closure: ☐ One Layer ☑ Two Layers .... Suture

Peritoneal Closure: ☑ Pelvic ☑ Abdominal ☐ None ....vicryl no-1.................... Suture

Sheath Closure: .... Suture

Fat Closure: ☑ Yes ☐ No ....vicryl no -1.................... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress .... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in ....1.......... 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 4 hrs
- fluids as per AXON
- drugs as charted
- w/f BPV
- I/O charting
- [illegible]
- Inform SO

↓ Dr Manasa

Doctor Name: ....Dr. Vidya Reddy.................... Doctor Signature: ....vidya....................

Date & Time: ....12/5/26, 5pm....................

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	11/5/26	12/5/26 2:50pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	DR Manas	EM LSCS
From Unit	**To Unit**	**Information to Attendant**
Birthing - I	OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30		Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Mogula	DR. Pooja

Patient & Clinical Records Received by : Sreeja

Date & Time of Patient Received : @2:55pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

(OT)

PATIENT TRANSFER FORM

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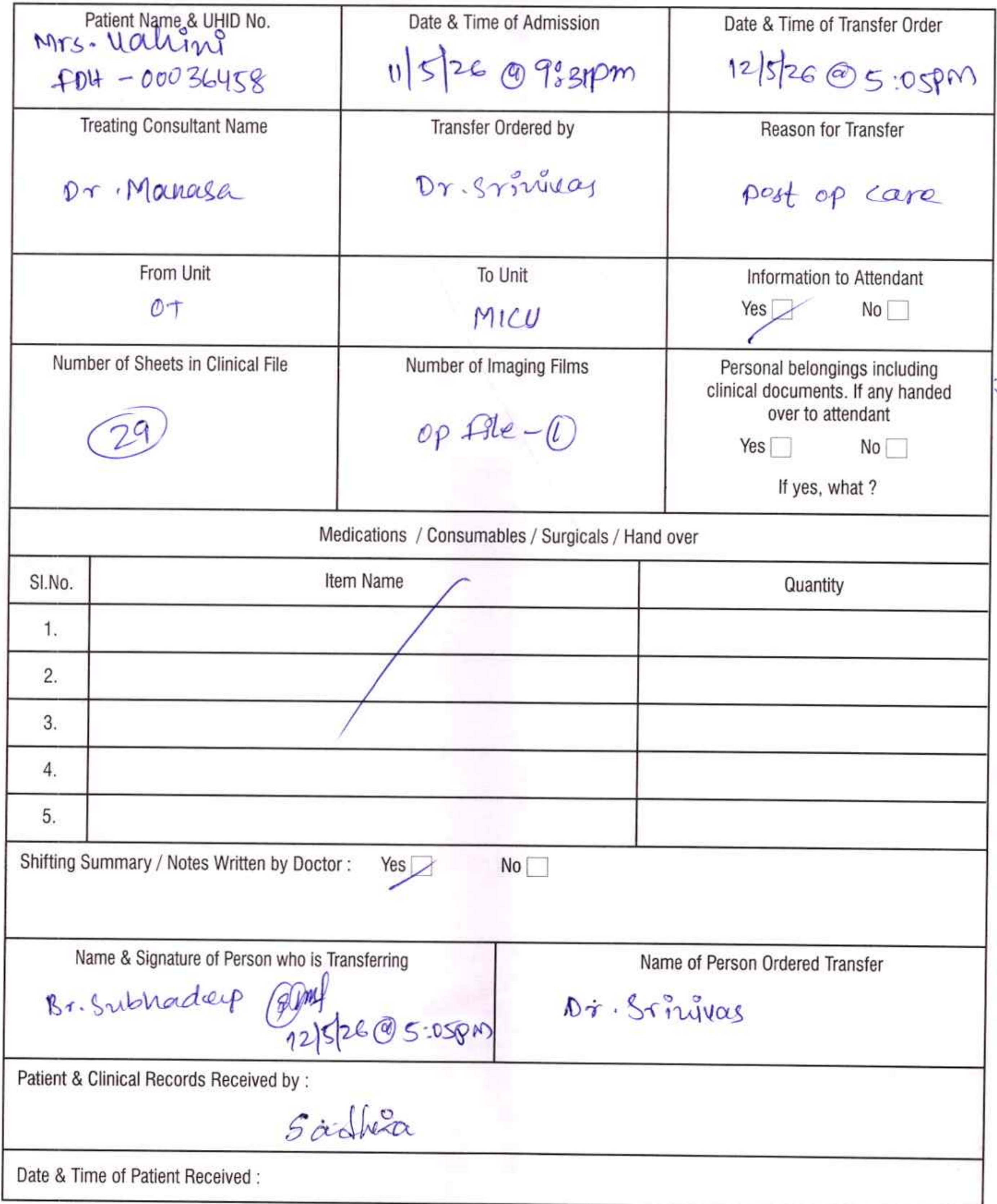

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Vahini FDH - 00036458	11/5/26 @ 9:31pm	12/5/26 @ 5:05PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Manasa	Dr. Srinivas	post op care
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(29)	op file - (1)	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Subhadeep [signature] 12/5/26 @ 5:05PM	Dr. Srinivas

Patient & Clinical Records Received by : Sadhna

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	11/5/26 @	12/5/26 @
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Pooja	Observation
From Unit	**To Unit**	**Information to Attendant**
MCW	ward	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
		Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Renuka	Dr. Pooja

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

FDH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
08-09-1993 32 Y 8 M 5 D (F)
Dr. MANASA BADVELI

323-B

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/5/26 Time: 9:13a

Origin: Qudip Height: 153 Weight: 66.4 BMI: ☐ ~26 kg/m² ☑ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: primi at 38.3wk o Doc – Pyrecd

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: [signature]

Name: Vahini

Date & Time: 13/5/26 9:13a

Dietician's

Signature: [signature]

Name: Bhavi

Date & Time: 13/5/26 9:13a

Doc. No. : RCH / FRM / CLINICAL / 195

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
13/5/26	9/3~	Normal diet c̄ oral liq	[signature]

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o pain Abdomen :- 1 day.

Obstetric Formula: Primigravida

Obstetric Hostory:
I - PP - conceived spontaneously
- registered e conception
- ErTs - low risk; NT c 13wk (+) uncertain fetal nasal bone

Present Pregnancy Record:
e 17wk - NB (+)
- TIFFA e 20+5 wk - (N)
- serial growth scn (N)

RISK FACTORS:
- g. hypothyroid

Height: 153 cm
Weight: 66.4 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c
Pallor: –
Icterus: –
Edema: –
Temp: –
PR: 93bpm
BP: 104/70 mmHg
DTR: –
CVS: –
RS –
Liver/Spleen: –
Urine Output: –

LMP: 15/8/25
EDD:
Corrected EDD: 22/5/26
GA: 38+3wk
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ut term
Ut. Activity: ☐ Relaxed ☐ Mild ☑ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: ________
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

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

DIAGNOSIS
Primigravida at 38+3 wk GA for IOL
c g. hypothyroid

Patient Sticker

Family History:	Surgical History:
M-DM, HTN	Nil
Medical History:	**Medication History:**
H/o of hypothyroid since G+3 wks	→ T. Thyronorm 12.5mcg
Plan of Care:	**Investigations:**
- Admit - Consent - Parts preparation - NPO - secure IV cannula - Monitor vitals - W/f contractions - W/f progress of labour - To take CBP, PT/INR	BGT - O +ve HIV, HbsAg, HCV, VDRL — NR 4/5/26 SLIUF / 37+3 wks GA / cephalic / Placenta - fundal, post, high AFI - 13 cm EFW - 3150g (53%) AC - 57% Fetal doppler (N)

Doctor Name: Dr. Bhuvana

Signature: [signature]

Date & Time: 11/05/26 ; 10pm

Consultant Name: Dr. Manasa

Signature:

Date & Time: 11/05/26 ; 10pm

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/03/26	L IOL	
2:10Am		Adv
	GC pt ok	1) T. MISOPROSTOL 25mcg PV
	Afebrile	- 1st dose
	PR 92bpm	2) NST 2nd hrly
	BP-118/64mmHg	3) MONITOR VITALS
	SPO2 97%/RA	4) W/F contractions
	PA ut contrac 2/40"/10min	5) W/F POL
NST Reactive	FHR (+)	6) Informs
	PV Cx long, post	[signature]
	os 1cm dilated	
	PPV at -3	
12/03/26		
6:10Am	GC pt ok	Adv
	Afebrile	1) T. MISOPROSTOL 25mcg
	PR 78bpm	PV - 2nd dose.
	BP-120/70mmHg	2) Monitor vitals
	SPO2 97%/RA	3) NST 4th hrly.
NST Reactive	PA ut contrac 2-3/30"/10min	4) W/F contractions.
	FHR (+)	5) W/F POL
	PV Cx 30% effaced	6) Informs
	os 2cm dilated	[signature]
	PPVx at -3	

FDH-00036458
Mrs VAHINI BHAVIRI IP25-00020398
08-09-1993 32 Y 8 M 4 D (F)
Dr. MANASA BADVELI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	↓ IOL	Adv c/o/t Dr Manasa
12/5/26 9:15AM	GC fair	
	Afebrile	1) T Misoprostol 25mcg kept P/V
	PR- 84bpm.	2) W/F contractions, POL
	BP- 116/74mmHg	3) Monitor vitals, POL
	P/A- Ut=TG, contracting	4) NST monitoring
	cephalic FHS ⊕	5) Inform SOS
	P/V - Cx 1cm long	[signature]
	Os - 2cm dilated.	
	PPV x station-3	
12/5/26 12:30pm	C/S/B Dr Manasa	
	↓ IOL	Adv
	GC fair	
	Afebrile	1) NST monitoring
	PR- 79bpm	2) W/F contractions, POL
	BP- 126/80mmHg	3) Monitor vitals, POL
	P/A- Ut=TG, 4c/30"/10'	4) Inform SOS
	Cephalic, FHS ⊕	5) Inj Cefotaxim 1g iv stat
	CTG- Reactive	6) Reassess after 1hr
	P/V - Cx 1cm long	7) Ball exercises.
	Os 3cm dilated	8) NBM
	Station -3 ↓-2	
	BOM ⊕	
	ARM done	[signature]
	Liquor - clear	

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/25		
2:30pm	G.C. fair	Adv
	Afebrile	- CTG
	BP - 110/70mmHg	- w/f contraction / RoL
	PR - 80bpm	ⓡ USG
	SpO2 - 99% @RA	- NSM
	P/A - uterus	- Emergency LSCS (OS)
	Contraction ⊕	
	FHS ⊕	
	PV - Cx 1cm long	
	OS 3cm dilated	
	station -3	[signature]
	Caput ⊕	
	Patient and attenders counselled regarding the vagl examination findings, i/v/o non progress of labour. Options for Emergency LSCS given and they gave consent for the same	
	[signature]	
		[signature]

FDH-00036458 IP25-00020398
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08-09-1993 32 Y 8 M 4 D (F)
Dr. MANASA BADVELI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
12/5 5:10PM	GC fair	Adv
	Afebrile	- NBM 4 hrs
	BP - 110/60mmHg	Fluids as per Anaes
	PR - 80bpm	- drugs as charted
	SpO2 - 99%.	- W/f BPV
Baby	P/A - UPCW	- I/O charting
M/S	PV - NAD	- Vitals
	U/O - 200ml (clear)	- Informed
		[signature]
12/5/26	POD-0	
9:10pm	G.C fair	Adv in bed Ambulation
	Afebrile	- Sips of oral fluids
	BP = 100/70mmHg	- Drugs as charted
	PR = 88bpm	- soft diet 11:00 Am
	SpO2 = 100%@RA	- W/f BPV, strict I/O charting
	P/A = UPCW	- Vitals
Baby W/S	P/V = NABPV	- inform SOS
	U/O = 100ml (clear)	- Foleys removal 6 Am TMR
		- Shift to room if
		tolerating to Liquids well.
		[signature]

FDH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
08-09-1993 32 Y 8 M 4 D (F)
Dr. MANASA BADVELI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 7:00 Am	POD-1	Adv IV F RL [illegible]
		1. Ambulation
	G.C fair	2. Plenty of oral fluids
	Afebrile	3. Drugs as charted
	Bp- 80/60mmHg	4. Normal diet
	PR=88bpm	5. EBF 2nd hrly
	SpO2=100%@RA	6. W/F BPV, strict I/O charting
Baby W/S	P/A=UWC	7. Mon vitals, Inform SOS
	P/V=NABPV	
	U- yet to void	
	F-✓	Rasy
	M-α	
		Adv
13/5/26 3pm	POD-1 c/o pain abdomen	
	G.C fair	1) Normal diet + POF
	Afebrile	2) Drugs as charted
	PR-74bpm	3) N/F BPV
	BP-117/75mmHg	4) Monitor vitals
	P/A- Ut ® well	5) EBF
Baby W/S.	P/V - NAB	6) Inform SOS
		7) Inform SOS
U✓		
F✓		
M✓		

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

FDH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI (F)
08-09-1993 32 Y 8 M 4 D
Dr. MANASA BADVELI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 7pm	POD-1 G/C fair Afebrile PR-74bpm BP-113/79mmHg. P/A-Ut ® well P/v-NAB	Adv 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) W/F BPV 5) Monitor vitals 6) EBP / Ambulation 7) Inform SOS
Baby-m/s U✓ F✓ M✓		[signature]
14/5/26 7AM	II POD Cufair Afeb PR-78bpm Bp-116/72mmHg SpO2-100%. P/A-Utwell R/C soft P/V-NAB U✓ F✓ M✓	Rx Ambulation Ⓝ diet Oral fluids Ⓜ Vitals / BPV / I/O Drugs as charted Discharge today Inform SOS
Baby m/s		[signature] Bhavya

Docu. No. : RCH /FRM / CLINICAL / 088

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

Patient Sticker

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .... (2)

REGULAR PRESCRIPTIONS

Dept...6................Ward..MICU

VERIFIED

DRUG : Inj PANTOPRAZOLE				Date / Time	13/5
Dose	Route	Frequency	Start Dt.		
40mg	I.V	OD	12/5/26	6am	Deepti Bhava
Name & Signature of the Doctor Starting the Drugs:					STOP 13/5
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. PANTOPRAZOLE				Date / Time	14/5
Dose	Route	Frequency	Start Dt.		
40mg	P/O	OD	13/5		
Name & Signature of the Doctor Starting the Drugs:				6AM	Deepti Bhava
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. CEFIXIME				Date / Time	14/5
Dose	Route	Frequency	Start Dt.		
200mg	P/O	BD.	14/5	6AM	Deepti Bhava
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				6pm	
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 BY : Name .... Signature ....

Patient Sticker

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Dept...................... Ward MICU

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

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

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

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

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

VERIFIED

DH-00036458 IP25-00020398
Mrs VAHINI BHAVIRI
8-09-1993 32 Y 8 M 3 D (F)
Dr. MANABA BADVELI

DRUG CHART

Date of Admission: 11/5/26 Drug Allergies: .... ☑ 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

Mrs VAHINI BHAVIRI
08-09-1993 32 Y 8 M 5 D (F)
Dr. MANASA BADVELI

REGULAR PRESCRIPTIONS

Weight. 66.4 Ward. MICU

DRUG : T. PARACETAMOL				Date ▸ Time	13/5	14/5
Dose	Route	Frequency	Start Date	12pm	✗	Deepika Bhav
1g	PO	QID	12/5/26			
Name & Signature of the Doctor Starting the Drugs:				6am	Deepika Bhava	Deepika Bhavya
Dr. AISHWARYA Ashy				12pm	[illegible]	[illegible]
Additional Instructions:				6pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG : T. TRAMADOL				Date ▸ Time		
Dose	Route	Frequency	Start Date			
100mg	PO	TID	12/5/26			
Name & Signature of the Doctor Starting the Drugs:						Stop
Dr. AISHWARYA Ashy						Dr. Ramya
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. DICLOFENAC				Date ▸ Time		
Dose	Route	Frequency	Start Date			
50mg	PO	TID	12/5/26			
Name & Signature of the Doctor Starting the Drugs:						Stop
Dr. AISHWARYA Ashy						Dr. Ramya
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Inj. CEFOTAXIME				Date ▸ Time	13/5
Dose	Route	Frequency	Start Date	6am	Deepika Bhava
1gm	I.V	BD	12/5/26		
Name & Signature of the Doctor Starting the Drugs: [signature]				6pm	[illegible]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP [signature] 13/5

Patient Sticker

Weight. 66.4 kg Ward. MICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/05	2:10 AM	T. MISOPROSTOL	25mcg	PV	[illegible]	[illegible]
12/05	6:10 AM	T. MISOPROSTOL	25mcg	PV	[illegible]	Mari Srivani
12/05	6:40 AM	Inj CEFOTAXIME	1gram	IV	[illegible]	
12/5/26	9:15 AM	T. MISOPROSTOL	25mcg	P/V	[illegible]	[illegible]
12/5/26	2:50 PM	Inj PANTOPRAZOLE	40mg	IV	[illegible]	[illegible]
12/5/26	2:50 PM	Inj CEFOTAXIME	1gm	IV	[illegible]	[illegible]
12/5/26	2:50 PM	Inj METOCLOPRAMIDE	10mg	IV	[illegible]	[illegible]
12/5/26	3:57 pm	Inj CARBETOCIN	100mcg	IV	[illegible]	[illegible]
12/5/26	4:25 PM	Sup. TRAMADOL	100 mg	PR	[illegible]	[illegible]

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

Patient Sticker

I.V. FLUIDS CHART

Weight. 66.4 Ward. MICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/5/26	5:20 AM	I ⊙ Ringer Lactate	IV	100ml/hr	[signature]	[signature] / [signature]	12/5/26		[signature] / [signature]
12/5/26	3:30pm	RINGER LACTATE	IV	FF	Ashy	[signature] / Subham	12/5/26		Sathira / Ankita
12/5/26	7 Pm	RINGER LACTATE	IV	100 ml/hr		Sathira / Ankita	12/5/26		Bhava / Bhava
13/5/26	8 AM	RINGER LACTATE I ⊙	IV	100 ml/hr		Bhavan / Bhavan			

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Vahini B. Age : 32yrs Gender : Male ☐ Female ☑

UHID NO: FDH-36458 Surgeon Name: ....

Anaesthesiologist : Dr. AISHWARYA A.

Operative procedure planned : Emergency Cesarean Section

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

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

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, High spinal.

Comments : ....

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Vahini. B the above mentioned operation / Diagnostic / Therapeutic procedures Emergency Cesarean Section

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

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

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

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

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

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

- Pregnant : ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : Vahini

Name : VAHINI

Relationship with Patient: Self

Date & Time : 12/5/26 ; 2:50pm

Witness :

Signature : J. S.

Name : J. Sravan

Date & Time : 12/5/26

Doctor (who is taking the consent) :

Signature : Ash

Name : Dr. ASHWARYA

Date & Time : 12/5/26 ; 2:50pm

Department of Anaesthesiology

PRE FDH-00036458 IP25-00020398 **ON**
Mrs VAHINI BHAVIRI
08-09-1993 32 Y 8 M 3 D (F)
Dr. MANASA BADVELI

Name: .... Age: .... Sex: .... UHID.No : ....

Date: 12/10/25 Time: 2:50pm Proposed Operation: Cesarean Section.

Diagnosis: Primi c̄ 36 POG c̄ NPL

B.P / CRT: .... H.R: .... Weight: 66.9 kg ASA Physical Status: ☐ 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 12.9	Glucose:	Protein:	HIV: N.R	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: N.R	ECG:
WBC:	Creat:	Total Bill:	HCV: N.R	2D Echo:
Plate: 2,36,000	Na:	Dir. Bill:	Blood group: O+ve	Stress/Anglo:
PT: 15.7	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR: 33.9	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS :

RESP : K/c/o Gest. Hypothyroidism. Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity: Active

Others :

Past Anaesthetic History: nil.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: intact.

Lungs :

Heart: WNL.

CNS:

Pregnant: ☑ Yes ☐ No ☐ NA Venous Access Site : 18G (L) UL. Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Thyronorm	12.5 mcg

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours — Confirmed
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: [signature] Name: Dr. ASHWARYA.

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
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Pre Induction Assessment:

Change in Patient Condition:	☐ Yes ☑ No	Fasting Status: confirmed

Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R:	B.P / CRT:	SpO_2: 100%	R.R:	Last Feed: >6hrs

Pre-OP Diagnosis: .... Operation: Emerg. Cesarean Section Date: 12/5/26

Surgeon: Dr. Manasa Anaesthesiologist: Dr. A L Technician: Subhashini

TIME	3:20	4:10	4:00	4:30
N_2O /AIR /O_2 LPM				
HALO /ISO /SEVO				
Drugs:				
Inj. CARBETOCIN	100mcg			
FIO_2 / SaO_2	100% 100% 100%	100% 100%	100%	
$ETCO_2$				
ECG	SR SR SR	SR SR	SR	
Temperature				
Urine Output				
Fluids / Blood	RL 500 + 500			

Antibiotic

Suppository: Sup TRAMADOL 100mg; Sup. DICLOFENAC 100mg

Blood Loss

NOTES

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (chart 0–240; systolic ~100–110, mean ~80–90, diastolic ~60)

Tourniquet on Time / Tourniquet off Time / Throat Pack In / Throat Pack Out

LAB Values: ABG / GRBS / Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: ....
☐ Art Site: ....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 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: 3:20 pm
OP Start: 3:50pm
OP End: ....
Leave OR: 4:30 PM

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☐ IV: 18G (L) UL
☐ IV: ....
☐ IV: ....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ 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? ....
☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☑ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: L3 - L4
Needle Size: 25G Depth: ....
Parasthesia ☐ Yes ☑ No
Catheter at skin .... cm
Drug Name & Conc: 2ml of 0.5% (H)
Bolus: Bupivacaine + 25 mcg
Infusion: fentanyl
Block Level: T4
Comments: Adequate
Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. ASHWARYA
Signature of the Doctor: [signature]

Patient Sticker

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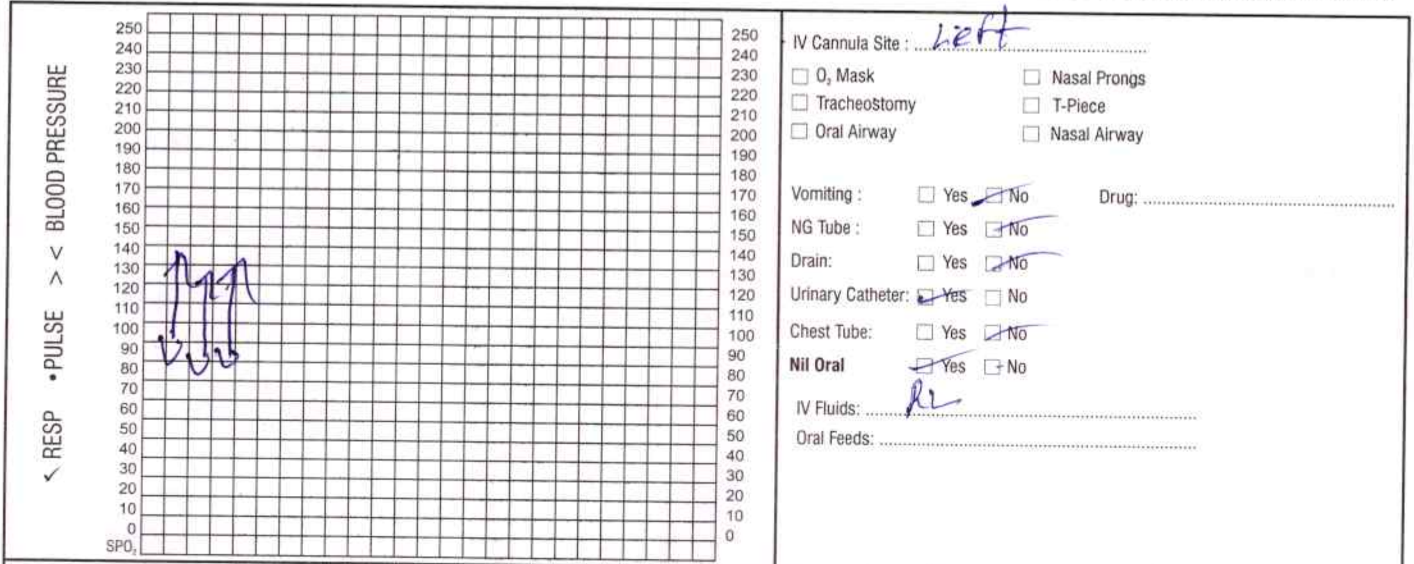
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Sadhika Time Received : 5:05pm Time Discharged :



IV Cannula Site : Left

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug:
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☑ Yes ☐ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☑ Yes ☐ No
IV Fluids: RL
Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2		A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		2	2	2		Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
12/5/26	5:10pm	0/10	as for axon	Sadhika

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : DR. Aishwarya
Anaesthesiologist Signature:
Date & Time: 12/5/26 5:10pm
PACU Nurse Name : Sadhika
PACU Nurse Signature: Sadhika
Date & Time: 12/5/26 @ 5:10pm

Reassessment Frequency:

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

Transferred to Unit by (PACU):
Date & Time:

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: .... Time: .... Procedure done by ....

CSE /Spinal /Epidural Position : .... Space :................................. Technique (LOR/LOS) ....

Depth: .... Catheter at Skin: .... Attempts : ....

Parasthesia : Yes/No if yes details : ....

Solution Composition : ....

Any other issues :

a) ....

b) ....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : .... APGAR: .... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : ....

Patient Satisfaction : ....

Discharge /Shifting ordered by

Doctor Signature: ....

Doctor Name: ....

Date and Time : ....