

INSURANCE COPY



Name	Mrs VANDANA NAMBIAR	UHID	VIH-00199245
Father/Guardian	Mr SHARON KARTHIC	Age/Gender	29 Y 8 M 13 D/Female
Address	209-BLOCK 2 ,NESTON CHINTALA, Kharkhana Main Road, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060142	Admission Date	27-05-2026
Ref Doctor	Self	Discharge Date	29-05-2026

### DISCHARGE SUMMARY

**Consultants:** Dr. BHAVANA K , CONSULTANT GYNECOLOGIST & OBSTETRICIAN

**Diagnosis:** Primigravida with 39+2 weeks with RH Negative pregnancy with Chronic Eczema with ?Meconium stained Liquor with Corrected Anemia admitted for Emergency Lower Segment Cesarean Section.

**EMERGENCY LOWER SEGMENT CESAREAN SECTION WAS DONE UNDER SPINAL ANESTHESIA ON 27.05.2026**

#### **History:**

LMP: 11/8/2025

Obstetric formula: Primigravida

EDD: 1/6/2026

Gestation at admission: 39+2 weeks

Obstetric History:

G1 - Present pregnancy ,Spontaneous conception.

Medical History: h/o Atopic dermatitis  
h/o Chronic Eczema

Family History: Mother- HTN

Surgical History: Dental implant in 2023

Allergies: Nil

Name

Mrs VANDANA  
NAMBIAR

UBID

VIH-00199245

**Antenatal Details:** Mrs VANDANA NAMBIAR was booked to Rainbow hospital at 15 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had h/o UTI at 15 weeks , urine c/s was done showed Acinetobacter, managed conservatively. Inj Anti D was taken at 28weeks of gestation. She was admitted at 39+2 weeks with RH Negative pregnancy with Chronic Eczema with ?Meconium stained Liquor with Corrected Anemia admitted for Emergency Lower Segment Cesarean Section.

**Investigations:** Enclosed

Blood group: '**O**' **NEGATIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was relaxed, ?Greenish meconium was seen in vagina, Os tip of finger. Fetal well being was confirmed by an admission CTG which was found to be reactive. Patient and attenders has been explained about risk of continuing with vaginal delivery and chances of meconium aspiration and presumed risk of fetal distress and need for emergency LSCS and they opted to emergency LSCS. She was decided for emergency C-section in view ?Meconium stained Liquor, prepared with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

**Surgery Notes: Operative Details:**

Under spinal anesthesia she was painted and draped as per hospital protocol. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A lower segment curvilinear incision given on the uterus MS Liquor grade-I seen. Baby delivered with one loop of cord around neck. Cord clamped and cut and cord blood

Name

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

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

collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta was meconium stained and 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: 27/5/2026

Time of Delivery: 1:53:40 sec

Type of Delivery: Emergency LSCS

Indication: ?Meconium stained Liquor

Analgesia: Spinal

### Baby Details:

Date: 27/5/2026

Time: 1:53:40 sec

Sex: Female

Weight: 3.832 kg

Apgar: 7/10, 9/10

Gestational Age: 39+2

NICU Admission: No

### Post-Operative Notes: Post Operative Period:

She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no Postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Baby blood group A Positive, Inj anti D 300mcg IM givn. Her postoperative period following that was uneventful. On third postoperative day dressing was changed. On inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound

Name

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care and medications were explained to patient supplemented by written information.

**Advice:**

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 2/6/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 2/6/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 2/6/2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 2/6/2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Nebasulf powder for local application.
8. Tab Allegra 120mg once daily oral till 31.5.2026
9. HPV vaccine after 6 weeks of delivery.

Review after 3days on 1/6/2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section

Name

Mrs VANDANA  
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UHID



**Care of the wound:**

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

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

Name:

Signature:

Relationship:

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

**Registrar/Resident/C.M.O**

**Dr. BHAVANA K**

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),  
CONSULTANT GYNECOLOGIST  
& OBSTETRICIAN  
54774

**Rainbow Children's Hospital - Secunderabad**

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



**INSURANCE COPY**



**PatientName** : Mrs VANDANA NAMBIAR  
**Age/Gender** : 29 Y 8 M 13 D/ Female  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219

**Inpatient No.** : IP-00060142  
**Admit Date** : 27-05-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
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**COMPLETE BLOOD PICTURE (Specimen : BLOOD)**

TEST RESULT STATUS : REPORT AUTHORISED  
Order Date :27-05-2026 13:07

HEMOGLOBIN (Colorimetry)	10.9	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.66	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	30.8	VOL%	L 33 - 51
MCV (Calculated)	84.2	fL	80 - 100
MCH (Calculated)	29.6	pg/cells	26 - 34
MCHC (Calculated)	35.2	g/dL	32 - 36
RDW-CV (Calculated)	13.4	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	246	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	7.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	8.06	10 <sup>9</sup> /L	4.5 - 11

**Differential Count**

NEUTROPHILS (Microscopy, Leishman stain)	70	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	09	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)  
RBC : NORMOCYTIC / HYPOCHROMIC  
WBC : MORPHOLOGY NORMAL  
PLATELETS : ADEQUATE

Dr. SRUJANA SHYAMALA, MD, DNB  
Consultant Pathologist, Reg No : 39356

VIH-00199245 IP-00060142  
Mrs VANDANA NAMBIAR  
14-09-1996 29 Y 8 M 13 D (F)  
Dr. BHAVANA K



### SURGERY DETAILS

Date : 27/05/26

Patient Name: Mrs Vandana Nambiar Date of Birth: 14.09.1996 Age: 29y

Gender: Female Ward: OT UHID No.: 199245

Date of Surgery: 27/05/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency lower segment caesarean section done under spinal anesthesia

Time in : 1:40pm

Time Out : 2:40pm

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Sowmya / Dr. Moumika	
4. OT Technician	Teb. Suresh / Rakesh	
5. Circulating Nurse	S. Prasadna / Manimela	
6. Assistant Nurse	S. Ruby P	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3084374 / 3084375

Order by: Ruby P

*Bm. Uses de SA*  
**CONSUMABLES OF OT** (2)

VIH-00199245 IP-00060142  
Mrs VANDANA NAMBIAR  
14-09-1996 29 Y 8 M 13 D (F)  
Dr. BHAVANA K

NB/SUR/OT/02

Patient Name :  
Gender  M  
Date :  
Barcode

Circulating Staff : *Dr Manie / Meghana* Technician : *Raleesh*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET Tube			Major pack <i>18cs</i>		<i>1</i>	Inj. Vit. K		<i>1</i>
LMA			Sutures <i>2346</i>		<i>1</i>	Cord Clamp		<i>1</i>
ECG leads A/P/N		<i>3</i>	<i>2364</i>		<i>1</i>	Suction Catheter		
HME Filter : A/P/N			<i>1326</i>		<i>1</i>	Feeding Tube No. 6, 8		<i>1/1</i>
Syringe 10 cc		<i>3</i>				Vaccum Suction Set		
05 cc		<i>2</i>	Gloves <i>6SBL / 6NGL</i>		<i>2/2</i>	Surgical Gloves PR 6 1/2 7		<i>1/1</i>
02 cc			<i>6pp / 6n pp</i>		<i>3/1</i>	Gauze Pack		
01 cc		<i>2</i>				Syringe 1ml / 2ml		<i>2</i>
Cautery Plate : A/P/N			Surgical Blade <i>22</i>		<i>1</i>	Surgical Blade # 20		<i>1</i>
IV set			NG tube			Koochies (S)		
RL		<i>1</i>	Cautery Pencil					
NS : 10ml/100ml/500ml/1000ml		<i>1</i>	Koochies			<i>Nanadex gel</i>		<i>1</i>
<i>Megal</i>		<i>1</i>	Ointments <i>Betadine</i>		<i>1</i>	<i>ABG Protogowns</i>		<i>1</i>
			Suction Catheter					
Fentanyl			Cap. Mask		<i>10/10</i>			
Morphine			Gauze Pack		<i>1</i>	<i>NS 100ml</i>		<i>1</i>
Ketamine			Mop Pack		<i>2</i>	<i>Cap + Mask</i>		<i>1/1</i>
Propofol			Steristrip		<i>1</i>	<i>Latex gloves</i>		<i>4</i>
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <i>Allesorb</i>		<i>1</i>			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		<i>1</i>	Urobag					
Bupivacine 0.25%			Chest Grinage Catheter					
Bupivacine 0.25% (Heavy)		<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositoris			<i>1000 D/Aprms</i>		<i>4</i>			
Anmol:80mg / 250mg / 170mg			Double J Stent					
Supridol 100mg		<i>1</i>	Vaccum Suction Set		<i>1</i>			
Justin :12.5mg / 25mg / 100mg		<i>1</i>	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<i>4</i>	Betadine Solution		<i>2</i>			
<i>7PF</i>		<i>1</i>	Microshield		<i>1</i>			
			Cotton Balls					
			Latex Gloves		<i>10</i>			
			Ramdione Scrub					
			Saral					

Surgeon *Dr Bhavane* Anaesthesiologist *Dr Medha* Nurse *Ruby-P* OT Technical *Raleesh*  
Order No. *3084377* Order by *Ruby.F*

**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-00060142	Ward	N 2F-LABOUR WARD
Patient Name	Mrs VANDANA NAMBIAR	Bed Name	LW 219
Age/Sex	29 Y 8 M 13 D / Female	Order No	0003084377
Date	27/05/2026 19:01	Prescription No	PRIP-1288876
Payor	SELPAY	Dispensed Date	27/05/2026 19:02
UHID	VIH-00199245		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
3	BETADINE OINT 20 GM	Win-MedicarePvtLtd	H	GA00626	12/27	1	131.46	131.46
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MC00126	02/28	2	102.90	205.80
5	DISPOSABLE APRONS STERILE XL	Mediblu		26041802	03/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K92	01/31	3	28.13	84.39
7	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	2	24.00	48.00
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	Encore Microptic gloves-6.5		H	26020311T	02/29	1	128.00	128.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	3	128.00	384.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
12	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
13	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	170724	06/27	1	100.00	100.00
14	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
15	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI07052026	12/30	1	2,000.00	2,000.00
16	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
17	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5106	08/30	1	997.00	997.00
18	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
19	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26FB001	01/29	10	23.43	234.30
20	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
21	RILIGOL 100 MCG INJ CARBITOCIN		H	F71250IG	03/28	1	566.05	566.05
22	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
25	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
26	SURGEONS CAP	Mediblu	General	VI22022026	12/99	10	10.00	100.00
27	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
28	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
29	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
30	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J C1		T5008	09/30	1	988.00	988.00
31	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	1	951.00	951.00



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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**



<b>IP No</b>	IP-00060142	<b>Ward</b>	N 2F-LABOUR WARD
<b>Patient Name</b>	Mrs VANDANA NAMBIAR	<b>Bed Name</b>	LW 219
<b>Age/Sex</b>	29 Y 8 M 13 D / Female	<b>Order No</b>	0003084377
<b>Date</b>	27/05/2026 19:01	<b>Prescription No</b>	PRIP-1288876
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	27/05/2026 19:02
<b>UHID</b>	VIH-00199245		

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<b>Total :</b>	<b>9,783.64</b>	<b>12,287.45</b>
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



# 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

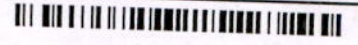
VAT TIN : 36920283145

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-00060147  
Patient Name Baby B/O VANDANA NAMBIAR  
Age/Sex 0 Y 0 M 0 D 5 H / Female  
Date 27/05/2026 19:09  
Payor SELFPAY  
UHID VIH-00205341  
Ward N 2F-LABOUR WARD  
Bed Name CRDL-LW-219-2  
Order No 0003084385  
Prescription No PRIP-1268880  
Dispensed Date 27/05/2026 19:10

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	2	24.00	48.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	Encore Microptic gloves-6.5		H	26020311T	02/29	1	128.00	128.00
5	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	1	128.00	128.00
6	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	2	10.00	20.00
7	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G26A010116	12/30	1	63.00	63.00
8	INFANT FEEDING TUBE-8	ROMSONS		G26A010560	12/30	1	63.00	63.00
9	NANO DEX GEL	ANALEPTIK BIOLOGICALS LLP	H	GG05100	09/26	1	64.08	64.08
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		26FB001	01/29	4	23.43	93.72
11	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	1C261641	02/29	1	44.93	44.93
12	PROTO GOWN (ADULT) (PROTECTCARE)		General	7115	12/29	1	450.00	450.00
13	SURGEON CAP(FEMALE) (PROTECTCARE)		General	2110300042026	12/29	2	10.00	20.00
14	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
						<b>Total :</b>	<b>1,088.86</b>	<b>1,203.15</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

1

**ACTIVIT** VIH-00199245 IP-00060142  
Mrs VANDANA NAMBIAR  
14-09-1996 29 Y 8 M 13 D (F)  
Dr. BHAYANA K

G

Name: -----



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

Date of Admission: 27/5/26 Time: 12:28 PM Date of Discharge: ----- Time: -----

Room / Bed No: 219 Ward: L1W Suggested Billable bed type: -----

**WARD TRANSFERS**

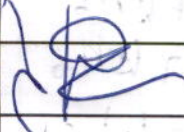

Date	Time	From	To	Signature of Nurse
27/5/26	1:29 PM	L1W	OT	(Signature)
27/5/26	3 PM	OT	L1W	(Signature)
27/5/26	10:10 PM	L1W	ROOM (106)	(Signature)

**Cross Consultation Visit**

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



**MEDICAL EQUIPMENT ( WARD & ICU)**

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Infusion Pump	12:30PM	8PM		
27/5/26	Cardiac monitor	12:30PM	8PM	3084219	
<hr/>					
	<del>CRP</del>	12:30	8PM	27/05/2026	
					8PM.

**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
27/5/26	IV placement	①		
27/5/26	Catheterization	①	3084318	
27/5/26	PAC	①	3084317	
<del>cross checked by</del>				
28/5/26	IV placement	①	3084886	Gp

**ANY OTHER INFORMATION**

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward Gayathri Gp	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060142

Admit Date : 27-May-2026

Admit Time : 12:28 PM UHID : VIH-00199245

Patient Details :

Patient Name : Mrs VANDANA NAMBIAR

Age : 29 Y 8 M 13 D

Guardian : Mr SHARON KARTHIK

DOB : 14-09-1996

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 209-BLOCK 2 ,NESTON CHINTALA Kharkhana  
Main Road Hyderabad Telangana INDIA  
500015

Phone No : 9618030712

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr SHARON KARTHIK

Relationship : W/O

Contact Address : 209-BLOCK 2 ,NESTON CHINTALA  
Kharkhana Main Road Hyderabad Telangana  
INDIA 500015

Phone No : 9618030712

  
Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

CO Discomfort, spotting today

LMP: 11-8-2025

EDD:

Corrected EDD: 11/6/26

GA: 39+2 weeks

Obstetric Formula: P0101

ML-1-5yrs, NCM

Obstetric History:

G1-PP1 Spontaneous conception

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height: 34-34

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

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

FHS:  Normal  Tachy  Brady  Absent

Present Pregnancy Record: Booked to 16 weeks

All UTI at 12wks (Acinetobacter) managed conservatively

Anti-D was taken.

## RISK FACTORS:

- Rh Negative pregnancy
- Chronic anemia
- corrected anemia

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

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

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 159 cm

Weight: 76.6 kg

Allergies: NIL

Breast:  Normal  Abnormal

General Examination: P100, L100, F100

Consciousness: ⊕ Pallor: -

Icterus: - Edema: -

Temp: Afebrile PR: 82 bpm

BP: 110/70 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAF ⊕

Liver/Spleen: NAD Urine Output: Adequate

## DIAGNOSIS

P0101 G0101 with 39+2 weeks UA with Rh Negative pregnancy with chronic anemia with ? meconium stained liquor & corrected anemia admitted for emergency lower segment caesarean section.

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



<p>Family History:</p> <p>mother - HTN</p>	<p>Surgical History:</p> <p>NIL</p> <p>dental implanting 2023</p>
<p>Medical History:</p> <p>Atopic dermatitis</p> <p>Chronic tinea</p>	<p>Medication History:</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- HST</li> <li>- Consent</li> <li>- PAC</li> <li>- PUA preparation</li> <li>- FHS monitoring continuous</li> <li>- Foley's catheterization</li> <li>- Follow Power Chart</li> <li>- monitor vitals</li> <li>- Informatics</li> </ul> <p>LOP &amp; Reserve at venables</p> <p><i>noted by manya 27/5/26 @ 1PM</i></p>	<p>Investigations: <u>BU: ONTCATIVE</u></p> <p>HIV        HBsAg, <math>\gamma</math> MR        HCV        VDRL</p> <p>16/5/26        CBP: 11 (7200) 2.7        HPL - (H)</p> <p>22/5/26        Urinary scan        BLUF, 38+4wls        cephalic        FFU - 3.42 kg        AC - 56.1        AFI - 16cm        PI - PI 4        Doppler (H)</p> <p>13/1/26        TFFA scan        20+1 wls        NO anomalies</p> <p>11/12/25        NT scan        BLOS, CL - 32mm        NT - 2.4mm        FTS - low risk</p>

Doctor Name: ..... Dr. manika

Signature: ..... *Manika*

Date & Time: ..... 27/5/26, 12:30pm

Consultant Name: ..... Dr. K Bhavana

Signature: .....

Date & Time: ..... 27/5/26





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

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

9) Prenatal Medical History:

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

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"> <li>• Acute onsite severe abdominal pain</li> <li>• Altered level of consciousness</li> <li>• Cord prolapse</li> <li>• Severe respiratory distress</li> <li>• Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>• Major trauma</li> <li>• Shortness of breath</li> <li>• Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>• Abdominal/back pain greater than expected in pregnancy</li> <li>• Flank pain / hematuria</li> <li>• Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>• Minor trauma (minor MVC/fall)</li> <li>• Nausea/Vomiting and /or diarrhea</li> <li>• Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>• Anything that does not seem to pose threat to mother or fetus</li> <li>• Cervical ripening</li> <li>• Out patient placenta previa protocols</li> <li>• Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>• Assessment for version</li> <li>• Rashes</li> </ul>

Time seen by Doctor: ..... 12:30pm .....

Nurse Name : ..... manga devi ..... Nurse Signature: ..... .....

Date: ..... 27/5/26 ..... Time: ..... 12:30pm .....

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/5/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify chw  
 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: clo. Discomfort, spotting today Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: DR. mounika  
 Time Notified: 12:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Atopic dermatitis Chronic hzema</u>	<u>dental implant in 2023</u>	<u>yes</u>
<b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable Menstrual History: ..... Onset of Menarche: ..... Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>11/8/2025</u>	<b>Gynecology Surgical History:</b> Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: .....	<b>Gynecological History:</b> Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G ..... P 2mi L ..... A .....

Previous LSCS: ni

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 mother - H.T.N

Vital Signs / Measurements: Temp: 98.4f HR: 106b/mh RR: 19b/mh  
 BP: 117/70mmHg Weight: 76.6kg Height: 159cm BMI: .....

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

VIH-00199245 IP-00060142  
Mrs VANDANA NAMBIAR  
14-09-1996 29 Y 8 M 13 D (F)  
Dr. BHAVANA K



### PHYSICAL ASSESSMENT

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

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

Risk of Pressure Sore:  Yes  No Score 28 (complete the Braden Q Sheet)

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

- Mobility problem  Walking Problem  No Abnormality Detected  
 Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

- Overweight  Poor Appetite > 3 Days  Needs Therapeutic Diet.  
 Under Weight  Diabetes Mellitus  Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative  Restless  Depressed  Agitated  Confused  
 Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

1. Marital Status:  Single  Married  Divorced  Widow

2. Special Habits: Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

Social History: Lives With Family

**Orientation has been given regarding the following aspects:**

Call Bell in Reach:  Yes  No Waste Disposal Explained:  Yes  No  
Infusion Pump:  Yes  No Hand Hygiene Explained:  Yes  No  Others

Above information given to Mrs. Vandana Nambiar

Name of Person Orientation was given to: Mrs. Vandana

Orientation not given Reason: .....


Nurse Signature: [Signature]

Nurse Name: Manga Devi

Date & Time: 27/5/16 @ 12:40pm

1

# PATIENT TRANSFER FORM

Patient Name & UHID No.  IH-00199245 IP-00060142 Mrs VANDANA NAMBIAR 4-09-1996 29 Y 8 M 13 D (F) r. BHAVANA K 		Date & Time of Admission 27/5/26@	Date & Time of Transfer Order 27/5/26@ 1:29pm
		Transfer Ordered by DR. maunila	Reason for Transfer Em. LS 9
From Unit Cw	To Unit OT	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (35)	Number of Imaging Films -NST- (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.		
3.		
4.		
5.		

*Nil*

Shifting Summary / Notes Written by Doctor : Yes  No

DR. maunila

Name & Signature of Person who is Transferring Sis. mangr	Name of Person Ordered Transfer DR. maunila
--	--

Patient & Clinical Records Received by :

Maunila  
27/5/26 @ 1:29 pm


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

2

# PATIENT TRANSFER FORM

Patient Name / I.P. No.  VIH-00199245      IP-00060142 Mrs VANDANA NAMBIAR 14-09-1996      29 Y 8 M 13 D (F) Dr. BHAVANA K 		Date & Time of Admission  27/05/26 @ 12:28 pm	Date & Time of Transfer Order  27/05/26 @ 3pm
Transfer ordered by  Dr. Vineetha.		Reason for Transfer  Post opp Care	
From Unit  OT	To Unit  NICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file  34	Number of Imaging films  NST (2)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

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

nil →

Shifting Summary / notes written by Doctor :

Name & Signature of Person who is Transferring  Sr. Pradone 27/5/26.	Name of Person Ordered Transfer  Dr. Vineetha
---	---


Patient & Clinical records received by :  
  
Manga 27/5/26 @ 3:10m

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

3

# PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00199245 IP-00060142 Mrs VANDANA NAMBIAR 14-09-1996 29 Y 8 M 13 D (F) Dr. BHAVANA K 	Date & Time of Admission 27/5/16	Date & Time of Transfer Order 27/5/16 @ 10:10 PM
	Transfer Ordered by DR. Aishwini	Reason for Transfer Obstruction
From Unit L10	To Unit ROOM (106)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File (40)	Number of Imaging Films - NST (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Paracetamol 1gm - (13)	
2.	T. Diclofenac - (10)	
3.	T. Tramadol - (10)	
4.	T. Pantop - (10)	
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

DR. Aishwini

Name & Signature of Person who is Transferring sis. Hand	Name of Person Ordered Transfer DR. Aishwini
---	---

Patient & Clinical Records Received by :

*[Signature]*  
27/5 @ 10:10 PM

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



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026 3:00 PM	POD-0 (SLP (SCS)) O/E Pt is c/c, c/fair Afebrile BP - 118/70 mmHg PR - 86 bpm S/E - NAD P/A - ut ~ wr soft BS (+) ut - NAD Baby < A ms BF (+)	Adv HBM x 4hr I/O charting A/F Bleeding PV Follow drug chart monitor vitals Inform SAs Dr. Armanika.
<p>noted by mangra 27/5/2026 @ 3 PM</p>		
27/5/2026 7 PM	POD-0 (LSCS) O/E Pt is c/c/c c/fair Afebrile BP - 112/70 mmHg PR - 84 bpm S/E - NAD P/A - ut ~ wr soft BS (+) L/E - NAD Baby < A ms BF (+) PV - no active bleeding	Adv - clear w/g wds - I/O charting - w/f bleeding PV - Monitor vitals - follow drug chart - Inform SAs - Soft diet at 6am if pt want can give after 1 Am. on 27/5

Noted by mangra 7 PM 27/5/26

Dr. Yogeshwari



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>POD-0</u>	
27/5/26 10 PM	olept clac cefaix axibole	Adv - clear liquids - soft diet as tolerated
PR neg	BP - 115/72 mmHg PR - 86 bpm	
U/O adq. clear	KENAD PIAULUR	- NO vomiting - wif bleeding PV
take baby blood	BS ⊕	- monitor vitals
group	PIUNAB	- following course
Baby B4 - 'A' positive Baby A BF ⊕		- assure ambient
U/O 500ml adq clear		- inform pps
Inj. Anti D 300mcg given IM		ADRAKUM
	<u>POD-1 (CLSC)</u>	
28/5/26 7 AM	olept clac cefaix axibole	Adv - soft diet - ambulation - hydration
	BP - 109/65 mmHg PR - 85 bpm	- wif bleeding PV
U/O 1050ml adq clear	KENAD PIAULUR	PO - monitor
REMOVE JEWELS	BS ⊕	vitals
	PV - NAB	- following course
	Baby A BF ⊕	- inform pps
Noted by Subbar 28/5/26 7 AM		ADRAKUM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/5/26 1:45pm	POD-1 (LSCS)	
Urine - passed Motion - not passed	<p>O/E Pt is C/C            Gc - fair            Afebrile            BP - 109/65 mmHg            PR - 79 bpm            S/E - NAB            P/A - ut - w/R            soft, BS (+)            U/E - NAB            Baby - A B (+)                      H</p>	<p>Adv -            - soft diet            - w/o Bleeding PP            - ambulation            - Adeq. hydration            - Monitor vitals            - Follow drug chart            - Inform sos</p>
	<p><i>(Signature)</i></p>	<p><i>(Signature)</i>            Dr. Keshi</p>
28/5/26 9pm	POD-1	
U - P M - P	<p>Comfortable            vitals stable            P/A - ut - w/R            soft NR            BS +/+                  + +</p>	<p>R            - soft diet            - Ambulation</p>
	<p>U/E - No active bleeding            Baby - w/ht</p>	<p>Follow drug chart            Monitor vitals            Inform sos            @            Dr. Madhimita</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:30 AM.	<p style="text-align: center;"><u>POD-2</u></p> <p>O/E - pt is c/c/c            G/C - Fair.            Afebrile.</p>	<p style="text-align: center;"><u>Adv:</u></p> <p>- (N) diet            - Hydration            - Ambulation</p>
<p>urine passed            motion passed            Aseptic dressing            done</p>	<p>BP - 112/80 mmHg            PR - 75 bpm            S/E - NAD.            P/A - ut ~ w/r.            soft, BS ⊕.</p>	<p>- w/f bleeding PU            - monitor vitals            - Follow drug chart            - Infom sos</p>
<p>pt. can be            discharged</p>	<p>L/E - NAB.            Baby &lt;sup&gt;A&lt;/sup&gt;<sub>m</sub> BF ⊕</p>	<p style="text-align: right;">(R)            Dr. Nikhita</p>
<p>(A) (Sharma)</p>	<p>Per vaginal examination            done. Dr. Ashwin</p>	
		<p>Noted by (R)            @ 10 AM</p>



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Primi gravida with 39 2 weeks GA</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	<u>CRH Negative pregnancy with chronic anaemia</u> <u>meconium stained liquor correlated anemia admitted</u> Surgery / Procedure: <u>for emergency lower segment caesarean section</u>		If Yes Specify: ..... Post OP Day:					
BACKGROUND	Date	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5</u>	<u>28/5/26</u>		
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>Night</u>	<u>M</u>		
	Medical Condition (Any special condition to be noted):	-	-	-	-	nil	nil	
Diet:	<u>NBM</u>	<u>NBM</u>	<u>clear liquids</u>	<u>s.diet</u>	<u>s.diet</u>	<u>s.diet</u>		
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.4f</u>	<u>98 bp</u>	<u>98.1f</u>	<u>98.6f</u>	<u>98.6f</u>	<u>98.6f</u>
		Res:	<u>19b/m</u>	<u>18b/m</u>	<u>17b/m</u>	<u>15b/m</u>	<u>20b/m</u>	<u>19b/m</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>96%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>80b/m</u>	<u>86b/m</u>	<u>88b/m</u>	<u>69b/m</u>	<u>70b/m</u>	<u>75b/m</u>
		BP:	<u>114/60mmHg</u>	<u>111/70mmHg</u>	<u>113/70mmHg</u>	<u>104/69/90</u>	<u>99/71</u>	<u>110/72/84</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
		Fall Risk Score:	<u>0</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>0</u>	<u>0</u>
Pain Score:	<u>0/10</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>nil</u>	-	-	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>nil</u>	<u>NBM</u>	<u>clear liquids</u>	<u>s.diet</u>	<u>s.diet</u>	<u>s.diet</u>	
	Critical Lab Test / Values:	<u>nil</u>	-	-	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	-	-	<u>w/ bleeding</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
Handed Over By Name :	<u>Manga</u>	<u>Rakona</u>	<u>Kande</u>	<u>Subhan</u>	<u>Besnika</u>	<u>Besnika</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5</u>	<u>28/5/26</u>	<u>28/5/26</u>		
Time:	<u>@ 1:29pm</u>	<u>@ 8pm</u>	<u>@ 10pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>		
Taken Over By Name :	<u>Mangik</u>	<u>Kanal</u>	<u>Subhan</u>	<u>Besnika</u>	<u>Besnika</u>	<u>Subhan</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5</u>		
Time:	<u>@ 1:45pm</u>	<u>@ 8pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>		



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>POD-1 (LSCS)</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<b>28/5</b>	<b>29/5</b>					
	Shift	<b>N</b>	<b>M</b>					
	Medical Condition (Any special condition to be noted):	<b>Nil</b>	<b>Nil</b>					
	Diet:	<b>S.diet</b>	<b>S.diet</b>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<b>RA</b>	<b>RA</b>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<b>98.6°F</b>	<b>98.4°F</b>				
		Res:	<b>19 b/m</b>	<b>20 b/m</b>				
		SpO <sub>2</sub> :	<b>96%</b>	<b>98%</b>				
		Pulse:	<b>63 b/m</b>	<b>72 b/m</b>				
		BP:	<b>100/64/70</b>	<b>100/66/70</b>				
		LOC:	<b>Conscious</b>	<b>Conscious</b>				
		Fall Risk Score:	<b>0</b>	<b>0</b>				
Pain Score:	<b>0</b>	<b>0</b>						
Skin Integrity	<b>Intact</b>	<b>Intact</b>						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<b>Nil</b>	<b>Nil</b>					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<b>S-diet</b>	<b>S-diet</b>					
	Critical Lab Test / Values:	<b>Nil</b>	<b>Nil</b>					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<b>dependent</b>	<b>Dependent</b>						
Post Operative Procedure Special Orders:		<b>Nil</b>	<b>Nil</b>					
Handed Over By Name :		<b>Gubhar</b>						
Signature / ID :		<b>[Signature]</b>						
Date:		<b>29/5</b>						
Time:		<b>@8AM</b>						
Taken Over By Name :		<b>Bevanika</b>						
Signature / ID :		<b>018727</b>						
Date:		<b>29/5/26</b>						
Time:		<b>@8am</b>						

Noted by **Bevanika**  
 29/5  
 @10AM

**GENERAL CONSENT FOR TREATMENT**

<b>Patient Name:</b>	<b>Mrs VANDANA NAMBIAR</b>	<b>Age :</b>	<b>29 Y 8 M 13 D</b>
<b>IP No:</b>	<b>IP-00060142</b>	<b>Sex:</b>	<b>Female</b>
<b>Consultant:</b>	<b>Dr. BHAVANA K</b>	<b>Ward/Bed No:</b>	<b>N 2F-LABOUR WARD/LW 219</b>

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

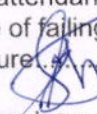
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

**Note:**

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

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


Signature of Patient/Relative:

Name: ~~Sharan~~ *Sharan Ferdik*

Relationship: ~~Hub~~ *Hub*

Date: *27-05-2026*

Time: *12:29 PM*

Witness Name: 

Witness Signature: 

Patient Address:

209-BLOCK 2 ,NESTON CHINTALA  
 Kharkhana Main Road Hyderabad  
 Telangana INDIA 500015



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. K Bhavana</i>	Date of Delivery: <i>27/5/26</i>
Assistant Surgeon: <i>Dr. Somyasni Dr. Mounika</i>	Time of Delivery: <i>1:53 PM UoSEL</i>
Anaesthetist's Name: <i>Dr. Vincetha</i>	Gender of Baby: <i>Female</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>3.832 kg</i>
Neonatologist: <i>Dr. Srikhar.</i>	AGPAR Score: <i>7/10, 9/10</i>
Scrub Nurse: <i>Sis Ruby P</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

Elective  Emergency

Indication: *Primid 39+2 weeks GA  
Rh-ve pregnancy & MSL*

### 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

*Presumed Fetal distress*

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

CTG Description: .....

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

### Surgical Procedure:

*Emergency C/S + SA*

### Post Operative Diagnosis:

### Peri-Operative Complications:

Amount of Blood Loss: *400-500ml*

Blood Transfused (in ML): *—*

Name and Number of Surgical Specimen sent for examination:

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other .....

5th Palpable: .....

Station:  -3  -2  -1  0  +1  +2

Caput:  +  ++  +++

Bladder Catheterized:  Yes  No

Cervical Dilatation: tip of finger ..... cm

Fetal Position: .....

Moulding:  None  +  ++  +++

Meconium:  None  +  ++  +++

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

Delivery of head:  Manual  Forceps

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

Delivery of Placenta:  Manual  OCT .....  Complete  Incomplete  Piecemeal

Cord Appearance: .....  Cord around the neck  Yes  No

Appearance of placenta: meconium stained ..... Cavity explored  Yes  No

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

Uterine Closure:  One Layer  Two Layers

Peritoneal Closure:  Pelvic  Abdominal  None

Sheath Closure: ..... Suture

Fat Closure:  Yes  No ..... Suture

Skin Closure:  Subcuticular  Mattress ..... Suture

Vaginal Evacuated  Yes  No ..... Suture

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

Catheter:  Yes  No  Remove in ..... 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 hours

.....

..... No choline

..... LFT Bleeding PV

..... Follow Drug Chart

..... monitor vitals

..... to born SOS

.....

.....

.....

.....

.....

Doctor Name: Dr. Mani Ra

Doctor Signature: [Signature]

Date & Time: 27/5/26

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 27/5/26

**To Be Filled In By Assigned Nurse:**

Department: L1w Duration of Procedure: 1 hour

Name of Surgeon: Dr. Bhavana Date of Admission: 27/5/26

**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 type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>Solix</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 type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: <u>Solix Maxin Dr. Bhavana</u> Date & Time of antibiotic administration: <u>27/5/26 noon</u> Date & Time procedure started: <u>27/5/26 1:40pm</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-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



①

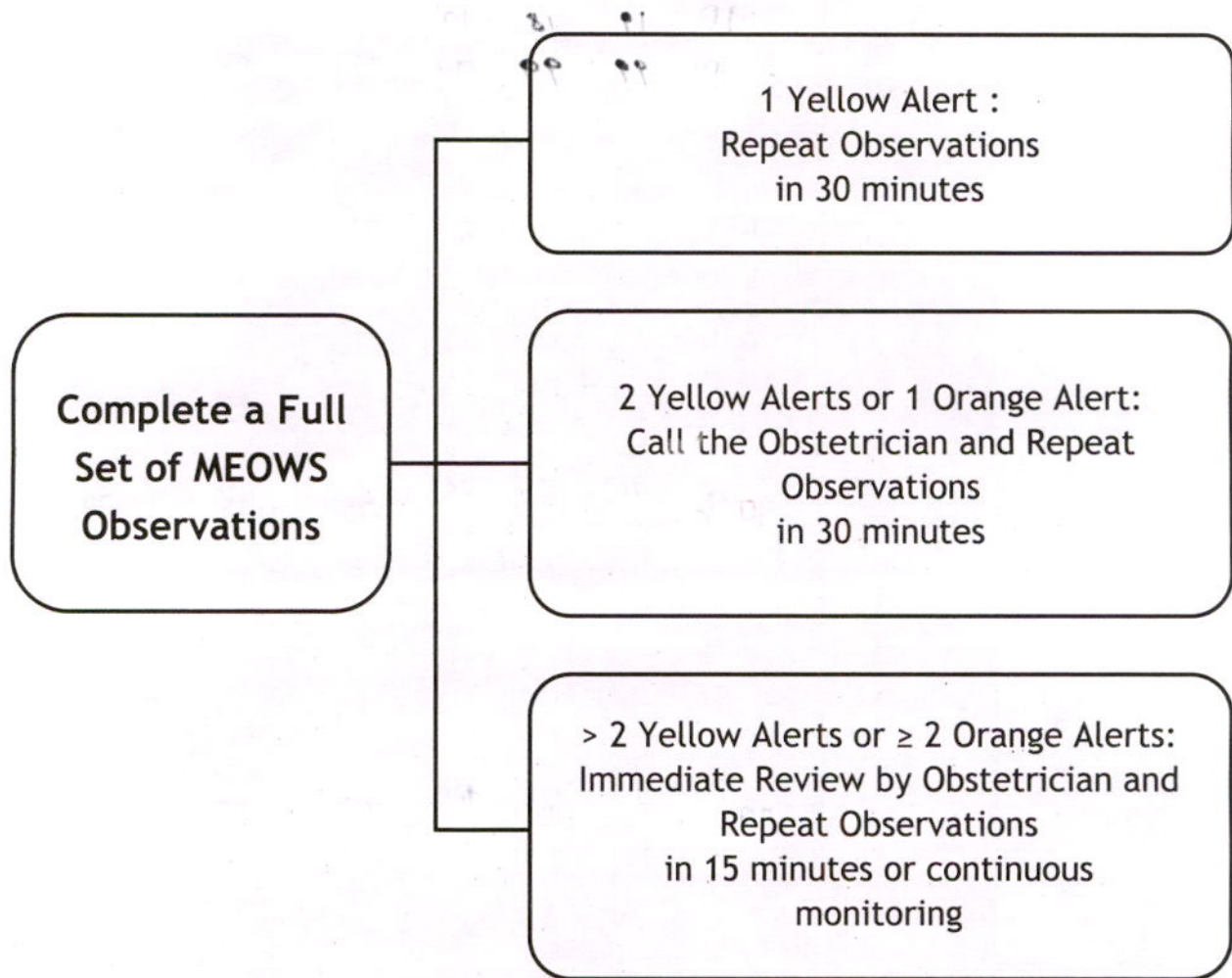


# Early Warning Observation Score Chart - Obstetrics

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	7
27/5/26																									
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20						19	20	19	18	19														
	0 - 10																								
Saturations	94 - 100 %						99	100	99	99	99	95					96				99			100	
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36						36.2	37		36	36	36					36.2				36.2			36	
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							90	86	90	85	88					78				85			79	
	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						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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	
	Heavy / Foul																								
Liquor	Clear / Pink						NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES							0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	
Nurse Initial							SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



# Early Warning Observation Score Chart - Obstetrics

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

28/9/26		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		19			18			19					19		20				19				18			18
	0 - 10																										
Saturations	94 - 100 %		98			98			99					98		99			98				98			99	
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37		37.0			37.0			37.0					37.0		37.0			37.0				37.0			37.0	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60		60			72			70				72		68		70		75								
	50																										
40																											
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	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100		95			105			100				108		101		100		111								
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
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	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice		✓			✓			✓				✓		✓			✓		✓			✓		✓		
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓			✓			✓			✓		✓		✓		✓		✓		✓		✓			
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		✓			✓			✓			✓		✓		✓		✓		✓		✓		✓			
	Heavy / Foul																										
Liquor	Clear / Pink		✓			✓			✓			✓		✓		✓		✓		✓		✓		✓			
	Green																										
TOTAL YELLOW SCORES			0			0			0			0		0		0		0		0		0		0			
TOTAL ORANGE SCORES			0			0			0			0		0		0		0		0		0		0			
Nurse Initial			B			B			B			B		B		B		B		B		B		B			

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
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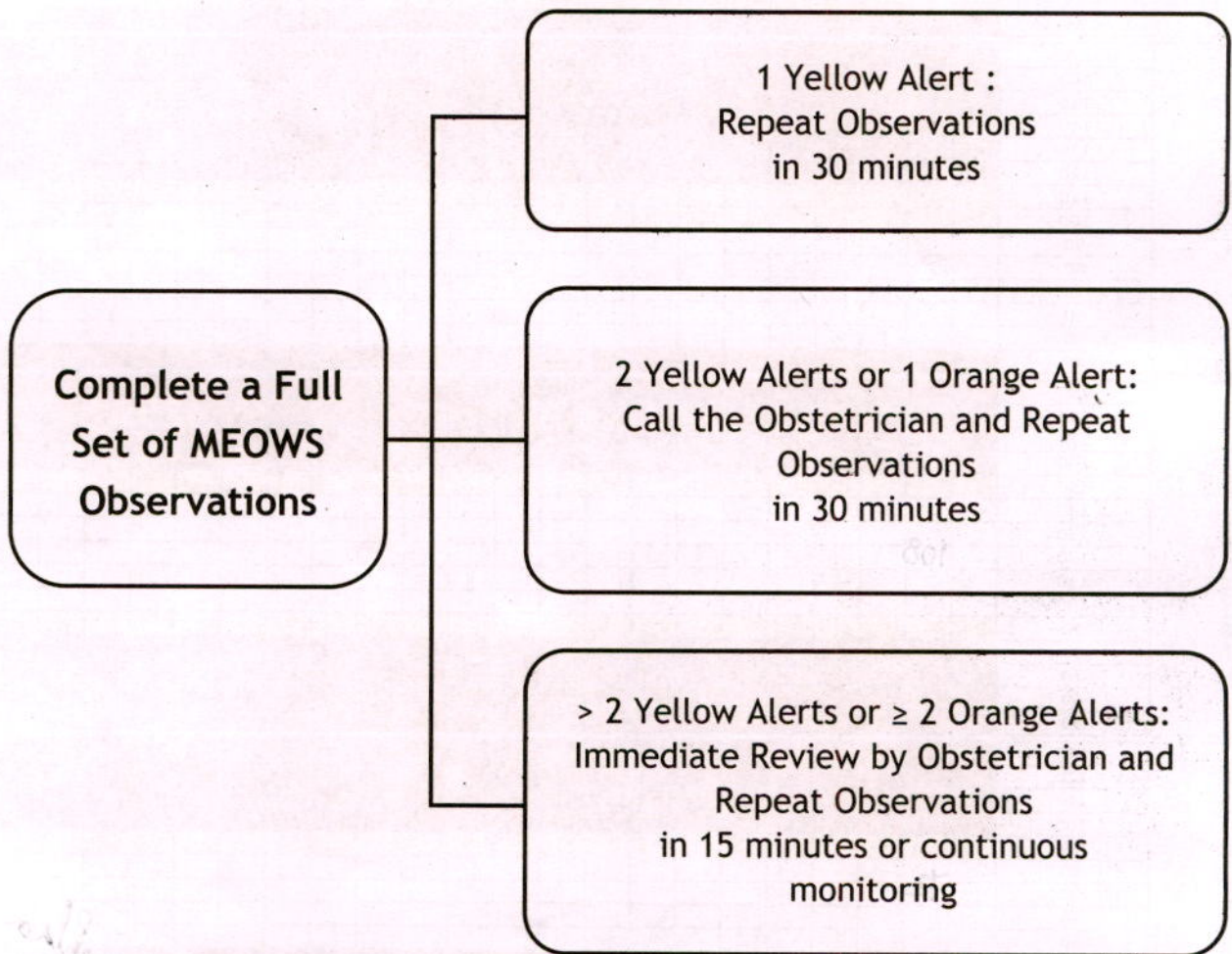
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	110																										
	100																										
	90																										
	80																										
	70		72																								
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		✓																								
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30		✓																								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		✓																								
	Heavy / Foul																										
Liquor	Clear / Pink		✓																								
	Green																										
TOTAL YELLOW SCORES			0																								
TOTAL ORANGE SCORES			0																								
Nurse Initial			SB																								

*Noted by Bedwarka  
29/15  
@10Am*

**Obstetrics and Gynaecology  
Early Warning Signs**



\* The Modified Early Warning Score (MEOWS)

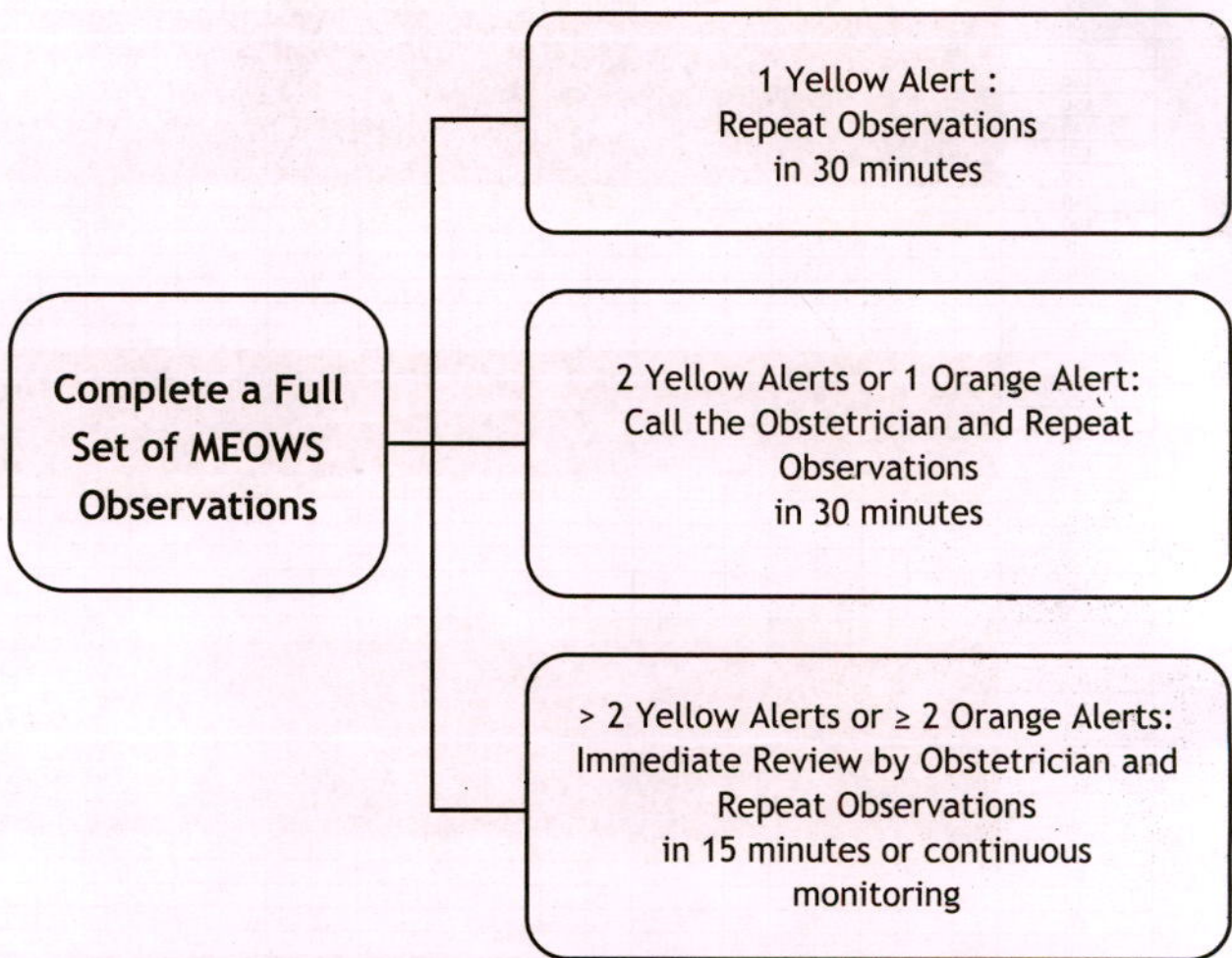
Patient Sticker

## 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																							
		Time	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																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	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 ml / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



**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.

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	NBM + RLFF								✓		
	01:00 pm	NBM + RL 100ml/h								0		
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm	NBM + NBM + RLFF 100ml/h							100ml	0		
	03:00 pm	NBM + RL 100ml/h							100ml	0		
	04:00 pm	NBM + RL 100ml/h							50ml	0		
	05:00 pm	NBM + RL 100ml/h							50ml	0		
	06:00 pm	NBM + RL 100ml/h							50ml	0		
	07:00 pm	H2O + 50ml							50ml	0		
<b>Total Intake :</b> 550 ml					<b>Total Output :</b> 400ml							
	08:00 pm	H2O + 50ml							50ml	0		
	09:00 pm	H2O + 50ml								0		
	10:00 pm											
	11:00 pm	water							50ml			
	12:00 am								50ml			
	01:00 am	salty							50ml			
<b>Total Intake :</b>					<b>Total Output :</b> 200							
	02:00 am								100ml			
	03:00 am	water							50ml			
	04:00 am								50ml			
	05:00 am								150			
	06:00 am								100ml			
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b> 450							

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 1050ml (1050ml)



# FLUID CHART

Sheet No. : ..... 2 .....

28/5/26

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
28/5			Mouth	I.V	N.G						}	Bennilca 28/5 @7pm	
	08:00 am												
	09:00 am	Jolly						✓		✓			
	10:00 am	water											
	11:00 am												
	12:00 pm												
01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>							
28/5/26	02:00 pm										}	Bennilca 28/5 @7pm	
	03:00 pm	Rice											
	04:00 pm	corn											
	05:00 pm									✓			
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm										}	Subhr 29/5 @7AM	
	09:00 pm	Rice											
	10:00 pm	water											
	11:00 pm									✓			
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	02:00 am										}	Subhr 29/5 @7AM	
	03:00 am	water											
	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**



# FLUID CHART

Sheet No. : ..... 3 .....

29/5/26

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

		Intake			Output						IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
<u>29/5</u>	08:00 am	<u>Only water</u>										
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	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>							

*Noted by Besonika  
 29/5 @ 10 AM*

**Total 24 hrs. Intake** 57

**Total 24 hrs. Output** 12

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K

①



## 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	TAB Iron	1 TAB	PO	ONCE DAILY	24/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	ONCE DAILY	26/05	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB folic ACID	1 TAB	PO	ONCE DAILY	26/05	<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. Athar AG .....

Date & Time : ..... 27/05/26 ..... 12:30 PM .....

Nurse Name & Signature: ..... manga Devi, (AG) .....

Date & Time : ..... 27/5/26 @ 12:30pm .....



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## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... LW ..... Shifted to: ..... Room (106) .....

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. PARACETAMOL	1gm	PO	6TH HOURLY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. DICLOFENAC	50mg	PO	8TH HOURLY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. TRAMADOL	100mg	PO	8TH HOURLY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INS CEFOTAXIME	1gm	IV	12TH HOURLY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INS TRANEXAMIC (3 doses) ACID	1gm	IV	8TH HOURLY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	27/5/26	<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 : ..... 27/5/2026 7PM .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 27/5/26 8PM .....



# DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: NIL  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

<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:																				

VERIFIED BY: Name .....



REGULAR PRESCRIPTIONS

Weight. 76.6kg Ward. C10

Day 27/05/26  
 Day 27/05/26  
 Day 27/05/26  
 Day 27/05/26

<b>DRUG :</b> TAB. PARACETAMOL				Date Time	27/5/26	28/5/26	29/5/26														
Dose	Route	Frequency	Start Date	12 AM	6 AM	6 AM															
1gm	PO	6 HRly	27/05																		
Name & Signature of the Doctor Starting the Drugs:				6 AM																	
Additional Instructions:				12 PM																	
Daily Doctor's Endorsement by a Sign				6 PM																	
<b>DRUG :</b> TAB. DICLOFENAC				Date Time	27/5/26	28/5/26	29/5/26														
Dose	Route	Frequency	Start Date	7 AM	6 AM	6 AM															
50mg	PO	8 HRly	27/05																		
Name & Signature of the Doctor Starting the Drugs:				3 PM																	
Additional Instructions:				11 PM																	
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> TAB. TRAMADOL				Date Time	27/5/26	28/5/26	29/5/26														
Dose	Route	Frequency	Start Date	6 AM	6 AM	6 AM															
100mg	PO	8 HRly	27/05																		
Name & Signature of the Doctor Starting the Drugs:				2 PM																	
Additional Instructions:				10 PM																	
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> INJ. CEFOTAXIME				Date Time	28/5/26																
Dose	Route	Frequency	Start Date	8 AM	6 AM																
1gr	IV	12th Hourly	27/5/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				8 PM																	
Daily Doctor's Endorsement by a Sign																					

STOP  
 DR. NEKHITA  
 28/05/26  
 9 PM

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



I.P. No.	Sheet No.	Wards	Weight (kg)
	①	W	76.64

REGULAR PRESCRIPTIONS

**DRUG :** INJ TRANEXAMIC ACID

Date: 27/8/2015  
Time: 6 AM

Dose	Route	Frequency	Start Dt.
100ml	IV	8TH HOURLY	27/8/2015

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

Additional Instructions:  
 FOR 3 dose only.

Daily Doctor's Endorsement by a Sign.

**DRUG :** TAB PANTOPRAZOLE

Date: 28/8/2015  
Time: 6 AM

Dose	Route	Frequency	Start Dt.
40mg	PO	24TH HOURLY	27/8/2015

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG :** TAB CEFIXIME

Date: 29/8  
Time: 10 AM

Dose	Route	Frequency	Start Dt.
200mg	PO	12TH HOURLY	28/8

Name & Signature of the Doctor starting the Drugs:  
 DR. NEKHITA

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.

Dad 27/8/15  
 Rube 28/8/15  
 Chik 28/8/15

STOP  
 Chik 28/8/15  
 3PM

VIH-00199245 IP-00060142  
 Mrs VANDANA NAMBIAR  
 14-09-1996 29 Y 8 M 13 D (F)  
 Dr. BHAVANA K



I.P. No. Sheet No. Wards Weight (kg)  
 (1) Kelly Webb

**REGULAR PRESCRIPTIONS**

<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.																			

<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.																			



Weight. 76.6kg Ward. 16

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.

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
27/05	1:30pm	INS CEFOTAXIME (AFTER TEST DOSE)	1gm	IV	Acc	[Signature]
27/05	12:50pm	INT PANTOPRAZOLE	40mg	IV	Acc	[Signature]
27/05	12:50pm	INS METOLLOPRAMIDE	10mg	IV	Acc	[Signature]
27/05	1:54 PM	INS CARBETOCIN	100mcg	IV	h	[Signature]
27/05	2:40 PM	LOPP. DICLOFENAC	100 mg	PR	h	[Signature]
27/05	2:40 PM	LOPP. TRAMADOL	100 mg	PR	h	[Signature]
27/5/26	2:40pm	TABS MISOPROSTOL	600mcg	PR	Acc	[Signature]
27/05	2:00 PM	INS-TRANEXAMIC ACID	1gm	IV	h	[Signature]
27/5/26	11PM.	INT ANTI D	300mcg	IM	h	[Signature]

VERIFIED BY : Name Signature

27/5/26



I.V. FLUIDS CHART

Weight: 76.6kg Ward: 140

Signature

VERIFIED BY : Name

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
27/05	12:50 PM	RINGER LACTATE	IV	F.F		<del>He</del> Ag	27/5		<del>He</del> S
27/05	1:30 PM	RINGER LACTATE	IV	100ml hr 100ml/hr		He D	27/05	5 2	Pooch Abhish
27/05	2:00 PM	RINGER LACTATE	IV	200 ml hr		Pooch Abhish	27/5		D
27/05	2:15 PM	RINGER LACTATE + INJ. OXYTOCIN 20IU	IV	200 ml hr		Pooch D	27/5		D

VIH-00199245 IP-00060142  
Mrs VANDANA NAMBIAR  
14-09-1996 29 Y 8 M 13 D (F)  
Dr. BHAVANA K



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## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9 AM

Origin: Indian Height: 154cm Weight: 40kg BMI:  ~26 kg/m<sup>2</sup>  
 ~28 kg/m<sup>2</sup>  
 ~30 kg/m<sup>2</sup>

Food Allergies: Nil  
Diagnosis: Primi gravida with 39+2 weeks with Dh-ve with  
Eczema with meconium stained liquor with  
cord prolapse - Amnia - emergency Lower Segment c-Section

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:

Name: Vandhana

Date & Time: 28/5/26 11 AM

Dietician's

Signature:

Name: Wallyedhael

Date & Time: 28/5/26 9 AM



ANTENATAL RECORD

Antenatal No: 10200125  
Reg. No: 111-00199245

Dr. Shanana  
Consultant

PERSONAL DETAILS

Name: Mr. Vandana Age: 29 Date of Birth: 14/09/1996 Education: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Phone No: 9618030712 Mobile: 9711835798  
 Husband's Name: Sharon kothikk Age: 29 Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: 209, Block II, Nestcon Chintala, Alwal, 500015  
 Mobile: \_\_\_\_\_ E-mail Id: \_\_\_\_\_

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
Prurigoide - Anaemia - Rh negative Chronic Eczema - Anti-D (30wks)	Corrected EDD <del>18/5/26</del> 1/6/2026 36wks (corrected) Anti-D

HISTORY

Year of Marriage: 1.5yrs Menstrual History: Previous Periods \_\_\_\_\_ LMP: 11/8/25 EDD: \_\_\_\_\_ Corrected EDD: \_\_\_\_\_  
 Consanguinity: NCM Contraception: \_\_\_\_\_ OBSTETRIC FORMULA: \_\_\_\_\_  
 Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ Live: \_\_\_\_\_ Abortions: \_\_\_\_\_

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
I			- PP, sp. conception - Booked at 15 to 16 wks				delay web clouph

Medical History: Atopic dermatitis Family History: Mother - HTN  
 Surgical History: Nil Allergies: Nil

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife **ONEGATIVE** Husband **AB POSITIVE** ICT **neg (4/12) → Neg (4/3)**  
 VDRL **NR** HIV **NR** HbSag, **NR** TSH **1.029 (4/13)** GCT **413** - OGTT - 75/119/103  
 ROUTINE INVESTIGATIONS **NW - NR** SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report	Date	GA Weeks	Investigations	Report
4/12/25		creat - 0.5 HbA1C - 5.2 CUE - UTI CBP - 10.2 / 8400 / 3.04 HPLC - (2)		16/5/26		CBP: 11 / 7200 / 2.76 RBS: 96.	
12/12/25		urine co - Kinobacter					
13/1/26		no growth.					

Tetanus Toxoid: 1<sup>st</sup> dose

2<sup>nd</sup> dose  *anti-D*

FETAL EVALUATION

ULTRASONOGRAPHY

First Trimester	24/11/25 - SLUF 13wk NT=2.4mm. <i>cl-32mm</i>									
13/1/26 TIFFA	SLUF 20+1 weeks. <i>cl-36mm, No anomalies</i>									
Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks	
<del>16/3</del>	28 <sup>th</sup> wk	G <sub>1</sub>	B	PH	✓	17.6cm			<i>US</i>	
23/1/26	34+3	G <sub>1</sub>	C	2527	57 <sup>th</sup>	AC-43	16.3	18-3	<i>2opp</i>	
22/5/26	38+4	G <sub>1</sub>	C	3420	56%	AC-56	16	P.H.	<i>2opp</i>	
Others										

Were any Prenatal diagnostics done - Yes  No

If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
				<i>FTS - Low risk</i>



ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age \_\_\_\_\_ Date & time of delivery: \_\_\_\_\_

Type of labour: Spontaneous

Induction: Indication \_\_\_\_\_

Method - PGE1  PGE2

Mode of delivery: SVD  AVD  Vacuum  Forceps

Indication: \_\_\_\_\_

Caesarean section: Emergency  Elective

Indication: \_\_\_\_\_

SALIENT FEATURES:

Baby details: Girl  Boy  Wt: \_\_\_\_\_ Apgar score: \_\_\_\_\_

Postpartum Period: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_