

BAH-00655601 IP5-00174594  
Mrs HABIBA SIDDIQUA  
10-04-1990 36 Y 1 M 23 D (F)  
Dr. SHRUTHI REDDY/Dr. LAVANYA



*K. Shetty  
03/06/26*

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

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

### SURGERY DETAILS

Date : 21/6/26  
Patient Name: Mrs. Habiba Siddiqua Date of Birth: 10-4-1990 Age: 36y  
Gender: F Ward : OB010T UHID No.: BA77-655601  
Date of Surgery: 21/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery : Gm. Ure & VEA

Time in : 12:50 P.m

Time Out : 1:50 P.m

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Shubhi</u>	
2. Anaesthetist	<u>Dr. Anshu</u>	
3. Assistant Surgeon	<u>Dr. Sneha</u>	
4. OT Technician	<u>Shireela</u>	
5. Circulating Nurse	<u>Sis - Gayathri</u>	
6. Assistant Nurse	<u>Sis - Bhavithi</u>	

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

*Shy*  
Signature of the Surgeon

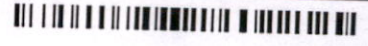
*ML*  
Signature of Circulating Nurse

Order No: OC39827

Order by: Paulabi

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174594      Admit Date : 01-Jun-2026      Admit Time : 10:47 AM. UHID : BAH-00655601

**Patient Details :**

Patient Name	: Mrs HABIBA SIDDIQUA	Age	: 36 Y 1 M 22 D
Guardian	: MR FAISAL ALI KHAN	DOB	: 10-04-1990
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: 20-3-631/A, MOOSABOWLI Moosabowli Hyderabad Telangana INDIA 500064	Phone No	: 7993993333/ 6303860029
		E-mail	: NOMAIL@GMAIL.COM

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 419      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 419      Admission Type : First Visit

**Contact Details :**

Name : MR FAISAL ALI KHAN      Relationship : Husband  
Contact Address : 20-3-631/A, MOOSABOWLI Moosabowli  
Hyderabad Telangana INDIA 500064      Phone No : / 6303860029

*[Handwritten Signature]*  
Signature

**Doctor Details :**

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA  
JANAGAMA      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY

BAH-0655601 IP5-00174594  
 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 23 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA

CONSUMABLES OF OT

2947

Technician : Shivaleela Date : \_\_\_\_\_ Time : \_\_\_\_\_

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS	01	01	Inj Vit.K	02	02
LMA			Sutures 2346	01	01	Cord Clamp	00	00
ECG leads: A/P/N	3	3	2364	01	01	Suction Catheter 89	01	01
HME filter: A/P/N			2762	01	01	Feeding Tube		
Syringes : 10 cc	01	01		01	01	Vaccum Suction Set	01	01
05 cc	4	4	Gloves 6421617	02	02	Surgical Gloves 64217	01	01
02 cc	4	4		01	01	Gauze Pack	01	01
01 cc			PF7	01	01	Syringe 1ml / 2ml	02	02
Cautery plate A/P/N	01	01	Surgical blade 22	01	01	Surgical Blade # 20	01	01
IV set			NG tube			Koochies (S) 115	01	01
RL	2	2	Cautery pencil	01	01	02 MASK (0)	00	00
NS : 10ml 100ml / 500ml / 1000ml	01	01	Koochies XL	01	01			
<u>Mintospine</u>	01	01	Ointments					
			Suction Catheter					
Fentanyl			Cap, Mask	01	01			
Morphine			Gauze Pack R	02	02			
Ketamine			Mop Pack	02	02			
Propofol			Steristrip <u>sterizone</u>	01	01			
Rocuronium			Underpad <u>ouick suit</u>					
Glycopyrolate	1	1	Draw sheet <u>ouick suit</u>	01	01			
Myopyrolate			Abgel	01	01			
Ondansetron	1	1	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegadern					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg	1	1	Vaccum Suction set	01	01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg	5	5	Betadine Solution	01	01			
<u>amlocin</u>	01	01	Microshield	01	01			
<u>Tramadol 1mg</u>	1	1	Cotton Balls	02	02			
<u>Lasix</u>	1	1	Latex Gloves	20	20			
<u>Tranexa</u>	2	2	Ramdone Scrub					
			Saral D/A	02	02			

Surgeon

Anaesthesiologist


Nurse

OT Technician

Order No. : \_\_\_\_\_

Ordered by : \_\_\_\_\_

**ACTIVITY RECORD FOR BILLING**

BAH-00655601 IP5-00174594  
 Name : Mrs HABI BA SIDDIQUA  
 10-04-1990 36 Y 1 M 22 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA  
 UHID No. :  Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: 11/6/20 Time: 10:47 AM Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/6/20	12:30 PM	BB-91	OR/OT	Suand
11/6/20	5:10 PM	DBS	3rd floor (2nd)	St

**Cross Consultation Visit**

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









**IP ADMISSION SHEET FOR OBSTETRICS**

**Presenting Complaints** Prim. gravida  
 came for IOL

LMP: 27/8/25 EDD: 3/6/26  
 Corrected EDD: 3/6/26 GA: 39+5 wky.

Obstetric Formula: prim.

Menstrual History: Regular:  Yes  No

Obstetric History: ML-2025,  
 CM - 2nd Degree.

**Obstetric Examination** congenuity => 2nd degree

Fundal Height: ~ term

Present Pregnancy Record:  
 - PP-8p-conception  
 Booked at 36 weeks of

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

Head Fifts Palpable: 4/5

**RISK FACTORS:** Had previous visits at fernandez.

FHS:  Normal  Tachy  Brady  Absent

→ Vanishing twin (LODA)  
 e. Viability scan reduced at 7 weeks  
 → H/O - UTI in 1st trimester.  
 → SLE (ANA +ve, Anti-SSA +ve, Anti-Ro/La DNA strong +ve, Sjogren's syndrome, Nucleosome +ve, Histone +ve)  
 → 20 APLA - Negative  
 → MUP (mild)  
 → Had subcutaneous edema @ 30 weeks.

**Per Speculum Examination**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Height: ..... cm Dopplers (N) ? pyniformis Syndrome  
 Weight: 82.1 kg Os: Closed closed. Dilated \_\_\_\_\_

Membranes:  Present  Absent

Allergies: NIDA

Liquor:  Clear  Meconium  Blood Stained

Breast:  Normal  Abnormal

Presenting Part:  Vertex  Breech  Others

General Examination:

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

Consciousness: cble Pallor: present

Pelvis:  Adequate  Doubtful

Icterus: - Absent Edema: present

Temp: afebrile PR: 88 Bpm.

BP: 116/69 mmHg DTR: present

CVS: S2S2 (+) RS BAT (+)

Liver/Spleen: not palpable Urine Output: adequate.

**DIAGNOSIS**

primigravida / 39+5 weeks of GA / vanishing twin / SLE (on H/O)  
 Gest. Hypothyroid. / for IOL.  
 (early pregnancy)



<p>Family History: <u>father - DM</u></p>	<p>Surgical History: <u>Nil</u></p>
<p>Medical History: <u>w/ct felix +ve, Rickettsia +ve @ admitted at meahar's Hospital</u>  <u>Asymptomatic SLE - ~ 4 years.</u>  <u>Hypothyroid - early pregnancy</u>  <u>Typhoid - 2025</u></p>	<p>Medication History:  <u>pc, ca, propl.</u> <u>stopped T. Enoxprin 150mg 29/5/25</u>  <u>7- HCD 200mg.</u>  <u>T-thyronorm.</u></p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>1) Admission</li> <li>2) IV cannulation</li> <li>3) IOL - pQE<sub>1</sub> - 25mg per vaginally every 4th hourly.</li> <li>4) foleys - Bulb.</li> <li>5) written &amp; Informed consent.</li> <li>6) Monitor vitals</li> <li>7) NST 3rd hourly.</li> <li>8) Part preparation</li> <li>9) send a trace CBP.</li> </ol>	<p>Investigations:</p> <p><u>BUT - A+ve</u>  <u>Viral - NR</u>  <u>(VDRL - not done) NR</u></p> <p><u>23/4/26</u>  <u>CBP - 10.1   7070   2.08 L</u></p> <p><u>25/9/26</u> SIUL  <u>3Q+3, cephalic, 3,347</u>  <u>2666 gram,</u>  <u>(50th centile), AC - 50%.</u>  <u>AFI - 19.2, PLT - fundal,</u>  <u>Dopplers - (M)</u></p> <p><u>TFFA - (M)</u>  <u>NTT FTN (outside) - (M)</u></p>

Doctor Name: Dr. Divya

Signature: [Signature]

Date & Time: 2/6/25; 11:30 AM

Consultant Name: Dr. Shruthi Reddy

Signature: [Signature]

Date & Time: .....

Dr. SHRUTHI REDDY  
 Registration No: 46820

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Mrs HABIBA SIDDIQUA

10-04-1990

36 Y 1 M 22 D

(F)

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 12:30 PM.	primi / 39 <sup>th</sup> wks / vanishing twin / SLE / Gest-Hypothyroid / for IOL	
	O/E pt comfortable. GC-fair BP- 110/80 mmHg PR- 81 BPM SpO <sub>2</sub> - 98% RA P/A uterine relaxed ↓ Aseptic conditions, foleys bulb kept intracervically and dilated. E 40 ul of distilled water	Adv 1) Monitor vitals 2) w/f foleys bulb expulsion 3) NST 3rd hourly 4) Trace CBP 5) Inform JCS Dr. Divya
1/6/26 4:00 PM	O/E GC-fair BP- 108/76 mmHg PR- 82 BPM SpO <sub>2</sub> - 98% RA P/A- UT mildly active FHR(+) LE- foleys bulb intact (intracervical) NST ↓ Recheck (3:30 PM) Hb- 9.8 / WBC / 6.83 / RT- 2.4 uL	Adv 1) T. PGF, 25mg po/stat 2) w/f foleys bulb expulsion 3) NST 3rd hourly 4) Monitor vitals 5) Inform JCS Dr. Divya

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/06/2026 5:40 PM	<p>Case discussed with Archmathi</p> <p>Patient c/o leaks.            Intracannal Foley insert            c/o pain            Vitals - BP - 110/61 (F2)            PR - 80            SpO<sub>2</sub> - 100            P/A - vitals mildly Acting            PUB good            V/E - Cx soft, long, 2cm            Clear lead (+)            Vx high up.</p>	<p>Advice:</p> <ul style="list-style-type: none"> <li>✓ NST x FTD 3rd hourly</li> <li>✓ 3rd dose Tab. PGE1 25mg at 8 PM.</li> <li>✓ procto-sigmoid enema</li> <li>✓ watch for progress of labor</li> <li>✓ monitor vitals</li> <li>✓ Inform SRS</li> <li>✓ Epidural (SRS)</li> </ul>
	<p>2 doses of Tab. PGE1 given - 12 PM            - 2 PM</p>	<p>by Dr. Deepika</p>
1/06/2026 7:30 PM	<p>c/o/w Dr. Archmathi</p> <p>in epidural            Vitals - BP - 121/89 (93)            PR - 80 bpm            SpO<sub>2</sub> - 95% on PA            P/A - vitals mildly Acting            PUB good            V/E - Cx soft, firm, 2cm cl (+), Vx - high up</p>	<p>Advice</p> <ul style="list-style-type: none"> <li>✓ Await spontaneous progress</li> <li>✓ monitor vitals / PUB</li> <li>✓ Inform SRS</li> </ul> <p>by Dr. Deepika</p>

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 Mrs HABIBA SIDDIQA 36 Y 1 M 22 D (F)  
 16-04-1990  
 Dr. SHRUTHI REDDY/Dr. LAVANYA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2/06/2026</u>		
<u>12 AM</u>	<p>On epidural          comfortable          vitals - BP - 109/80 (92)          PR - 86 bpm          SpO<sub>2</sub> - 100% on Room Air          P/A - uterus mildly Acting          NST - Reactive          V/E - Soft 1 pinch 2cm          chaniak, Vx (-2)</p>	
<u>Urine Output 200ml clear</u>		<p><u>Advice:</u></p> <ul style="list-style-type: none"> <li>- Await Spontaneous progress</li> <li>- NST x 3rd hourly</li> <li>- monitor vitals</li> <li>- Reassess after 4 hours</li> <li>- Inform SAs</li> </ul>
		<p>(By Dr. Deepika)</p>
<u>2/6/26</u>	<p>c/o/w Dr. Shruthi</p>	<p><u>Advice</u> <sup>NRS</sup> <sub>Swastika</sub></p>
<u>9:45 AM</u>	<p>Vitals - BP - 112/76 (88)          PR - 102 bpm</p>	<ul style="list-style-type: none"> <li>- Inj. synto 100 in 500ml - 6ml/hr from 5:30 AM</li> </ul>
<u>V/O - 75 ml/hr</u>	<p>SpO<sub>2</sub> - 98% on RA          P/A - uterus mildly acting          NST - Reactive          V/E - Same findings</p>	<ul style="list-style-type: none"> <li>- W/P POC</li> <li>- Inform SAs</li> </ul>

NRS <sub>Swastika</sub> - by Dr. Deepika

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 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 23 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2/04/2026</u>		
<u>8AM</u>	<p>On epidural            Spots @ 24ml/hr            Vitals - Stable            BP - 108/75 (82)            PR - 100bpm            SpO<sub>2</sub> - 99% on RA</p>	
<u>V/O - 75ml</u> <u>since 4:45AM</u>	<p>P/A - Uterus mildly Acting            NST - Reactive</p>	
<u>Deplete Foley</u> <u>by acc.</u>	<p>V/S - Cx 60% effaced, 2cm, U<sup>+</sup>, V<sub>x</sub>(-2)            Caput <sup>+</sup></p>	
	<p><u>Advice.</u></p> <ul style="list-style-type: none"> <li>✓ Continue Oxytocin titration</li> <li>✓ Monitor P/A &amp; vitals</li> <li>✓ Upright position</li> <li>✓ Ball exercises if legs not numb</li> <li>✓ Inform SES</li> </ul>	
	<p><u>By Dr Deepika</u></p>	
		<p><u>NB</u>  <u>Suanda</u>  <u>606249</u></p>

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 10-04-1990 36 Y 1 M 23 D  
 Dr. SHRUTHI REDDY/Dr. LAVANYA (F)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 10 AM	Primi 39 <sup>+5</sup> / SLE / G. Hypothyroid / 90L.	
	NST: Variable Decelerations ⊕	
	OXY @ 5u ml/hr	
	Pt comfortable on Epidural	
	BP: 122/80 (90) mmHg	
	PR: 98 bpm	
	SpO <sub>2</sub> : 100% RA	
	Temp: 98.3°F	- Stop OXYTOCIN
	U/O: IVF: 2000ml + 750ml	- I OFF
	325 ml -	- U/P
	Blood tinged in tube.	- O <sub>2</sub>
	P/A: Acting	- cont. NST.
	P/V: cx 80% effaced	
	OS 3cm	
	PPVn -2	
	Caput ⊕	
	GI MSL - very less liquor ⊕	
	c/p/w Dr. Shruthi	Dr. Y Dr. Y Smeha
	Hydrate, Repeat NST.	
		MB Suraide



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6	SIB Dr Sindhya (Apm)	
20 11AM	Call given for ↓ U/O - Blood tinged	
	IVF given - 3000 ml +	Op - 3 cm
	U/O - 300 ml.	dit on
	BP (N).	Epidural.
	Adv - sent Urea, Creat, Elect	
	- IVC USG - 2.56 cm Exp > 1.87 hep.	
	- Can give 20 mg IV bolus if	
	Next 2 hrs U/O < 50 ml/hr.	
	- c/s	
	Sindhya	



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 2pm	POD-0 / EMLAs / P/L / SLE G. hypotensive	
B-NJes V/O: 200ml	GC/air B.P: 114/66 (80) P.R: 88 bpm SpO <sub>2</sub> : 100% on RA P/A: Uterus retracted well Soft	1) NBM for Blus 2) I/O fluids - 100ml/hr 3) w/f P/LV bleeding 4) Monitor vitals 1hrly 5) Drug as charted 6) I/O charting 7) Infusions
2/6/26 urea-26	P/V: NAB Na-132 / K-4.5 / Cl-105 Cr-1.0mg/dL	- Dr. Sravanti
		noted by poulal



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5:00pm	POD-0 / Em. Wkly / P.I.L. / SLE Gest. Hypothyroid	
Ruby Nlu VO - 800ml 8me 3:00pm	Gc - fair BP - 112/69mmHg (7) PR - 82Bpm SpO2 - 98% on RA P/A - ut @ weel plv - BWNL	Adv Allow si food / fluids 1) NBM till 8:00pm 2) IVF @ 100ml/hr 3) w/f active bleeding 4) I/O charting 5) Monitor vitals hourly 6) Drugs as charted 7) Monitor vitals 8) In form W
on inj. Augmentin 1.2gram qd.	+ Remove Foley's at 12pm. on 3/6/26. Shift to Room	1) liquid diet at 7:00pm 9) soft diet at 8pm Dr. Dilaya
2/6/26 9pm	POD-0 / Em. Wkly / P.I.L. / SLE / G. hypothyroid Gc: fair, Temp: 100°F B.p - 117/71 (81) P.R - 101 SpO2 - 100% on RA P/A: Uteri Retent weel soft B3A plv: BWN2	1) soft diet 2) plenty of oral fluid 3) Monitor vitals - 4hrly (B.P. PR Temp) 4) Drug as charted. 5) w/f PW bleeding 6) Amputation 7) I/O charting 8) Temp if P.R > 100bpm Temp > 100°F - Dr. Sravastha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 4 AM	POD-III/EMLU / P111 / SLE / G. Apokid	
B-well U/O: Spool ctv	G.C./air B.P: 117/71 (ad) fully P-R: 90 bpm Temp: 98.6°P SpO2: 99% on RA Plac: ut @ well	R 1) Soft diet 2) Plenty of oral fluid 3) Dwg as charted 4) w/f plv Bleeding 5) Anxilation 7) Monitor vitals q4h
Shift to room	Soft BS @ Plv: NAB	Taper if Temp > 100°R P-R > 100 bpm 2) I/O charting
	Remove Foley at 12 PM on 3/6/26	1) Taper seq
		* Dr. Sravathi
3/6/26 9 AM	POD-III/EMLU / P111 / SLE / G. hypotens	
B-well U/O: adequate	Pt - sleeping B.P - 108/72 P-R - 77 SpO2 - 100% on RA	R Continue the same treatment
		- Dr. Sravathi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26 6 Am	POD - II   Emesis   P/L   SLE   C <sub>1</sub> hypotensive	
	C <sub>1</sub> : fair	R
B-weak	B.P - 104/72 (80)	1) soft diet
	P-R - 88	2) plenty of oral fluid
U <sub>o</sub> : 1000ml	SpO <sub>2</sub> - 100% on RA	3) Drugs as charted
	P/A - Ut - Retracted	4) w/ P/L Bleeding
	Salt, BS (+)	5) Ambulation
	P/L: NAB	6) Monitor vitals - 4ty
	Temp: 96°F	(B.P. P.R. Temp)
		If Temp > 100°F, PR > 100
	Remove Foley's at 12pm	7) I/O charting
	on S16126.	8) I/O charting
	Shift to room.	- Dr Swastika
3/2/26	POD, Emg USU   P/L   SLE   (cont. Hypo tensive)	Ach
10 Am	O/E as fair	- soft diet, plenty
P/L unportable.	vitals stable	of oral fluids
Hales ✓	P/A - uterus	- drugs as per charted
Stoby,	retracted	- vitals stable
	BS (+)	- I/O charting
	U <sub>o</sub> - 1000ml	- Ambulate
	healthy	- Ambulate
	Remove Foley's @ 12pm	- Ambulate
		- Dr Swastika



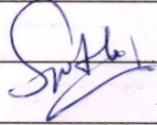

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 12:00	POD-1   Em-LCS   P/L   SLE   Gest Hypothyroid  Pt comfortable.	
RV SX	O/I Ge fair  BP- 112/76mmHg PR- 82 BPM SpO <sub>2</sub> - 98% RA UA- uterine @ well LE- B/WL	Adv  1) soft diet 2) Monitor vitals 4th key. 3) oral hydration hydration 4) wlf active bleeding 5) encourage voiding. 6) ambulation 7) Drugs as charted 8) Inform US
UO- 7ml. (emptied - 700ml @)	→ Remove foley @ 12:00pm on 3/6/26 (NOW)	
Baby- well mother side		DR. D. D. D.
		NB by Ashwita
3/6/2026 4 PM	POD-1   Em-LCS   P/L   SLE   Gest Hypothyroid	Advice
Baby well  Vw Fw SX	voided ✓ comfortable Ambulating vital - stable P/A - views improving well soft VVE - W/ut @ healthy Shift to Room	✓ Oral hydration ✓ Soft diet ✓ Drugs as charted ✓ Monitor vitals ✓ Ambulation ✓ Inform US

by Ch. Deepika  
 noted sou



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:30 AM	POD-1 / P/L - SLE / G. hyp postlymphob Pt is stable No cb Vital stable. P/A - ut well ☺ Draining dry & soft C/O - BwNL	Advise Continue same treatment 
4/6/26 7:30 AM	POD-2 / P/L / SLE / G. hyp Fm. BwNL O/E clasp-tightening of Abdomen C/O - fair vital - stable. P/A - ut @ well Distension ⊕ BS - sluggish L/E - BwNL Draining - Intact	Adv 1) Ocular suppisives @ P/R. 2) Hydration & ambulatory 3) Soft Diet. 4) Monitor vitals 6th hourly 5) Drugs as charted 6) w/f active bleeding per vagina 7) Inform SOs
plan discharge.	S/E } due. D/E }	 Dr. Dhye.



BAH-00655601 IP5-00174594  
 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 23 D (F)  
 Dr. SHRUTHI REDDY/Dr. LAVANYA



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Shubhar</u>	Date of Delivery: <u>2/6/26</u>
Assistant Surgeon: <u>Dr. Sneha</u>	Time of Delivery: <u>1:06 PM</u>
Anaesthetist's Name: <u>Dr. Aishwarya</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>↓ SA</u>	Weight of Baby: <u>3.015</u>
Neonatologist: <u>Dr. Aishwarya</u>	AGPAR Score: <u>9110</u>
Scrub Nurse: <u>Sis - Bharti</u>	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Primi 39<sup>+</sup>6 / SCL / labor

Elective       Emergency      Indication: obstructed labor & PFC

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: low variability & Accelerations

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

Surgical Procedure: Em. ces

Post Operative Diagnosis: POD-0 Em. ces

Peri-Operative Complications: - Bladder drawn up and Edematous + MSU noted

Amount of Blood Loss: ~200ml      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: S/S .....    Fetal Position: .....  
Station:  -3     -2     -1     0     +1     +2    Moulding:  None     +     ++     +++  
Caput:  +     ++     +++    Meconium:  None     +     ++     +++  
Bladder Catheterized:  Yes     No    Urine:  Clear     Blood Stained

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

Uterine Closure:  One Layer     Two Layers    ..... 1-Vicryl ..... Suture  
Peritoneal Closure:  Pelvic     Abdominal     None    ..... Suture  
Sheath Closure: ..... 1-Vicryl ..... Suture  
Fat Closure:  Yes     No    ..... 2-0 Vicryl rapide ..... Suture  
Skin Closure:  Subcuticular     Mattress    ..... 2-0 Vicryl rapide ..... Suture  
Vaginal Evacuated:  Yes     No  
Drain:  Yes     No     Remove in ..... days     Await instructions  
Catheter:  Yes     No     Remove in ..... 24 hrs days     Await instructions  
Swaps & Instruments count correct?  Yes     No    Post-op Antibiotics:  Yes     No  
Intra-Operative Antibiotics Cover:  Yes     No    Thromboprophylaxis:  Yes     No

Post-Operative Notes: .....  
① NBM 4 hrs  
② IUF @ 120 ml/hr RL  
③ Drugs as chart  
④ Vitals - 15 mins, I/O haly  
⑤ w/o Bleeding PV  
⑥ Inform MD

Doctor Name: Dr. Y. Sene .....    Doctor Signature: [Signature] .....  
Date & Time: 2/6/26 2PM .....

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Mrs HABIBA SIDDIQUA

10-04-1990 36 Y 1 M 22 D (F)

Dr. SHRUTHI REDDY/Dr.LAVANYA



# RESULT SHEET

Date	01/6/26				
Time	12:00pm				
Hb	9.8				
PCV	30.9				
RBC	4.19				
WBC	6.83				
N/L	80/13				
Platelets	2.1914				
CRP					
ESR					
PCT					
RBS					
Na	132				
K	4.5				
C	105				
Ca/Mg					
Phosphate					
Urea	26				
Creatinine	1.0				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping → A+ve						
Virals - NR						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

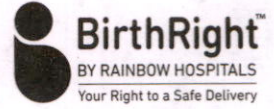
                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....

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## MEDICATION RECONCILIATION FORM

Drug Allergies: NKA  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: \_\_\_\_\_ Shifted to: \_\_\_\_\_

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. CPINK	1 tab	PO	OD	31/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. C DEFENSE	1 tab	PO	OD	31/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. MIO	200mg	PO	OD	31/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. AUTRIN	1 tab	PO	BD	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	T. Vit D3	2lc	PO	OD	31/5/26	<input type="checkbox"/> C <input type="checkbox"/> DC
6	T. THYRONORM	50mcg	PO	OD	1/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
	T. Eleospin	150mg	PO	OD	29/6/26	<input type="checkbox"/> C <input checked="" 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. Dicky

Date & Time: 1/6/26 ; 11:30am

Nurse Name & Signature: Punna TM

Date & Time: 1/6/26 @ 11:36 AM





Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG :</b> T-TRAMADOL				Date/Time	4/6															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	TID	2/6/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> TAB-TUMPO NORM				Date/Time	4/6															
Dose	Route	Frequency	Start Dt.																	
25mg	PO	OD	4/6/26																	
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																				

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



## DRUG CHART

Date of Admission: 1/6/20 Drug Allergies: NKA  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

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

### SOS / PRN (As Required Medication)

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

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

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

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





VARIABLE DOSE

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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

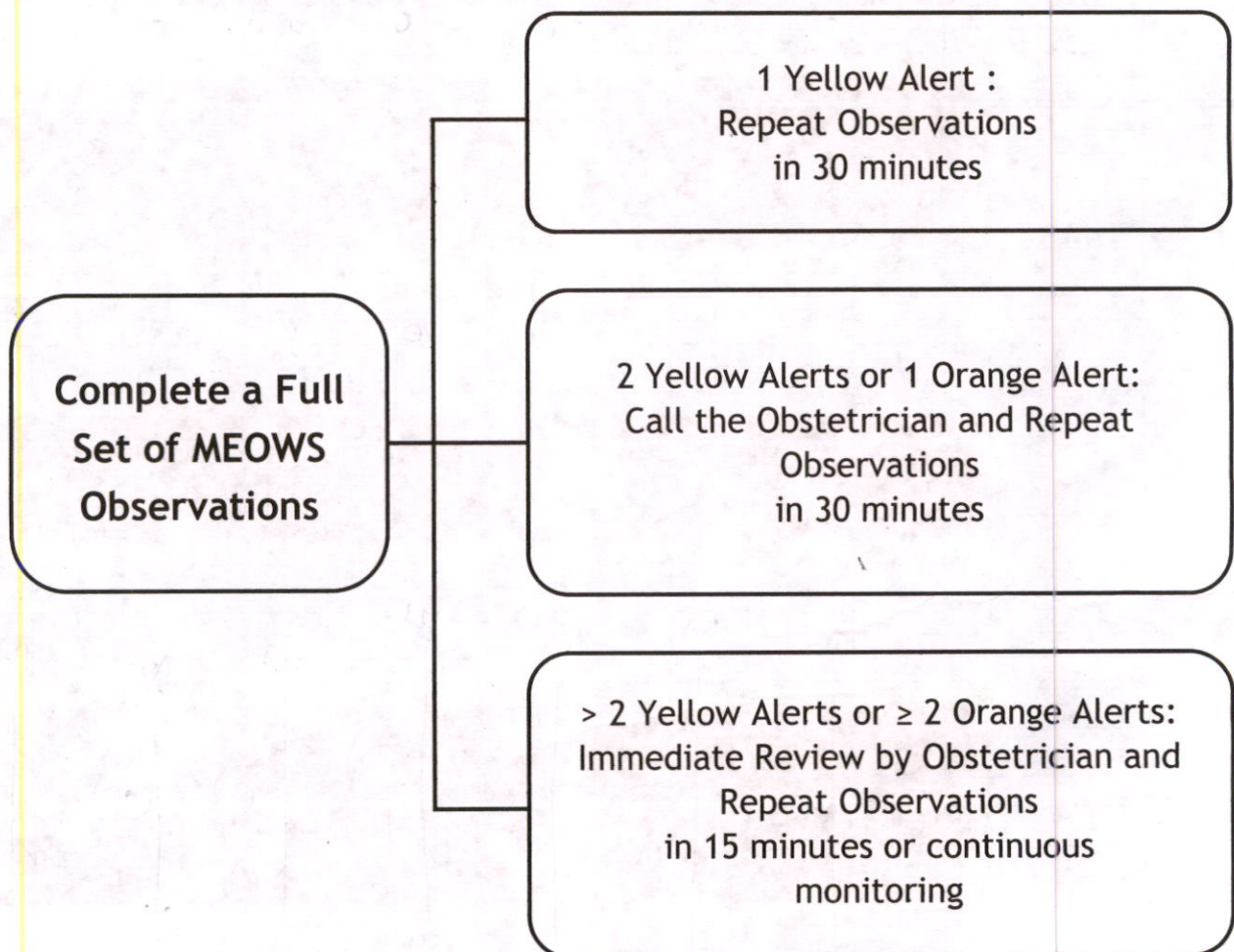
Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6/26	12pm	T. PGE <sub>1</sub>	25mcg	PO	[Signature]	Gang Shabam
	4 PM	<del>T. PGE<sub>1</sub></del>	<del>25mcg</del>	<del>per vaginally</del>	<del>[Signature]</del>	
	8 PM	<del>T. PGE<sub>1</sub></del>	<del>25mcg</del>	<del>per vaginally</del>	<del>[Signature]</del>	Stop
1/6/25	4pm	T. PGE <sub>1</sub>	25mcg	PO	[Signature]	Bhanu Pushpak
1/6/25	8pm	T. PGE <sub>1</sub>	25mcg	PO	[Signature]	Not given
1/6/25	6pm	PROCTUMSIS ENEMA	1 pack	P/R	[Signature]	Bhanu Pushpak
1/6/25	8.30pm	Dij FENTANYL	50 mcg	IV	[Signature]	Sunitha, Kranti
2/6/26	12:10 PM	Dij PERINORM	10mg	IV	[Signature]	Suand
2/6/26	12:20 PM	Dij PANTOPRAZOLE	40mg	IV	[Signature]	Suand, Anjali

Signature  
VERIFIED BY Name





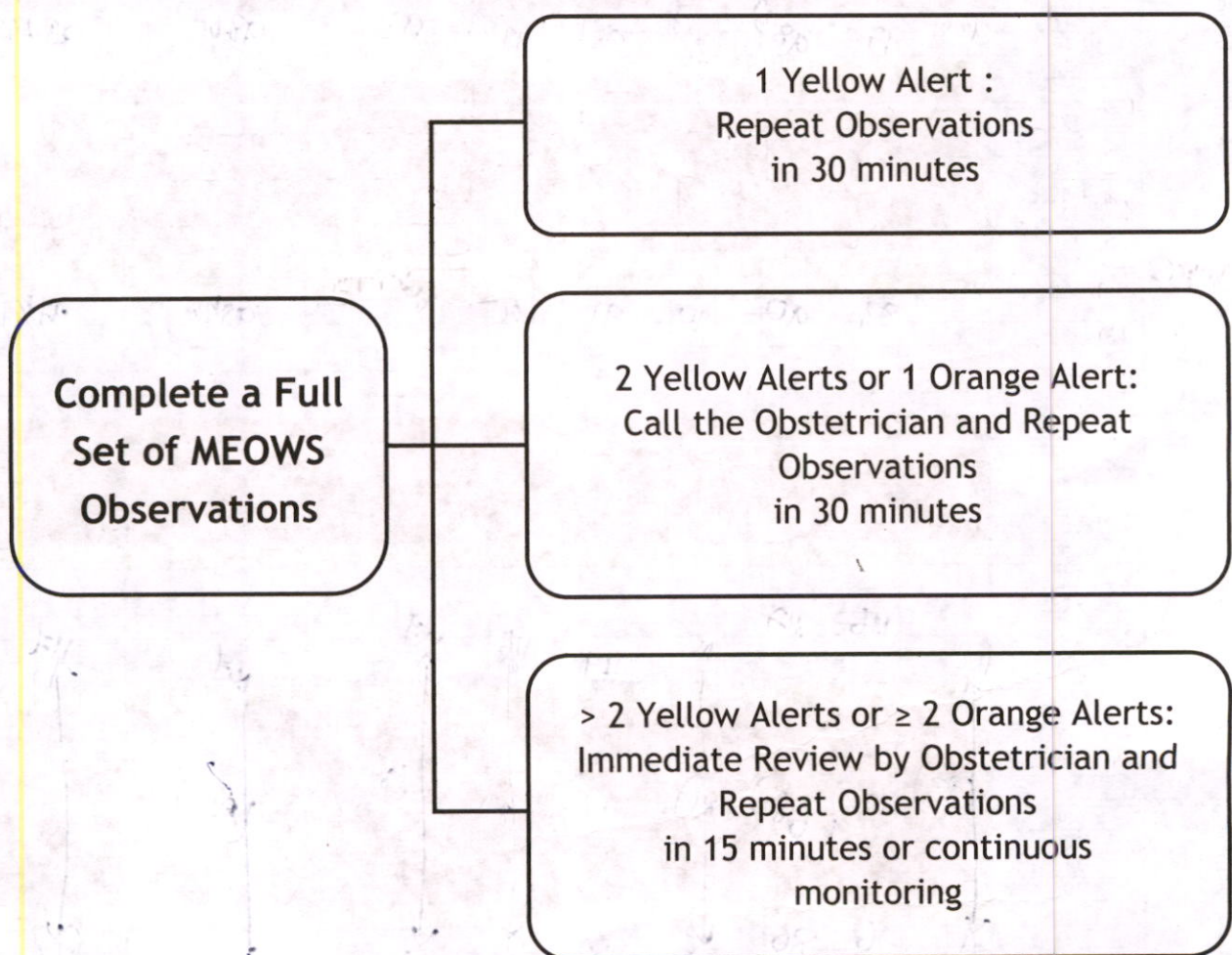
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00655601 IP5-00174594  
 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 24 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA



## 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																								
3/6/20		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	20				19				20				19							20				20	
	0 - 10																									
Saturations	94 - 100 %	99				100				99%				98%							98%				97%	
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	38				38								37												
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	80				74				85				80							78				74	
	70																									
	60																									
	50																									
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓						✓					
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30	✓				✓				✓				✓						✓						
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	✓				✓								✓							✓					
	Heavy / Foul																									
Liquor	Clear / Pink	✓				✓																				
	Green																									
TOTAL YELLOW SCORES		0				0				0				0						0						
TOTAL ORANGE SCORES		0				0				0				0						0						
Nurse Initial		A				A				P				P						P						

## Obstetrics and Gynaecology Early Warning Signs

Complete a Full  
Set of MEOWS  
Observations

1 Yellow Alert :  
Repeat Observations  
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:  
Call the Obstetrician and Repeat  
Observations  
in 30 minutes

> 2 Yellow Alerts or  $\geq$  2 Orange Alerts:  
Immediate Review by Obstetrician and  
Repeat Observations  
in 15 minutes or continuous  
monitoring

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
1/6	08:00 am										0	Tunny
	09:00 am										0	Tunny
	10:00 am										0	Tunny
	11:00 am	H <sub>2</sub> O								✓	0	Tunny
	12:00 pm	H <sub>2</sub> O					NP				0	Tunny
	01:00 pm	H <sub>2</sub> O								✓	0	Tunny
Total Intake : Taken					Total Output : U-2, M-0							
1/6	02:00 pm	H <sub>2</sub> O									0	Blep
	03:00 pm	100ml								✓	0	Blep
	04:00 pm	H <sub>2</sub> O									0	Blep
	05:00 pm	100ml								✓	0	Blep
	06:00 pm						✓				0	Blep
	07:00 pm	H <sub>2</sub> O					✓			✓	0	Blep
Total Intake : Taken					Total Output : U-2, M-0							
1/6	08:00 pm	NS		150ml							0	Sunitha
	09:00 pm	H <sub>2</sub> O									0	Sunitha
	10:00 pm	RL H <sub>2</sub> O		100ml							0	Sunitha
	11:00 pm	RL		150ml							0	Sunitha
	12:00 am	RL		100ml						100ml	0	Sunitha
	01:00 am	RL H <sub>2</sub> O		100ml							0	Sunitha
Total Intake : Taken					Total Output :							
1/6	02:00 am	RL		100ml					100ml		0	Sunitha
	03:00 am	RL H <sub>2</sub> O		100ml							0	Sunitha
	04:00 am	H <sub>2</sub> O									0	Sunitha
	05:00 am	RL H <sub>2</sub> O		100ml							0	Sunitha
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Dr. SHRUTHI REDDY/Dr. LAVANYA



# FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/6/20	08:00 am	PL	H2O	280ml	FF					100ml	0	Sunitha
	09:00 am	PL	H2O	280ml	FF						0	Sunitha
	10:00 am	PL		280ml	FF						0	Sunitha
	11:00 am	PL	H2O	280ml	FF						0	Sunitha
	12:00 pm	PL	NBM	280ml	FF					100ml	0	Sunitha
	01:00 pm	PL	NBM	100ml							0	Sunitha
	<b>Total Intake :</b>			taken 1500ml			<b>Total Output :</b>					10-200ml
2/6/20	02:00 pm	PL		100ml							0	Ashwathy
	03:00 pm	PL		100ml							0	Ashwathy
	04:00 pm	PL		100ml					800ml		0	Ashwathy
	05:00 pm	PL		100ml							0	Ashwathy
	06:00 pm	PL	H2O	100ml					400ml		0	Ashwathy
	07:00 pm	PL									0	Ashwathy
	<b>Total Intake :</b>			Taken			<b>Total Output :</b>					Passed
	08:00 pm	RL		100ml							0	Sunitha
	09:00 pm	RL	H2O	100ml					150ml		0	Sunitha
	10:00 pm		H2O								0	Sunitha
	11:00 pm		idli								0	Sunitha
	12:00 am		H2O								0	Sunitha
	01:00 am	RL		100ml							0	Sunitha
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am	RL		100ml							0	Sunitha
	03:00 am		H2O								0	Sunitha
	04:00 am										0	Sunitha
	05:00 am		H2O								0	Sunitha
	06:00 am								500ml		0	Sunitha
	07:00 am		idli H2O								0	Sunitha
	<b>Total Intake :</b>						<b>Total Output :</b>					

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



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# FLUID CHART



Sheet No. : .....

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	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>								
<b>Total 24 hrs. Intake</b>														
<b>Total 24 hrs. Output</b>														



**Department of Anaesthesiology  
 PRE-ANAESTHETIC EVALUATION**

Name: MRS HABIBA SIDDIQUA Age: 36 IM Sex: F UHID.No: BAH 00655601

Date: 1/5/26 Time: ..... Proposed Operation: epidural for subarachnoid

Dagnosis: Prin grounds 39.5 neck Syst Hypertn

B/P/CRT: 121/89 H.R: 82 Weight: 61 ASA Physical Status:  1  2  3  4  5

**Laboratory Data:**

Hgb: 9.8 Glucose: ..... Protein: ..... HIV: ..... X-Ray: .....  
 PCV: ..... Urea: ..... Alb: ..... HBS Ag: ..... ECG: .....  
 WBC: 6.23 Creat: ..... Total Bill: ..... HCV: ..... 2D Echo: .....  
 Plate: 2.64 Na: ..... Dir. Bill: ..... Blood group: ..... Stress/Anglo: .....  
 PT: ..... K: ..... LDH: ..... T3 ..... Other: .....  
 PTT: ..... Ca++: ..... Alk phos: ..... T4 .....  
 INR: ..... Mg++: ..... Amylase: ..... TSH .....  
 Cl-: ..... SGOT/SGPT: .....

Allergies: no known aln.

Medical History: CVS: -

RESP: - Diabetes: -

CNS: - W/O SLE (+)

Renal: -

Hepatic / GE: - Physical Activity: -

Others: Hcp for

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: ..... Mentohyoid Distance: ..... Neck: ..... Teeth: .....

Lungs: AEBE

Heart: S1S2

CNS: WAD

Pregnant:  Yes  No  NA Venous Access Site: AVL 186 Spine Exam for regional: SPACES WELL REL

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE

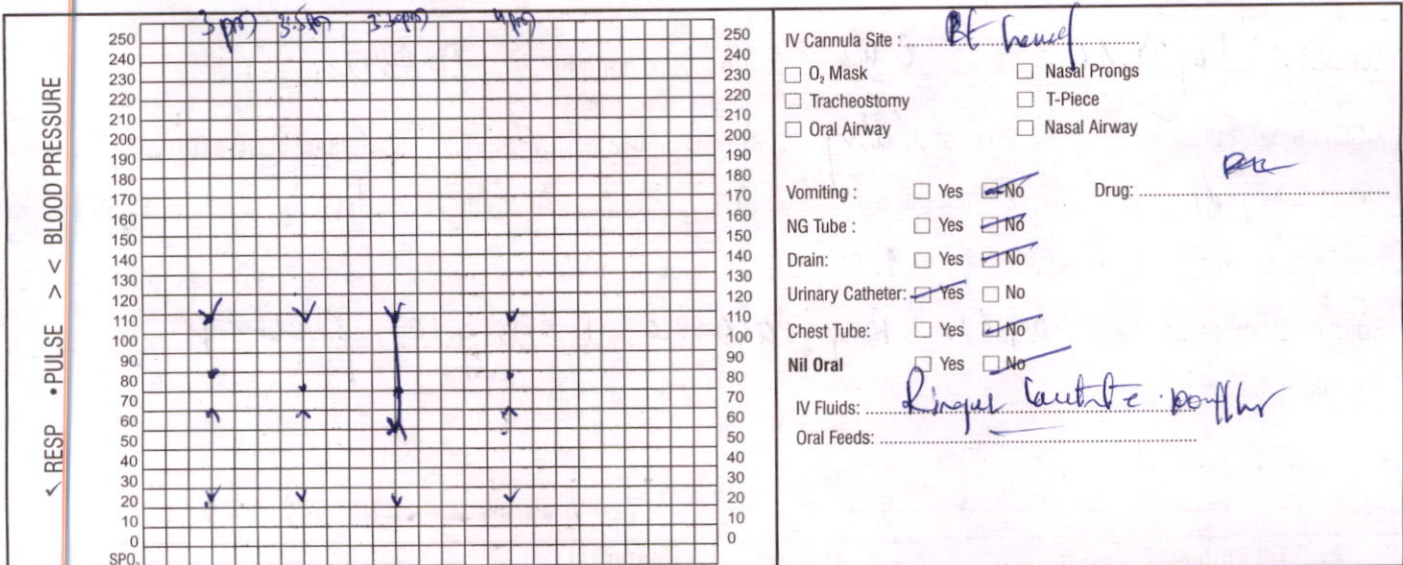
- Pre-Operative Instructions:**
- DVT Prophylaxis:
    - Water / ORS 2 Hours
    - Others 6 Hours
  - NIL ORAL
  - Informed Consent:  Standard  High Risk
  - Post Operative Pain Management:  Discussed with Patient
  - Other Instructions:
    - .....
    - .....

Signature: Schti Name: Dr Schti N



**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by : Ashwita Time Received : 1:50 PM Time Discharged : .....



IV Cannula Site : RT hand

O<sub>2</sub> Mask  Nasal Prongs  
 Tracheostomy  T-Piece  
 Oral Airway  Nasal Airway

Vomiting :  Yes  No Drug : PRN

NG Tube :  Yes  No

Drain :  Yes  No

Urinary Catheter :  Yes  No

Chest Tube :  Yes  No

Nil Oral  Yes  No

IV Fluids : Ringier lactate buffer

Oral Feeds : .....

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

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
2/6/26	2:00 PM	0	NA	Ashwita
2/6/26	5:00 PM	0	NA	Ashwita
2/6/26	8:00 PM	0	NA	Ashwita
2/6/26	11:00 PM	0	NA	Ashwita

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

Anaesthesiologist Name : M. Shan  
 Anaesthesiologist Signature : [Signature]  
 Date & Time : 2/6/26 @ 4 PM  
 PACU Nurse Name : Ashwita  
 PACU Nurse Signature : [Signature]  
 Date & Time : 2/6/26 @ 3 PM

**Reassessment Frequency:**

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

Transferred to Unit by (PACU): Ashwita  
 Date & Time: 2/6/26 @ 2:00 PM



Department of Anaesthesiology

**EPIDURAL ANALGESIA RECORD**

Date: 1/6/2021 Time: 8:50 Procedure done by Dr. Aditi

CSE /Spinal /Epidural Position Selly Space: L2-L3 Technique (LOR/LOS)

Depth: 4 Catheter at Skin: 9' Attempts: 1

Parasthesia : Yes/No if yes details : NO

Solution Composition : 0.1% Bupivacaine + 2ug/cc fentanyl

Any other issues :

a) .....

b) .....

2/6

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
8.55		10ml 0.8% LOR			121/84	82	153	
7:30 AM	10ml/hr	10ml of 1% LOR ADR	T <sub>10</sub>	T <sub>2</sub>	113/73	84	141	Comfortable

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

Catheter Removed by and Tip Inspected : DR. SHABAN

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: DR. SHABAN

Date and Time : 3/6/2021



# T FOR VAGINAL BIRTH



Patient Name : MRS. HABIBA SIDDIQUA UHID No : BAH-00655601  
Gender:  Male  Female Date : 1/6/26 Time : 11:10am

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. SHRUTHI REDDY

Consentee : [Signature]  
Signature : .....

Name : Mrs. Habiba

Date & Time : 1/6/26; 11:40am

Witness : [Signature]  
Signature : .....

Name : Punni

Date & Time : 1/6/26 @ 11AM

Patient Attendant : [Signature]  
Signature : .....

Name : Faisal Ali Khan

Relationship with Patient: Husband

Date & Time : 1/6/26 @ 11:00am

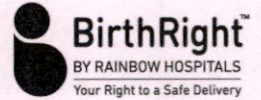
Doctor (who is taking the consent) : [Signature]  
Signature : .....

Name : Dr. Divya

Date & Time : 1/6/26; 11:10am



BAH-00655601 IP5-00174594  
Mrs HABI BA SIDDIQUA  
10-04-1990 36 Y 1 M 22 D (F)  
Dr. SHRUTHI REDDY/Dr.LAVANYA



## INDUCTION OF LABOR CONSENT

Name: Mrs. Habiba Siddiqua Age: 36yr Gender: Male  Female   
UHID.No: BAH-00655601 Date: 1/6/26

You are scheduled for an induction of labor on 1/6/26 (date) at 39+5 (weeks of gestation).

The reason for your induction is Term.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient Signature: *Habiba Siddiqua*  
Name: Mrs. Habiba Siddiqua  
Date & Time: 1/6/26; 11:00am

Patient Attendant: *Faisal Ali Khan*  
Signature: *Faisal Ali Khan*  
Name: Faisal Ali Khan  
Relationship with Patient: Husband  
Date & Time: 1/6/26 @ 11Am

Doctor: *Dr. Divya*  
Signature: *Dr. Divya*  
Name: Dr. Divya  
Date & Time: 1/6/26; 11:00am

Witness: *Punej*  
Signature: *Punej*  
Name: Punej  
Date & Time: 1/6/26 @ 11Am



## CONSENT FOR LABOUR ANALGESIA

Authorization By:  Patient  Patient Attendant

**I, the undersigned do hereby acknowledge the following:**

- I have been made aware by the doctors in language known to me the details of the procedure as follows:  
 Epidural Analgesia  Intravenous Analgesia (Remifentanyl)
- I have been made aware of the possible complications from the procedures as follows:  
**For Epidural:** Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.  
**For Remifentanyl:** Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.
- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Aditi and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

**Patient / Patient Attendant:**

Signature: [Signature]  
Name: Mrs HABIBA SIDDIQUA  
Relationship with patient: SELF  
Date & Time: 1/6/21 8:15

**Witness:**

Signature: WASEEM  
Name: WASEEM  
Date & Time: 1/6/21 8:15

**Doctor (who is taking consent):**

Signature: [Signature] Name: Dr Aditi Date 1/6/21 Time: 8:15

## ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా  
 శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్వల్పలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సౌకర్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ \_\_\_\_\_ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

BAH-00655601 IP5-00174594  
 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 23 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA

## CONSENT FOR ANAESTHESIA

Authorization By:  Patient  Patient Attendant

Operative Procedure: EMERGENCY CESAREAN SECTION

Anaesthesiologist: Dr. Sunidhara Surgeon: D.

### 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 can be achieved by infusing weak solutions of local anaesthetics and 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  Renal Failure  Multi Organ Failure  Hepatic Disorders

Shock  Obesity  Chronic Obstructive Pulmonary Disease

Others Hypotension, shivering, Itchy

### Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team  
 Regional Anaesthesia  General Anaesthesia  Monitored Anaesthesia Care
- 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, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also 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 if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Habiba Siddiqua

Name: Habiba Siddiqua

Relationship with patient: .....

Date & Time: 2/6/26 12:30 PM

Witness:

Signature: Fareed Siddiqua

Name: Fareed Siddiqua

Date & Time: 2/6/26 12:30 PM

Doctor (who is taking consent):

Signature: Dr. Sunidhara Name: Dr. Sunidhara

Date 2/6/26 Time: 12:35 pm

Dr. SUNIDHARA

## అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు:  రోగి  రోగి అటెండెంట్

శస్త్రచికిత్స: .....

అనస్థీషియా వైద్యుడు: ..... శస్త్రచికిత్స నిపుణుడు: .....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి  రక్తపోటు  మధుమేహం  మూత్రపిండాల వైఫల్యం  బహుశ అవయవ వైఫల్యం

కాలేయ సమస్యలు  షాక్  ఊబకాయం  దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి: .....

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.  
 లీజనల్ అనస్థీషియా  జనరల్ అనస్థీషియా  మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రిల్ వెనెస్ యాక్సెస్, ఆర్థీరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్స్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....


పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

BAH-00655601 IP5-00174594  
 Mrs HABIBA SIDDIQUA  
 10-04-1990 36 Y 1 M 23 D (F)  
 Dr. SHRUTHI REDDY/Dr.LAVANYA  
  
 It takes a lot to treat the little.



Patient Name : Mrs. Habiba Siddiqua Gender:  Male  Female Age : 36  
 UHID No : BAH-00655601 Date : 2/6/2026

**Instruction:**

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION  
 upon Habiba  
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Blood transfusion, infection, damage to surrounding organs.

**My signature on this form indicates that**

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. shruthi

**Consentee :**  
 Signature : [Signature]  
 Name : Mrs. Habiba  
 Date & Time : 2/6/26 12:30 PM

**Patient Attendant :**  
 Signature : [Signature]  
 Name : Faisal Siddiqua Husband  
 Relationship with Patient: Husband  
 Date & Time : 2/6/26 12:30 PM

**Witness :**  
 Signature : [Signature]  
 Name : Sumanda  
 Date & Time : 2/6/26 12:30 PM  
 Docu. No. : RCHBH /FRM / CLINICAL / 027 PMF

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : Dr. Y. Sneha  
 Date & Time : 2/6/26 ; 12:30 PM