

DISCHARGE SUMMARY

Name	Mrs Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00036942
Father/Guardian	Mr D SUDHEER BABU	Age/Gender	29 Y 0 M 21 D/ Female
Address	SPLENDID HOME , 303, ALKAPOOR TOWNSHIP, MANIKONDA HYDERABAD, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020396	Admission Date	11-05-2026
Ref Doctor	Self		
Discharge Date	14.05.2026		

Consultant:

Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697

Diagnosis : PRIMIGRAVIDA WITH 37+2 WEEKS GESTATION WITH

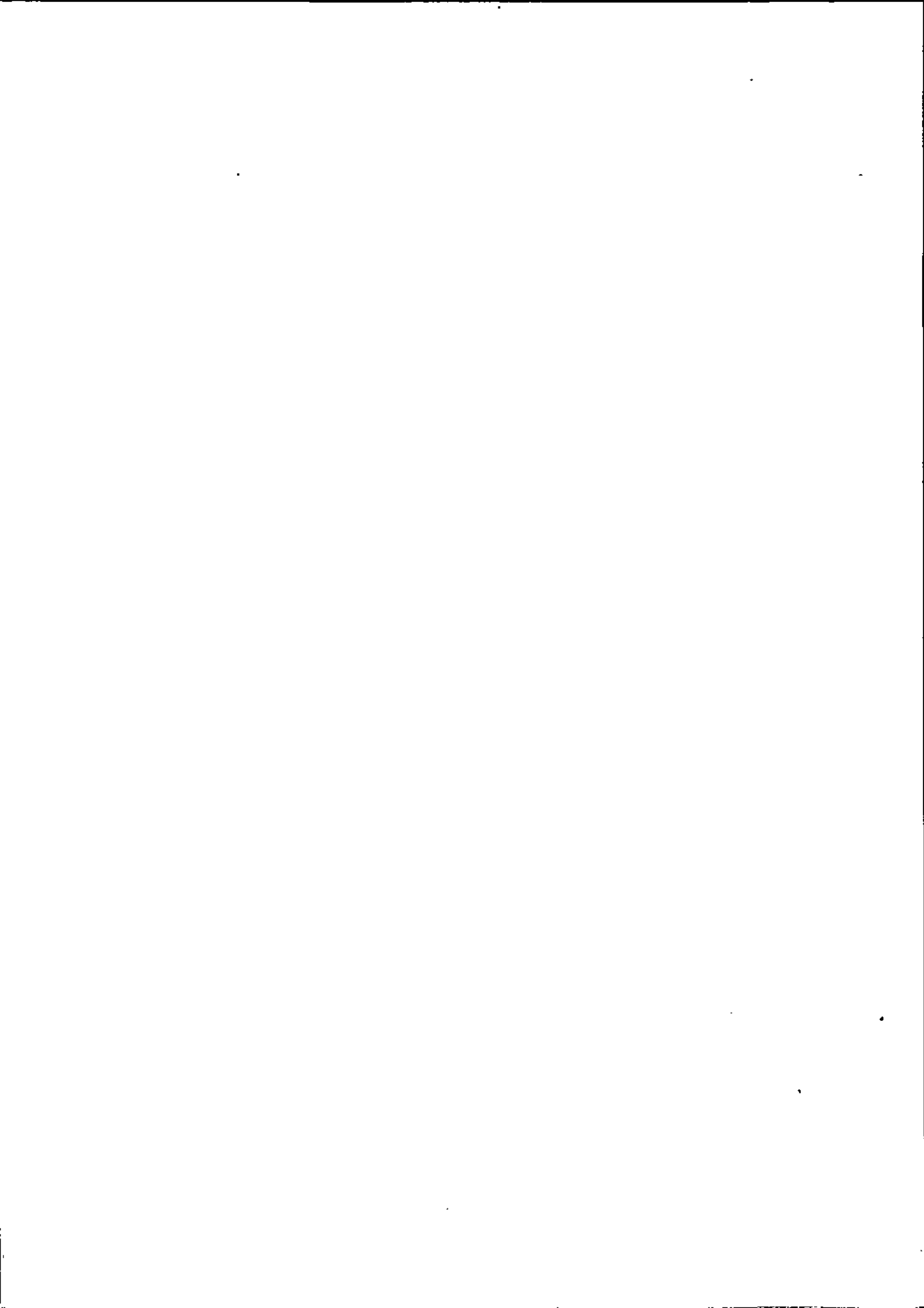
- 1. OI CONCEPTION**
- 2. GDM ON OHA**
- 3. FOR INDUCTION OF LABOUR**

EMERGENCY LSCS DONE IN VIEW OF FETAL DISTRESS, DELIVERED A LIVE FEMALE BABY OF WEIGHT 2.877 KG ON 12.05.2026 AT 01:03 PM

History:

LMP: 19.08.2025

Obstetric formula: Primigravida



Name	Mrs Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00086942
IP No	IP25-00020396	Admission Date	11-05-2026

EDD: 30.05.2026

Gestation at admission: 37+3 weeks

Obstetric History:

G1 - Present pregnancy, OI conception.

Medical History: GDM on diet since 29+2weeks, started on OHA at 31+3 weeks, presently on tab Metformin 500mg once daily after dinner.

Family History: Father - HTN, Mother - Hypothyroid

Surgical History: Cervical cerclage at 12+4 weeks

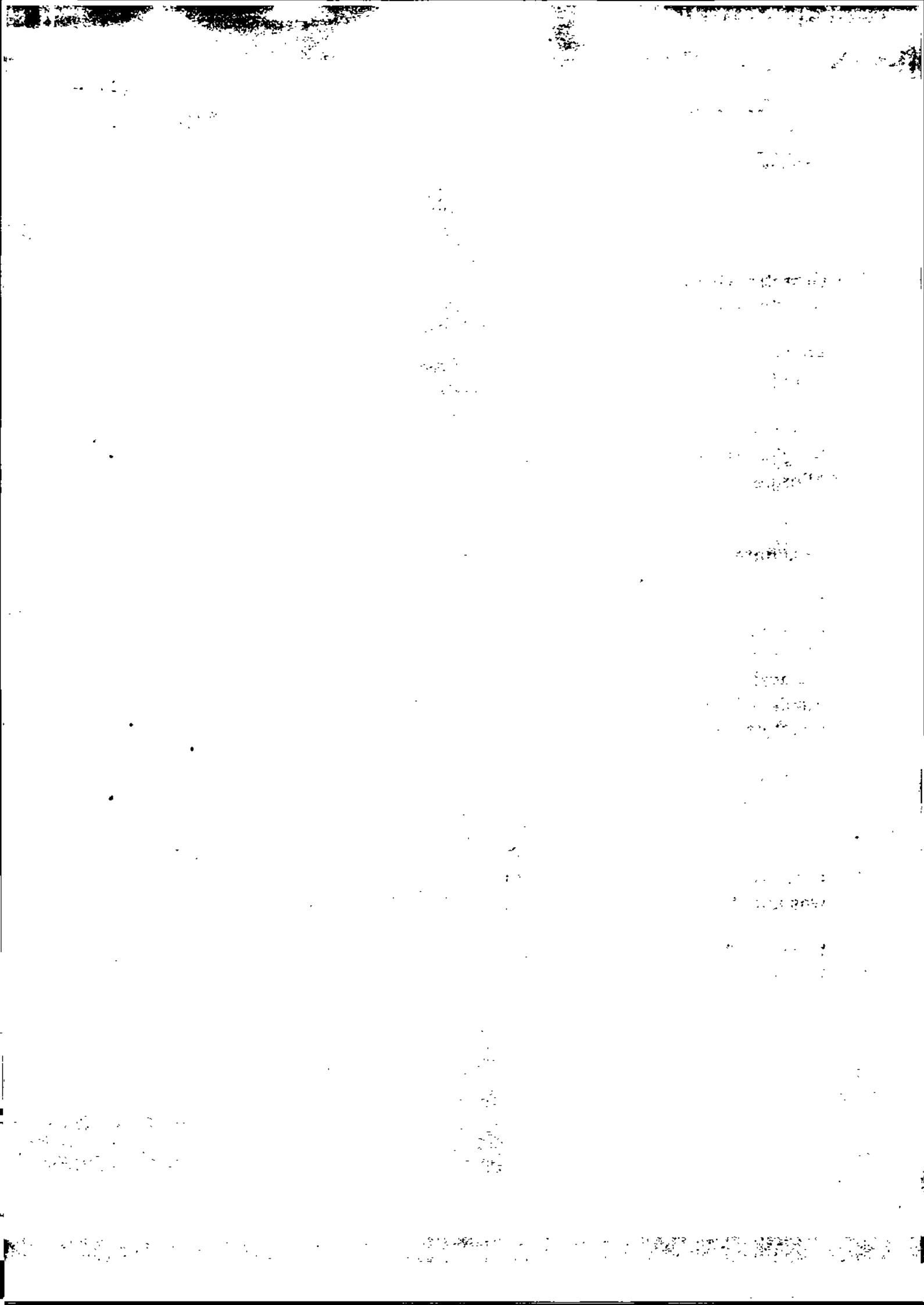
Allergies: Nil

Antenatal Details:

Mrs Y NAGA SUSHMA YARLAGADDA was booked to Rainbow hospital at 6+6 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan and FTS at 12+2 weeks was normal, Cervix was short - 23mm with no funneling. Cervical cerclage was done at 12+4 weeks. Review cervical length at 16+3 weeks was 33.4mm with cerclage insitu. H/o UTI, E.coli at 15weeks, used antibiotic (Augmentin), follow up urine culture was negative. TIFFA scan at 19+6weeks was normal. Urine culture was positive at 25+2 weeks, used Inejction Cefipime 1gm IV for 3 days twice daily. Following growth scans were normal. She is GDM on diet since 29+2weeks, started on OHA at 31+3 weeks, presently on tab Metformin 500mg once daily after dinner. Cervical cerclage was removed at 36+2 weeks of gestation. Scan done on 04.05.2026 showed, SLIUG, at 36+2weeks, cephalic, placenta anterior and high, AFI - 13.6cm, EFW - 3074gm, 70% AC - 75% with normal dopplers. She was admitted at 37+3 weeks for induction of labour.

Investigations: Enclosed

Blood group : "A" Positive



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Management:

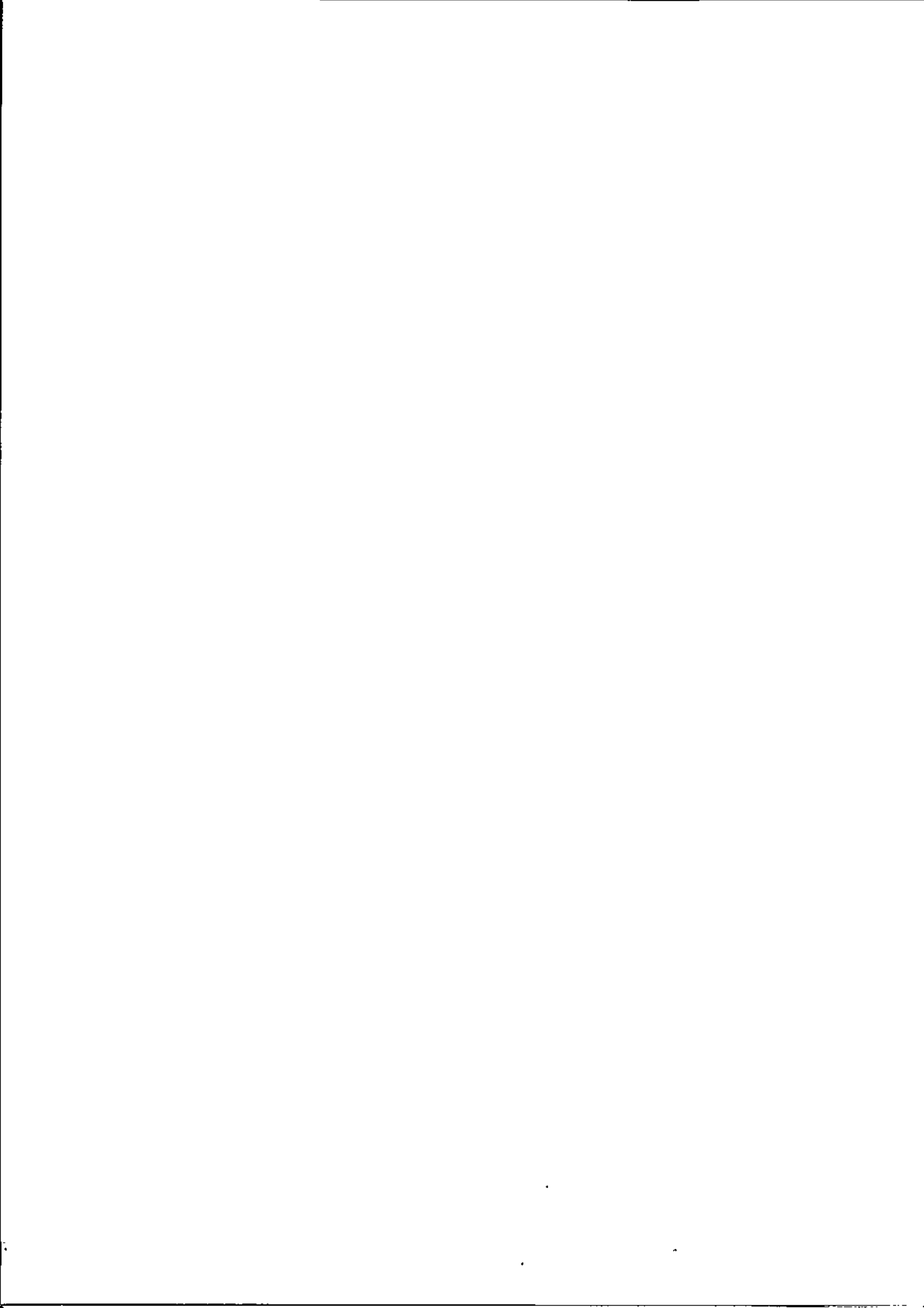
Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1 cm long and 2 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent was taken for induction of labour. Labour was induced with 1 dose of PGE1. Artificial rupture of membranes was done at 2-3 cm dilation revealing clear liquor. As per hospital protocol she was started on IV. Taxim 1gm in view of ruptured membranes. Patient opted for epidural analgesia at 3cm dilation, same was sited by anesthetist after informed consent. On repeat examination, at 6cm dilation, there were variable decelerations on CTG, not recovering with necessary measures upto ~5 minutes. Patient and attenders were informed about fetal distress and need for emergency LSCS. They consented for LSCS.

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

Surgery Notes:

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



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Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Single loop of cord around neck

Deflexed head, in Occipito-posterior position

Grade I MSL

Delivery Details :

Date : 12.05.2026
Time of Delivery: 01:03 PM
Type of Delivery: Emergency LSCS
Indication : Fetal Distress
Analgesia : Epidural

Baby Details:

Date : 12.05.2026
Time : 01:03 PM
Sex : FEMALE
Weight : 2.887 KG
Apgar : 8,9
Gestational Age: 37+3 weeks
NICU Admission: NO

Post-Operative Notes:

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



Name	Mrs Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00036942
IP No	IP25-00020396	Admission Date	11-05-2026

Advice:

1. Tab. Taxim O 200mg twice daily till 18.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 18.05.2026 (8am-2pm-10pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 18.05.2026 (9am-3pm-11pm) after food.
4. Tab. Pantop 40mg twice daily till 18.05.2026 (7am-7pm) 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 500 mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding for after food.
7. Nebasulf Powder for local application.
8. To do FBS, PLBS and HBA1C after 6 weeks

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

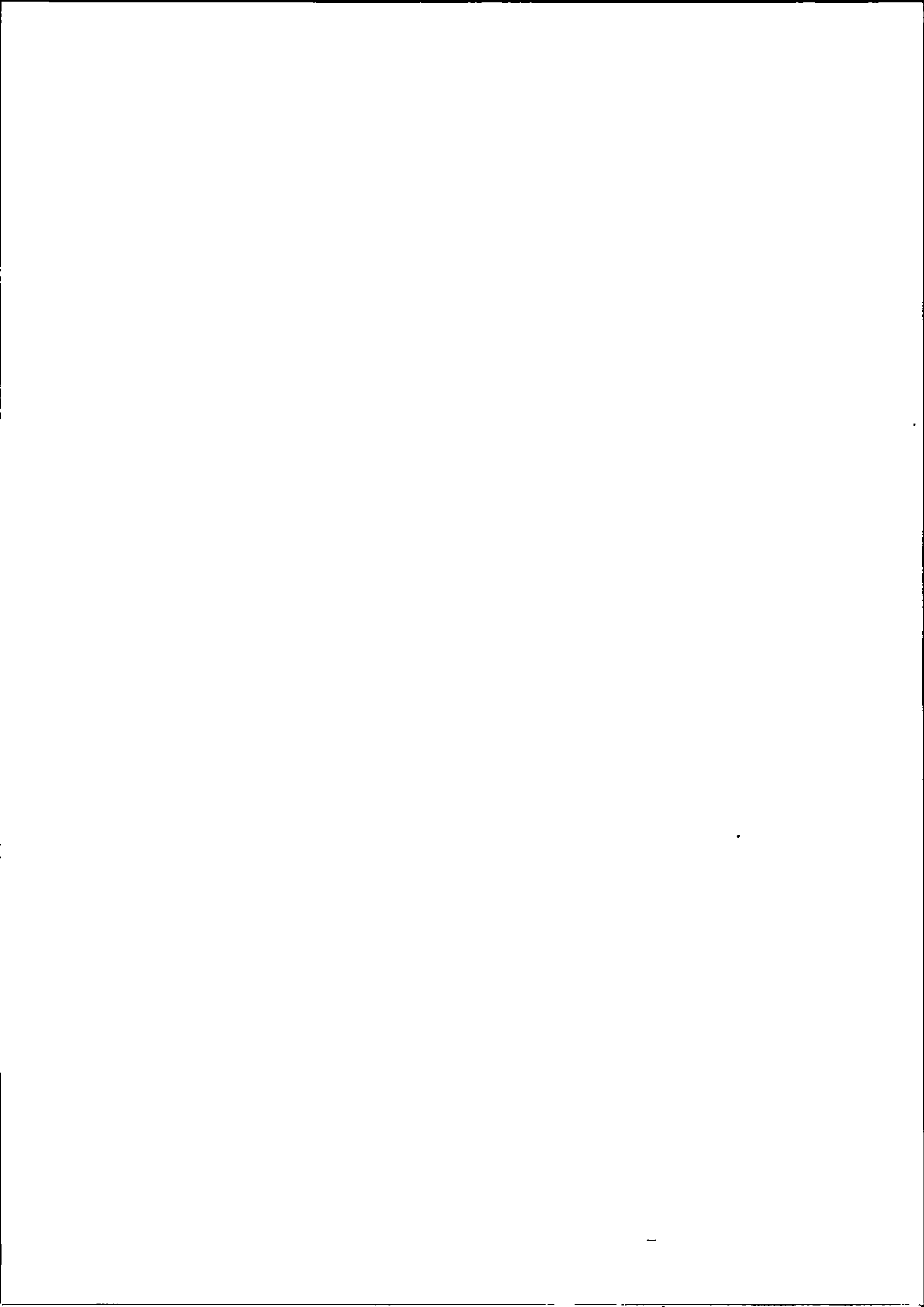
Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 20.05.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU after 1 weeks on 20.05.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).

For Women Who Have Had a Cesarean Section

Care of the wound:

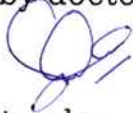
1. You can bath and shower.
2. The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
3. This gauze piece needs to be discarded after one use.
4. Prior to touching the wound clean hands thoroughly with Microshield solution and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



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5. Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
6. Do not touch the wound with unwashed hands.

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



Patient/ Attender

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

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



Registrar/Resident/C.M.O

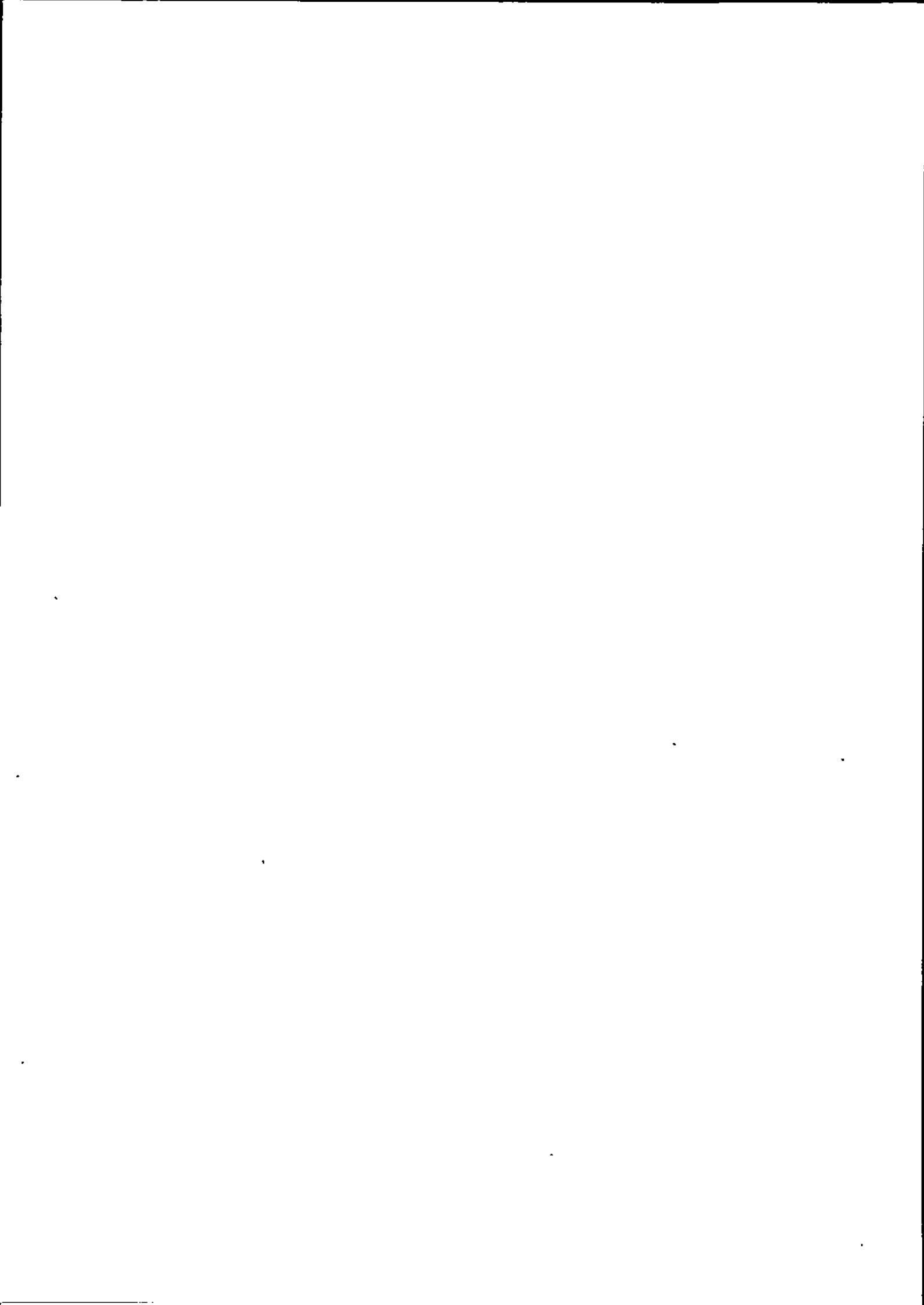


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Reg. No : 51697



FDH-00036942 IP25-00020396
Mrs Y NAGA SUSHMA YARLAGADDA
21-04-1997 29 Y 0 M 21 D (F)
Dr. HIMABINDU ANNAMRAJU



SURGERY DETAILS

Date : 12/5/26

Patient Name: Mrs. Naga Sushma Date of Birth: Age:

Gender: F Ward: OT UHID No.: 25-00020396

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

Name of the Surgery: Emer

Time in : 12:50 pm

Time Out : 1:45 pm

	NAME	AMOUNT
1. Surgeon	Dr. Himabindu	
2. Anaesthetist	Dr. Aishwarya	
3. Assistant Surgeon	Dr. Harsha	
4. OT Technician	Br. Prasanth, Sr. Sathasini	
5. Circulating Nurse	Br. SubhadEEP	
6. Assistant Nurse	Sr. Parvathi	

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: 574504 / 505

Order by: Behy

K



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EM. L 800 ↓ E.P
CONSUMABLES OF OT



Circulating staff : Technician : PRASHANTH Date : 12/5/21 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Paek - LSCD		1	Inj Vit.K		1
LMA			Sutures			Cord Clamp		1
ECG leads : A / P / N		03	2347		2	Suction Catheter #8		1
HME filter : A / P / N			2728		2	Feeding Tube		1
Syringes : 10 cc		04				Vaccum Suction Set		1
05 cc		03	Gloves 6 + 6 1/2		2+3	Surgical Gloves		2
02 cc		04	7		2	Gauze Pack		2
01 cc						Syringe 1ml / 2ml		2
Cautery plate : A / P / N		01	Surgical blade #22		1	Surgical Blade # 20		2
IV set			NG tube			Koochies (S)		1
RL		02	Cautery pencil		1	Underpad		2
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
BIOXAMIC		02	Ointments					
THEMICAR		01	Suction Catheter					
Fentanyl BILIKROL		01	Cap, Mask			Baby side		
Morphine			Gauze Pack		4	574457		
Ketamine			Mop Pack		2			
Propofol			Steristrip 30NC					
Rocuronium			Underpad		2			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		1			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			DJA → 3		
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			New mom pad → 1		
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		1			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution 100		2			
			Microshield					
			Cotton Balls					
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon : Anesthesiologist : 574401 (Nsg) 574460 (TECH) Ordered by :
 Order No. :
 Doc. No. : RCH / FRM / GENERAL / 125

Panvathi
Nurse

Baly
OT Technician

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020396 Admit Date : 11-May-2026 Admit Time : 08:08 PM UHID : FDH-00036942

Patient Details :

Patient Name	: Mrs Y NAGA SUSHMA YARLAGADDA	Age	: 29 Y 0 M 20 D
Guardian	: Mr D SUDHEER BABU	DOB	: 21-04-1997
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: SPLENDID HOME , 303, ALKAPOOR TOWNSHIP, MANIKONDA HYDERABAD Manikonda Hyderabad Telangana INDIA 500089	Phone No	: 9959528468/
		E-mail	: 9959528468@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU-06 Ward Name : 4F -MICU
 Room No : MICU-06 Admission Type : First Visit

Contact Details :

Name : Mr D SUDHEER BABU Relationship : Husband
 Contact Address : SPLENDID HOME , 303, ALKAPOOR TOWNSHIP, MANIKONDA HYDERABAD Manikonda Hyderabad Telangana INDIA 500089 Phone No : / 9573259723

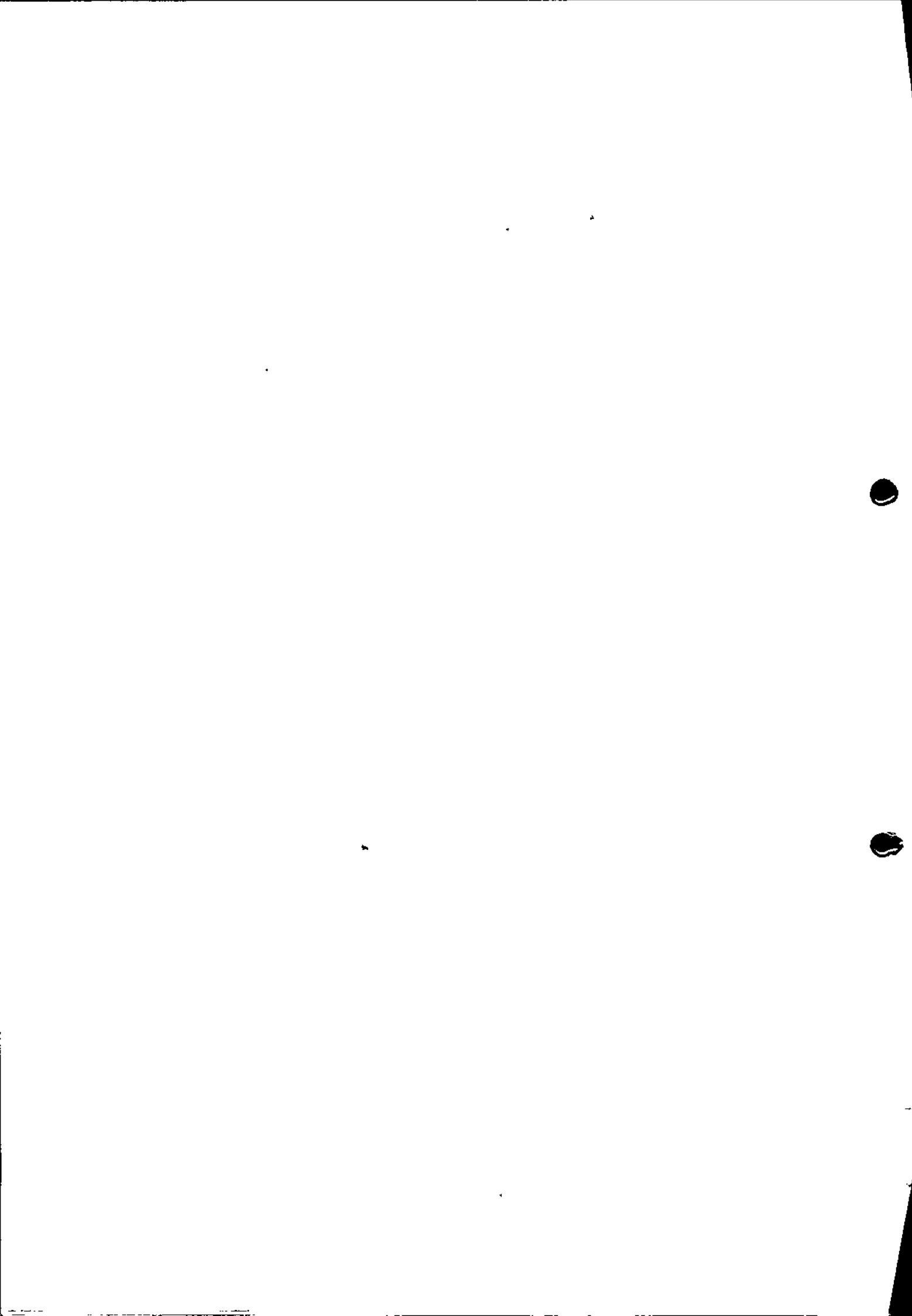
D. Sudheer babu
 Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.73
 Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD



ORG

ACTIVITY RE-

4-00036942 IP25-00020396
Y NAGA SUSHMA YARLAGADDA
04-1997 29 Y 0 M 20 D (F)
HIMABINDU ANNAMRAJU

Name: M _____
UHID No : _____ Consultant : _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/20	12:50pm	micu	OT	ash
12/5/20	2:15pm	OT	MICU	Br. D... ..
12/05/20	9pm	MICU	ward 3rd B1	Greetha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/5/26	NST - (1)	5381	Srivani
11/5/26	CBP, PT/A PTT INR	6949	
11/5/26	NST - (2)	5382	
12/5/26	NST - (3)	5383	
12/5/26	NST - (4)	5384	Greeha
12/5/26	GRBS - 104 mg/dl (7:46am)	7041	
	NST - (5)	5437	
	NST - (6)	5438	
12/5/26	NST - (7)	5439	
	NST - (8)	5492	
	NST - (9)	5493	
	NST - (10)	5494	
12/5/26	GRBS 98 mg/dl (11:10Am)	7042	
12/05/26	NST - (9)	5502	
12/05/26	NST - (10)	5503	
12/05/26	NST - (11)	5504	
12/05/26	NST - (12)	5505	
12/5/26	NHA	4787	neha
	C.C done by vijaya		
12/05/26	FBS - 97 mg/dl	7182	pdw
14/5	PPBS - 87 mg/dl	7193	Subhira
14/5	PLBS - 119 mg/dl	7194	Subhira
	e. by Subhira 14/5/26		




MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	cardiac monitor	12/5/26	12/5/26	4234	}
12/5/26	infusion pump	6:20 Am	7:00 pm	}	}
12/5/26	epidural pump	10:20 Am	2:15 pm	4400	Geetha

c.c done by vijaya
12/5/26

~~c.c by subha
12/5/26~~

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/5/26	IV placement	1	4221	
12/5/26	pac IP	1	4519	
12/5/26	catheterization	1	4399	
<p>C-c done by. Vijaya</p> <p>C-c by Subra</p> <p>14/5/26</p> <p>let's be</p>				

ANY OTHER INFORMATION

* Enema given at (5:40 AM)

ARM done at 6 AM on 12/5/26

* op file given to attender *

Date: 11/5/26

Time: 8:08pm

Prepared By: Srivani

<p>Staff Nurse</p> <p>Srivani</p>	<p>Shift / Ward</p> <p>MICU</p>	<p>Billing Assistant</p> <p>—</p>	<p>Billing Supervisor</p> <p>—</p>
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Mrs Sushma

Patient Sticker



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Himabindu</u>	Date of Delivery: <u>12/5/26</u>
Assistant Surgeon: <u>Dr. Hanslini</u>	Time of Delivery: <u>1:03 pm</u>
Anaesthetist's Name: <u>Dr. Aishwanya</u>	Gender of Baby: <u>female</u>
Type of Anaesthesia: <u>Epidural</u>	Weight of Baby: <u>2.877 kgs</u>
Neonatologist: <u>Dr.</u>	AGPAR Score:
Scrub Nurse: <u>Sr. parvathi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis:

Elective Emergency

Indication: fetal distress

Urgency

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

Decision time: Knife to rectus:

CTG Description: Non reassuring

If there was a delay give the reasons:

Surgical Procedure:

Emergency US

Post Operative Diagnosis:

OPOD - ALL

Peri-Operative Complications: ① 1 loop of cord around neck.

② Deflexed head and occipito posterior position ③ Grade I MSI ④

Amount of Blood Loss: ≈ 600 ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

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
Examination Findings when Appropriate:

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

Skin Incision: Pfannensteil Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinned out Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: (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 Suture
 Peritoneal Closure: Pelvic Abdominal None } vicryl no1 Suture
 Sheath Closure: Suture
 Fat Closure: Yes No } Rapid vicryl 2-0 Suture
 Skin Closure: Subcuticular Mattress Suture
 Vaginal Evacuated Yes No
 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:
 R. NBMx 4hrs
 EBF
 (M) vitals/Bp/20
 Drugs as charted
 Suppms

Doctor Name: Dr. Hlmabindu Doctor Signature: 
 Date & Time: 12/5/26 @ 1:45pm

MPLD



ADMISSION SLIP

3781

Date: 27/4/2026 UHID / IP No.: FDH-00036942 SI No. 3781
 Name of Patient: Mrs Y Naga Sushma Yarlagada Age: 29Y Gender: Female
 Mother's / Husband's Name: Mrs. Sudheer Corporate / Occupation: Thales
 Address: _____ Phone: 9959528468 Email: _____
 Procedure / Plan: Delivery Single Primi EDD/Dos: 30th May
 MODE OF PAYMENT: SELF TPA: ICICI Lombard GIPSA: _____ OTHER

TARIFF INFORMATION: Dr. Himabindu

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>90,000 JPKG</u>	<u>1,00,000</u>
Super Deluxe Room	<u>1,00,000 JPKG</u>	<u>1,10,000</u>
Suite Room		
Package includes (Package starts from the time of admission) ✕	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for: <u>2 days / 48 hrs</u>	Length of Stay for: <u>3 days / 72 hrs</u>
	Pharmacy up to <u>9000</u>	Pharmacy up to <u>12000</u>
	Investigations up to <u>2500</u>	Investigations up to <u>3000</u>
Others		

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

Initial Minimum Deposit: Mother = 20K, Baby = 20K extra NBS/OAE Not Incl

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

Non Medical as per actual

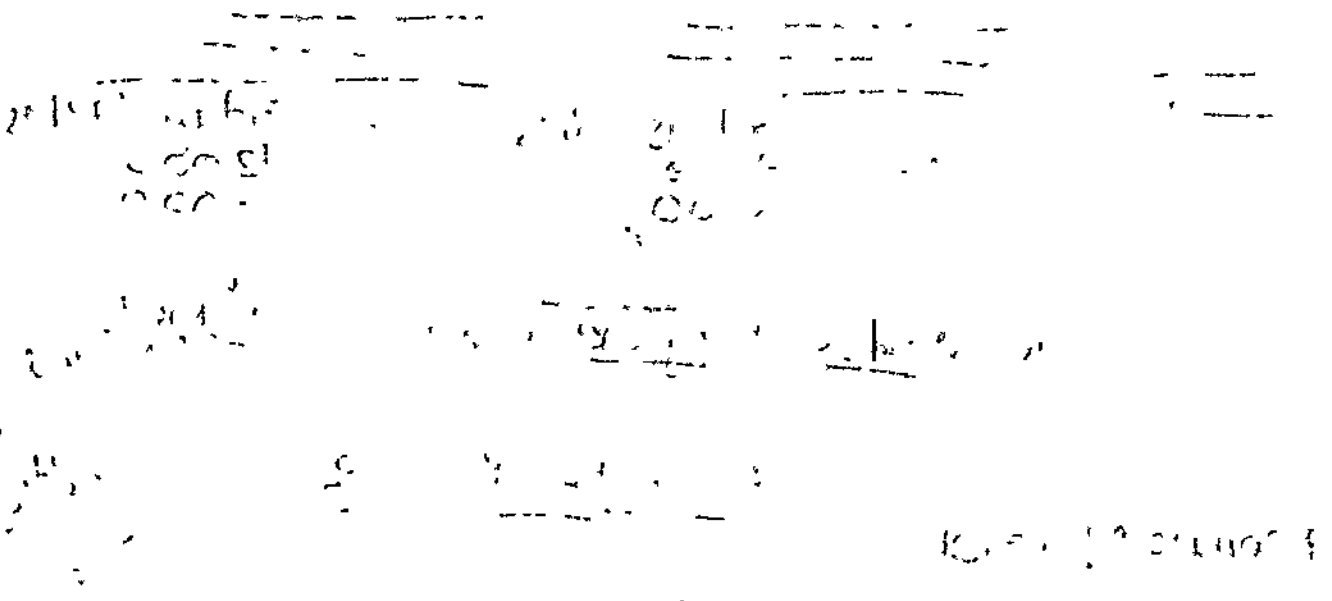
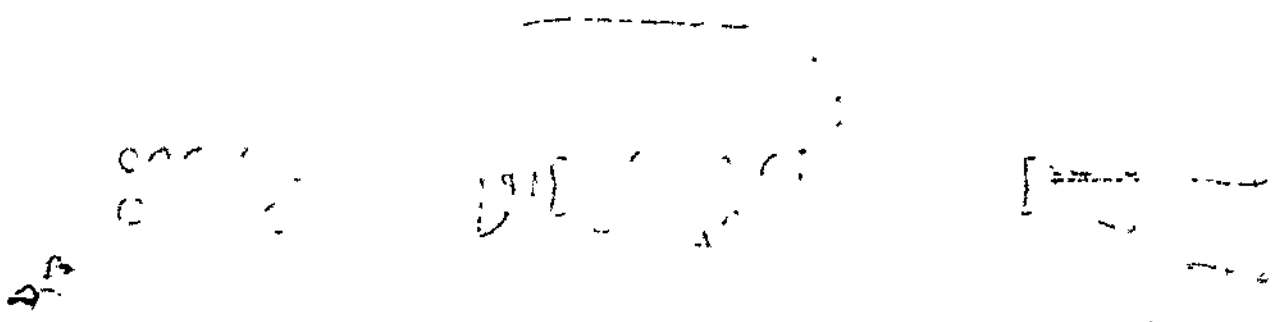
DECLARATION

I D. Sudheer babu have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

Signature of the Client: [Signature] Signature Relationship: _____ Signature of the financial Counselor: [Signature]

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PATIENT TRANSFER FORM

FDH-00036942 IP25-00020396
Mrs Y NAGA SUSHMA YARLAGADDA
21-04-1997 29 Y 0 M 22 D (F)
Dr. HIMABINDU ANNAMRAJU



Attending Consultant Name

Date & Time of Admission		Date & Time of Transfer Order <i>12/5/26 @ 12:00 pm</i>
Transfer Ordered by		Reason for Transfer
From Unit <i>mlcu</i>	To Unit <i>07</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>—</i>	Number of Imaging Films <i>—</i>	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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>SR. Anika</i>	Name of Person Ordered Transfer <i>DR. HIMABINDU</i>
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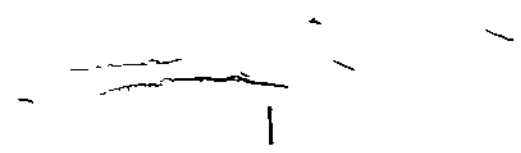
Patient & Clinical Records Received by : *Dr. Buddhaseth*

Date & Time of Patient Received : *12/5/26 @ 12:00 PM*

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

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PATIENT TRANSFER FORM



Patient Name & UHID No. <i>Mrs. Nagasubha</i>	Date & Time of Admission <i>11/5/26</i>	Date & Time of Transfer Order <i>12/5/26</i>
Treating Consultant Name <i>Dr. Alimabinder</i>	Transfer Ordered by <i>Dr. Ramya</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>ward</i>	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>-</i>	Number of Imaging Films <i>-</i>	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.	/	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr. Geetha</i>	Name of Person Ordered Transfer <i>Dr. Ramya</i>
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Patient & Clinical Records Received by :

Date & Time of Patient Received :

Dr. M. / 12/5/26 @ 9pm

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

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OT

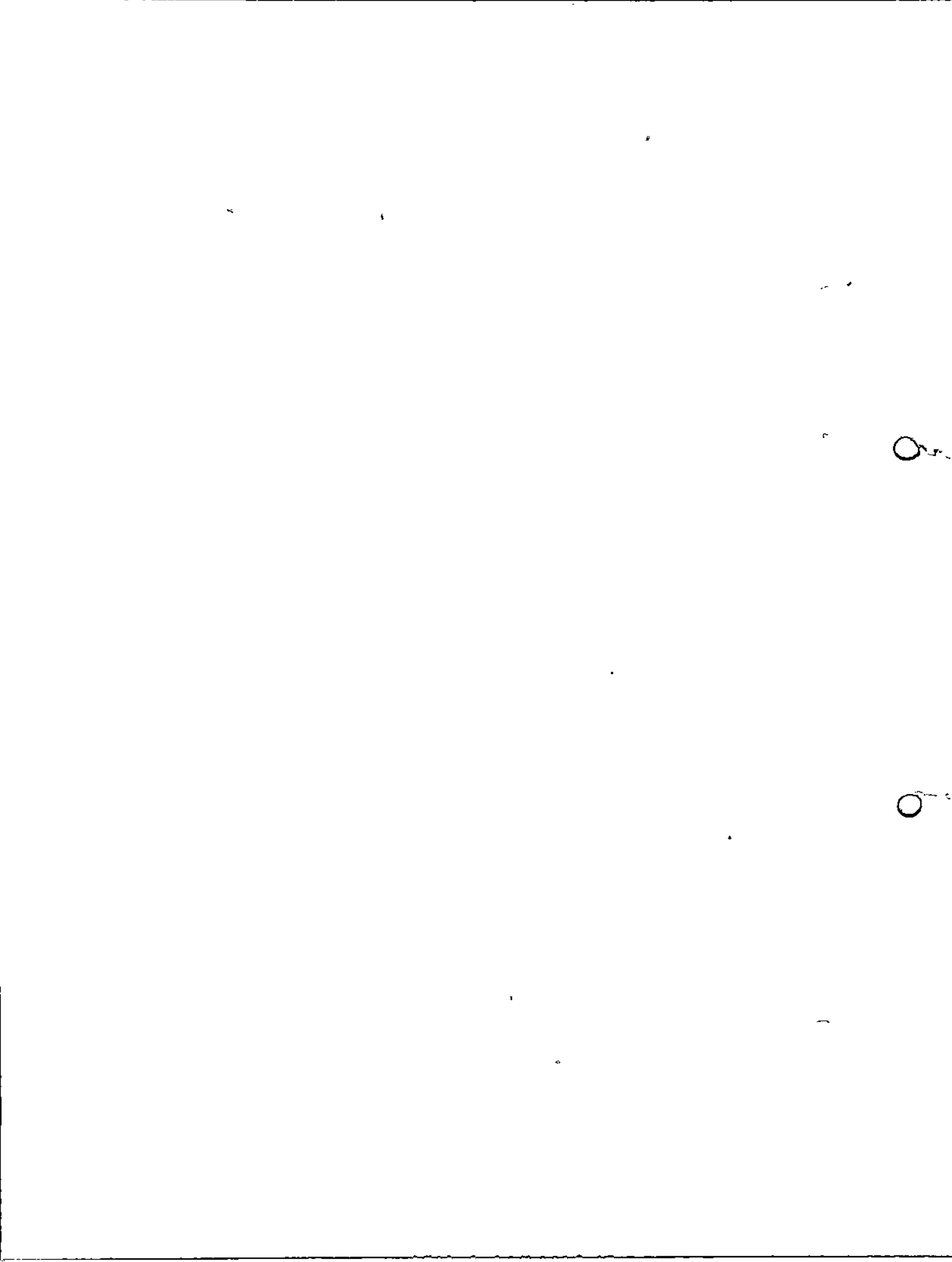


PATIENT TRANSFER FORM

Patient Name & UHID No. <i>Mrs. Naga Sushma</i>		Date & Time of Admission <i>11/5/26 @ 8:08 pm</i>	Date & Time of Transfer Order <i>12/5/26 @ 2:15 pm</i>
Treating Consultant Name <i>Dr. Himabindu</i>		Transfer Ordered by <i>Dr. Aishwarya</i>	Reason for Transfer <i>post op care</i>
From Unit <i>OT</i>		To Unit <i>MICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>(29)</i>		Number of Imaging Films <i>OP Film (1)</i>	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.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Dr. Subhadra @ 12/5/26 @ 2:15 pm</i>		Name of Person Ordered Transfer <i>Dr. Aishwarya</i>	
Patient & Clinical Records Received by : <i>Geetha</i>			
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





IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

FOR IOL

LMP: 19/8/25

EDD: 30/5/26

Corrected EDD:

GA: 37+2

Obstetric Formula:

primi
 O.I conception

Menstrual History: Regular: Yes No

Obstetric Examination

Obstetric History:

booked since conception

Fundal Height: 79

NT = 12⁺201g

EFTS = proctem mk in ins8

Present Pregnancy Record:

TIFRA - 19⁺week - normal

ceolage - 12 weeks

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

148 bpm

RISK FACTORS:

- O.I conception
- GDM or OHA

O.I conception
 GDM

Per Speculum Examination *not done*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

1cm

Os: Closed _____ Dilated 2F

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 155 cm

Weight: 87.5 kg

Allergies: 9

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: 97.8 F PR: 88 bpm

BP: 110/60 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

primi @ 37⁺2 weeks GA @ GDM or OHA for IOL

Patient Sticker

<p>Family History:</p> <p>Father - HTN Mother - Hypothyroidism.</p>	<p>Surgical History:</p> <p>Cesarean - at 12th wk</p>
<p>Medical History:</p> <p>GDM :: 29th 2013 on diet on OHA : 31st</p>	<p>Medication History:</p> <p>on T. Glycomet SR 800mg AD ↓ Escalated accordingly T. Glycomet 850mg AD (AD)</p>
<p>Plan of Care:</p> <p>Admit counsel patient preparation secure to access Admission NST - NST 4th hly - check blood availability - USPI PT, APTT, INR - WLF PO2, Contractions, FHS - T. micropip 1 PIV</p>	<p>Investigations:</p> <p>BCT - A + VR serology - Nonreactive. ^{12/3} Hb - 11g/dl WBC - 9,500 P.C - 3-2 cells/mm³</p> <p><u>USS</u> <u>15/4/26</u> SLIUF 33+4 wk GA cephalic AFI - 13.6 Placenta - Anterior EFW - 2293g (51%) AC - 48.1 doppler ⊕</p> <p><u>04/05/26</u> SLIUF 36+2 cephalic AFI - 13.6 cm EFW - 3074g (70%) AC 75.1; Placenta - Anterior fetal doppler ⊕</p>

Doctor Name: Ramya
 Signature: Ramya
 Date & Time: 11/5/26 8:00pm

Consultant Name: Dr. HIMABINDU
 Signature: _____
 Date & Time: 11/5/26 8:00pm



(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	<u>↓ IOL</u>	
12:10 Am	GC pt uc	As by Dr. S. Ullas
	Afebrile	<u>Adv</u>
	PR 84 bpm	1) MST
	BP-120/70 mmHg	2) T-MISO PROSTOL 2mg qd
	SpO2 97% RA	PR - 1st dx
	PA ut irritable	3) Monitor vitals 4 hrs
	FHR ⊕	4) W4 contractions -
	Pr cx 10cm long	5) W4 progress of labor
	on 2F loose	6) R/A 4 hours
	PPVx nt-3	
		<u>swet</u>
12/5/26	<u>↓ IOL</u>	
4:00 Am	clo pain	<u>Adv</u>
	GC pt uc	1) T-MISO PROSTOL 2mg qd
	Afebrile	PR - 2nd dx - skipped
	PR-88 bpm	2) MST
	BP-118/64 mmHg	3) MONITOR VITALS
	SpO2 97% RA	4) W4 contractions
	PA ut contract 3/30" / 1cm	5) W4 POL
	FHR ⊕	6) 9 fetus
	Pr - 8.5 cm long	
	on 2cm dilated	<u>swet</u>
	PPVx nt-3	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05/26	by Dr Sushette	
6:15 AM		Adv
	Acept ue	1) NST
	Afebrile	2) Monitor vitals
	PR 88 bpm	3) Iq TAXIM 1 gram
	BP- 120/80 mmHg	4) NG suction -
	SpO2 97% RA	5) Wg POL
	PA ut contract 2/30" 10 min	6) Start synto
	FHR ⊕	100 in 10 sec 6 min
	Pr cx 0.5 cm long	7) Infus
	os 2-3 cm dilated	8) GR BS 4th day
	PPVx nt 3	
	Arm done	
	clear hq ⊕	
12/5/26	c/s/B Dr Harinbinder	↓ 10L ↓ synto
9:30 AM		Adv
	Gc fair	1) NST monitor
	Afebrile	2) Continue synto & titrate accordingly
	PR- 88 bpm	3) Epidural counselling
	BP- 118/80 mm Hg	4) w/f contractions, POL
	P/A- ut TG, contractions	5) Monitor vitals
	FHR ⊕ cephalic	6) GR BS 4th day
	P/v - Cx 50% effaced	7) Infus 500
	os 3cm dilated	clear
	PPVx station +2	
	FBS- 104 mg/dl	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	O-POD	Adv
2:15pm	Gc fair	1) NBM x 4hr
	Afebrile	2) IV fluids as per AXON
	PR - 78 bpm	3) Drugs as charted
Baby M/S	BP - 118/63 mmHg	4) W/F BPV, S/O
	SpO ₂ - 99% on RA	5) Monitor vitals
	PIA - UT (R) well	6) No do FBS, PPBS, PLBS
	PIV - NAB	on 14/5/2026
	U/O - 100ml, clear	5) Tylenol SOS
	(emptied mo)	<u>[Signature]</u>
12/5/26	POD-0	Adv in bed Ambulation
6:15pm	Gc fair	1. Sip of only
	Afebrile	2. Drugs as charted
	BP - 110/80 mmHg	3. Soft diet - 10:15pm
	PR - 88 bpm	4. FBS 2nd hourly
	SpO ₂ - 100% @ RA	5. Monitor vitals order by
	PIA - OK	6. FBS, PPBS, PLBS on
Baby M/S	PIV - NAB PV	14/5/26
	U/O - 500ml	7. W/F BPV, Strict I/O
	(Clear)	checking
		8. Shift to room if
		-bleeding to liquids
		well
		9. PR Tm 6m. R



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/20 7:00 AM	POD-1	Adv
	G.C fair	1. Antiepileptic
	Afebrile	2. Soft diet
	Sp: 100/mmHg	3. plenty of oral fluids
	PR: 88bpm	4. Drugs as charted
	SpO2: 100% @ RA	5. w/f BPV
	PIA - CPW, soft	6. FBS, PPBS, PLBS on 14/5/20
	Plv: NABP	7. (M) vitals after SS
	ready m/s	8. EBF 2nd hourly
	U - yet to void	
	F - ✓	
	mx	
	10 AM	
		Adv
13/5/20	POD-1	
3 PM	G.C fair	1) Normal diet + POF
	Afebrile	2) Drugs as charted
	PR - 78bpm	3) w/f BPV
Baby m/s	BP - 118/80 mmHg	4) Monitor vitals
	PIA - UT @ well	5) TO do FBS, PPBS, PLBS on 14/5
	Plv - NAB	6) Infom SS
	U ✓	
	F ✓	
	mx	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 4pm	POD-1 e/o epigastriepain Adv Gc-fair Afebrile	1) Diabetic diet
Baby m/c.	PR- 78bpm BP 109/70mmHg P/A- UT(R)well	2) Plenty of oral fluids 3) Drugs as charted
UV	P/v - N.A.B	4) w/f BPV
FV		5) Monitor vitals
MX		6) Tiy Pantop 40mg t/stat
		7) P Dulcolax 2 tabs P/R @ 10pm
		8) Tiform SOS
		9) To do FBS, PPBS, PLBS - 14/5/26
	<u>II POD</u>	
14/5/26		Rp
7AM	Gc fair Afebrile	ambulation
	PR- 68bpm	Diet + oral fluids
Baby m/s	Bp- 106/64mmHg SpO2- 98-1.	EBF
	P/A- uterus well rk	(M) vitals / BPV / H/O
	soft	Drugs as charted
	P/v - N.A.B	FBS } PPBS } 14/5/26 PLBS }
		Plan for discharge today
15/5/26 9:15 AM	Urine yet to void F ✓ M ✓ FBS- 95 mg/dl	

Y NAGA SUSHMA YARLAGADDA
 04-1997 29 Y 0 M 20 D (F)
 HIMABINDU ANNAMRAJU



Sheet No: ...A.....

REGULAR PRESCRIPTIONS

Dept.....8.....Ward.....m.l.c......

DRUG : T cefixime				Date Time	4/5														
Dose	Route	Frequency	Start Dt.																
200mg	PO	BD	13/5																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG : T PANTOPRAZOLE				Date Time	4/5															
Dose	Route	Frequency	Start Dt.																	
40mg	PO	BD	13/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

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

VERIFIED BY : Signature

IV
D

I Y NAGA SUSHMA YARLAGADDA
04-1997 29 Y O M 20 D (F)



DRUG CHART

Date of Admission: 11/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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)

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

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

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

VERIFIED BY: Name _____ Signature _____



REGULAR PRESCRIPTIONS

Weight. 87.5 Ward. MICU

VERIFIED

VERIFIED

DRUG : T-PARACETAMOL				Date Time	13/5	14/5															
Dose	Route	Frequency	Start Date	6pm	12pm	6pm															
1g	PO	QID	12/5/24	6pm	12pm	6pm															
Name & Signature of the Doctor Starting the Drugs:				6pm	12pm	6pm															
Dr. ASHWARYA Ashy				6pm	12pm	6pm															
Additional Instructions:				6pm	12pm	6pm															
Daily Doctor's Endorsement by a Sign																					
DRUG : T-TRAMADOL				Date Time																	
Dose	Route	Frequency	Start Date																		
100mg	PO	TID	12/5/24																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. ASHWARYA Ashy																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T-DICLOFENAC				Date Time	12/5	13/5	14/5														
Dose	Route	Frequency	Start Date	6pm	12pm	6pm															
50mg	PO	TID	12/5/24	6pm	12pm	6pm															
Name & Signature of the Doctor Starting the Drugs:				6pm	12pm	6pm															
Dr. ASHWARYA Ashy				6pm	12pm	6pm															
Additional Instructions:				6pm	12pm	6pm															
Daily Doctor's Endorsement by a Sign																					
DRUG : Inj CEFOTAXIME				Date Time	13/5																
Dose	Route	Frequency	Start Date	6pm	12pm																
1g	IV	BD	12/5	6pm	12pm																
Name & Signature of the Doctor Starting the Drugs:				6pm	12pm																
Dr. ASHWARYA Ashy				6pm	12pm																
Additional Instructions:				6pm	12pm																
Daily Doctor's Endorsement by a 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.

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
12/05	12:10 Am	T-MISOPROSTOL	25mg	P.V	<i>[Signature]</i>	mani srivani
12/05/06	6:30 Am	Iv CEFOTAXIME	1gram	iv	<i>[Signature]</i>	srivani mani
12/5	12:00	Iv Pantoprazole	40mg	Iv	<i>[Signature]</i>	Ash Ash
12/5	12:50	Iv metoclopramide	10 mg	Iv	<i>[Signature]</i>	Ash
12/5	12:10	Iv cefotaxime	1 gm	Iv	<i>[Signature]</i>	Ash
12/5	12:55 pm	Iv ONDANSETRON	4mg	Iv	<i>[Signature]</i>	Vaish Vaish
12/5	13:06 pm	Iv CARBETOCIN	100mcg	iv	<i>[Signature]</i>	Vaish Vaish
12/5	1:15 pm	Iv TRANEXAMIC ACID	1g	Iv	<i>[Signature]</i>	Vaish Vaish
12/5	2 pm	sup. TRAMADOL	100mg	PR	<i>[Signature]</i>	Vaish Vaish

VERIFIED BY : Name Signature

I.V. FLUIDS CHART

Weight: 87.3 Ward: m

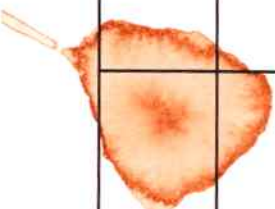


Position of I.V. Fluid
 (mention ml/hr = Mcg/kg/min. etc)

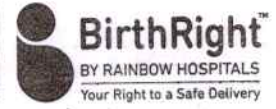
Time	Position of I.V. Fluid	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/5/26 3AM	10 RL		FF		[Signature]	12/5		[Signature]
12/5/26 6:30 Am	Inj' SYNTOCINON 100 in 10 RL	IV	6mcg/hr		[Signature]	12/5		[Signature]
12/5 8:30 Am	RL	ZIV	100ml/hr		[Signature]	12/5		[Signature]
12/5 10Am	RL	ZIV	100 ml/hr		[Signature]	12/5		[Signature]
12/5/26 11:05 pm	RINGER LACTATE	IV	FF	[Signature]	[Signature]	12/5		[Signature]
1:20 pm 12/5/26	RINGER LACTATE	IV	FF ↓ 250 ml/hr	[Signature]	[Signature]	12/5		[Signature]
12/5/26 1:50 pm	RINGER LACTATE	IV	100 ml/hr	[Signature]				
7:00 pm	10 RL	W	100ml		[Signature]	12/5		[Signature]

Signature

VERIFIED BY : Name



FDH-00036942 IP25-00020396
 Mrs Y NAGA SUSHMA YARLAGADDA
 21-04-1997 29 Y 0 M 22 D (F)
 HIMABINDU ANNAMRAJU



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 12/15/20 Time: 9:13

Origin: Duelis Height: 155 Weight: 87.5
 BMI: ~ 26 kg/m²
 ~ 28 kg/m²
 ~ 30 kg/m²

Food Allergies: =

Diagnosis: primi 37 weeks am on OSA h del - I med

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: V.N. Sushma

Name: Sushma

Date & Time: 12/15/20 9:12

Dietician's

Signature: [Signature]

Name: Dheer

Date & Time: 12/15/20 9:12

