(1)

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

ACTIV **NG**

Name: - ----------

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

Date of Admission : 16/7/26 Time : 9:02pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. S Prashanth (Cardiologist)	17/7/26.	3102620	Rani
2.	Cross checked by Teja	18/7/26	10:50am	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/7/26	GRBS @ 9pm - 117mg dL	V12602405	
16/7/26	CBP, Blood grouping, CRP,	V12602404	
16/7/26	CUE, Urine cls, Hvs swab,		
16/7/26	Creatinine, LFT, HPLC		
16/7/26	PT/APTT/INR	V12602404	
16/7/26	NST @ 9pm - (1)	R26-011491	
17/7/26	NST @ 6Am - (2)	R26-011500	
17/7/26	ECG - @ 10 Am -	R26-011534	
17/7/26	Growth + Doppler Routine.	R26-011536	
17/7/26	NST @ 2Pm (3)	R26-011552	
17/7/26	NST @ 11PM (4)	R26-011570	
18/7/26	NST @ 7Am (5)	R26-011571	
	Cross cheaked by Teja. 18/7/26. 10:11Am.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	infusion pump	10pm	17/7/26 7.30 pm	3102426	[illegible]
16/7/26	cardiac monitor	10 PM	7:30 pm		
	Cross checked by Rani 17/7/26 @ 7:30 pm.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	2v placement	(1)	3102427	
16/7/26	catheterization	(1)		
	cross checked by manga 16/7/26 @ 11:13pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Name	Mrs G VEENILA	**UHID**	VIH-00207008
Father/Guardian	Mr J RAJ LUCUS	**Age/Gender**	40 Y 5 M 16 D/Female
Address	HNO-1-19-119-19/1 ,VENKATAPURAM, ASAF VILLAGE, Venkatapuram, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060732	**Admission Date**	16-07-2026
Ref Doctor	DR SAROJA	**Discharge Date**	18-07-2026

DISCHARGE SUMMARY

Consultant: Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

Diagnosis: Primigravida with 26+1 weeks with IVF conception with Advanced Maternal Age with Breech presentation with Cervical Incompetence with Preterm Premature Rupture of Membranes for Observation / Delivery.

History:
LMP: 15.10.2026
Obstetric formula: Primigravida
EDD: 22.10.2026
Gestation at admission: 26+1 weeks

Obstetric History:
G1 : Present pregnancy IVF conception.

Medical History: Nil
Family History: Mother- Asthma, DM (dead)
Surgical History: Hysteroscopic polypectomy in Dec 2025.
Allergies: Nil
Antenatal Details: Mrs G VEENILA was unbooked to Rainbow hospital. Previous ANC's at Prashamsa hospital, Bandara mother & child hospital & Ferti

Name	Mrs G VEENILA	UHID	VIH-00207008

9 hospital. She had regular antenatal checkups and investigations as advised. Prophylactic cervical cerclage done at 13+5 weeks & removed at 20 weeks. She is on Tab. Ecosprin 150 mg since conception. She had h/o pv leaking at 26+1 weeks on 16.7.2026 since 5am. One dose of steroid covered at 26+1 weeks at outside hospital. She was reffered from Prashamsa hospital i/v/o PPROM. She was admitted at 26+1 weeks with IVF conception with Advanced Maternal Age with Breech presentation with Cervical Incompetence with Preterm Premature Rupture of Membranes for Observation / Delivery.

Investigations: Enclosed

Blood Group : "B" POSITIVE

Management: Patient was reffered from Prashamsa hospital i/v/o PPROM. At admission on clinical examination the vitals were stable, uterus was relaxed, Per speculum - active leak present, cervix was long and admitted tip of finger. Fetal well being was confirmed by an admission CTG which was found to be reactive. As per hospital protocol she was started on IV. Piptaz in view of ruptured membranes. Second dose of steroid covered after checking GRBS. Neonatal counselling done. CBP, CRP, CUE, Urine C/S , HVS, HPLC, LFT Sr. creatinine , coagulation profile, blood grouping & Rh typing were done (CUE-protein-trace ketone bodies- 4+). MgSO4 loading & maintenance dose given. NST done 8th hourly. FHR monitoring done. Cardiologist review done. ECG, 2D Echo were done- normal. Growth scan done on 17.07.2026 showed, SLIUF of 26+2 weeks with breech presentation, placenta- posterior & high, AFI- 9.3 cm, AC- 22%, EFW- 899 gm, dopplers- normal. Patient was stable, FHS was good at the time of discharge.

Advice:

1. Plenty of oral fluids, High protein diet.
2. Strict fetal kick count.
3. Continue Iron, Calcium, Folic acid tablets as advised.
4. Tab. Ecosprin 150 mg once daily till further orders.
5. Tab. Naturogest SR 300 mg twice daily till further orders.
6. Tab Ceftum 500mg twice daily till 23.7.2026 after food (9am-9pm)
7. Tab Pantoprazole 40mg once daily till 23.7.2026 before breakfast (7am)

8. AFI Doppler scan on 20.7.2026 and review to OPD with reports.
9. Report to labour ward immediately if bleeding PV, leaking PV , pain abdomen , decreased fatal movements.
10. Review with reports on 20.07.2026 with prior appointment in OPD (This consultation will be charged).

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

In case of emergency kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).
The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name :

Signature :

Relationship with patient : G. Veenila

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. MADHUMITA ANIRUDDHA GITAY
MBBS,MS,DNB
GYNECOLOGIST AND OBSTETRICIAN
03312

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 17 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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Patient Name :

Ward: U/W

IP.No: 00060732

DOA: 16/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary				
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	–			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	4			
7	Nurses Progress notes	4			
8	Consultation Sheets	1			
9	General Consent for Treatment	1			
10	Conset for Surgery	–			
	Consent for Blood Transfusion	–			
	Consent forChemotherapy	–			
13	Consent for High Risk	–			
14	Consent for Restraint	–			
15	~~DAMA Consent~~ Neonatal counselling	1			
16	Consent for Special Procedure	–			
17	Consent for Radiological Investigations	–			
18	Consent for HIV Test	–			
19	Anaesthesia consent form	–			
20	Anaesthesia notes(Pre Anaesthesia & Post)	–			
21	Pre Operative checklist	–			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation	–			
25	TPR & BP chart	3			
26	Intake and Output chart (fluid Chart)	3			
	Drug Chart (Regular prescription)	2			
	Daily Investigation sheet	–			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart	–			
31	Diabetic chart	–			
32	Nutritional Review chart	1			
33	MLC form (in case of MLC)	–			
34	Patient Educatlon Form	–			
	Triage form	1			
	Mecation Reconciliation form	1			
	pain assessment	1			
	Braden Q -	2			
	Thrombophlebitis	1			
	Morse fall Assessment	1			
	Billing	5			
	Total No. of Pages	38			

Signature and Date : 18/7/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060732 **Admit Date** : 16-Jul-2026 **Admit Time** : 09:02 PM **UHID** : VIH-00207008

Patient Details :

Patient Name	: Mrs G VEENILA	**Age**	: 40 Y 5 M 15 D
Guardian	: Mr J RAJ LUCUS	**DOB**	: 01-02-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-1-19-119-19/1 ,VENKATAPURAM, ASAF VILLAGE Venkatapuram Hyderabad Telangana INDIA 500015	**Phone No**	: 8341972646
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr J RAJ LUCUS **Relationship** : Husband

Contact Address : HNO-1-19-119-19/1 ,VENKATAPURAM, ASAF VILLAGE Venkatapuram Hyderabad Telangana INDIA 500015 **Phone No** : 8341972646 / 9666762840

Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR SAROJA **Phone No** : 9000138000

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 16/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify LHO

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify –

Do you require an interpreter? ☐ Yes ☑ No if Yes specify –

Source of Information: ☑ Patient ☐ Family ☐ Others, specify –

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: –

If yes, identify –

Chief Complaints: Referred from Prashamsa Hosppital
IIvIo PPROM

Doctor Notified on Admission: ☑ Yes ☐ No
Name of the Doctor: Dr. Yogeshwari
Time Notified: 9pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Hysteroscopy with polypectomy	Yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 15/1/2026

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G – P 2imi L – A –

Previous LSCS: Nil

Current Medication: ☐ None ☑ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other mother- Asthma, DM, expired

Vital Signs / Measurements: Temp: 98.4 F HR: 99 b/mt RR: 19 b/mt

BP: 100/60 mmHg Weight: 52 kgs Height: 157 cm BMI: 21.1 kg/(meter)

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

Oscar

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Dr. MADHUMITA ANIRUDDHA GITAY

PHYSICAL ASSESSMENT

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..family..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..Mrs. G. Veenila..

Name of Person Orientation was given to: ..Mrs. G. Veenila..

Orientation not given Reason: ..-..

Nurse Signature: .....

Nurse Name: ..Manger Devi..

Date & Time: ..16/7/26 @ 9:05 pm..

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Reffered from prashamsa Hospital i/v/o PPROM

LMP: 15/01/2026 EDD: 22/10/2026

Corrected EDD: 21/10/2026 GA:

Obstetric Formula: Primigravida ML- 13 years NCM

Menstrual History: Regular: ☐ Yes ☐ No Irregular Amenorrhea for last 1yr withdrawl bleeding ⊕

Obstetric Hostory: ET- 2/2/26, GI- PP, IVF conception. (Donere festy gg) Unbooked to RCH previous ANCs at Prashamsa Hospital & Bandari mother & child Hosp & ferti 9 Hospital.

Obstetric Examination

Fundal Height: 26 wks

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☑ Breech Others ______

Head Fifths Palpable: ______

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent ⊕ 144bpm

Present Pregnancy Record: Prophylactic cerclage done at 13+5 wk Removed at 20wks. On Tab Ecosprin 150mg since conception. c/o leaking PV since morning 5AM. inj Bethasol 12mg IM one dose given at 16/7/26 at 9:30 Am. Reffered from prashamsa hospital i/v/o. PPROM.

RISK FACTORS:
IVF conception
Advanced maternal age
Breech presentation
PPROM
cervical incompetence

Per Speculum Examination Active leak present

Draining: ☑ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated Tip of finger

Membranes: ☐ Present ☑ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☑ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 158 cm

Weight: 52 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: c/c/c Pallor: ⊖

Icterus: ⊖ Edema: ⊕

Temp: Afebrile. PR: 106 bpm

BP: 100/60 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

Primigravida with 26+1 wks with IVF conception with Advanced maternal age with Breech presentation with cervical incompetence with preterm premature rupture of membranes

for observation / delivery

Docu. No. : RCH /FRM / CLINICAL / 087 (P.T.O)

VIH-00207008 IP-00060732
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01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Family History:

Mother - Asthma, DM expired

Surgical History:

Hysteroscopy with polypectomy done dec 2025

Medical History:

Nil

Medication History:

- Tab Ecosprin 150 mg OD
- Tab progesterone SR 300mg BD

Plan of Care: C/S/B Dr. madhumita G, mam

- Admission GRBS - 117 mg/dl
- Normal diet
- Monitor FHR
- Monitor Vitals
- Neonatal counselling
- Inj Betamezol 9:30 PM stat 12 mg IM
- send CBP, CRP, CUE, Urine c/s HVS, BIPLC, PT, APTT, INR, LFT, & creatinin
- Blood grouping & typing
- first Growth scan tomorrow
- NST 8th hrly
- strict bed rest & foot end elevation
- pad for observation
- Inform SOS
- Inj MgSO4 loading f/b maintainance dose
- foley's catheterization.
- 2D ECHO & cardio review tomorrow

noted by manga 16/7/26 @ 10pm

Investigations: BG - B+ POSITIVE

16/7
HIV, HbsAg, HCV, RPR - NR
RBS - 105
HBA1C - 5
MPG - 97
T3 - 1.71
T4 - 12.1

16/7/26
CBP - 10.8 / 41.4 / 3.20L
ESR - 67
BT - 2.30 min
CT - 5.45 min
TSH - 1
Rubella IgG - Positive

16/7/2026 (outside)
Growth Scan
26 wks
SLIUF, oblique, Breech
EFW - 912 +/- 91gm
AC - 604
AFI - SDP - 4 cm
P1 - fundal
Doppler - Normal
CL - 2.1 cm
funneling noted & length 0.9 cm & width 0.59 cm at internal os
s/o cervical incompetence

15/6/2026 (outside)
TIFF Scan
SLIUF
21+5 wks
NO anomalies
CL - 3.7 cm

14/4/26
NT Scan
12+6 wk
NT - 1.3 mm
CL - 31 mm.

2D ECHO Normal

FTS - Low Risk

Doctor Name: Dr Yogeshwari
Signature:
Date & Time: 16/7/2026 9AM

Consultant Name: Dr. Madhumita G.
Signature:
Date & Time: 16/7/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time 16/1/26	Progress Notes			Doctor's Order	
	BP	PR	RR	DTR	Urine output
10pm	100/60 mmHg	106 bpm	18	+	100 ml/HR
11pm	99/64 mmHg	110 bpm	16	+	100 ml/HR
12pm	99/60 mmHg	114 bpm	18	+	100 ml/HR
1 Am	103/52 mmHg	100 bpm	16	+	100 ml/HR
2Am	113/61 mmHg	98 bpm	14	+	100 ml/HR
3Am	102/50 mmHg	98 bpm	16	+	100 ml/HR
4Am	99/52 mmHg	94 bpm	18	+	100 ml/HR
5Am	100/60 mmHg	92 bpm	16	+	100 ml/HR
6Am	90/56 mmHg	92 bpm	18	+	150 ml/HR
7Am	101/61 mmHg	91 bpm	16	+	100 ml/HR
8Am	100/60 mmHg	94 bpm	18	+	100 ml/HR
9Am	101/54 mmHg	90 bpm	16	+	100 ml/HR
10Am	117/76 mmHg	80 bpm	14	+	
11Am	112/70 mmHg	81 bpm	18	+	
12pm	98/67 mmHg	72 bpm	16	+	
1pm	112/70 mmHg	86 bpm	16	+	~250 ml
2pm	110/79 mmHg	80 bpm	14	+	100 ml.
3pm	112/72 mmHg	88 bpm	16	+	100 ml/hr
4pm	117/75 mmHg	86 bpm	15	+	100 ml/hr
5pm	100/68 mmHg	90 bpm	14	+	100 ml/hr
6pm			16	+	100 ml/hr

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 11:50pm	CBP - 10.3/14.14/3.51L	
	CRP 10	
	Creatinine - 0.5	
	PT - 17	
trace CUE	APTT - 33	
Urine c/s, HVS, Hiple Blood grouph	INR - 1.02	
	LFT - protein - 6.1	
	Albumin - 3.1	
	Globulin - 3	
	A/G ratio - 1	
	noted by Prathyusha @ 11:50pm	Dr yogeshwari
17/7/26 1AM	O/E	Adv
	pt is c/c/c	- High protein diet
two doses of inj Betamethason given @ 9:30pm	ac fair	- Bed for observation
first	Afebrile	- Monitor FHR continuous
Growth scan in morning	BP - 100/60mmHg	- NST 8th hrly
	PR - 110bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
2D ECHO, cardio review today	P/A - Ut ~ 28wk	- w/f any imminent sign
	Relaxed	- I/o charting
Inj mgso4 loading dose given	FHR + 140bpm	- Strict bed rest & foot end elevation
↓ maintainence dose	L/E - Leak present.	- Inform sos
UO - 100ml/hr clear	DTR - +	
	RR - 18	
	noted by Prathyusha @ 1Am	Dr yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 5AM	CUE- protein- trace Ketone Bodies- positive +++ Nitrite - Negative pus cell- 4-5- epi cells- 5-6	
	Noted by pradeepika	Dr Yogeshwari @ 5Am
17/7/26 5AM Two doses of Betnesol given ↓ Mgso4 maintainance dose first Growth scan today 2D ECHG & cardio review today Vo- clear adequate 100ml/4R trace HVS, urine c/s HPLC	O/E Pt is c/c/c Gc fair Afebrile BP- 100/60mmHg PR- 94 bpm S/E- NAD P/A- Ut~ 26 wk Relaxed FHR+ 130 bpm L/E- Leak present DTR+ RR- 16.	Adv - High protein diet - Monitor FHR continuously - w/f any imminent sign - Monitor vitals - Follow drug chart - I/O charting - Bed rest c foot end elevation - pad for observation - NST 8th hrly - Inform SOS - Adequate hydration
	Noted by pradeepika @ 5Am	Dr Yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026 9 AM.	S/E- pt is c/c/c	Adv:
	GC- Fair	- High protein diet
	Afebrile.	- Adeq. Hydration
Two doses betnesol covered	BP- 101/91 mmHg.	- Strict bed rest c footend elevation
	PR- 91 bpm.	- monitor vitals.
	RR- 14/min.	- I/o charting
U/O - 100ml clear, adeq.	DTR (+)	- NST 8th hourly
Growth scan 2D Echo & cardio review today	P/A - wt ~ 26 w/s.	- Follow drug chart
	Relaxed.	- Inform SAS.
on MgSO4 maintainance dose.	FHR (+) 132 bpm	- continuous FHR monitoring.
Face HVS, UCS, HPLC	L/E- leak (+)	-
	Noted by Rani 17/7/26 @ 9AM	Dr. Nikhita
17/7/2026 12 PM.	c/s/e Dr. Prashanth sir (cardiologist)	
	2D Echo - done - Normal.	
	pt. can be taken up for procedures/ surgery with moderate risk.	
	Noted by Rani 17/7/26 @ 12 PM	Dr. Nikhita

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Mrs G VEENILA 40 Y 5 M 17 D (F)
01-02-1986
Dr. MADHUMITA ANIRUDDHA GITAY

(3)

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2026 1pm	O/E - pt is c/c/c	Adv:
	GC - Fair	- High protein diet
	Afebrile.	- Adeq. Hydration
U/O 100 ml/hr clear, adeq.	BP - 112/70 mmHg	- Strict bed rest c footend elevation
	PR - 89 bpm	
	DTR (+)	- monitor vitals.
on Mg SO4 maintainance dose.	RR - 16/min.	- F/O chasting
	P/A - wt ~ 26 wks.	- NST 8th hourly
Trace HVS, UCS, HPLC.	Relaxed.	- Follow drug chart
	FHR (+) 128 bpm.	- Continuous FHR
	P/E - No active leak	- Inform SOS.
	Noted by Rani 17/7/26 1PM	Dr. Nikhita
17/7/26 1:30PM	GROWTH Scan	
	SLIUF, 26+2 weeks	
	Breech.	
	Placenta - Posterior, High.	
	AFI - 9.3cm.	
	AC - 22%	
	EFW - 899 gms	
	Doppler - Normal	
	Noted by Rani 17/7/26 1:30pm	Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	O/E - pt is c/c/c	Adv:
5 pm.	GC - Fair	- High protein diet
	Afebrile.	- Adeq. Hydration
	BP - 110 / 79 mmHg	- Strict bed rest c̄
U/O	PR - 80 bpm.	footend elevation.
90-100 ml/hr	RR - 15 / min.	- Continuous FHR
clear, adeq	S/E - NAD	monitoring
	DTR ⊕	- monitor vitals
↓ MgSO4 maintainance	P/A - ut ~ 26 wks	- Follow drug chart
	relaxed	- Inform SOS.
	FHR ⊕ 134 bpm.	
	L/E - No active leak.	Dr. Nikhita
Noted by Rai Pappu 5 pm		
17/7/26		
9:00 pm	O/E	
	Pt is CC, CC Fair	Adv
	Afebrile	- High protein diet
	BP - 110/70 mmHg	- Strict Bed Rest c̄
urine o/p Adeq output clear.	PR - 82 bpm	footend elevation
	C/E - NAD	- FHS monitoring
MgSO4 completed @ 8 pm	P/A - Ut ~ 26 wks	- Ade Hydration
	Relaxed	- Follow Drug chart
	FHS ⊕	- monitor vitals
	Ut - NAD.	- Inform SOS
Noted by [illegible]	17/7/26 @ 9 PM	
		Dhanusika.

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Dr. MADHUMITA ANIRUDDHA GITAY

(II)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26		Adv:
1 AM.	O/E- pt is c/c/c	- High protein diet
	Gc - Fair.	- Adeq. Hydration
	Afebrile	- Strict bed rest c
	BP - 116/79 mmHg.	footend elevation.
U/O clear, adeq.	PR - 79 bpm	- Continuous FHR monitoring
NST reactive.	S/E - NAD.	- monitor vitals
	P/A - ut ~ 26 wks	- Follow drug chart
	relaxed.	- Inform SOS
	FHS ⊕ 130 bpm.	
	U/E - No active leak.	Dr. Nikhita
	Noted by Meghna 18/7/26 1Am	
18/7/26	c/o throat pain	
5 Am.	O/E- pt is c/c/c	Adv:
	Gc - Fair.	- High protein diet
	Afebrile.	- Adeq. Hydration
	BP - 117/78 mmHg	- Strict bed rest c
	PR - 86 bpm.	footend elevation
U/O 2245 ml clear, adeq.	S/E - NAD.	- Continuous FHR monitoring.
	P/A - ut ~ 26 wks.	- monitor vitals.
	relaxed.	- Follow drug chart
	FHS ⊕ 126 bpm.	- Inform SOS
	U/E - No active leak.	
	Noted by Meghna @ 18/7/26 5Am	Dr Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9AM	O/E Pt is c/c/c	(Primi c̄ 26+3 weeks)
	GC fair	Adv
	Afebrile	- High Protein Diet
	BP- 116/74 mmHg	- Adequate hydration
U/O - 400ml Ascpully clear	PR - 78 bpm	- Strict bed rest c̄ Foot
	S/E - NAD	End elevation
	P/A - Ut ~ 26 wks	- Continuous FHR
	Relaxed	monitoring
	FHR ⊕ 131 bpm	- Monitor vitals
	LE - No active leak.	- Follow drug chart
		- Inform SOS.
	Noted by pratyusha @ 9Am	Dr. Greeshma
18/7/26 10:15 Am.		Primi 26+3 weeks c̄ PPROM
	O/E pt is c/c/c	
	GC fair	Adv
	Afeb	- High protein Diet
	BP - 117/70 mmHg	- Adq hydration
	PR - 72 bpm	- Strict bed Rest c̄
Remove foleys	S/E NAD	foot end elevation
	P/A ut ~ 26 wks	- Cont FHR monitoring
	Relaxed	- Monitor Vitals
pt can be discharged.	FHR ⊕ 132 bpm	- Follow drug chart
	L/E No active leak	- Inform SOS
		Dr Nausheen
	Noted by pratyusha @ 10:15 Am	

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Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

NURSING CARE RECORD

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Date: 16/7/21

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	4pm	monitor vitals	4pm	checked vitals	vitals are normal	Patient was Stable	16/7/21
	6pm	Ensure safety	6pm	provide side rails	to prevent fall from bed side	Patient was Safe	

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Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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NURSING CARE RECORD

Date: 12/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.......
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	→ Maintain fluid balance	8:15 Am	→ provided plenty of oral fluids	→ Maintained fluid balance	→ Re-Assessed maintained fluid balance	Rai 12/7/26 @ 8Am
	12pm	→ ensure safety	12pm	provided side rails	to prevent from fall	patient is safe	[illegible] 12/7/26 @ 12pm
Afternoon	2pm	Ensure Safety	2pm	provided side rails	→ to prevent bed falls	patient is safe	pooja 12/7 @ 6pm
	7pm	Prevent Infection	7 pm	maintain ~~infection~~ hand hygine	To prevent Infection	patient is safe	
Night	9 Pm	Ensure safety	9 Pm	To provied side rails	To prevent fall	patient is safe	[illegible] 13/7/26 @ 8am
	6 AM	Maintain fluid Balance	6 AM	provided plenty of oral fluids	maintainted fluid Balance	Patient is Stable	

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 17 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 18/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 Am	Ensure Safety	10 Am	Provide side rails	To prevent fall from bedside	Patient was safe.	Madhu @ 10 Am 18/7/26
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order	
16/7/26	FHRME FHR Contractions Time - FHR - contr			
	9pm	142 bpm	10 am	- 142 bpm
	9:30pm	148 bpm	10:30 am	- 138 bpm
	10pm	132 bpm	Nil 11 AM	- 145 bpm
	10:30pm	150 bpm	11:30 Am	- 143 bpm
	11pm	141 bpm	12 Pm	- 148 bpm
	11:30pm	135 bpm	12:30pm	- 142 bpm
17/7/26	12 Am	130 bpm	1 Pm	- 130 bpm
	12:30Am	146 bpm	1:30pm	- 137 bpm
	1 Am	142 bpm	Nil 2 Pm	- 128 bpm
	1:30Am	139 bpm	2:30 Pm	- 129 bpm
	2Am	132 bpm	3 Pm	- 135 bpm
	2:30 Am	141 bpm	3:30 Pm	- 148 bpm
	3Am	138 bpm	4Pm	- 152 bpm
	3:30Am	129 bpm	4:30pm	- 153 bpm
	4Am	142 bpm	5 Pm	- 145 bpm
	4:30Am	150 bpm	Nil 5:30pm	- 138 bpm
	5Am	146 bpm	6 pm	- 141 bpm
	5:30Am	130 bpm	6:30pm	- 148 bpm
	6Am	137 bpm	7 Pm	- 140 bpm
	6:30Am	128 bpm	7:30pm	- 145 bpm
	7Am	131 bpm	8 Pm	- 152 bpm
	7:30Am	136 bpm	8:30 Pm	- 148 bpm
	8Am	138 bpm	9:00 Pm	- 142 bpm
	8:30am	140 bpm	9:30 Pm	- 138 bpm
	9am	136 bpm	10:00 Pm	- 140 bpm
	9:30 am	138 bpm	10:30 Pm	- 145 bpm

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Dr. MADHUMITA ANIRUDDHA GITAY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Date	Time FHR	Contraction
17/7/26	11:00PM - 144 b/mt	
	11:30PM - 142 b/mt	
18/7/26	12:00AM - 132 b/mt	
	12:30AM - 138 b/mt	
	1:00AM - 140 b/mt	
	1:30AM - 147 b/mt	
	2:00PM - 148 b/mt	
	2:30PM - 146 b/mt	
	3:00AM - 147 b/mt	
	3:30AM - 160 b/mt	
	4:00AM - 152 b/mt	
18/7/26	4:30AM - 146 b/mt	
	5:00PM - 142 b/mt	
	5:30AM - 149 b/mt	
	6:00AM - 136 b/mt	
	6:30AM - 147 b/mt	
	7:00AM - 142 b/mt	
	7:30AM - 139 b/mt	
	8:00AM - 145 b/mt	

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Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

①

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BirthRight™ BY RAINBOW HOSPITALS
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primigravida c̄ 29+ weeks c̄ IVF conception c̄ advanced maternal age c̄ breech presentation c̄ cervical incompetence c̄ preterm premature rupture of membranes

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: —

Surgery / Procedure: —
Post OP Day: for observation / delivery

BACKGROUND	Date / Shift	16/7 N	17/7 M	17/7/26 E	18/7/26 N	18/7/26 M	
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	
	Diet:	(N) diet	(N) diet	(N) diet		(N) diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.2°F	98°F	98.6°F	98.1°F	98.6°F	
	Res:	19 b/mt	19 b/mt	19 b/mt	17 b/mt	18 b/m	
	SpO_2:	96%	98%	98%	99%	99%	
	Pulse:	90 b/mt	92 b/mt	86 b/mt	88 b/mt	82 b/m	
	BP:	90/56 mmHg	102/60 mmHg	100/70	110/73 mmHg	110/70 mmHg	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	15	15	15	15	15	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	(N) diet	(N) diet	(N) diet		(N) diet	
	Critical Lab Test / Values:		—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:		—	pad for obser	pad for observ	PHR counting pad for observation	PHR monitor	
Handed Over By Name :		[illegible]	Rani	Rani	[illegible]	Kishalini	
Signature / ID :		020537	021082	020827	020573	020477	
Date:		17/7/26	17/7/26	17/7/26	18/7/26	18/7/26	
Time:		@8 Am	2 PM	8 Pm	@ 8am	10:05 Am	
Taken Over By Name :		Rani	Rani	[illegible]	Kishalini		
Signature / ID :		0208[illegible]	020827	020573	020477		
Date:		17/7/26	17/7/26	17/7/26	18/7/26		
Time:		8 Am	2 PM	@8 PM	8AM		

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Dr. MADHUMITA ANIRUDDHA GITAY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

BirthRight | Madhukar Rainbow Children's Hospital ... to treat the little.

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Mrs G VEENILA
01-02-1986 40 Y 5 M 16 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Doctor Name : DR. PRASHANTH

Date : ...... Hour : ......

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ...... Time : ...... By : ......

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

S/B of cardiologist

No h/o DM°/ HTN°/ CAD°/ Drug allergy°/ CVA°/ Br. Asthma°/ Fits°/ Epilepsy°.

HR - 100/m
BP - 100/70 mmHg
CVS S1S2 ⊕
no clicks
murmurs

Can be taken up for procedure/surgery with moderate risk

Consultant :

Name : ...... Signature : ...... Date & Time : ......

NOTE : If more space is required use another consultation sheet as continuation

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs G VEENILA**	**Age :**	**40 Y 5 M 15 D**
IP No:	**IP-00060732**	**Sex:**	**Female**
Consultant:	**Dr. MADHUMITA ANIRUDDHA GITAY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

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

ient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: J. RAJ LUCUS
Relationship: HUSBAND
Date: 16/07/2026 Time: 09.02 P.M
Wittness Name:
Wittness Signature:

Patient Address:
HNO-1-19-119-19/1 ,VENKATAPURAM,
ASAF VILLAGE Venkatapuram
Hyderabad Telangana INDIA 500015

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(1)

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

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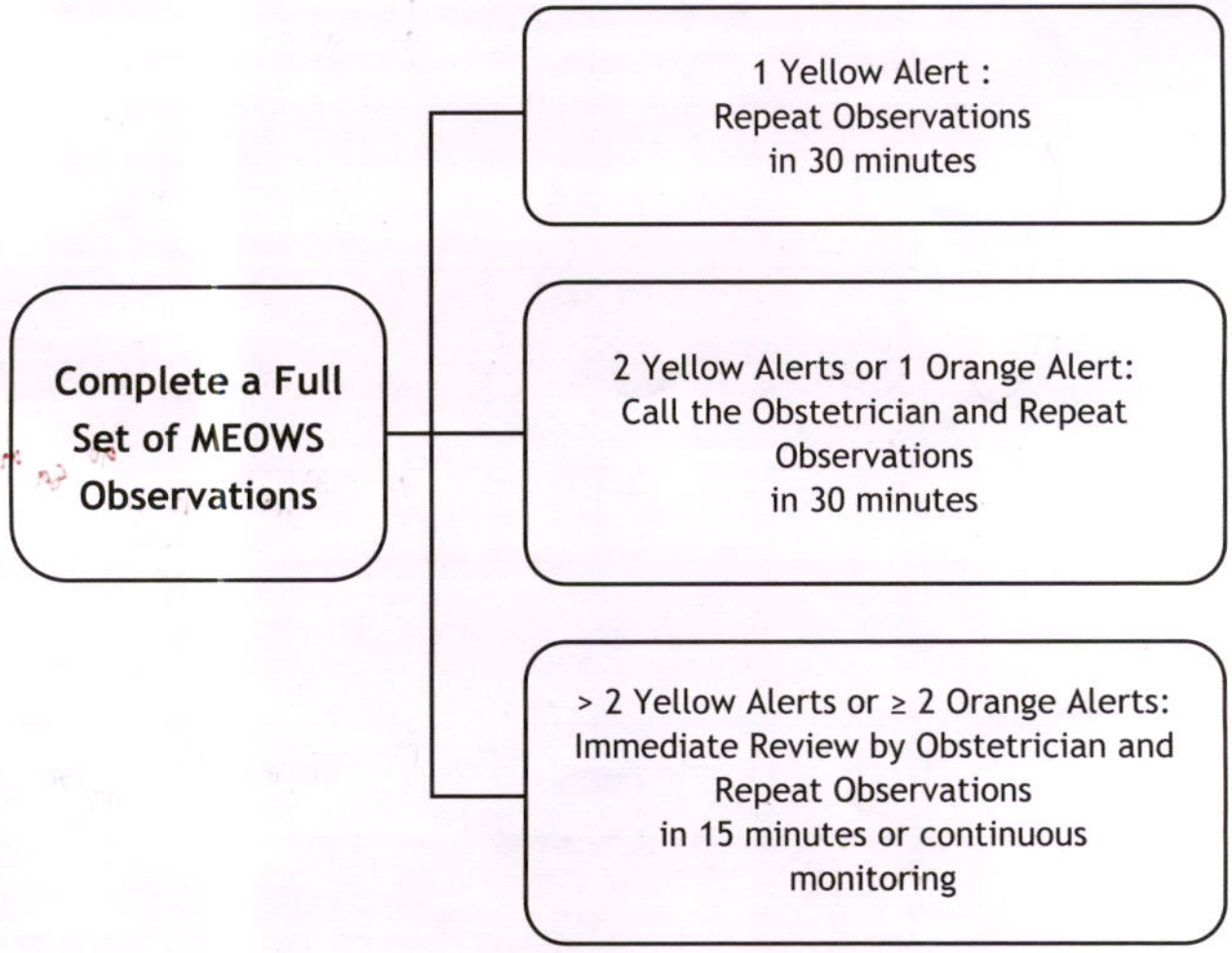
Early Warning Observation Score Chart - Obstetrics

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

16/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20														19		19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %														99		99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37														36.8°C		37.2°C	36.1°C	36.8°C	36.9°C	37.2°C	37.1°C	36.8°C	36.8°C	37.1°C
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																					90			
	80														80		88	79	80	70	72		89	92	91
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120														110										
	110																100	90	103	113	102	99	100	90	101
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60													60		62	58	55	52	61	50	52	51	58	60
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30													✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													NAD		NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD
	Heavy / Foul																								
Liquor	Clear / Pink													NAD		NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD
	Green																								
TOTAL YELLOW SCORES														0		0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES														0		0	0	0	0	0	0	0	0	0	0
Nurse Initial														SN		SN	SN	SN	SN	SN	SN	SN	SN	SN	SN

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00207008 IP-00060732
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01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(2)

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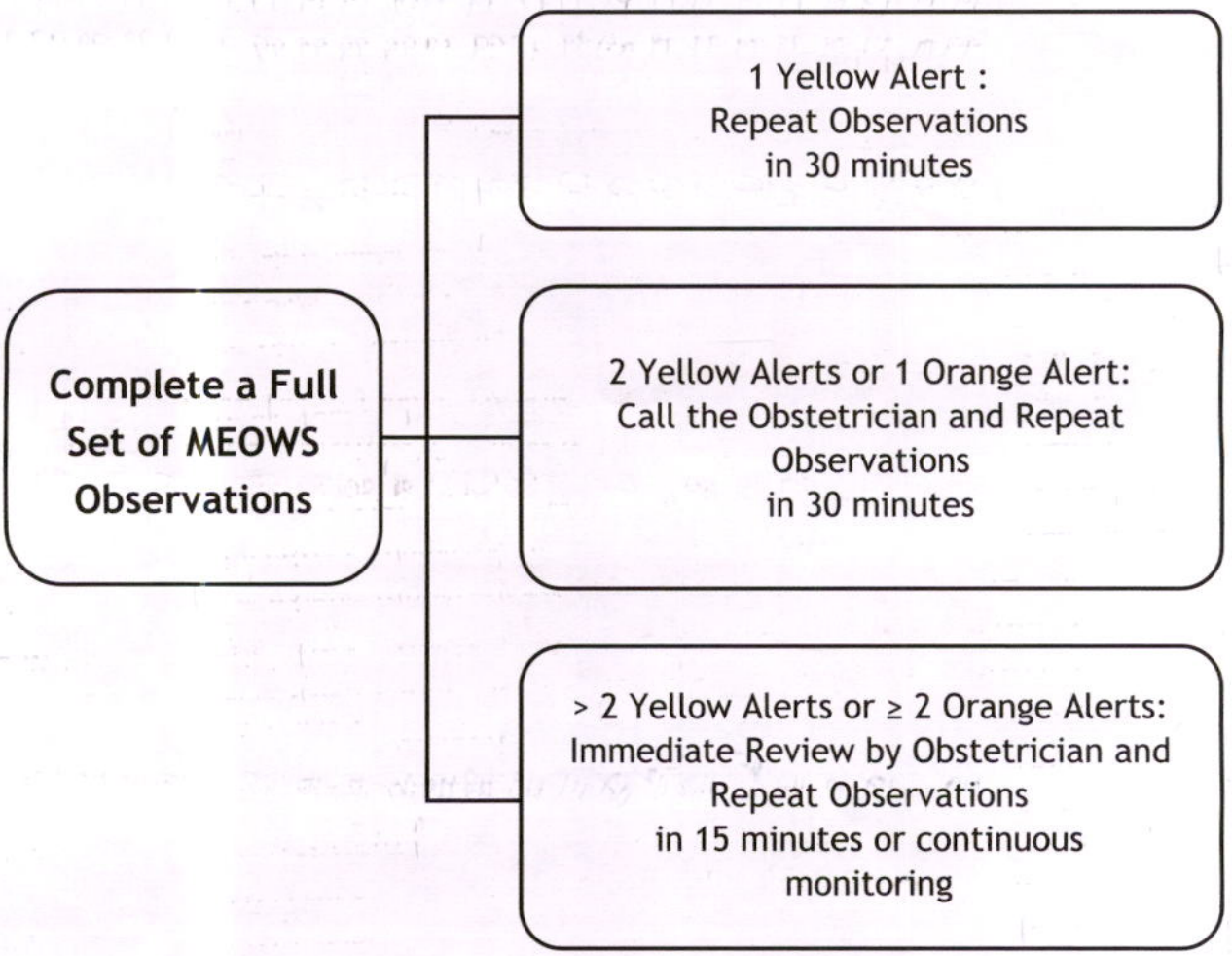
Early Warning Observation Score Chart - Obstetrics

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

17/8/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	86	75	80	70	89	80	80	92	96	74	85	85	85	86	80	82	83	79	85	90	98	89	92	86
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110		109	110	112	120	110	112	112	111	115	112	115	110	112	110	115	116	115	113	115	114	113	117
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		76	70	70	70	79	80	75	68	76	80	76	75	74	79	75	79	70	74	79	77	82	78
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA	✓	NA	✓	NA	✓	NA	✓	NA	✓	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA		NA		NA		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Green																								
TOTAL YELLOW SCORES		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES		1	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 17 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

(3)

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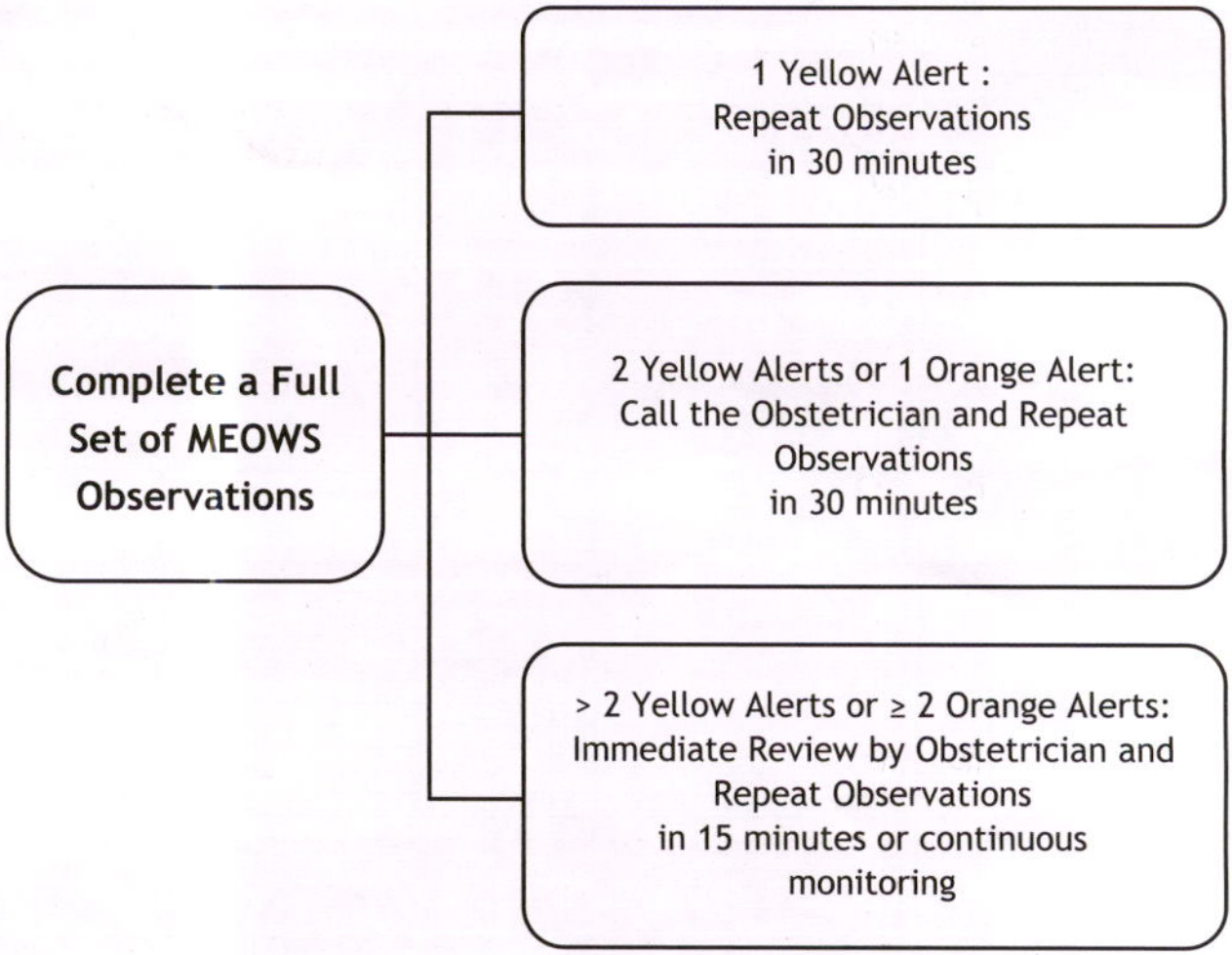
Early Warning Observation Score Chart - Obstetrics

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

18/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19		19																					
	0 - 10																								
Saturations	94 - 100 %	99		99																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	37°		37																					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		89																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		110																					
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		72																					
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓																					
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NAD		NAD																					
	Heavy / Foul																								
Liquor	Clear / Pink	NAD		NAD																					
	Green																								
TOTAL YELLOW SCORES		0		0																					
TOTAL ORANGE SCORES		0		0																					
Nurse Initial		SB		SB																					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	H_2O 100ml										
	09:00 pm	H_2O 100ml										
	10:00 pm	H_2O 100ml + Inj. $MgSO_4$ 25ml/hr								50ml		
	11:00 pm	H_2O 50ml + Inj. $MgSO_4$ 25ml/hr								100ml		
	12:00 am	Inj. $MgSO_4$ 25ml/hr								100ml		
	01:00 am	H_2O 50ml + Inj. $MgSO_4$ 25ml/hr								50ml		
Total Intake :		450 ml				**Total Output :**				300ml		
	02:00 am	H_2O 100ml + Inj. $MgSO_4$ 25ml/hr								100ml		
	03:00 am	Inj. $MgSO_4$ 25ml/hr								100ml		
	04:00 am	Inj. $MgSO_4$ 25ml/hr								100ml		
	05:00 am	H_2O 50ml + Inj. $MgSO_4$ 25ml/hr								100ml		
	06:00 am	Inj. $MgSO_4$ 25ml/hr								150ml		
	07:00 am	H_2O 100ml + Inj. $MgSO_4$ 25ml/hr								100ml	0	
Total Intake :		400 ml.				**Total Output :**				650ml.		

Total 24 hrs. Intake	850ml.	Total 24 hrs. Output	950ml.

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FLUID CHART

Sheet No. : 2

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
17/7	08:00 am	H2O 100ml mgso4-25ml								100ml	0	[illegible] 17/7 @10AM
	09:00 am	H2O 100ml Ripepa-100ml								100ml	0	
	10:00 am	H2O-100ml, mgso4-25ml								100ml	0	
	11:00 am	H2O+ 100ml mgso4-25ml								50ml	0	
	12:00 pm	H2O+ 100ml mgso4-20ml								35ml	0	
	01:00 pm	H2O+ 100ml mgso4-20ml								150ml	0	
Total Intake :		825 ml						**Total Output :**		535 ml		
17/7	02:00 pm	H2O-100ml, mgso4-25ml								100ml	0	[illegible] 17/7 @8PM
	03:00 pm	H2O-100ml, mgso4-25ml								100ml	0	
	04:00 pm	H2O-100ml, mgso4-25ml								100ml	0	
	05:00 pm	H2O-100ml Ripepa-100ml								100ml	0	
	06:00 pm	H2O-100ml mgso4-25								100ml	0	
	07:00 pm	H2O-100ml mgso4								100ml	0	
Total Intake :		750 ml						**Total Output :**		600 ml		
17/7	08:00 pm	H2O 100ml								150ml	0	[illegible] 18/7/26 @8AM
	09:00 pm	H2O+50ml								100ml	0	
	10:00 pm	H2O+50ml								100ml	0	
	11:00 pm	H2O+100ml								50ml	0	
	12:00 am	H2O+50ml								50ml	0	
18/7	01:00 am	H2O+50ml								100ml	0	
Total Intake :		400ml						**Total Output :**		550ml		
18/7	02:00 am	H2O+100ml								150ml	0	[illegible] 18/7/26 @8AM
	03:00 am	H2O+50ml								100ml	0	
	04:00 am	H2O+50ml								80ml	0	
	05:00 am	H2O+50ml								80ml	0	
	06:00 am	H2O+100ml								100ml	0	
	07:00 am	H2O+100ml								50ml	0	
Total Intake :		450ml						**Total Output :**		560		

Total 24 hrs. Intake	2425 ml	Total 24 hrs. Output	2245 ml

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FLUID CHART

Sheet No. : 3

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/1/26	08:00 am	H_2O	50ml							50ml	0	18/1/26 9AM
	09:00 am	H_2O	100ml							50ml	0	
	10:00 am	H_2O	100ml							50ml	0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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.

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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Ref. No. : F / HW / DC / RP / INPR / 05.a

(1)

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		(1)	L/W	52kg

REGULAR PRESCRIPTIONS

DRUG : T- ECOSPRIN

Dose	Route	Frequency	Start Dt.
150 MG	PO	ONCE DAILY	17/7

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

Additional Instructions: STOP 18/7/26, 9 AM

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : T. PROGESTERONE SUSTAINED RELEASE

Dose	Route	Frequency	Start Dt.
300 MG	PO.	12TH HOURLY	17/7

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

Additional Instructions: T- NATUROGEST SR.

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Date ➤ Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤ Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤ Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤ Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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DRUG CHART

Date of Admission: 16/7/2026 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

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 .....

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01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

I.V. FLUIDS CHART

Weight. 52kg Ward. LHO

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/7/26	10 pm	INJ MAGNESIUM SULPHATE 4GM IN 100ML NORMAL SALINE	IV	200ml/HR	✓	✓	16/7	✓	✓
16/7/26	10:45 pm	INJ MAGNESIUM SULPHATE 20GM IN 460 ML NORMAL SALINE	IV	25ml/HR	✓	✓	17/7 7:30 pm	✓	✓

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

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 17 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 52kg Ward. LW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7/26	9:30pm	INJ BETAMETHASONE	12MG	IM		

Signature

VERIFIED BY : Name

VIH-00207008 IP-00060732
Mrs G VEENILA
01-02-1986 40 Y 5 M 15 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

REGULAR PRESCRIPTIONS

Weight. 52kg Ward. CLW

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	ONCE DAILY	17/7/26

Name & Signature of the Doctor Starting the Drugs:
Yi DR YOGESHWARI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	Time																
16/7		17/7															
		6 AM															

16/7/26 Clerk

DRUG : INJ PIPERACILLIN AND TAZOBACTAM

Dose	Route	Frequency	Start Date
4.5gm	IV	8TH HOURLY	17/7/26

Name & Signature of the Doctor Starting the Drugs:
Yi DR YOGESHWARI

Additional Instructions:
AFTER TEST DOSE IN 100ML NORMAL SALINE.

Daily Doctor's Endorsement by a Sign

Date	Time																
16/7		17/7															
		-1 AM															
		9 PM															
		5 PM															

16/7/26 Clerk

DRUG : T. IRON

Dose	Route	Frequency	Start Date
1 TAB	PO	ONCE DAILY	17/7

Name & Signature of the Doctor Starting the Drugs:
DR. NIKHITA.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : T. CALCIUM

Dose	Route	Frequency	Start Date
1 TAB	PO	ONCE DAILY	17/7

Name & Signature of the Doctor Starting the Drugs:
DR. NIKHITA.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist