

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020661 Admit Date : 27-May-2026 Admit Time : 10:24 AM UHID : FDH-00037558

Patient Details :

Patient Name	: Mrs INDRANI P	Age	: 34 Y 0 M 17 D
Guardian	: Mr PRAVEEN KUMAR	DOB	: 10-05-1992
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: block g flat 505 mayfair apartments tellapur Ramachandra puram Sangareddy Telangana INDIA 502032	Phone No	: 9502285551/
		E-mail	: 9502285551@dummy

Admission Details :

Bed Type : MICU Bed No : LDR-01 Ward Name : 4F -LDR
Room No : LDR-01 Admission Type : First Visit

Contact Details :

Name : Mr PRAVEEN KUMAR Relationship : Husband
Contact Address : block g flat 505 mayfair apartments tellapur
Ramachandra puram Sangareddy Telangana
INDIA 502032 Phone No : / 9701114454

Signature

Doctor Details :

Doctor Name : Dr. UDITA MUKHERJEE Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. YELAMANCHILI VIJAYA SNEHA

Payment Details :

Deposit Amount : 10000.00
Payment Mode : DC/CC Card Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020661 Admit Date : 27-May-2026 Admit Time : 10:24 AM UHID : FDH-00037558

Patient Details :

Patient Name : Mrs INDRANI P Age : 34 Y 0 M 17 D
Guardian : Mr PRAVEEN KUMAR DOB : 10-05-1992
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : block g flat 505 mayfair apertments tellapur
Ramachandra puram Sangareddy Telangana
INDIA 502032 Phone No : 9502285551/
E-mail : 9502285551@dummy

Admission Details :

Bed Type : MICU Bed No : LDR-01 Ward Name : 4F -LDR
Room No : LDR-01 Admission Type : First Visit

Contact Details :

Name : Mr PRAVEEN KUMAR Relationship : Husband
Contact Address : block g flat 505 mayfair apertments tellapur
Ramachandra puram Sangareddy Telangana
INDIA 502032 Phone No : / 9701114454

P. Praveen
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

DISCHARGE SUMMARY

Name	Mrs INDRANI P	UHID	FDH-00037558
Father/Guardian	Mr PRAVEEN KUMAR	Age/Gender	34 Y 0 M 17 D/ Female
Address	block g flat 505 mayfair apartments tellapur, Ramachandra puram, Sangareddy, Telangana, INDIA, 502032		
IP No	IP25-00020661	Admission Date	27-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:

Dr. Udita Mukherjee

MBBS,DGO,DNB (OBG),MRCOG (UK),FMAS

Consultant Obstetrician & Gynaecologist, Laparoscopy Specialist.

Reg. No: 31031

Diagnosis: G2P1L1 AT 36 + 4WEEKS GESTATION WITH 1 PREVIOUS LSCS WITH GESTATIONAL HYPOTHYROID WITH GDM ON OHA WITH PPROM IN EARLY LABOUR.

VAGINAL BIRTH AFTER CESAEREAN SECTION DONE, DELIVERED A LIVE MALE CHILD WEIGHING 2.624KGS ON 27.05.2026 AT 01:19PM.

History:

LMP: 05.09.2025

Obstetric formula: G2P1L1

EDD: 20.06.2026

Gestation at admission: 36+4 weeks

Obstetric History:

G1 - 2022 - LSCS in v/o FGR with cord around the neck - Female - B.Weight 2.25kgs - A&H.

G2 - Present pregnancy, Spontaneous conception.

Medical History : H/O - Gestational hypothyroid since conception, now on



Name	Mrs INDRANI P	UHID	IP25-00037558
IP No	IP25-00020661	Admission Date	27-05-2026

Tab. Thyronorm 37.5mcg

H/O - GDM diagnosed at 26+1 weeks, now on Tab. Glycomet SR 500mg twice daily.

Family History : Both parents - DM.

Surgical History: LSCS - 2022

Allergies : Nil

Antenatal Details:

Mrs. INDRANI P, was booked to Rainbow hospital at 6 weeks of gestation. She had regular antenatal checkups and investigations as advised. Gestational hypothyroid since conception, now on Tab. Thyronorm 37.5mcg. EFTS and NT scan at 12+2 weeks was normal. TIFFA scan at 20+6 weeks was normal. Serial growth scans were done and were normal. GDM diagnosed at 26+1 weeks, now on Tab. Glycomet SR 500mg twice daily. Scan done on 23.05.2026 showed SLIUF at 36 weeks in cephalic, placenta anterior, high, AFI 11.6cm, EFW 2501grams (20%), AC 16%, Fetal dopplers were normal, Scar thickness was 3.2mm. She was explained about VBAC and risks and benefits of TOLAC. She had tightness in abdomen and increased vaginal discharge at 36 weeks P.V revealed cervix favorable 1 F loose membranes present, presenting part vertex station -1. In 4 days patient came with complaints of leaking per vaginum associated with pain abdomen since 8AM on 27.05.26 and she was given TOLAC. She was admitted at 36+4 weeks with PPROM in early labor for TOLAC.

Investigations: Blood grouping " A" Rh positive.

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was moderately contracting, cervix was 80% effaced, 2cm dilated with clear liquor draining, Presenting part vertex, station - 1. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for TOLAC. As per hospital protocol she was started on IV. Taxim in view of



Name	Mrs INDRANI P	UHID	IP25-00037558
IP No	IP25-00020661	Admission Date	27-05-2026

ruptured membranes. Partographic monitoring of labor was done. Patient opted for epidural analgesia at 3 cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 1pm. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

Baby was delivered by spontaneous vaginal delivery (VBAC) , Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

*** Shoulder dystocia present, baby shoulders delivered by Mc Robert's maneuver.**

*** Single loop of cord around the neck present.**

Delivery Details:

Date : 27.05.2026
Time of Delivery: 01:19PM
Type of Labor : Spontaneous
Type of Delivery: Spontaneous vaginal delivery (VBAC)
Analgesia : Epidural

Baby Details:

Date : 27.05.2026
Time : 01:19pm
Sex : Male



Name	Mrs INDRANI P	UHID	IP25-00037558
IP No	IP25-00020661	Admission Date	27-05-2026

Weight : 2.624kgs
 Apgar : 8,9
 Gestational Age: 36+4 weeks
 NICU Admission: No.

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first postpartum day episiotomy wound was healthy and intact. Her blood sugars were monitored on postnatal day 1 and were normal. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 02.06.2026 (9am-9pm) after food.
2. Tab. Zerodol SP twice daily till 02.06.2026 (10am - 10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 02.06.2026 (7am-7pm) before food.
4. Tab. Ultracet (sos) after food if excess pain present.
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 after food.
7. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.
9. To do S.TSH, FBS, PLBS, HBA1C after 2 weeks and review.

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).



Name	Mrs INDRANI P	UHID	IPH-00037558
IP No	IP25-00020661	Admission Date	27-05-2026

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 Consultation) after one week on 03.06.2026 with prior appointment.

Review with Dr. UDITA MUKHERJEE after one week on 03.06.2026 at postnatal clinic with prior appointment.

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

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 Rainbow Nanakramguda or just dial one toll free number - 18002122.

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

Dr. Pooja
Registrar/Resident/C.M.O

Consultant:

Dr. Udita Mukherjee

MBBS,DGO,DNB (OBG),MRCOG (UK),FMAS

Consultant Obstetrician & Gynaecologist, Laparoscopy Specialist.

Reg. No: 31031



ACTIVE FDH-00037558 IP25-00020661 **VG**

Name: -- Mrs INDRANI P
10-05-1992 34 Y 0 M 17 D (F)
Dr. UDITA MUKHERJEE



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
27/5/26	7:19 pm	MICU	ward	Priyanka
29/5/26	10.26 AM	ward	Billing	Suma

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Vaibhvi Harne	28/5/26	1503	Caashmi
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Co-oby sumi
29/05/26
e. Susan

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	Iv placement	①	80988	[Signature]
"	Cultuzation	①	81	[Signature]
"	PAC (Basic)	①	80989	[Signature]
OK by [Signature] 27/05/26 4:30 PM				
OK by [Signature] 29/05/26 @ 8:00 AM				

ANY OTHER INFORMATION

 Patient failed return to attend or
 [Signature]

Date: 27/5/26 Time: @ 10:24 AM Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26	cb by DR UDITA	
11:50 AM	AC pt conscious coherent Afebrile PR 88 bpm BP- 108/64 mmHg SpO2 - 99% cPA FA - ut contract 3/30" 11/min FUR (+) Pr - cx well effaced os 3cm dilated PPVx nt-2 clear liq (+)	Adv 1) NST 2) ut syntocinon 6ml/hr 3) Epidural counselling 4) monitor vitals 5) w/ contractions 6) w/ progress of labor 7) Inform SB 8) In DOUTH 4mg iv <u>swell</u> In BUSCOPAR 2mg iv
27/05/26	Post epidural	Adv
12:40 PM	AC pt ok Afebrile PR 92 bpm BP - 116/81 mmHg SpO2 - 99% cPA FA - ut contract 3/40" 11/min FUR (+) Pr - cx well effaced os 3cm dilated PPVx nt-2 L-1	1) NST 2) Reduce syntocinon to 4ml/hr 3) Give left lateral position 4) I/O RL ff 5) O2 inhalation 6) w/ contractions 7) Strictly monitor PR/SP/ SpO2 - 8) Inform SB <u>swell</u>
NST Reduced variability		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 T: 5:00pm	0-PND Glc fair Afebrile. PR-80bpm. BP-126/70mmHg SpO ₂ -99% on RA P/A- Ut @ well P/L- NAB	Adv 1) Diabetic diet. 2) Plenty of oral fluids 3) Drugs as charted. 4) W/F BPV 5) Monitor vitals 6) Uniform SOS 7) TO do FBS, PPBS, PLBS on 28/5/26
27/5/26 21:20pm	<u>PND-0</u> Glc ptal Afebrile PR 84bpm BP-109/72mmHg SpO ₂ 97% on RA PA ut @ well OLE-BWM	Adv 1) DIABETIC DIET + ORAL FLUIDS. 2) FOLLOW DRUG CHART 3) MONITOR VITALS 4) ENCOURAGE 2 nd by SBR 5) PERINEAL CARE 6) TO do FBS, PPBS, PLBS } 28/5/26 7) W/F Active bleeding or SOS
Baby mb		
Shift to room		

DH-00037558 IP25-00020661
 Mrs INDRANI P
 0-05-1992 34 Y 0 M 17 D (F)
 Dr. UDITA MUKHERJEE

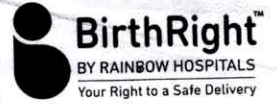


2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/20 Spw.	PND-0	Adv
	Gcjar	1) Diabetic diet
	Afebrile	2) Plenty of oral fluids
	PR- 86bpm	3) Drugs as charted
Baby-m/s	BP- 112/70mmHg	4) Monitor vitals
	PIA- UT(R) well	5) EBF / Ambulation
	Plv - NAB	6) To do FBS; PPBS, PLBS - 28/5/20
		7) w/f BpV.
		8) Inform SOS
28/5/20	PND-1.	
Gam	Gcjar	Rx:
	Afebrile.	1) Diabetic diet
	PR- 82	2) Plenty of oral fluids
	BP- 110/80	3) Drugs as charted
	PIA- U/W	4) Monitor vitals
Baby-m/s	Plv - NAB.	5) EBF / Ambulation
		6) w/f BpV.
		7) Inform SOS
	Trace FBS → 104.	
	PPBS →	
	PLBS →	

DH-00037558 IP25-00020661
 Mrs INDRANI P 34 Y O M 17 D (F)
 Dr. UDITA MUKHERJEE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	<u>PND-1</u>	c/s/B Dr Y. Vijaya Sreha
3:40pm	No complaints	R
Baby	Gc fair	1. Diabetic diet
Well	Afebrile	2. Ambulation
PR: 84/min	BP: 104/73mmHg	3. Drugs as charted
SP02: 99%	P/A: Ut (R) well	4. Monitor vitals & th hourly
P/V BLOW		5. w/f bleeding /u
FBS - 104 mg/dl		6. Perineal care
PPBS - 98 mg/dl		-> Inform sos
PLBS - 145 mg/dl		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 8W </div> DRY/urine
Discharge		
Remove IV Cannula		
28/5	<u>PND I</u>	<u>Adv</u>
3pm	Gc fair	- Diabetic diet
PR - 84	Afebrile	- ambulate
SP02 - 99%	BP - 110/70 mmHg	- diabetic diet
P/A - well	PR - 84	- w/f
P/V - well	SP02 - 99% @ 2M	- perineal care
PR - 84	P/A - well	- wound
P/V - well	PR - 84	- Inform sos
		adv



3

PROGRESS NOTES AND DOCTOR'S ORDER

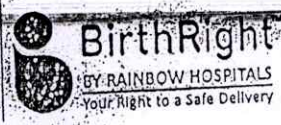
Date & Time	Progress Notes	Doctor's Order
28/5 8pm	<u>PND 1</u> GC fair Afebrile	Adv - Diabetic diet - ambulate
28/5 M	BP - 112/84 mmHg PR - 80bpm SpO2 - 99% @ RA RA - clear PL - NAB	- drug as charted - plenty of oral fluid - perineal care - @ vitals - Injones
28/5 8pm	<u>UTI IT or urine</u> ↓ PNS, PPRS after 2 weeks	adv
29/5/26 6am	PND-2 e/o low milk supply GC fair Afebrile PR - 74 bpm	adv 1) Diabetic diet 2) EBF
Baby in/s	BP - 126/70 mmHg PLA - UT (R) well PL - NAB	3) Drugs as charted 4) Plenty of oral fluids 5) Perineal care 6) Monitor vitals 7) Injones 8) Galact granules 1tbsp in glass of milk/water BD after food 9) Plan for discharge today

328-Indrani

Physiotherapy Consult

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

CONSULTATION FORM



Doctor Name: VAIBHAVI HARNE

Date: 28/5/26

Hour: 2:45

Hospital:

Type of Referral: Emergency (within one hr.)

Urgent (within 6 hrs.) Non-Urgent (within 24 h)

Referred for: Opinion Co-Management

Date: Time: By:

Transfer of care

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

diagnosis:

POST PARTUM EXS

Signature: _____

M

Report of Findings and Recommendations:

Adv / seen for

- Neck stretches
- Upper back strengthening
- Shoulder, Wrist exercises
- Ankle pumps
- Kegel exercises
- Pelvic tilts
- Advised on ergonomics of back care
- Baby care

VM
RET

Consultant:

Name: VAIBHAVI HARNE

Signature: _____ VM

Date & Time:

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

DH-00037558 IP25-00020661
Mrs INDRANI P
0-05-1992 34 Y 0 M 17 D (F)
Dr. UDITA MUKHERJEE



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:30

Origin: Quetta Height: 152 Weight: 57.3 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: —

Diagnosis: Hypertensive 36 weeks + p.prom m. labor + 40m on HA

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: P. Indrani

Name: Indrani

Date & Time: 28/5/26 9:12

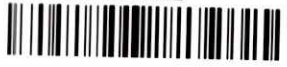
Dietician's

Signature: [Signature]

Name: Dhruv

Date & Time: 28/5/26 9:12

DM-00037558 IP25-00020661
 Mrs INDRANI P
 10-05-1992 34 Y 0 M 17 D (F)
 Dr. UDITA MUKHERJEE



REGULAR PRESCRIPTIONS

Weight Ward

Sheet No:

DRUG : BETADINE LOTION				Date Time	27/5	27/05	29/05													
Dose	Route	Frequency	Start Dt.																	
-	LA	TID	27/5	6AM X 10AM 2PM																
Name & Signature of the Doctor Starting the Drugs:				 2PM X 10AM 2PM																
Additional Instructions:				7pm 10am 2pm 10pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : SYR DUPHACAC				Date Time	27/5	29/05	29/05													
Dose	Route	Frequency	Start Dt.																	
15ml	Po	4ts	27/5	10pm 10am 2pm 10pm																
Name & Signature of the Doctor Starting the Drugs:				 10pm 10am 2pm 10pm																
Additional Instructions:				@ bedtime																
Daily Doctor's Endorsement by a Sign																				

DRUG : Galact granules				Date Time	29/05															
Dose	Route	Frequency	Start Dt.																	
1tbsp	Po	BD	29/5	10AM																
Name & Signature of the Doctor Starting the Drugs:				 10pm																
Additional Instructions:				in a glass of milk																
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																				

Signature VERIFIED

FDH-00037558 IP25-00020661
 Mrs INDRANI P 34 Y 0 M 17 D (F)
 10-05-1992
 Dr. UDITA MUKHERJEE



DRUG CHART

Date of Admission: 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 : SUPP-ZONAC				Date Time																
Dose	Route	Frequency	Start Date																	
1 tab	PR	SOS	28/5																	
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. Ward.

DRUG : 9. EFFEXIME				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
200mg	P/O	BD	27/5																	
Name & Signature of the Doctor Starting the Drugs: <u>Rad</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : 10. PANTOPRAZOLE				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
40mg	P/O	OD	27/5																	
Name & Signature of the Doctor Starting the Drugs: <u>Rad</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : 11. ZERODOL-SP				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
1 tab	P/O	BD	27/5																	
Name & Signature of the Doctor Starting the Drugs: <u>Rad</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : 12. BETADINE OINT				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
-	L/A	TID	27/5																	
Name & Signature of the Doctor Starting the Drugs: <u>Rad</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :				
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.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	11 AM	2x CEFOTAXIME	1gm	IV	[Signature]	Renuka Sh
27/5/26	10:50 AM	ENEMA	1	PR	[Signature]	Renuka Sh
27/5/26	11:35 AM	4x PROTAVERINE	4mg	IV	[Signature]	Renuka Sh
27/5/26	11:35 AM	4x NYGOSANE	20mg	IV	[Signature]	Renuka Sh
27/5	11:20 PM	1x OXYTOCIN	10U	IM	[Signature]	Renuka Sh
27/5	12:25 PM	1x MISOPROSTOL	600mcg	P/R	[Signature]	Renuka Sh
27/5	12:30 PM	Supp DICLOFENAC	100mg	P/R	[Signature]	Renuka Sh
27/5	12:30 PM	1x TRANEXEMIC ACID	1g	W	[Signature]	Renuka Sh
27/5	5:10 PM	2x PARACETAMOL	1gm	IV	[Signature]	Renuka Sh

Signature

VERIFIED BY: Name

PATIENT TRANSFER FORM

FDH-00037558 IP25-00020661

Mrs INDRANI P
10-05-1992 34 Y 0 M 17 D (F)
Dr. UDITA MUKHERJEE



Date & Time of Admission <i>27/5/20@10:24 Am</i>		Date & Time of Transfer Order <i>27/5/20@</i>
Treating Consultant Name <i>Dr. Udit</i>	Transfer Ordered by <i>Dr. Sweetha</i>	Reason for Transfer <i>post op</i>
From Unit <i>MICU</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>25-#</i>	Number of Imaging Films <i>OP-1</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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Pradyanka</i>		Name of Person Ordered Transfer <i>Dr. Sweetha</i>
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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

- Unavailable Bed Nurse not Available Available Bed not ready

