



MAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
26-08-1992 33 Y 9 M 1 D (F)
Dr. BHAVANA K

NG

Name: _____



UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 27/5/26 Time : 6:45 AM Date of Discharge : _____ Time : _____

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

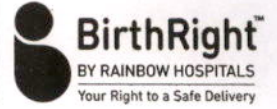
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>27/5/26</u>	<u>8:25 AM</u>	<u>MICU</u>	<u>OT</u>	<u>[Signature]</u>
<u>27/5/26</u>	<u>9:45 AM</u>	<u>OT</u>	<u>MICU</u>	<u>[Signature]</u>
<u>27/5/2026</u>	<u>3 PM</u>	<u>Leu</u>	<u>Room C</u>	<u>[Signature]</u>

Cross Consultation Visit

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

MAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
26-08-1992 33 Y 9 M 1 D (F)
Dr. BHAVANA K



SURGERY DETAILS

Date : 27/5/26

Patient Name: Mrs. Sneha Date of Birth: Age: 33y

Gender: Female Ward: OP UHID No: 291972

Date of Surgery: 27/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : ELECTIVE LSCS LSA

Time in : 8:38 Am

Time Out : 9:38 Am

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT-charges
2. Anaesthetist	Dr. Vineetha	
3. Assistant Surgeon	Dr. Kashmi	
4. OT Technician	Suresh	
5. Circulating Nurse	Bhavana K	
6. Assistant Nurse	Maria	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3084069 / 3084070

Order by: Ruby Florence



Circulating Staff : Dr. prasanna bhavana Technician : Deepa

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET Tube			Major pack <u>bes</u>		1	Inj. Vit. K		1
LMA			Sutures <u>2346</u>		2	Cord Clamp		1
ECG leads A/P/N		5	<u>2364</u>		1	Suction Catheter		
HME Filter : A/P/N			<u>1326</u>		2	Feeding Tube		
Syringe 10 cc		8				Vaccum Suction Set		
05 cc		6	Gloves <u>PF 6/6 1/2</u>		2	Surgical Gloves <u>6/6 1/2 PF</u>		1
02 cc		1	<u>8.6 + 6 1/2</u>		2	Gauze Pack		
01 cc						Syringe <u>1ml / 2ml</u>		1
Cautery Plate : A/P/N			Surgical Blade <u>NO 22</u>		1	Surgical Blade # 20		1
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil			<u>Cap + mask</u>		2
NS : 10ml/100ml/500ml/1000ml		1	Koochies			<u>Anten gloves</u>		4
<u>minispike</u> <u>Rilgoli</u>		1	Ointments					
Fentanyl			Suction Catheter					
Morphine			Cap. Mask		10-10	10-10		1
Ketamine			Gauze Pack		1			
Propofol			Mop Pack		2			
Rocuronium			Steristrip <u>Allesorb</u>		1	<u>ordered</u>		
Glycopyrolate			Underpad					
Myopyrolate			Draw Sheet			<u>308422</u>		
Ondansetron			Abgel					
Pencan 250/Spinal Needle 22		1	Foleys Catheter					
Bupivacine 0.25%			Urobag					
Bupivacine 0.25% (Heavy)		1	Chest Grinage Catheter					
Antibiotics			Romodrain bag					
			Bandage <u>Sterimone</u>		1			
			Tegaderm					
Suppositoris			loban					
Anmol:80mg / 250mg / 170mg			Double J Stent					
Supridol 100mg		1	Vaccum Suction Set		1			
Justin :12.5mg / 25mg / 100mg		1	Plastic Bed Sheet <u>DLA</u>		4			
Tab. Misoprost : 200mg		4	Betadine Solution		2			
<u>Encore 6.5</u>		1	Microshield		1			
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral		1			

Surgeon Dr. Bhavana Anaesthesiologist Dr. Vinetha Nurse Maria Ruby F. Luna OT Technical

Order No. 3084079 / 3084080 Order by

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad



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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060135	Ward	N 2F-MICU
Patient Name	Mrs SNEHA VAS TADAKAMADLA	Bed Name	MICU 228
Age/Sex	33 Y 9 M 1 D / Female	Order No	0003084080
Date	27/05/2026 09:27	Prescription No	PRIP-1288740
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	27/05/2026 09:28
UHID	MAH-00291972		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP26002	02/29	1	229.00	229.00
4	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MC00126	02/28	2	102.90	205.80
5	DISPOSABLE APRONS STERILE XL	Mediblu		26041802	03/28	4	120.00	480.00
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K65	01/31	8	28.13	225.04
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	6	21.56	129.36
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	5	61.00	305.00
9	Encore Microptic gloves-6.5		H	26020311T	02/29	3	128.00	384.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
11	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		VI07052026	12/30	1	2,000.00	2,000.00
15	MINISPIKE-V	Bbraun Medical PvtLtd	GENERAL	25G28A812A	07/30	1	167.81	167.81
16	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	55GH0347	11/26	2	20.26	40.52
17	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	2	20.26	40.52
18	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5098	08/30	1	997.00	997.00
19	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	2	949.00	1,898.00
20	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	10	23.43	234.30
21	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirif)	H	1C261641	02/29	1	44.93	44.93
22	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
23	RILIGOL 100 MCG INJ CARBITOCIN		H	FF712501G	03/28	1	566.05	566.05
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	2	69.39	138.78
25	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
26	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
27	STERIZONE PAD ST-91 9X25(4151-012)	DYNAMIC TECHNO	GENERAL	10941B	01/29	1	805.00	805.00
28	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
29	SURGEONS CAP	Mediblu	General	VI22022026	12/99	10	10.00	100.00
30	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
31	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
32	VICRYL 1-0 NW 2364	ETHICON SUTURES-J&J	C1	T5008	09/30	1	988.00	988.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

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DL NO :

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060135	Ward	N 2F-MICU
Patient Name	Mrs SNEHA VAS TADAKAMADLA	Bed Name	MICU 228
Age/Sex	33 Y 9 M 1 D / Female	Order No	0003084079
Date	27/05/2026 09:27	Prescription No	PRIP-1288741
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	27/05/2026 09:29
UHID	MAH-00291972		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SARAL (FEMINA)	Femina		VI07052026	12/30	1	140.00	140.00
Total :							140.00	140.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Pharmacist Name : SHEEPA PALANI

Authorized Signature

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5098	08/30	1	997.00	997.00
2	UNDERPADS 60X90 BUTTERFLY			40RW40CS15	03/28	1	140.00	140.00
Total :							1,137.00	1,137.00

IP No	IP-00060135	Ward	N 2F-MICU
Patient Name	Mrs SNEHA VAS TADAKAMADLA	Bed Name	MICU 227
Age/Sex	33 Y 9 M 1 D / Female	Order No	0003084095
Date	27/05/2026 09:55	Prescription No	PRIP-1288748
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	27/05/2026 09:55
UHID	MAH-00291972		

INPATIENT ISSUES AGAINST ORDERS



RAINBOW CHILDREN'S MEDICARE LIMITED
Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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Tel No : 040-42462200, Ext 2000,2001,2002
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RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP-00060140	Ward	N 2F-MICU
Patient Name	Baby B/O SNEHA VAS TADAKAMADLA	Bed Name	CRDL-MICU-227-2
Age/Sex	0 Y 0 M 0 D 4 H / Male	Order No	0003084212
Date	27/05/2026 12:55	Prescription No	PRIP-1288800
Payor	SELPAY	Dispensed Date	27/05/2026 12:57
UHID	VIH-00205333		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CORD CLAMP-ALPHAMEDICARE		GENERAL	UC25E01	04/28	1	41.00	41.00
2	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
3	EASYCLOT-K1 1MG INJ 0.5 ML		H	L1152508A	10/27	1	31.75	31.75
4	Encore Microptic gloves-6.5		H	26020311T	02/29	1	128.00	128.00
5	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	2	10.00	20.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	4	23.43	93.72
7	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	1	91.00	91.00
8	SURGEONS CAP	Mediblue	General	VI22022026	12/99	2	10.00	20.00
9	SURGICAL BLADE 20	Surgeon		071125	10/30	1	7.67	7.67
Total :							366.85	457.14

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
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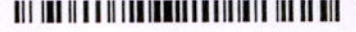
VAT TIN : 36920283145

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DL NO :

Registered Office: 8-2-120/103/1, Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060135	Ward	N 2F-MICU
Patient Name	Mrs SNEHA VAS TADAKAMADLA	Bed Name	MICU 228
Age/Sex	33 Y 9 M 1 D / Female	Order No	0003084080
Date	27/05/2026 09:27	Prescription No	PRIP-1288740
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	27/05/2026 09:28
UHID	MAH-00291972		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	VICRYL 1-0 VP 2346	ETHICON SUTURES-J&J C1		T5013	05/30	2	951.00	1,902.00
						Total :	10,451.21	14,429.60

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



Name	Mrs SNEHA VAS TADAKAMADLA	UHID	MAH-00291972
Father/Guardian	Mr SRIRAM MANIKANTA	Age/Gender	33 Y 9 M 1 D/Female
Address	VISWATEJA JR COLLEGE, H.NO-7-58 GAJWEL, I.M.colony, Hyderabad, Telangana, INDIA, 500082		
IP No	IP-00060135	Admission Date	27-05-2026
Ref Doctor	Self	Discharge Date	29-05-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G2P1L1 with 37+3 weeks with Previous Lower Segment Cesarean Section with Gestational Diabetes Mellitus (diet) with Hypothyroidism with Small for gestational age baby for Elective Lower Segment Cesarean Section.

ELECTIVE LOWER SEGMENT CESAREAN SECTION UNDER SPINAL ANAESTHESIA DONE ON 27.05.2026.

History:

LMP: 7.09.2025
Obstetric formula: G2P1L1
EDD: 14.06.2026
Gestation at admission: 37+3 weeks

Obstetric History:

G1 - Male/ 4 years/ FTLSCS/ MSL/ 2.75 kg/ NICU- 10 hours/ A & H/ BF- 2 years/ RCH VKP/ Hypothyroid/ uneventful.
G2 - Present pregnancy Spontaneous conception.

Medical History: Hypothyroidism since 4 years on Tab Thyroxine 100mcg.

Name

Mrs SNEHA VAS
TADAKAMADLA

UHID

MAH-00291972

Family History: Father - HTN.

Surgical History: Previous LSCS 4 years back.

Allergies: Inj. piptaz & Niftas.

Antenatal Details: Mrs SNEHA VAS TADAKAMADLA was booked to Rainbow hospital at 5+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had increased eosinophils count at 18+5 weeks for which pulmonologist review done. She was diagnosed with GDM at 28 weeks & managed on diabetic diet. She was admitted at 37+3 weeks with Previous Lower Segment Cesarean Section with Gestational Diabetes Mellitus with Hypothyroidism with Small for gestational age baby for Elective Lower Segment Cesarean Section.

Investigations: Enclosed

Blood group: "**O**" **POSITIVE**

Management: Course in hospital:

She was prepared for elective C-section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

Surgery Notes: Operative Details:

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar not excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was adherent to anterior uterine wall. 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. Antibiotic

Name

Mrs SNEHA VAS
TADAKAMADIA

UHID



prophylaxis with Inj. Taxim 1 gm IV given. 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 800 mcg given per rectum as prophylaxis against postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

Delivery Details:

Date: 27.05.2026

Time of Delivery: 8.54Am 44 Sec

Type of Delivery: Elective LSCS

Indication: Previous LSCS

Analgesia: Spinal

Baby Details:

Date: 27.05.2026

Time: 8.54 Am44 Sec

Sex: Male

Weight: 2.267 kg

Apgar: 7/10, 9/10.

Gestational Age: 37+3 weeks

NICU Admission: NO

Post-Operative Notes: Post Operative Period:

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

Name Mrs SNEHA VAS UHID MAH-00291972
TADAKAMADLA

Advice:

1. Tab. Taxim-O 200mg (Cefixime-200mg) twice daily till 02.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 02.05.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 02.05.2026 (10am-4pm-10pm) after food.
4. Tab. Pantoprazole 40 mg once daily till 02.05.2026 (7am) before food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) 1 tablet once daily (2pm) till breast feeding after food.
7. Tab. Thyroxine 100 mcg once daily on empty stomach (6 am) till further orders.
8. Repeat TSH levels after 6 weeks & review with reports.
9. Repeat OGTT after 6 weeks & review with reports.
10. Nebasulf powder for local application.
11. HPV vaccine after 6 weeks of delivery.

Review after two weeks on 09.06.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

For Women Who Have Had a Cesarean Section.

Name

Mrs SNEHA VAS
TADAKAMADLA

UHTD



Care of the wound:

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

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

Name:

Signature:

Relationship:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

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

PatientName : Mrs SNEHA VAS TADAKAMADLA
Age/Gender : 33 Y 9 M 1 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 221

Inpatient No. : IP-00060135
Admit Date : 27-05-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-05-2026 07:01
HEMOGLOBIN (Colorimetry)	12.1	g/dL	12 - 16
RBC COUNT (DC detection method)	4.04	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	33.9	VOL%	33 - 51
MCV (Calculated)	83.9	fL	80 - 100
MCH (Calculated)	29.8	pg/cells	26 - 34
MCHC (Calculated)	35.6	g/dL	32 - 36
RDW-CV (Calculated)	12.9	%	11.5 - 13.1
PLATELET COUNT (DC Detection Method)	231	10 ⁹ /L	150 - 450
MPV (Calculated)	7.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	14.55	10⁹/L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	79	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	13	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	07	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS PLATELETS - ADEQUATE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :27-05-2026 11:30
RANDOM BLOOD GLUCOSE (GOD/POD)	94	mg/dl	70 - 140

ADMISSION SHEET

Registration Details :



Admission No : IP-00060135

Admit Date : 27-May-2026

Admit Time : 06:48 AM UHID : MAH-00291972

Patient Details :

Patient Name : Mrs SNEHA VAS TADAKAMADLA

Age : 33 Y 9 M 1 D

Guardian : Mr SRIRAM MANIKANTA

DOB : 26-08-1992

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : VISWATEJA JR COLLEGE,H.NO-7-58 GAJWEL I.
M.colony Hyderabad Telangana INDIA
500082

Phone No : 9553695633/ 9293946737

E-mail : sri.snehava541@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 221

Ward Name : N 2F-LABOUR WARD

Room No : LW 221

Admission Type : First Visit

Contact Details :

Name : Mr SRIRAM MANIKANTA

Relationship : Husband

Contact Address : VISWATEJA JR COLLEGE,H.NO-7-58
GAJWEL I.M.colony Hyderabad Telangana INDIA
500082

Phone No : 9553695633 / 9293946737

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

IAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 16-08-1992 33 Y 9 M 1 D (F)
 Dr. BHAVANA K



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify _____
 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 Tmj pipata

Chief Complaints: eh-LSCS Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Kaushmi
 Time Notified: 7 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>T. Hypertension</u>	<u>prev LSCS</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: _____	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
--	--	---

Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: prev LSCS

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: father

Vital Signs / Measurements: Temp: 98.6 F HR: 82 bpm RR: 19 bpm
 BP: 111/70 mmHg Weight: 74.45 Height: 157 BMI: _____

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

MAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
16-08-1992 33 Y 9 M 1 D (F)

Dr. BHAVANA K



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 15 (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. sneha

Name of Person Orientation was given to: mrs. sneha

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: K. Sureshi

Date & Time: 27/5/26 8:00 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 7/9/25

EDD:

Corrected EDD: 14/6/26

GA: 37+3 weeks

Obstetric Formula: G2P1L1

ML - 6 Years, NCM

Obstetric History:

I - m / 4 Years / FTLSLS / MSL / 2.75 kg / 11/10/10 weeks
 A & H / BFX 2 Years / RCH, UKP / Hypothyroid / Uneventful

Fundal Height: 79

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

149 bpm

Per Speculum Examination *Not done*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination *Not done*

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

I - PP / sp. conception
 Present Pregnancy Record: Booked at 5+4 weeks.
 ↑ eosinophils count at 18+5 weeks.
 Pulmonologist review done. Diagnosed as GDM at 28 weeks. managed conservatively with Diabetic diet.

RISK FACTORS:

Prev. LSCS
 GDM (D)
 Hypothyroidism (100)

Height: 157 cm

Weight: 74.45 kg

Allergies: Piptaz, Xiftas

Breast: Normal Abnormal

General Examination: 4/4/0

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 92 bpm

BP: 111/84 mmHg DTR: ⊕

CVS: S1, S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD Urine Output: Adeq

DIAGNOSIS

G2P1L1 with 37+3 weeks with Prev. LSCS with GDM (D) & Hypothyroidism (100) with SGA Baby for EL-LSCS



<p>Family History: Father - HTN</p>	<p>Surgical History: Recv. LSCS</p>
<p>Medical History: hypothyroid - 4 years</p>	<p>Medication History: Allergies - Int.</p>
<p>Plan of Care: <u>7 AM</u> <u>GRBS-94mg/dL</u></p> <ul style="list-style-type: none"> - Admission - NBM - PAC - Post preparation - Consents - HR monitoring - Send CBP - Monitor vitals - Follow drug count - Foley's catheterisation - Inform SOS 	<p>Investigations: <u>BG - 10' POSITIVE</u></p> <p>HIV } HBSAg } NR. <u>11/1/26</u> CBP - HCV } 11.3 2200/2.63 L VDRL }</p> <p><u>4/12/25</u> <u>NT Scan</u> <u>(12+4 weeks)</u></p> <ul style="list-style-type: none"> - SLIUF - NT - 2.1 mm. <p><u>29/1/26</u> - <u>TIAFA Scan</u> <u>(20+4 weeks)</u></p> <ul style="list-style-type: none"> - SLIUF - No anomalies - Pl - ant, LL, extending 1 cm from OS. - Min. Pericardial effusion. - CL - 30 mm. <p><u>5/5/26</u> - <u>eye growth scan</u> <u>(34+2 weeks)</u></p> <ul style="list-style-type: none"> - SLIUF, cephalic - EFW - 2.023 kg. - AC - 3% - AFI - 11.6 cm, PL - A, H - Dopplers - (H) <p><u>19/5/26</u> <u>AFI/Doppler</u> <u>(36+2 weeks)</u></p> <ul style="list-style-type: none"> - SLIUF - AFI - 11.9 cm. - Dopplers - (H)
<p>Noted by Subhrajit 7 AM 27/5/26</p> <p><i>(Signature)</i></p>	


Doctor Name: Dr. Kastur
 Signature: *(Signature)*
 Date & Time: 27/5/26, 7 AM

Consultant Name: Dr. Bhavana K.
 Signature:
 Date & Time: 27/5/26, 7 AM

PATIENT TRANSFER FORM

3



Patient Name & UHID No. MAH-00291972 IP-00060135 Mrs SNEHA VAS TADAKAMADLA 28-08-1992 33 Y 9 M 1 D (F) Dr. BHAVANA K 	Date & Time of Admission 27/5/26 @ 4:20 AM	Date & Time of Transfer Order 27/5/2026 @ 4:30 PM
	Transfer Ordered by DR. NIKHITA	Reason for Transfer Room C 1
From Unit MICU	To Unit Room (107)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Paracetamol - 500mg -	13
2.	Tab. Diclofenac	
3.	Tab. Tramadol -	
4.	Tab. Pantop -	
5.	Under pad - (1), Sock - (1)	

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring SR Jyoti	Name of Person Ordered Transfer DR. NIKHITA
--	--

Patient & Clinical Records Received by :
 Dr. Bevonika

Date & Time of Patient Received : 27/5/26 @ 4pm

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

NO. 1000000

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

2

PATIENT TRANSFER FORM

WAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
26-08-1992 33 Y 9 M 1 D (F)
Dr. BHAVANA K



Date & Time of Admission <i>27/5/26 at 6:00 AM</i>		Date & Time of Transfer Order <i>27/5/26 at 8:25 AM</i>
Treating Consultant Name <i>Dr. Bhavana</i>	Transfer Ordered by <i>AM</i>	Reason for Transfer <i>EL. 2 SCS.</i>
From Unit <i>MCU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>35</i>	Number of Imaging Films <i>nil</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.		

nil

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Bhavana

Name & Signature of Person who is Transferring <i>Srs. Mangal Devi</i>	Name of Person Ordered Transfer <i>Dr. Bhavana</i>
---	---

Patient & Clinical Records Received by :

[Signature]
27/5/26 @ 8:35 AM

Date & Time of Patient Received :

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

2



PATIENT TRANSFER FORM

Patient Name / I.P. No. 	Date & Time of Admission 27/5/26 @ 6:48 Am	Date & Time of Transfer Order 27/5/26 @ 9:45 Am
	Transfer ordered by Dr. Vineetha	Reason for Transfer Postop care
From Unit OT	To Unit MICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <u>38</u>	Number of Imaging films Nil	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 :
Dr. Kashmi

Name & Signature of Person who is Transferring Sr Bhavani	Name of Person Ordered Transfer Dr Vineetha.
--	---

Patient & Clinical records received by :
Jyothi

Date & Time of Patient Received: 27/5/26 @ 9:45 Am

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

Unavailable bed Nurse not available Available bed not ready



(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10 AM	POD-0 (LSCS)	
	O/E ft is y/c/c GC-fair	Adv - - MBM x 4 hours
	Afebrile	- I/O Chastity
U/O - 400 ml clear, adeq	BP - 100/62 mmHg	- w/f Bleeding P/V
	PR - 73 bpm	- Monitor vitals
	S/E - NAD	- Below drug chart
	P/A - wt ~ w/R	- Inform SOS
	Soft BS = +	
	L/E - X/AB	
	Baby ^A BFB ⊕ _H	
Noted by <u>Dr. Kash</u>		
27/5/26 2 PM	POD-0 (LSCS)	Adv:
	O/E - pt is c/c/c	- Allow water sips + I/b
	GC-fair	clear liquids, soft diet at 8 pm.
	Afebrile	- I/O Chastity
U/O 1000 ml clear, adequate	BP - 113/76 mmHg	- w/f bleeding PU
pt can be shifted to room	PR - 72 bpm	- monitor vitals
	S/E - NAD	- passive ambulation
	P/A - wt ~ w/R	- Follow drug chart
	Soft, BS ⊕	- Inform SOS
	L/E - NAB	
	Baby ^A BFB ⊕ _H	
Noted by <u>Dr. Nirbhita</u>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9PM	POD-0 (LCS) pt c/o Nausea and ^{had} one episode of vomiting Bowel sound checked present	
Pz 90m CO2 Hypotyrudin	O/E pt is c/c/c. Gc fair Afebrile	Adv - clear liquids for 2hr - Inj ondansetron 4mg IV stat
VO - 700ml clear adequate	BP - 110/70 mmHg PR - 84 bpm S/E - NAD P/A - UT ~ WR Soft, NT BS +/+ +/+	- soft diet after Nausea subsides - Monitor vitals - Follow drug chart - W/f bleeding pv - I/O charting - Adequate hydration - passive ambulation - Inform SOS
	UE - NAR Baby \leftarrow H BFT	
28/5/26 7AM	POD-1 (LCS) O/E pt is c/c/c Gc fair Afebrile	Dr Ashwini Dr Yogeshwar Adv - soft diet - Ambulation
Pz 40m CO2 Hypotyrudin	BP - 104/70 mmHg PR - 80 bpm S/E - NAD P/A - UT ~ WR soft BS +/+ +/+	- Monitor vitals - Adequate hydration - follow drug chart - Inform SOS - W/f bleeding pv
VO - 2700ml clear adequate	UE - NAR Baby \leftarrow H BFT	
Remove foley's		Dr Ashwini Dr Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	POD -1 (post LSCS)	Adv:
1:45 pm.	O/E - pt is c/c/c	- (N) diet
P2L2 GPM (D) Hypothyroid	Gc - Fair	- Hydration
urine passed	Afebrile.	- Ambulation
Motion not passed	BP - 104/70 mmHg	- w/f bleeding pu
	PR - 69 bpm	- monitor vitals
	S/E - NAD	- Follow drug chart
	PIA - soft, BS+	- Infom sos.
	wt ~ w/r.	
	L/E - NAB	
	Baby $\begin{matrix} A \\ M \end{matrix}$ BF+	<u>Dr. Nikhita</u>
		<u>Dr. Kashi</u>
		Noted by
	POD -1 (post LSCS)	Bonnila
	c/o Bussing micturition	28/5
28/5/26	O/E - pt is c/c/c	@ 8pm
GRA.	Gc - Fair.	Adv:
P2L2	Afebrile.	- (N) diet
GPM (D)	BP - 108/90	- Hydration
Hypothyroid	PR - 85 bpm.	- Ambulation
urine passed	S/E - NAD	- w/f bleeding pu
Motion not passed	PIA - soft, BS+	- monitor vitals
	wt ~ w/r.	- Follow drug chart
	L/E - NAB	- Infom sos
	Baby $\begin{matrix} A \\ M \end{matrix}$ BF+	<u>Dr. Nikhita</u>



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Gallbladder stones CP-UC, S/GMCP's for Ectopic</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5</u>	<u>28/5</u>	
	Shift	<u>N</u>	<u>OP</u>	<u>M</u>	<u>E</u>	<u>Night</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>Hypothy</u>			<u>nil</u>	<u>nil</u>	
	Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liquid</u>	<u>s. diet</u>	
ASSESSMENT	Allergy: <u>inj. Peptaz</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>	<u>98.6F</u>
		Res:	<u>18blm</u>	<u>19blm</u>	<u>19blm</u>	<u>19blm</u>	<u>20blm</u>
	SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	
	Pulse:	<u>82blm</u>	<u>82blm</u>	<u>86blm</u>	<u>80blm</u>	<u>80blm</u>	
	BP:	<u>111/69mmHg</u>	<u>110/60mmHg</u>	<u>106/70</u>		<u>107/75</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>0</u>	<u>0</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity:	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>NBM</u>	<u>NBM</u>	<u>NBM</u>	<u>clear liquid</u>	<u>s. diet</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>-</u>	<u>NBM</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
Handed Over By Name :	<u>K. Suban</u>	<u>Bhanu</u>	<u>Jyoti</u>	<u>Beromika</u>	<u>Subhan</u>	<u>Beromika</u>	
Signature / ID :	<u>020477</u>	<u>015903</u>	<u>016116</u>	<u>018727</u>	<u>017444</u>	<u>018727</u>	
Date:	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5</u>	<u>28/5/26</u>	
Time:	<u>@ 8:30am</u>	<u>@ 10am</u>	<u>3pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	
Taken Over By Name :	<u>Bhanu</u>	<u>Jyoti</u>	<u>Beromika</u>	<u>Subhan</u>	<u>Beromika</u>	<u>Beromika</u>	
Signature / ID :	<u>015903</u>	<u>016116</u>	<u>018727</u>	<u>017444</u>	<u>018727</u>	<u>018727</u>	
Date:	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	
Time:	<u>@ 8:30am</u>	<u>10am</u>	<u>@ 4pm</u>	<u>@ 8am</u>	<u>@ 8am</u>	<u>@ 2pm</u>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LSCS PPD-1	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	28/5/26	29/5	29/5				
	Shift	E	Night	m				
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil				
	Diet:	s.diet	s.diet	s.diet				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	95.6°F	98.6	98.6°F			
		Res:	20 b/m	19 b/m	18 b/m			
		SpO ₂ :	99%	100%	99%			
		Pulse:	70	92	73 b/m			
		BP:	110/72/89	100/68/74	110/73			
		LOC:	conscious	conscious	conscious			
		Fall Risk Score:	0	0	0			
Pain Score:	0	0	0					
Skin Integrity	intact	intact	intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	Nil	Nil	Nil				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	s.diet	s.diet	s.diet				
	Critical Lab Test / Values:	Nil	Nil	Nil				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent				
Post Operative Procedure Special Orders:		Nil	Nil	Nil				
Handed Over By Name :		Ruchi	Subham	Bevanika				
Signature / ID :		Ruchi	Subham	Bevanika				
Date:		28/5	29/5	29/5				
Time:		8pm	8AM	10am				
Taken Over By Name :		Subham	Bevanika					
Signature / ID :		Subham	Bevanika					
Date:		28/5	29/5/26					
Time:		8pm	8am					

Noted by
 Bevanika
 29/5
 @ 10am

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs SNEHA VAS TADAKAMADLA Age : 33 Y 9 M 1 D
IP No: IP-00060135 Sex: Female
Consultant: Dr. BHAVANA K Ward/Bed No: N 2F-LABOUR WARD/LW 221

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature: *Sneha Vas*)

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: *Sneha Vas*

Name: *SRI RAM MANIKANTA*

Relationship: *Husband*

Date: *27/05/26*

Witness Name: *Srinu*

Witness Signature: *Srinu*

Time: *06:48 AM*

Patient Address:

VISWATEJA JR COLLEGE,H.NO-7-58
GAJWEL I.M.colony Hyderabad
Telangana INDIA 500082

MAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 28-08-1992 33 Y 9 M 1 D (F)
 Dr. BHAVANA K



CAESAREAN SECTION OPERATIVE NOTES

Name: MRS. SNEHA VAS TADAKAMADLA Consultant I/C: DR. BHAVANA K Reg.No: MAH-00291972
IP-00060135

Surgeon's Name: <u>DR. BHAVANA K.</u>	Date of Delivery: <u>27/5/26</u>
Asst. Surgeon's Name: <u>DR. KASHMI</u>	Time of Delivery: <u>8:54:00 AM</u>
Anaesthetist's Name: <u>DR. VINITHA</u>	Sex of Baby: <u>Male</u>
Type of Anaesthesia: <u>SPINAL</u>	Weight of Baby: <u>2.267 Kgs</u>
Pediatrician: <u>DR. VISHAL</u>	AGPAR Score: <u>7/10, 9/10</u>
Scrup Nurse: <u>SIS. MARIA</u>	NICU Admission: <u>NO</u>

Elective

Emergency

Indication: G.P.L. @ 37+3 weeks @

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

Prev. LSCS @ GDM(D) @
hypothyroidism

Decision time:

Knief to rectus:

CTG Description:

If there was a delay give the reasons:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other

Cervical Dilatation: cm

5th Palpable:

Fetal Position: LOT

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

Moulding: None + ++ +++

Caput: + ++ +++

Meconium: None + ++ +++

Bladder Catheterized: Yes No

Urine: Clear Blood Stained

Prev. Scar not excised.

Skin Incision: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinned out Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

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

Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal

Cord Appearance: (4) Cord around the neck Yes No

Appearance of placenta: (4) Cavity explored Yes No

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

Complications / Comments: Bladder adherent to ant. uterine wall.

Uterine Closure: One Layer Two Layers Vicryl Suture

Peritoneal Closure: Pelvic Abdominal None Suture

Sheath Closure: Vicryl Suture

Fat Closure: Yes No Suture

Skin Closure: Subcuticular Mattress monovyl 3-0 Suture

Vaginal Evacuated Yes No Estimated Blood Loss: 300 ml

Drain: Yes No Remove in days Await instructions

Catheter Yes No Remove in 10-12 hrs 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 Comments: NBm x 4 flows, I/O counting, V/f bleeding p/v, Monitor vitals, follow drug chart, Info yes

Handwritten signature

Handwritten initials

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Bhavana K
 Asst. Surgeon : Dr. Kashmi
 Anaesthetist : Dr. Vineetha
 Scrub Nurse : Maria

Patient Name :
 MAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 26-08-1992 33 Y 9 M 1 D (F)
 Dr. BHAVANA K
 Date :


Gender : F
Dr. Sree



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>8:35 AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy? <u>INI: Piperacillin, Tazobactam</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>DR. M. VINEETHA</u>	

Before Skin Incision >>

TIME OUT	Time: <u>8:45 AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <u>L.A</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Ph. Lysis</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>her Bleeding 30ml</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <u>hypotension</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>see</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Shavika</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>9:35 AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Kashmi</u>	

Breastfeeding Handover & Assessment Form

Patient's Name:

IP No.:

Date: 27/5/2020

MAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 28-08-1992 33 Y 9 M 1 D (F)
 Dr. BHAVANA K



1. Breastfeeding initiated?
 a. Yes b. No

2. If No, Reason _____

3. Nipple condition:
 a. Nipple well formed
 b. Flat Nipple
 c. Inverted nipple
 d. Short nipple

4. Milk flow:
 a. Good
 b. Drops of colostrums
 c. Dry

5. Steps for Positioning and attachment:
 a. Baby goes to the breast
 b. Mother always sit with a back support
 c. Ear-shoulder-hip should be in a straight line
 d. The baby takes a latch on the areola and not on the nipple



Feeding Position:
Cross-Cradle



Feeding Position:
Football / Clutch

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS. SNEHA VAS TADAKAMADLA Gender: Male Female Age : 33Y

UHID No : MAH-00291992 Date : 27/5/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CAESAREAN SECTION

upon MRS. SNEHA VAS TADAKAMADLA

(Name of the Patient)

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

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

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

BLEEDING, INFECTIONS, NEED FOR TRANSFUSION OF BLOOD AND BLOOD PRODUCTS AND ITS ASSOCIATED REACTIONS, BOWEL AND BLADDER INJURY, URETERIC INJURY, POST PARTUM HEMORRHAGE, ADHESIONS

My signature on this form indicates that

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

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANA KASHI

Consentee :

Signature : T. Sneha Vas

Name : MRS. SNEHA VAS TADAKAMADLA

Date & Time : 27/5/26, 6:38AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 27/5/26, 6:38AM

Docu. No. : RCH / FRM / CLINICAL / 027

Patient Attendant :

Signature : [Signature]

Name : S. Manikanta

Relationship with Patient: Husband

Date & Time : 27/5/26, 6:38AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. KASHI

Date & Time : 27/5/26, 6:38AM

IAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 26-08-1992 33 Y 9 M 1 D (F)
 Jr. BHAVANA K

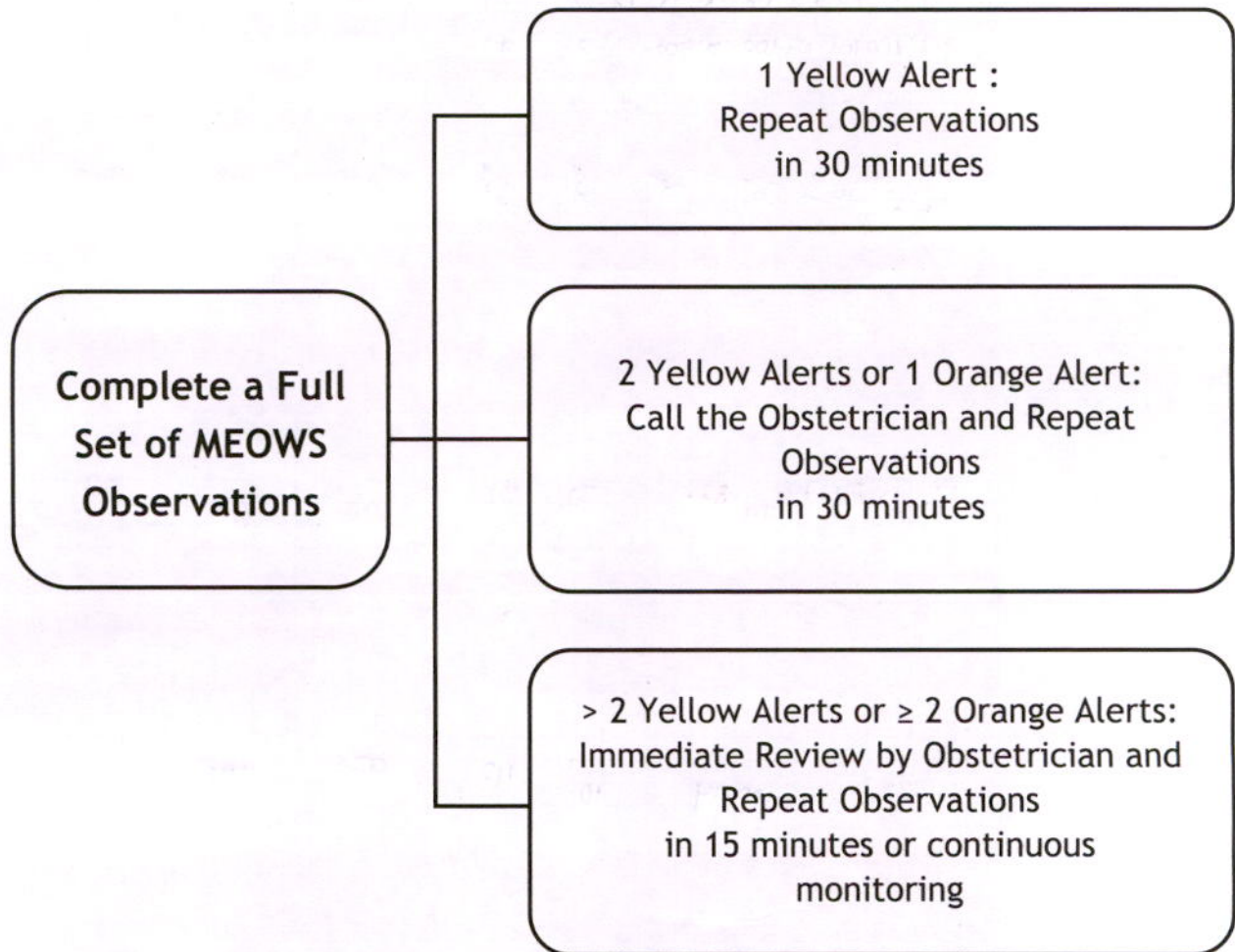


Early Warning Observation Score Chart - Obstetrics

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

		Date																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %	99	100	100	99	100	100	100	98	99	99	95	96	99	98	98	98	98	98	98	98	98	98	98		
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	70	72	74	78	74	82	77	80	70	69	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	110	102	104	106	100	114	108	112	97	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104	
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
80																										
70																										
60	66	69	60	61	62	64	72	74	67	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70		
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	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	NA	NA	NA	NA		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

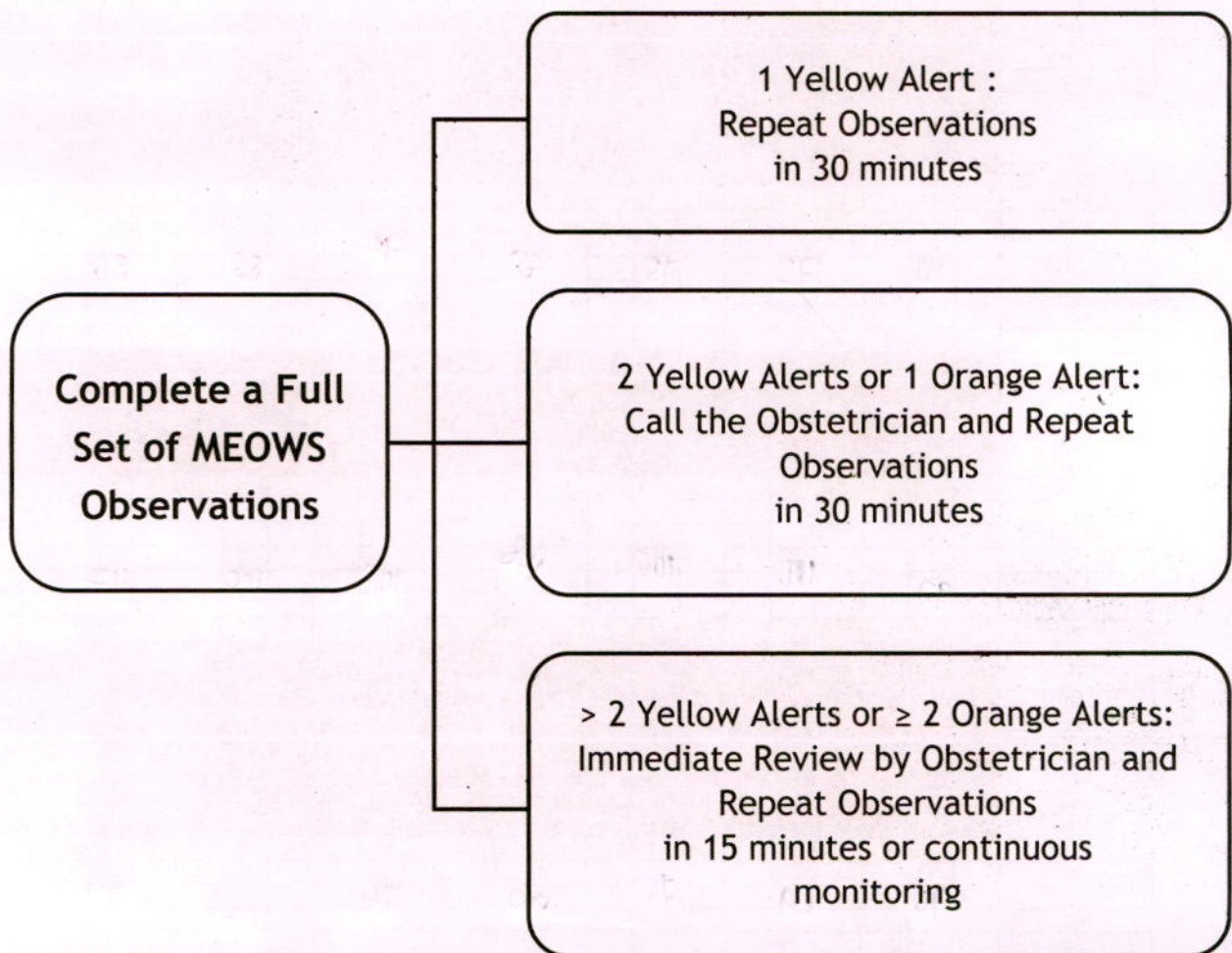


Early Warning Observation Score Chart - Obstetrics

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

		Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20		19			20			19			19			18			14			18					19			
	0 - 10																												
Saturations	94 - 100 %		99			98			99			99			99			96			97					99			
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37		37.0			37.0			37.0			37.0			37.0			37.0			37.0					37.0			
	36																												
	35																												
	< 35																												
Heart Rate	170																												
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	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80		80			78			75			75			92			85			80								
	70																												
	60																												
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	150																												
	140																												
	130																												
	120																												
	110																												
	100		97			100			105			108			103			100			112					109			
	90																												
	80																												
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Diastolic Blood Pressure	130																												
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	100																												
90																													
80																													
70		70			69			75			80			76			69			79					86				
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert		✓			✓			✓			✓			✓			✓			✓				✓				
	Voice																												
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URINE mls / hour	> 30		✓			✓			✓			✓			✓			✓			✓				✓				
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Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal		✓			✓			✓			✓			✓			✓			✓				✓				
	Heavy / Foul																												
Liquor	Clear / Pink		✓			✓			✓			✓			✓			✓			✓				✓				
	Green																												
TOTAL YELLOW SCORES			0			0			0			0			0			0			0				0				
TOTAL ORANGE SCORES			0			0			0			0			0			0			0				0				
Nurse Initial			B			B			B			B			B			B			B				B				

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

MAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 26-08-1992 33 Y 9 M 2 D (F)
 Dr. BHAVANA K



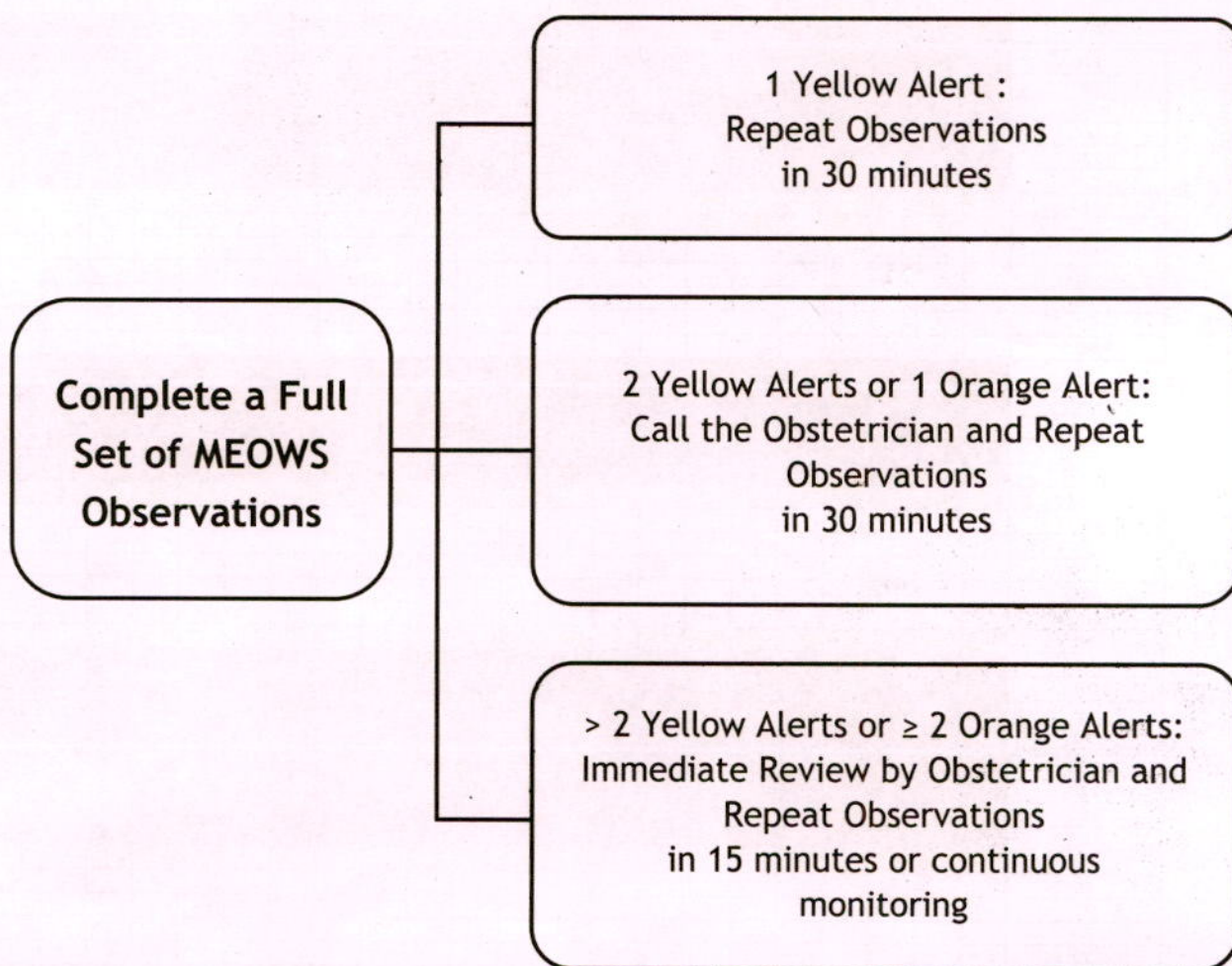
Early warning Observation Score Chart - Obstetrics

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

Date																									
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
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	110																								
	100																								
	90																								
	80			73																					
	70																								
	60																								
	Systolic Blood Pressure	190																							
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100				110																					
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	90																								
	80																								
	70			72																					
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert			✓																				
		Voice																							
		Pain																							
Unresponsive																									
URINE mls / hour	> 30			✓																					
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal			✓																					
	Heavy / Foul																								
Liquor	Clear / Pink			✓																					
	Green																								
TOTAL YELLOW SCORES				0																					
TOTAL ORANGE SCORES				0																					
Nurse Initial				B																					

*Noted by
 B...
 29/8
 @ 10am*

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1

27/5/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
					Mouth	I.V	N.G					
27/5/26	08:00 am	RL NBM	900ml								0	02
	09:00 am	RL NBM + i.v	Oxytalin 20 & 200ml								0	02
	10:00 am	NBM + RL	100ml							400ml	0	@7pm
	11:00 am	NBM + RL	100ml							200ml	0	
	12:00 pm	NBM + RL	100ml							200ml	0	
	01:00 pm	Holo	100ml							200ml	0	
Total Intake :					900ml			Total Output : 1000ml				
27/5	02:00 pm	Holo	100ml							100ml	0	@7pm
	03:00 pm									50ml	0	
	04:00 pm	water								50ml	0	
	05:00 pm									100ml	0	
	06:00 pm									100ml	0	
	07:00 pm	water								100ml	0	
Total Intake :								Total Output : 500				
28/5	08:00 pm										0	@7pm
	09:00 pm									300ml	0	
	10:00 pm	alky water									0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am									300ml	0	
Total Intake :								Total Output : 600ml				
29/5	02:00 am										0	@7pm
	03:00 am									100ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am									500ml	0	
Total Intake :								Total Output : 600ml				

Total 24 hrs. Intake

Total 24 hrs. Output 2,700ml.



FLUID CHART

Sheet No. : 2

28/5/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
28/5	08:00 am											Bevanika 28/5 @ 2pm
	09:00 am	Jelly								✓		
	10:00 am	water										
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
28/5	02:00 pm											Indu 28/5 @ 2pm
	03:00 pm	Rice								✓		
	04:00 pm	water										
	05:00 pm											
	06:00 pm											
	07:00 pm											
	Total Intake :						Total Output :					
29/5	08:00 pm											Subhen 29/5 @ 8pm
	09:00 pm	Rice										
	10:00 pm	water										
	11:00 pm									✓		
	12:00 am											
	01:00 am											
	Total Intake :						Total Output :					
29/5	02:00 am											Subhen 29/5 @ 8pm
	03:00 am	water										
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
	Total Intake :						Total Output :					

Total 24 hrs. Intake 57

Total 24 hrs. Output 111



FLUID CHART

Sheet No. : 3

29/5/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
29/5	08:00 am										} ✓ } } } }	} } } } }	
	09:00 am	Jelly											
	10:00 am	water											
	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											

Noted by
 Bevanika
 29/5
 @10am

WAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 26-08-1992 33 Y 9 M 1 D (F)
 Jr. BHAVANA K



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Liptaz, Niftas Not known any Drug Allergies

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

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

Shifting From: NICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. THYROXINE	100 mcg	PO	ONCE DAILY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. IRON	1 TAB	PO	ONCE DAILY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. CALCIUM	500 mg	PO	ONCE DAILY	27/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Kashvi

Date & Time: 27/5/26, 7:30 Am

Nurse Name & Signature: K. Subesini

Date & Time: 27/5/26 7:30 Am



MEDICATION RECONCILIATION FORM

Drug Allergies: Inj. Piptaz & Nifas Not known any Drug Allergies

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

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

Shifting From: Micu Shifted to: ICU floor 107

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. CEFOTAXIME	1GM	IV	12TH HOURLY	27/5 7:40 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB PANTOPRAZOLE	40mg	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. PARACETAMOL	1GM	PO	6TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. DICOLOFENAC	50MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. TRAMADOL	100 MG	PO	8TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	TAB. THYROXINE	100 MCG	PO	ONCE DAILY	27/5 6 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. NIKHITA

Date & Time: 27/05/2026 2PM

Nurse Name & Signature: [Signature]

Date & Time: 27/5/26 2PM

MAH-00291972 IP-00060135
 Mrs SNEHA VAS TADAKAMADLA
 26-08-1992 33 Y 9 M 1 D (F)
 Jr. BHAVANA K



DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: inj. Piptaz, Mifas 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



REGULAR PRESCRIPTIONS

Weight: 74.5 kg Ward: 100

Neogil Sue 27/5

DRUG : TAB. THYROXINE				Date Time
Dose	Route	Frequency	Start Date	27/5 28/5 29/5
100mcg	PO	ONCE DAILY	27/5/26	6 AM
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Kashli</u>				
Additional Instructions:				
ON EMPTY STOMACH				
Daily Doctor's Endorsement by a Sign				

Neogil Sue 27/5

DRUG : INJ. CEFOTAXIME				Date Time
Dose	Route	Frequency	Start Date	27/5 28/5
1gm	IV	12th HOURLY	27/5/26	7 AM
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Kashli</u>				
Additional Instructions:				
7 PM				
STOP 28/5/26 7:20 AM				
DR. POUYESH KUMAR				
Daily Doctor's Endorsement by a Sign				

Neogil Sue 27/5/2026

DRUG : TAB. PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	27/5 28/5 29/5
1gm	PO	6HRLY	27/5/26	6 AM
Name & Signature of the Doctor Starting the Drugs:				
<u>DR. M. VINETHA</u>				
Additional Instructions:				
6 PM				
6 PM				
Daily Doctor's Endorsement by a Sign				

Neogil Sue 27/5/2026

DRUG : TAB. DICLOFENAC				Date Time
Dose	Route	Frequency	Start Date	27/5 28/5 29/5
50mg	PO	2HRLY	27/5/26	7 AM
Name & Signature of the Doctor Starting the Drugs:				
<u>DR. M. VINETHA</u>				
Additional Instructions:				
3 PM				
11 PM				
Daily Doctor's Endorsement by a Sign				



IP-00060135
 MAH-00291972
 Mrs SNEHA VAS TADAKAMADLA (F)
 26-08-1992 33 Y 9 M 1 D

Patient Name : Mrs. BHAVANA K



I.P. No.

Sheet No. 1

Wards 10

Weight (kg) 24.47 kg

PRESCRIPTIONS

DRUG : TAB. TRAMADOL
 Dose 100 mg
 Route PO
 Frequency 8 HRly
 Start Dt. 27/05
 Date Time 12 AM

Name & Signature of the Doctor starting the Drugs:
 DR. M. VINETHA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. PANTOPRAZOLE
 Dose 40 mg
 Route PO
 Frequency ONCE DAILY
 Start Dt. 27/5
 Date Time 6 AM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T. CEFIXIME
 Dose 200mg
 Route PO
 Frequency 12TH HOURLY
 Start Dt. 28/5/20
 Date Time 10 am

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :
 Dose
 Route
 Frequency
 Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

July 27/5/26

27/5/26

Chopra 28/5/26

STOP
Dr. Ashwini

MAH-00291972 IP-00060135
Mrs SNEHA VAS TADAKAMADLA
26-08-1992 33 Y 9 M 1 D (F)
Dr. BHAVANA K

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

Patient



I.P. No.

Sheet No. 1

Wards 100

Weight (kg) 25.5

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
------	-------	-----------	-----------	-----------

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
------	-------	-----------	-----------	-----------

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
------	-------	-----------	-----------	-----------

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
------	-------	-----------	-----------	-----------

Name & Signature of the Doctor starting the Drugs:

Weight Ward



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	7:00 AM	INJ-CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	[Signatures]
27/5/26	7:10 AM	INJ-PANTOPRAZOLE	40MG	IV	[Signature]	[Signatures]
27/5/26	7:10 AM	INJ-METOCLOPRAMIDE	10MG	IV	[Signature]	[Signatures]
27/05	8:55 AM	INJ-CARBETOCIN	100 mcg	IV	[Signature]	[Signatures]
27/05	9:02 AM	INJ-TRANEXAMIC ACID	1gm	IV	[Signature]	[Signatures]
27/05	9:38 AM	SUPP-DICLOFENAC	100 mg	PR	[Signature]	[Signatures]
27/05	9:38 AM	SUPP-TRAMADOL	100 mg	PR	[Signature]	[Signatures]
27/5	9:30 AM	TAB-MISO PRISTOL	800 mg	PR	[Signature]	[Signatures]
27/5/26	9 pm	INJ ONDANSETRON	4mg	IV	[Signature]	[Signatures]

27/5

SUPPOSITORY
BESACODYL

20 MG

PR

VERIFIED BY: Name Signature

me 27/5

27/5/26

Allegor to Niftas PIPTA 2



ANTENATAL RECORD

Dr. Bhanuena
Consultant:

Antenatal No: 10169/V/25
Reg. No: MAH-00291972

PERSONAL DETAILS

Name: Mrs. Sneha Age: 33 yr. Education: B.Tech
 Occupation: Software ^{ENSS} Phone No: 9553695633 Mobile: 9293946737
 Husband's Name: S. Manikanta Age 34 Education: B.Tech Occupation: Business
 Address: Shroetha Shyubham, Kompally, 500100
 Mobile: 9293946737 E-mail Id: manikanta1411@gmail.com.

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
GAPILI Hypothyroid (100) Prev LSCS Anti TPO High +ve. GDM (Not accepting) Breech. Cephalic.	Corrected EDD 14/6/2026. Pulmo ✓ SGA Planned LSCS 37-38 wks.

HISTORY

Year of Marriage: 6 yrs Menstrual History: Previous Periods Regular.
 Consanguinity: NCM Contraception:
 LMP 7/9/25 EDD Corrected EDD 14/6/25
 OBSTETRIC FORMULA:
 Gravida 2 Para 1 Live 1 Abortions 0

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G1	M/4 yrs	FTLSCS	MSL 2.75kgs	A9W	BFX	2 YRS	RCH VKP.
G2	PP, SP	conception	Booked at 5+4 wks.				

Medical History: Hypothyroid : 4 yrs Family History: Father - HTN.
 Surgical History: +H (prev LSCS) Allergies: Niftas ?

24/5-37 wks.
 27/5/26
 8-9 AM.
 M. Booked

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife 'O' POSITIVE Husband
 VDRL NR HIV NR HbSag NR
 ROUTINE INVESTIGATIONS HCV NR

ICT 1.98 (10/5)
 0.8 (15/4)
 2.184 (18/3)
 2.98 (2/12)
 TSH 1.55 (8/11) GCT 95/182/155 (22/8)

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Investigations	Report
8/11/25	LF (N)	CBP - 12.1 / 10 290 / 4.07	
5/12/25	LF T (N)	Sr creat - 0.61 Uric acid 2.4 mg/dl CBP - 12 / 10560 / 3.12 APTT 28.1	
7/12/25	UCS	→ Escherichia coli CUE pus cells 2-3 Budding yeast Epi - 4-5 RBC 3-4	
10/12/25	HPLC	Hb 11.5 (N)	

Date	GA Weeks	Investigations	Report
11/1/26		CBP - 11.3 / 12200 / 2.63 Urine C - neg	
10/5/26		FBS - 86.	

Tetanus Toxoid: 1st dose

2nd dose

FETAL EVALUATION

ULTRASONOGRAPHY

NT Scan First Trimester	4/12/25 12+4wks. NT - 2.10mm SLIUR									
TIFFA	29/1/26 20+4weeks PL-cut LL left extending 1cm from os. minimal pericardial eff CL-30mm. No anomalies									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
	2/4/26	29+4	G	transverse	1299	18%	AC-6%	13-7	A, H	Dopp (N)
	16/4/26	31+4	AFI/Dop	B				11.9	A, H	Dopp (N)
	5/5/26	34+2	G	C	2023	10%	AC-3%	11.6	A, H	Dopp (N)
	12/5	35+2	AFI/Dopp	C				11.3	A, H	Dopp (N)
Others	19/5/26 36+2 AFI/Dopp C 11.9 A, H Dopp (N)									

Were any Prenatal diagnostics done - Yes No

If yes please specify the details below:

DATE	GA/Weeks	TYPE OF TEST	INDICATION	REPORT
				FTS low risk - fetal echo.

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery: _____

Type of labour: Spontaneous

Induction: Indication _____

Method - PGE1 PGE2

Mode of delivery: SVD AVD Vacuum Forceps

Indication: _____

Caesarean section: Emergency Elective

Indication: _____

SALIENT FEATURES:

Baby details: Girl Boy Wt: _____ Apgar score: _____

Postpartum Period: _____
