

Patient Name	MPI	DISCHARGE TYPE	Gender	Blood Group	Age	Marital Status
Pooja Dey	1000000101677374	29205	Female		33Y	Married

Admission Date	Discharge Date	Admission Time	Discharge Time
22-05-2025	26-05-2025	09:47 pm	
Admission Purpose	Date of surgery	Admitting Physician	Hospital Days/Nights
Emergency LSCS	23-05-2025	Dr. Aarti Rapol	
Department	Ward	Room	Bed
Obstetrics & Gynecology	Third Floor	305	305

Course in Hospital:

DISCHARGE TYPE : ON DOCTOR'S ADVICE

CONSULTANT NAME : DR.AARTI RAPOL

ADMISSION DIAGNOSIS : PRIMIGRAVIDA WITH 37 +6 WEEKS OF GESTATIONAL AGE IVF
CONCEPTION FOR INDUCTION OF LABOUR

DISCHARGE DIAGNOSIS : POST EMERGENCY LSCS DONE ON 23/05/2025

BRIEF HISTORY AND PHYSICAL EXAMINATION ON ADMISSION:

M/H : past cycles regular LMP:29/08/2024 EDD:05/06/2025 , GA: 37+5 WEEKS

O/H : married since 8 YEARS PRIMIGRAVIDA

Past medical history : Nil

Past surgical history : Hysteroscopic Polypectomy OCT 2022

Family history : Father- Hypertension

Allergies : not known

O/E - GC : fair, afebrile, P: 100/ min, BP: 118/70 mm hg, RS: CVS NAD,

P/A : Uterus Full Term Cephalic FHS +140 Relaxed

P/V : Not done

CTG : Reassuring.

Investigations :

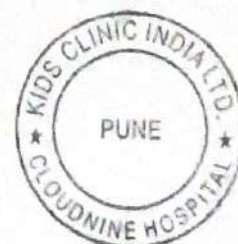
Blood group - A POSITIVE

HIV HBSAG VDRL HCV - NR

CBC-13.1/9.31/222 PT 14.2 INR 0.96

USG 12/05/2025 -Cephalic Placenta Anterior Liquor Normal AFI 11.5 CM single loose
loop of cord around neck FHS 142BPM EFW 3045 +-304 GRAMS

Mildly flat facial profile Frontonasal angle 135 degrees



DETAILS OF THE PROCEDURE WITH DATE AND TIME: EM LSCS, 23/05/25

Services - Cloudnine Maternity, Cloudnine Paediatrics, Cloudnine Mother and Child Care, Cloudnine Clinic and Cloudnine Fertility
CIN - U85110KA2005PLC037953 T : 99729 99729 E-mail, info@cloudninecare.com | www.cloudninecare.com

CS/MRD/090/V04



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Cloudnine Hospital
KIDS CLINIC INDIA LIMITED.

S.No. 103, CTS No.3175, Plot No 65, Shri Shivaji Co-Operative
Housing Society Limited., Senapati Bapat Road,
Bhamburda, Shivajinagar, Pune-411016
Phone : 99729 99729
www.cloudninecare.com

INDICATION : PRIMIGRAVIDA WITH 37 +6 WEEKS OF GESTATION WITH FLOATING
VERTEX WITH NON PROGRESS OF LABOUR

OPERATIVE PROCEDURE : EM LSCS

SURGEON : Dr.AARTI RAPOL /Dr.SMITA SURANA

ASSISTANT : Dr.ANAGHA M

ANAESTHETIST : Dr. PHADKE

PAEDIATRICIAN : Dr. PAVAN JADHAV

STAFF NURSE : SISTER

DURATION OF SURGERY :45 MINUTES

BLOOD LOSS : average

Valid written consent taken.

PPD with patient under SA.

Bladder catheterised.

Pfannenstiel incision taken over abdomen and abdomen opened in layers.

UV fold dissected down.

Incision taken on lower uterine segment.

Amniotomy done - liquor- CLEAR

BABY DETAILS:

A Full term MALE baby delivered with VERTEX on date: 23/05/2025 at time: 14:43:14
weight : 3.270 KG APGAR--1 min 9 /10 , 5 min 9 /10

Placenta with membranes delivered completely.

Uterus closed with no 1 vicryl.

Hemostasis checked & confirmed.

Mops, instruments and needle count checked and confirmed.

Abdomen closed in layers.

Patient withstood the surgery well.

COURSE IN THE HOSPITAL: Postop course in Hospital was uneventful

MEDICATIONS DURING HOSPITALIZATION: Inj Supacef 1.5 gm IV

PATIENT'S CONDITION ON DISCHARGE: Patient hemodynamically stable, passed urine
stools, dressing changed, tegaderm applied, breastfeeding established.

DISCHARGE MEDICATIONS :

T. PAN 40 MG TWICE DAILY FOR 3 DAYS - BEFORE MEAL

T. COMBIFLAM THREE TIMES A DAY FOR 3 DAYS - AFTER MEAL

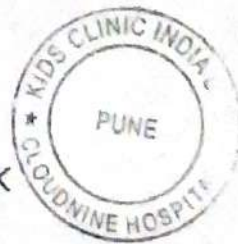
C. BECOSULE ONE DAILY FOR 7 DAYS - AFTER MEAL

SYRP DUPHALAC 2 TSF IN THE NIGHT IF CONSTIPATION

MOMS PROTEIN POWDER 2 TSF TWICE DAILY WITH A GLASS OF MILK

continue Iron tablets for 3 month

continue calcium tablets till breast feeding.



DISCHARGE ADVICE:

Drink Plenty of fluids, High Protein Diet, Avoid Outside food.

Adequate rest, Ambulation

Cloudnine Hospitals, Unit of Kids Clinic India Limited., Regd. Office: # 1533, 9th Main, 3rd Block, Jayanagar, Bengaluru 560011.
Services : Cloudnine Maternity, Cloudnine Paediatrics, Cloudnine Mother and Child Care, Cloudnine Clinic and Cloudnine Fertility.
CIN - U85110KA2005PLC037953 T : 99729 99729 E-mail: info@cloudninecare.com | www.cloudninecare.com

C9/MRD/090/V04

Exclusive breast feeding for 6 months
Follow universal immunisation schedule for baby

FOLLOW UP ADVICE

Review with Dr.AARTI RAPOL after 1 weeks with prior appointment.

IN CASE OF EXCESSIVE BLEEDING PV/ ABDOMINAL PAIN /FEVER/ FOUL SMELLING
DISCHARGE OR ANY EMERGENCY CONTACT IMMEDIATELY TO DUTY DOCTOR NO:
9130029874 OR CLOUD NINE HOSPITAL NO: 020-66889914.

DISCLAIMER: This discharge summary is prepared as per information given by
consultant in-charge of
patient. Any discrepancies / inconsistencies to be addressed to the consultant.

Dr.AARTI RAPOL

Signature and Name of the Consultant

MMC REG NO:

GRE Verification: I, herein below signed confirm that i have checked all the
demographic details of the
concerned patient and I confirm that they are correct and true.

GRE Name : Rajendra

Signature : [Signature]

Date 26/5/2025

Registrar Verification: I, herein below signed confirm that i have checked all the
medical details of the
concerned patient and I confirm that they are correct and true.

Registrar Name : _____

Signature : _____

Date : / /

Patient/Husband's/Parent(s) Verification: I, herein below signed confirm that I have
verified all the relevant
details in this discharge summary which includes date of admission, date of birth, date
of discharge and the
details of all the medical services provided and I acknowledge that the details are
correct including the tests
conducted.

I further acknowledge that i have received all the original copies of the test reports
(including
Investigation Reports) and I acknowledge and agree that in no event hospital shall
provide Duplicate copies of
Investigation & Discharge Summary reports.

Name : Shyamal Mitra

Relationship : _____ (Father/Mother/Husband/Legal Guardian)

Signature : [Signature]

Date 26/5/2025



Dr. Aarti Rapol