

Shekhar
06/07/26

SURGERY DETAILS

Date : 9/3/2026

Patient Name: Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F) Date of Birth: 15/10/1998 Age: 27yrs

Gender: Dr. K BHARGAVI REDDY UHID No.: BAH-00645119

Date of Surgery: ☐ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery : Elective Lys. & Spinal

Time in : 9 AM Time Out : 10 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhargavi Reddy	
2. Anaesthetist	Dr. Shiny	
3. Assistant Surgeon	-	
4. OT Technician	Gopi / Kulsum	
5. Circulating Nurse	Kristina	
6. Assistant Nurse	Silvia	

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

Dr. Ashique
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 9687789

Order by: *[Signature]*



CONSUMABLES OF OT

Circulating staff : S.R. LATHA Technician : Gopi Date : 4/07/2019 3695 Time : 9:00 AM

Anaesthesia Disposables		Qty	Surgical Disposables		Qty	Disposables (Baby Side)		Qty
Issued	Used		Issued	Used		Issued	Used	
ET tube			Major Pack	44 duple	01	Inj Vit.K		01
LMA			Sutures	2346	01	Cord Clamp		01
ECG leads : A / P / N	03			2762	01	Suction Catheter	8 No	01
HME filter : A / P / N				2364	01	Feeding Tube		01
Syringes : 10 cc	04					Vaccum Suction Set		01
05 cc	03		Gloves	6 1/2	03	Surgical Gloves	6.0	03
02 cc	03			6, 7	01	Gauze Pack		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate A / P / N	01		Surgical blade	no 22	01	Surgical Blade #20	22	01
IV set			NG tube			Koochies (S)		01
RL	03		Cautery pencil		01			01
NS : 10ml (100ml) 500ml / 1000ml	01		Koochies	Adult XL	01			
minispike	00		Ointments					
Oxytocin	00		Suction Catheter					
Fentanyl	01		Cap, Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip	steri zone				
Rocuronium			Underpad					
Glycopyrolate			Draw sheet	quick				
Myopyrolate			Abgel					
Ondansetron	00		Foleys catheter					
Pencan (25g) Spinal Needle 22	01		Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)	01		Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : (100mg)	01		Vaccum Suction set		01			
Justin : 12.5 mg / 25mg (100mg)	01		Plastic Bed Sheet					
Tab. Misoprost : (200mg)	04		Betadine Solution		02			
Gloves + Gauge	01		Microshield		00	Eradocin		05
10x 2%	00		Cotton Balls		01			
Tranexa	00		Latex Gloves		01			
phenylephrine	01		Ramdone Scrub		00			
			Saral					

Surgeon

Anesthesiologist

Nurse

OT Technician

Order No. : Ordered by :
 Doc. No. : RCHBH/ FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :


Admission No : IP5-00175955 Admit Date : 04-Jul-2026 Admit Time : 07:32 AM UHID : BAH-00645119

Patient Details :

Patient Name : Mrs KAWSAR JAMA MOHAMED	Age : 27 Y 8 M 19 D
Guardian : Mrs MARYAN SALAAD	DOB : 15-10-1998
Gender : Female	Religion :
Occupation :	Marital Status : Married
Address (H) : Alhasanath colony Tolichowki Hyderabad Telangana INDIA 500008	Phone No : 7569371607/ 7569371607
	E-mail : asaliye24@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 414 Ward Name : 4F-BIRTHING CENTRE
 Room No : SW 414 Admission Type : First Visit

Contact Details :

Name : Mrs MARYAN SALAAD Relationship : MOTHER
 Contact Address : Alhasanath colony Tolichowki Hyderabad
 Telangana INDIA 500008 Phone No : / 7569371607


 Signature

Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Deposit Amount : 0.00
 Payment Mode : Cash Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

BAH-00645119 IP5-00175955

Mrs KAWSAR JAMA MOHAMED

15-10-1998 27 Y 8 M 19 D (F)

Dr. K BHARGAVI REDDY



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
4/7/26	8:40	ORs	OT	Gully
4/7/26	10:20	OT	ORs	Gully
4/7/26	3:50	ORs	2nd floor 236	Shobhi

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible]

4/7/26

Carbide matrix.

10:26

Am

21 pm

9684008

Ench

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/17/26	IV placement	1	9687003	Euler
	PAC		9687004	
	catheter placement		9687005	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primi @ 38⁺3 wks
IVF Conception for ECL-Us

Obstetric Formula:

Obstetric History:

ML-2016, NCM

I + PP + IVF (ET-27/10/25)

Present Pregnancy Record:

Booked at 13 wks

Previous 6 cycles of IVF
Evaluated for thrombophilia

RISK FACTORS:

protein-S deficiency
Anti-thrombin III - Deficiency

Height: 151 cm

Weight: 90 kg

Allergies: N/A

Breast: ☒ Normal ☐ Abnormal

General Examination: Temp: 97.2°F

Consciousness: Comat Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 83

BP: 104/73 DTR: (+)

CVS: S1S2 (+) RS: BAF (+)

Liver/Spleen: Non palpable Urine Output: adequate

DIAGNOSIS

Primigravida @ 38⁺3 wks IVF Conception for ECL-Us
Protein-S deficiency
Anti-thrombin III deficiency

LMP: 27/10/25 EDD: 28/15/26

Corrected EDD: 15/2/26 GA: 38⁺3 wks

Menstrual History: Regular: ☒ Yes ☐ No

Obstetric Examination

Fundal Height: 36cm

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others: _____

Head Fifts Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

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



Family History: Mother- DM	Surgical History: hysteroscopy - July-2020
Medical History: protein S deficiency protein Anti-thrombin III deficiency	Medication History: T. Heq 0' T. Ecospirin, By Clescare - 40/150-OD
Plan of Care: • admission • NBM • Flw Cauda • Foley catheterisation • Drug as charted • Flw flush - 100ml/hr • prepare part • PAC • Shift to OT on call Consulted Rheumatologist for protein S deficiency.	Investigations: Atve Vitals NR 22/6/16 Hb: 13.7 ANA negative LFT - (N) LA negative ACA negative. NT - (N) MTAS - (N), fetal Echo - (N) 21/6/16 : 34th wks, cephalic 2486gm (41st%) AC ~ 17% AFI ~ 12.6 cm, placenta A/H Doppler - (N) 2/7/16: Hb: 13.9 / Plt: 1.4 WBC ~ 8100 PT ~ 14.40, FNR: 0.99 Echo - (N)

Doctor Name: Dr. Sravanthi
Signature:
Date & Time: 4/7/2016,

Consultant Name: Dr. Bhargavi Reddy
Signature:
Date & Time: 4/7/2016

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 10.30 AM	POD-0 / Elus / P.4. Gafan arkeoule. PR - 84/min BP - 114/70 mmHg SpO2 - 98% @ RA	adv. NBM 4-6 hr. - vitals 2nd hr - Drop as charted - w/p active bleed - Jv Flut. 150ml/hr - Informers.
U/O - 200ml. B. Nice.	PIA - ut (R) well. P/L - NAB.	
		Dr. Arshaygi
4/7/26 2 pm	POD-0 / LSE + P.4. anti-thrombin - III deficiency BP - 112/65 [77] PR - 82 bpm SpO2 - 97% on RA PIA - ut well retracted Dressing dry & intact, BS ⊕ Ue - BIONE U/O - 400ml clear.	protein + S deficiency + Adverse ① oral sips ② clear liquids @ 4pm. ③ soft diet @ 6pm. ④ Hydrate ⑤ Drugs as charted ⑥ vitals with help ⑦ w/p hypotension tachycardia, bleeding NAB
	⇒ shift to usual. ⇒ Remove catheter @ GAM on 5/7/26. ⇒ neg & coag ? + from tomorrow.	Noted by Dr. Arshaygi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7:20 PM	POD-0 / FL by O/E GI tract vitals - stable PLA - ut @ uuv plv BWNL Remove Foley 6 AM - 5/7/26 - 1st catheter removed - Continue HRA / Fentanyl from 5/7/26	Adv 1) soft diet 4) ambulation 3) Hydration 4) w/ bleeding plv 5) Drugs as chart 6) Fentanyl SOS
5/7/26 8:00 AM	POD-1 / FL by GI tract vitals stable PLA - ut @ uuv plv - BWNL PLA - soft BS (+) - 1st catheter removed - 2nd catheter placed (+) - Monitor vital	Adv 1) HCA 20mg 2) Fentanyl 10mg - soft diet - Hydration - ambulation - w/ catheter bleeding - Drugs as chart - Monitor vital

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

Patient



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/1/26. 6pm	Pod-1 Gt. afebrile. Vitals stable	admit ① soft diet ② vitals sthly ③ Doppler charted
U/L S B. N. 100	P/A - uterine well P/V - NAB	④ w/ active bleed ⑤ Inform n
		Dr. Arunaj [Signature]
5/1/26. 6:30 AM	Pod-2 Gt. - Fair afebrile. Vitals stable	admit - ② diet - vitals sthly - Doppler charted - w/ active bleed - Inform n
U/L S D/E 3 L P/E 3 L	P/A - uterine well P/V - NAB	Noted by nurse
	plan discharge in afternoon	Dr. Arunaj [Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/17/24 2:00pm	POD-2 / FLG. / P/L	
B-weel.	off EC-fair	Adv soft diet
V	BP-vital stable	Hydration
F	PLA-ut @ weel	Ambulation
	PLV BWM	w/ f bleeding plv
		Monitor vital
DTF-✓		Drugs as charted
S/E-De		Dr. Dileya
plan discharge		
6/17/24 6:30pm	POD-2 / EC. W. / P/L	
B-weel		
V	GC: fair	1) soft diet
F	Vital: stable	2) plenty of oral fluid
S	PLA: ut @ weel	3) Drug as charted
	soft	4) Ambulation
DTF-✓	BS ⊕	5) w/ f PLV Bleeds
S/E-De	PLV: NAD	6) Tapering sed
	plan Discharge Tomorrow	- Dr. Sankar
		Noted by Sushanthi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9:00 AM	POD-3 / Fl. 154 / PIL pt comfortable ambulation	
B. well	O/E Gc-fair	Ad ① soft diet
WV	vital stable	② ambulation
AV	PA-ut @ ucr	③ Hydration
SV	LF BWNL	④ self bleeding plus
DIE/✓		⑤ Monitor vital
SIE-our plan Discharge today.		⑥ Inform us
		Dr. Duggs

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY



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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	22/6/26				
Time					
Hb	13.4				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group:- A+ve						
HIV & HBsAg:- NR						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.) :



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Primis 2 38⁺ w & Inf Caput. & Antituberc II stage, Preterm & Baby & Inf Caput

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
7/7/26 10am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Primis 1 38 ⁺ w / Inf Pro1	safe Primis	EL-1m		☒ Nursing ☐ Others:
4/7/26	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safe delivery	To do the Safe delivery	Safe delivery done		☒ Medical ☐ Others:
4/7/26 4pm	☐ Medical ☐ Nursing ☒ Others: dichitiam	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-0 dscs	cliquid diet	soft diet		☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☒ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu / English Patient / Learner Literacy: ☒ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

- | | | | |
|--|--|--|---|
| 1. ☒ Diagnosis | 5. ☒ Medication / Therapy (safety, effects/ side effect, interactions) | 9. ☒ Nutrition / Diet | 13. ☒ Risk / Safety |
| 2. ☒ Treatment and Care Plan | 6. ☒ Discharge Medication | 10. ☒ Fall Risk Education | 14. ☒ Activity / Exercise |
| 3. ☒ Pain Management | 7. ☒ Infection Control Measures | 11. ☒ Safe use of Medical Equipment / Implantable Devices Safety | 15. ☒ Social & Rehabilitation Needs |
| 4. ☒ Informed Consent | 8. ☒ Diagnostic Test / Procedures | 12. ☒ Patient's / Family Rights | 16. ☒ Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. ☒ Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
4/7/26	5am	1/2/4	Δ, & care plan, pain management	PTs	1	0	1	1	nil	Dr.
4/7/26	9am	7	Education about hand hygiene	PTs	1	0	1	1	nil	Dr.
4/7/26	4pm	9	Lactation diet	Pr	1	0	1	1	-	Sain

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)															
Learning Barriers:	<table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>								1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice																			
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)																			
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing																				
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed																		
Mechanism/s to overcome barrier/s:	<table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>								1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify																				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference																					
Understanding:	<table border="0"> <tr> <td>1. Verbalizes Understanding</td> <td>2. Demonstrates Understanding</td> <td>3. Needs Review</td> </tr> </table>								1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review												
1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review																					



MEDICATION RECONCILIATION FORM

Drug Allergies: None ☒ 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: Shifted to:

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	T- Iron	144	P/O	O.D	31/7/20	☐ C ☒ DC
2	T- Calcium	144	P/O	O.D	31/7/20	☐ C ☒ DC
3	Ty c lezane	40	S/O	O.D	26/6	☐ C ☒ DC
4	T. Ecosprin	150mg	P/O	once	26/6	☒ C ☐ DC
5	T. HCLQ	1 kg 200mg	P/O.	once	31/7	☒ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. S. S. S. S.

Date & Time : 31/7/2020, 5pm

Nurse Name & Signature : S. S. S. S.

Date & Time : 31/7/2020, 5pm



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG: <u>Ty CEFOTAXIME</u>				Date Time	<u>17/7/26</u>
Dose	Route	Frequency	Start Dt.		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>17/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Arshya</u>	
Additional Instructions:				<u>Stop</u> <u>Dr. Arshya</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Arshya</u>	

DRUG: <u>T. PANTOP</u>				Date Time	<u>17/7/26</u>
Dose	Route	Frequency	Start Dt.		
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>17/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Arshya</u>	
Additional Instructions:				<u>Stop</u> <u>Dr. Arshya</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Arshya</u>	

DRUG: <u>T. ELOSPIRIN</u>				Date Time	<u>17/7/26</u>
Dose	Route	Frequency	Start Dt.		
<u>150mg</u>	<u>PO</u>	<u>OD</u>	<u>17/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Arshya</u>	
Additional Instructions:				<u>Stop</u> <u>Dr. Arshya</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Arshya</u>	

DRUG: <u>T. HCO</u>				Date Time	<u>17/7/26</u>
Dose	Route	Frequency	Start Dt.		
<u>200mg</u>	<u>PO</u>	<u>OD</u>	<u>17/7/26</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Arshya</u>	
Additional Instructions:				<u>Stop</u> <u>Dr. Arshya</u>	
Daily Doctor's Endorsement by a Sign				<u>Dr. Arshya</u>	

VERIFIED

VERIFIED

VERIFIED

VERIFIED BY : Name Signature



Sheet No: ②

REGULAR PRESCRIPTIONS

Weight 70.5
 198

Ward OBS

DRUG : 7. Cefixime				Date/Time	6/7/27														
Dose	Route	Frequency	Start Dt.																
200mg po		BD	6/7/27																
Name & Signature of the Doctor Starting the Drugs:				Dr. Ardy L															
Additional Instructions:				10pm Pethu one															
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG :				Date/Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

VERIFIED

Signature

VERIFIED BY : Name

VERIFIED

VERIFIED

VERIFIED

DRUG CHART

Date of Admission: 4/10/16 Drug Allergies: N/A ☒ 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:																			

REGULAR PRESCRIPTIONS

Weight. Ward.

VERIFIED

DRUG : T. PARACETAMOL				Date Time	4/7	5/7	6/7	7/7												
Dose	Route	Frequency	Start Date	12am																
1gm	P/O	Q ID	04/07/26																	
Name & Signature of the Doctor Starting the Drugs:				6am																
Additional Instructions:				12pm																
Daily Doctor's Endorsement by a Sign				6pm																
DRUG : T. TRAMADOL				Date Time	4/7															
Dose	Route	Frequency	Start Date	100mg	P/O	TID	04/07/26													
Name & Signature of the Doctor Starting the Drugs:				2pm																
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : T. DICLOFENAC				Date Time	4/7	5/7	6/7	7/7												
Dose	Route	Frequency	Start Date	50mg	P/O	TID	04/07/26													
Name & Signature of the Doctor Starting the Drugs:				3pm																
Additional Instructions:				10pm																
Daily Doctor's Endorsement by a Sign																				
DRUG : INS CLEXANE				Date Time	4/7	5/7	6/7													
Dose	Route	Frequency	Start Date	40mg	S/C	OD	04/07/26													
Name & Signature of the Doctor Starting the Drugs:				10pm																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

VERIFIED



Weight. 70.5 kgs Ward. ORS

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/07/26	8:25 AM	Ty CEFOTAXIME	1gm	Flw	Q4	Succhi Kranthi
4/07/26	8:35 AM	Ty PANTOPRAZOLE	40mg	Flw	Q4	Succhi Kranthi
4/07/26	8:40 AM	Ty PERINORM	10 mg	Flw	Q4	Succhi Kranthi
04/07/26	9:21 AM	INT OXYTOCIN	3U + 3U + 3U	IV	Succhi	Succhi Kranthi
04/07/26	9:15 AM	INT TRANEXEMIC ACID	1 gm	IV	Succhi	Succhi Kranthi
04/07/26	10:00 AM	SUP TRAMADOL	100mg	P/R	Succhi	Succhi Kranthi
04/07/26	10:00 AM	SUP DICLOFENAC	100mg	P/R	Succhi	Succhi Kranthi



I.V. FLUIDS CHART

Weight. 70.5 kg Ward. OBS

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7/26	5pm	Ringer Lactate	IV	100 ml/hr	Dr. S. R. Sankar	S. R. Sankar	4/7/26	Dr. S. R. Sankar	S. R. Sankar
04/07/26	9:15 AM	RINGER LACTATE	IV	FF	Dr. S. R. Sankar	S. R. Sankar	4/7/26	Dr. S. R. Sankar	S. R. Sankar
04/07/26	10:00 AM	RINGER LACTATE	IV	FF	Dr. S. R. Sankar	S. R. Sankar	4/7/26	Dr. S. R. Sankar	S. R. Sankar
4/7/26	12pm	RINGER LACTATE	IV	100ml/hr	Dr. S. R. Sankar	S. R. Sankar	4/7/26	Dr. S. R. Sankar	S. R. Sankar
4/7/26	2pm	RINGER LACTATE	IV	100ml/hr	Dr. S. R. Sankar	S. R. Sankar	4/7/26	Dr. S. R. Sankar	S. R. Sankar
6/7/26		RINGER LACTATE	IV	100ml/hr	Dr. S. R. Sankar	S. R. Sankar		Dr. S. R. Sankar	S. R. Sankar

Signature

VERIFIED BY : Name

BAH-00645119 IP5-00175955
Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F)
Dr. K BHARGAVI REDDY

Patient Stick



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Bhargavi Reddy	Date of Delivery: 4/7/26
Assistant Surgeon: -	Time of Delivery: 9.20 AM
Anaesthetist's Name: Dr. Shiny	Gender of Baby: Female
Type of Anaesthesia: Spinal	Weight of Baby: 3.086 kg.
Neonatologist: Dr. Sneha	AGPAR Score:
Scrub Nurse: R. Latha	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis: Pre-eclampsia 37⁺3 wks TUF, Protein S deficiency, antithrombin 3
☒ Elective ☐ Emergency Indication: Maternal request.

Urgency

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

Decision time: Knife to rectus:

CTG Description: Normal

If there was a delay give the reasons:

Surgical Procedure: Elective CS

Post Operative Diagnosis: P000/TUF/PIC/Protein S deficiency, antithrombin 3

Peri-Operative Complications: Nil

Amount of Blood Loss: ~ 500ml

Blood Transfused (in ML): Nil.

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:Presentation: ☐ Cephalic ☐ Breech ☐ Other

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☐ NoUrine: ☐ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out ☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☒ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☒ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ PiecemealCord Appearance: Cord around the neck ☐ Yes ☒ NoAppearance of placenta: Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not NormalSterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers SuturePeritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None Suture

Sheath Closure: Suture

Fat Closure: ☒ Yes ☐ No SutureSkin Closure: ☒ Subcuticular ☐ Mattress SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☒ Yes ☐ No

Post-Operative Notes:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Doctor Name: Dr. Abubakar

Doctor Signature: [Signature]

Date & Time: 4/7/20, 10:Am

BAH-00645119 IP5-00175955
Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F)
Dr. K BHARGAVI REDDY

Patient Sticker




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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: Heartline des

Post-Surgical Diagnosis: P000

Post-Operative Monitoring Parameters /Frequency:

Temp, PR, BP, SpO2 Every 2nd hr

Wound Care:

after 48 hrs

Drain /Special Lines/Catheters:

① Drains
Foley's ①

Special Patient Positioning and Requirements:

Supine 14-16h

Nutritional Instructions:

NBM 4-6h

When to Start Mobilization:

after Foley's removed

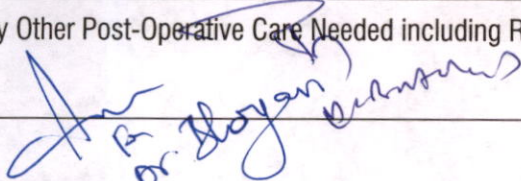
Special Referrals:

①

The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

Date: 2/7/20 Time: 10AM

Note: Plan of care will be readjusted if necessary.

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 4/7/26 Time of Arrival: 7:00 AM Time Seen by Nurse: 7:05 AM

1) Level of Consciousness: ☒ Conscious ☐ Semi-Conscious ☐ Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain ☐ Preterm rupture of Membranes / Leaking Water PV
☐ Bleeding PV: Slight / Heavy ☐ Preterm Labor/ Labor
☐ Decreased Fetal Movement ☐ Spontaneous Rupture of Membrane / Leaking Water PV
☐ No Fetal Movement ☐ Other Reason: Ectopic

3) Vital Signs: Temperature: 98.1°F Pulse: 82 RR: 18 SpO₂: 99.1% BP: 104/73 Weight: 70.5 kg

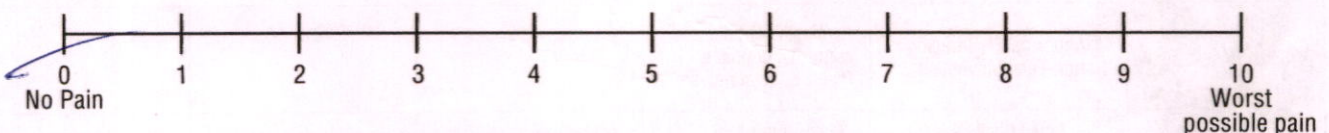
4) Gestational Criteria:

Gravida:	G	P	L	A
----------	---	---	---	---

LMP: 24/10/25 EDD: 15/7/26 Gestational Age: 38+3 wks

Uterine Contraction	☐ Yes ☒ No ☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes ☒ No ☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes ☒ No ☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes ☒ No ☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☒ Yes ☐ No ☐ NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: NPII
- Duration: NPII Days / Weeks/ Months (Strike out which is not applicable)
- Character: NPII
- Frequency: NPII
- Interventions: NPII

6) Past History:

- a) Surgeries: Hysterectomy - July - 2023
- b) Medical: Protein, Diabetes, Anticoagulation, etc.



☐ No, If Yes :

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others:

9) **Prenatal Medical History:**

- ☐ None ☐ Gestational Diabetes
☐ Chronic Hypertension ☐ Low placenta
☐ Gestational Hypertension ☐ Others if yes, specify *protein deficiency*
☐ Diabetes

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- ☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☒ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping ($<$ spotting) < 37 weeks	Bleeding associated with cramping ($>$ spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension $> 160/110$ and / or headache, visual disturbance, RUQ pain	Mild hypertension $> 140/90$ with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	- Acute onsite severe abdominal pain - Altered level of consciousness - Cord prolapse - Severe respiratory distress - Suspected sepsis	- Major trauma - Shortness of breath - Unplanned and unattended birth	- Abdominal/back pain greater than expected in pregnancy - Flank pain / hematuria - Nausea/vomiting and/or diarrhea with suspected dehydration	- Ongoing assessment from out patient clinic (for hypertension, blood work) - Minor trauma (minor MVC/fall) - Nausea/Vomiting and/or diarrhea - Signs of infection (ie dysuria, cough, fever, chills)	- Anything that does not seem to pose threat to mother or fetus - Cervical ripening - Out patient placenta previa protocols - Pre-booked visits (ie Rh and progesterone injections, NST) - Assessment for version - Rashes

Time seen by Doctor: *7:40 AM*

Nurse Name : *Shub*

Nurse Signature: *Shub*

Date: *4/11/26* Time: *7:30 AM*

BAH-00645119 IP5-00175955
Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F)
Dr. K BHARGAVI REDDY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 4/4/26.

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

Chief Complaints: Ch. hals. Doctor Notified on Admission: ☐ Yes ☒ No
Name of the Doctor: Dr. K. Bhargavi Reddy
Time Notified: 7:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Protein deficiency Anti-thrombin III deficiency	Hysterectomy	-

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular	Caesarean Section: ☒ No ☐ Yes	Contraceptives: ☒ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☒ No ☐ Yes	Vaginal Discharge: ☒ No ☐ Yes
Menstrual Cycle: ☐ Regular ☐ Irregular	Ectopic Pregnancy: ☒ No ☐ Yes	Post-Coital Bleeding: ☒ No ☐ Yes
Last Menstrual Period: 24/10/25	Myomectomy: ☒ No ☐ Yes	Infertility: ☐ No ☐ Yes
	Others:	If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G P 09m0 L A

Previous LSCS: NO

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

Vital Signs / Measurements: Temp: 98.4 HR: 82 RR: 18
BP: 104/64 Weight: 40.5 kg Height: BMI:

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score (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

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify 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 members.

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 Husband

Name of Person Orientation was given to: Husband

Orientation not given Reason: -

Nurse Signature: Sul

Nurse Name: Sul

Date & Time: 4/12/2023, 7:30 AM

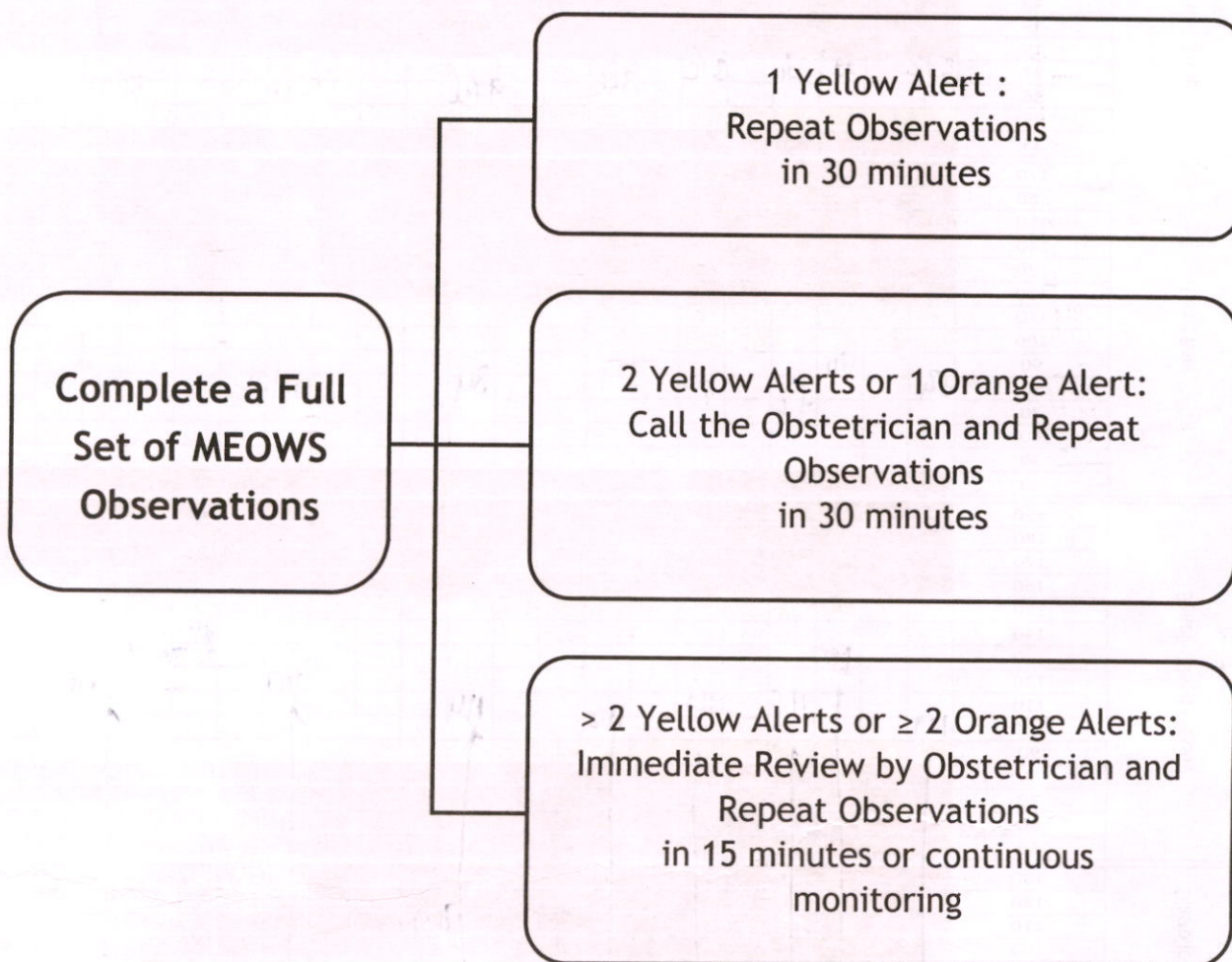
Dr. K BHARGAVI REDDY



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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Dr. K BHARGAVI REDDY

It takes a lot to treat the little

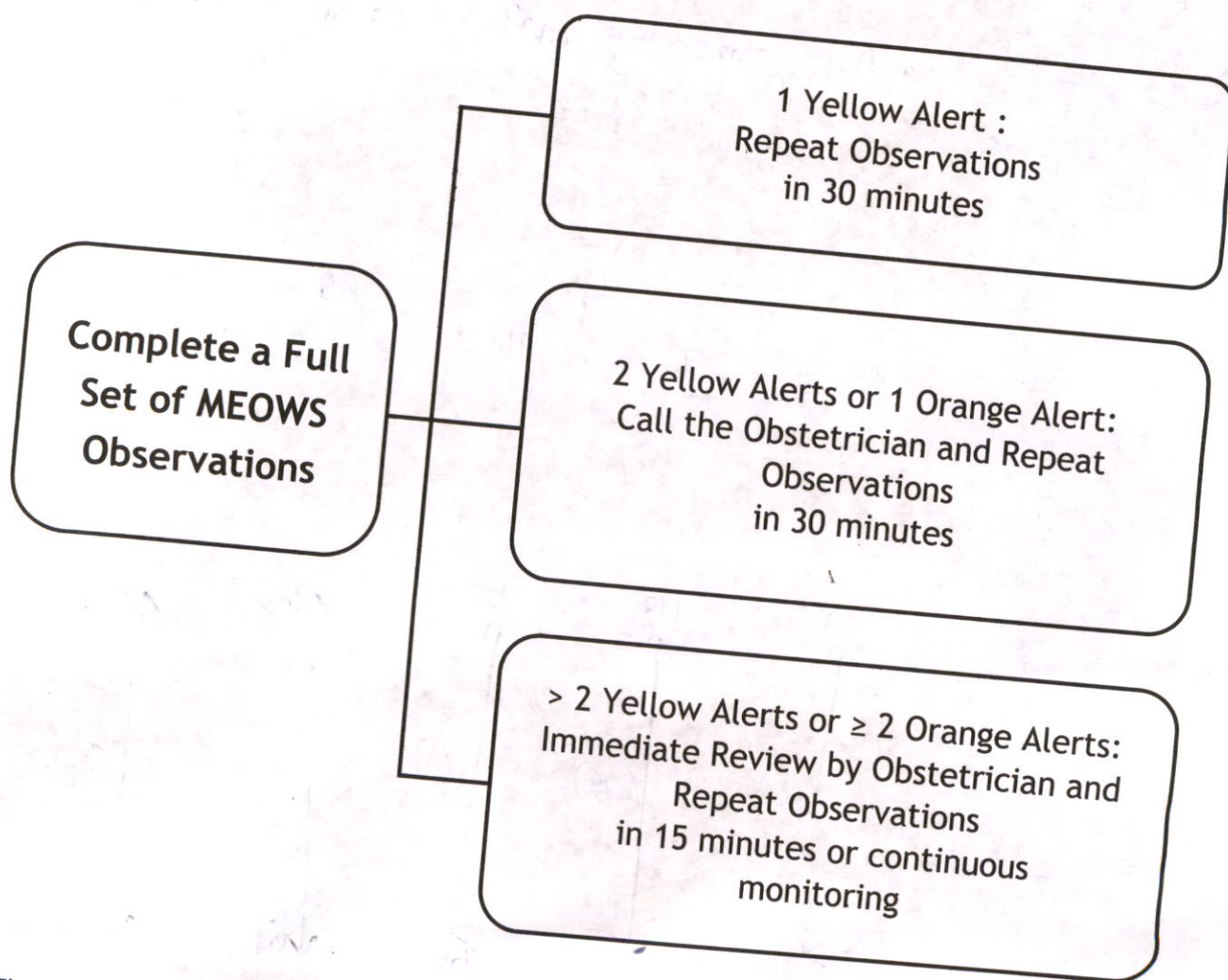
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Dr. K BHARGAVI REDDY

6/7/26



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

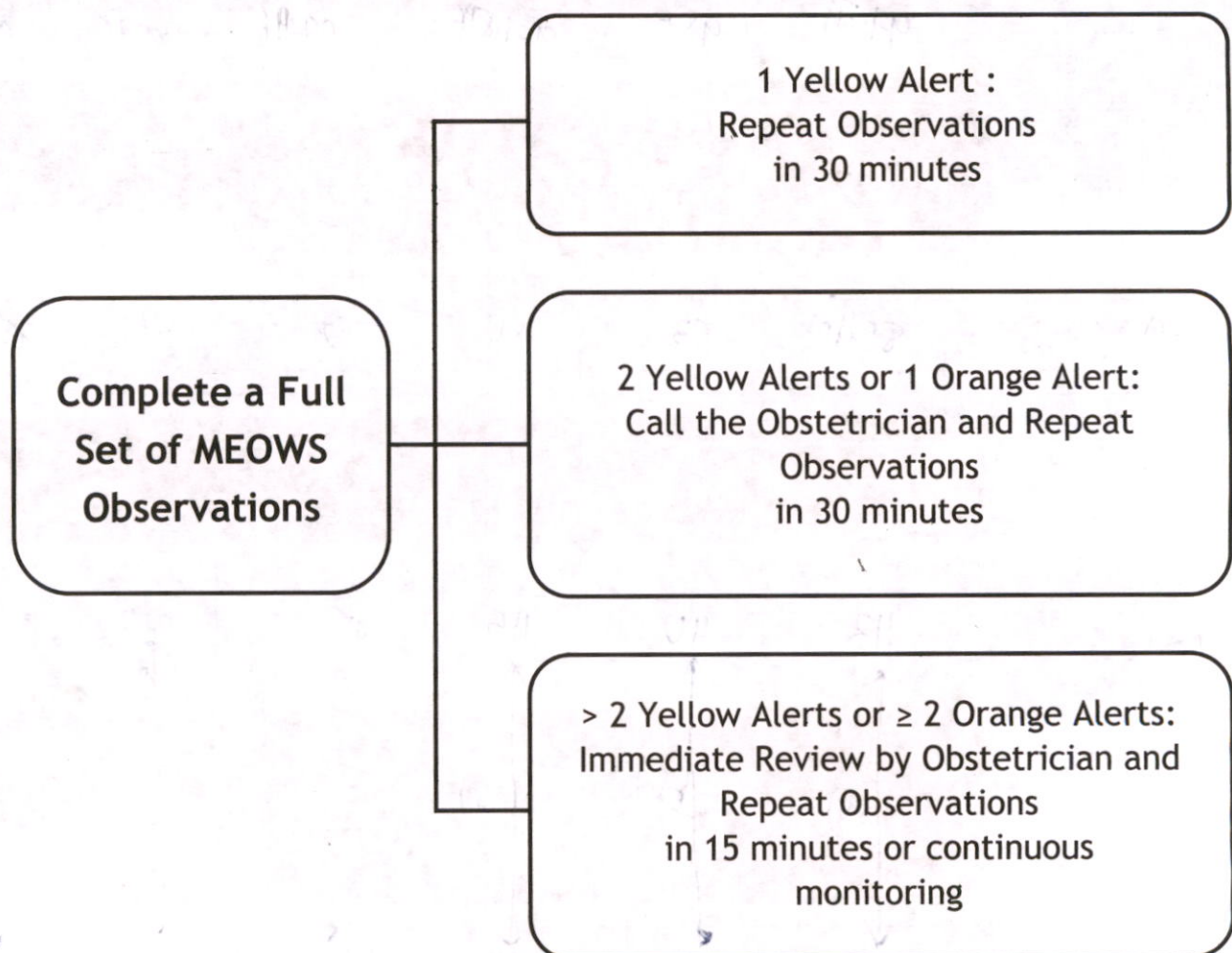


Birthing Right
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

FLUID CHART

Sheet No. : ①

4/11/2026

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
4/11/26		08:00 am		N	Rh						✓	0	Exp
		09:00 am		B	Pl							0	Exp
		10:00 am		M	Rh						200ml	0	Exp
		11:00 am			Rh						↓	0	Exp
		12:00 pm			Rh						↓	0	Exp
		01:00 pm			Rh						↓	0	Exp
Total Intake :				1500ml			Total Output :				200ml		
		02:00 pm		Rh	H2O	100ml					↓	0	Shoko
		03:00 pm		Rh		100ml					↓	0	Shoko
		04:00 pm			H2O						400ml	0	Shoko
		05:00 pm						M				0	Shoko
		06:00 pm			H2O							0	Shoko
		07:00 pm									300ml	0	Shoko
Total Intake :				Taken			Total Output :				M=0 U=300ml		
4/11/26		08:00 pm										0	Pigs
		09:00 pm			water							0	Pigs
		10:00 pm										0	Pigs
		11:00 pm										0	Pigs
		12:00 am			water							0	Pigs
		01:00 am									130ml	0	Pigs
Total Intake :				Taken			Total Output :				U=130ml M=0		
4/11/26		02:00 am										0	Pigs
		03:00 am			water							0	Pigs
		04:00 am										0	Pigs
		05:00 am										0	Pigs
		06:00 am			water						600ml	0	Pigs
		07:00 am										0	Pigs
Total Intake :				Taken			Total Output :				U=600ml M=0		
Total 24 hrs. Intake		Taken											
Total 24 hrs. Output		U=310ml M=0											



5/7/26

FLUID CHART

Sheet No. : 2

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

		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							
5/7/26	08:00 am										0	Hyath
	09:00 am	water							✓	0		
	10:00 am									0		
	11:00 am	water							✓	0		
	12:00 pm									0		
	01:00 pm	water								0		
Total Intake : Taken					Total Output : u-2 m-0							
5/7	02:00 pm										0	Hyath
	03:00 pm	water							✓	0		
	04:00 pm									0		
	05:00 pm	water					✓		✓	0		
	06:00 pm									0		
	07:00 pm	water								0		
Total Intake : Taken					Total Output : u-2 m-1							
5/7	08:00 pm										0	maith
	09:00 pm	H2O							✓	0		
	10:00 pm									0		
	11:00 pm	H2O							✓	0		
	12:00 am									0		
	01:00 am	H2O								0		
Total Intake : Taken					Total Output : m-0 u-2							
5/7	02:00 am										0	maith
	03:00 am	H2O								0		
	04:00 am									0		
	05:00 am	H2O								0		
	06:00 am								✓	0		
	07:00 am									0		
Total Intake : Taken					Total Output : m-0 u-1							
Total 24 hrs. Intake		taken			Total 24 hrs. Output		m-1 u-7					

FLUID CHART

Sheet No. : 3

6/7/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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						
6/7	08:00 am					✓			✓	0	Lakshy
	09:00 am	water								0	
	10:00 am					NP				0	
	11:00 am								✓	0	
	12:00 pm	water								0	
	01:00 pm									0	
Total Intake : Taken					Total Output : U - 2 M - 0						
6/7	02:00 pm								✓	0	Lakshy
	03:00 pm	water								0	
	04:00 pm	soup				NP				0	
	05:00 pm								✓	0	
	06:00 pm									0	
	07:00 pm									0	
Total Intake : Taken					Total Output : U - 2 M - 0						
	08:00 pm								✓	0	Sandeep
	09:00 pm	H2O								0	
	10:00 pm					✓				0	
	11:00 pm									0	
	12:00 am	water							✓	0	
	01:00 am									0	
Total Intake : Taken					Total Output : M - 1 U - 2						
	02:00 am								✓	0	Sandeep
	03:00 am	water								0	
	04:00 am					NP				0	
	05:00 am								✓	0	
	06:00 am	water								0	
	07:00 am									0	
Total Intake : Taken					Total Output : M - NP U - 2						
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		M - 1, U - 8				

Patient Sticker

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/7/26

Assessment: Fever & anxiety about surgery.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the patient's condition.	8:10 am	* Assess the patient's condition.	patient is comfortable.
10am	* Administer par-op medication & shifted to OT.	9:10 am	* par-op medications given & shifted to OT.	
10am	* patient is NRM.	10:10 am	* Rv is connected.	
11am	* with Breeding.	11:05 am	* Breeding initiated.	
12pm	* doctor's consulted by. Safe delivery.	12:10 pm	* patient has been decreased fever.	

Re-Assessment: Re-assess done patient is decreased fever about delivery.

Special Notes:

Nurse Signature: Sush.

Nurse Name: Sis. Sush.

Date & Time: 4/7/26 2pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 4/7/20

Assessment: pt complain for Abdominal pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess pt general condition	2:10 pm	Assessed pt general condition	pt is stable
3pm	monitor vital	3:10 pm	Bp SpO2 pulse checked and recorded	
4pm	Administration medication	4:30 pm	medication given as per doctor	
5pm	Ensure safety	5:10 pm	Ensure safety provided	
7pm	prevent Infection	7:10 pm	To prevent Infection	

Re-Assessment: Re Assessment done and hourly

Special Notes:

Nurse Signature: [Signature] Nurse Name: shobha Date & Time: 4/7/20 @ 8pm

BAH-00645119 IP5-00175955
Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F)
Dr. K BHARGAVI REDDY



NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/07/26 @ 8 AM

Assessment: Patient having pain in legical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	→ Assess the general condition of the patient and check vitals.	8:00 AM	→ assessed the general condition of the patient and checked vitals.	patient is stable
10 AM	→ Giving medication as advised.	10:00 AM	→ Given medication as advised.	
12 AM	→ Maintaining good nutritional status.	12:00 AM	→ maintained good nutritional status.	
4 AM	→ providing comfortable position.	4:00 AM	→ provided comfortable position.	
6 AM	→ checking urine output.	6:00 AM	→ checked urine output.	
8 AM	→ Ensure safety.	8:00 AM	→ Ensured safety.	

Re-Assessment: pain reduced

Special Notes: Foley's removal plan on 6 AM

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 5/07/26 @ 8 AM

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: Patient is having pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess general condition of the patient	8:15 AM	Assessed general condition of the patient	Patient is stable.
10 AM	Monitor vitals.	10:15 AM	monitored vitals.	
12 PM	maintain Ilo chart	12:10 PM	maintained Ilo chart	
2 PM	Administer medicine as per medication chart	2:15 PM	Administered medicine as per chart	
4 PM	Ensure safety	4:10 PM	Ensured safety	
6 PM	wlf active bleeding	6:10 PM	wlf active bleeding	

Re-Assessment: Re-assessment done

Special Notes: not

Nurse Signature: Sythy

Nurse Name: Sythy

Date & Time: 5/7/26 @ 8 PM

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment:

encourage orally

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
9pm →	Assess the general condition of patient	9pm →	Assess condition & checked the vitals	et same
10pm →	plan for vitals	10pm →	mention on file	
11pm →	do chart monitor	12am →	output good	
2am →	safety Ensure safety	4am →	side urine	
6am →	Encourage orally	7am →	oral intake good	

Re-Assessment:

pt was stable

Special Notes:

No significant finding

Nurse Signature: M

Nurse Name: Maitha

Date & Time: 6/7/26 @ 8am

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: Acute pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the General Condition of the patient	8:10AM	* Assessed the General Condition of the patient	* patient is doing well.
10am	* Monitor Vital signs & Record	10:10AM	* Monitored Vital signs & Recorded	
12pm	* Maintain I/O chart	12:10PM	* Maintain I/O chart	
2pm	* Ensure Safety	2:10PM	* Ensure Safety	
6pm	* Administer medications as per medication chart	6:10PM	* Administered medications as per medication chart.	

Re-Assessment: patient was stable

Special Notes: no significant findings

Nurse Signature: Latha

Nurse Name: Latha

Date & Time: 6/7/26 @ 2PM

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. K. Bhargavi Reddy Department: 4/W Date of Admission: 4/7/26

SITUATION	Diagnosis: <u>Preeclampsia 38+3 wks Inf. conception food elowels. proteins deficiency</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
	Area	Shift Time	OBS <u>4pm-7pm</u>	OBS <u>2pm-5pm</u>	3rd floor <u>4pm-7pm</u>	3rd floor <u>2pm-5pm</u>	3rd floor <u>4pm-7pm</u>	3rd floor <u>2pm-5pm</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>protein deficiency</u>	<u>protein deficiency</u>	<u>protein deficiency</u>	<u>protein deficiency</u>	<u>protein deficiency</u>	<u>protein deficiency</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: <u>98.1 F</u>	<u>98.1 F</u>	<u>98.1 F</u>	<u>98.0 F</u>	<u>97.9 F</u>	<u>98 F</u>
			Res: <u>18</u>	<u>20</u>	<u>18b/m</u>	<u>20b/m</u>	<u>19b/m</u>	<u>19b/m</u>
			SpO ₂ : <u>99</u>	<u>100</u>	<u>99</u>	<u>99</u>	<u>98</u>	<u>98</u>
			Pulse: <u>82</u>	<u>81</u>	<u>76b/m</u>	<u>85b/m</u>	<u>83b/m</u>	<u>85b/m</u>
			BP: <u>114/79</u>	<u>112/75</u>	<u>110/80</u>	<u>110/75</u>	<u>110/61</u>	<u>112/74</u>
Fall Risk Score:		<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	<u>35</u>	
Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:		<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Guh</u>	<u>Shobha</u>	<u>Pijy</u>	<u>Jyothy</u>	<u>Marthe</u>	<u>Katky</u>
Signature :			<u>Guh</u>	<u>Shobha</u>	<u>Pijy</u>	<u>Jyothy</u>	<u>Marthe</u>	<u>Katky</u>
Date:			<u>4/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	<u>6/7/26</u>	<u>6/7</u>
Time:			<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>
Taken Over By Name :			<u>Shobha</u>	<u>Pijy</u>	<u>Jyothy</u>	<u>Marthe</u>	<u>Katky</u>	<u>Sushant</u>
Signature :			<u>Shobha</u>	<u>Pijy</u>	<u>Jyothy</u>	<u>Marthe</u>	<u>Katky</u>	<u>Sushant</u>
Date:			<u>4/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>	<u>5/7</u>	<u>6/7</u>	<u>6/7/26</u>
Time:			<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area						
	Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		Fall Risk Score:					
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

BRADEN 'Q' SCALE

					Date :	4/7/26	4/8	4/9	4/10
					Time :	9:45 AM	10:30 AM	11:15 AM	12:00 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : BCHBH/FRM / CLINICAL / 119					Evaluator's Name	Ravi	Ravi	Ravi	Ravi

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



BRADEN 'Q' SCALE

				Date :	5/7/20	6/7/20	6/7/20
				Time :	10pm	10am	10pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:remity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	7	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	7	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	7	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	7	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	7	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	7	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	7	4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23							
TOTAL SCORE					28	28	28
Evaluator's Name					maithu	lilly	neel

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00645119 IP5-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-		
Signature of the Nurse				<i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : *Kranthi* Name : *Kranthi*

Signature of Ward In Charge :

Signature : *Veena* Name : *Veena*

BAH-00645119 IPS-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

Morse Fall Risk Assessment Form

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Choose Highest Applicable Score from each Category		Date / Time	4/7/26	4/7/26	4/7/26	Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			35	35	37			
Signature			Gunny	Shobha	Pign			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☒ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☒ Hourly safety check
- ☒ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to patient's needs



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/20	6/7	6/7.	Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0						
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0						
Total Morse Fall Scale Score:			85	35	35			
Signature			maitha	latha	sub			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

Low Risk (0 - 24) (Standard Falls Precautions)

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

Moderate Risk (25-50) Apply all low risk intervention and

- ☐ Assist and/or supervise ambulation. Reinforce to always call for assistance
- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

High Risk (≥ 51) Apply all low and moderate risk interventions, and.

- ☐ Initiate constant observation by healthcare provider as appropriate to Patient's needs



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7/26	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gula
4/7/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gury
4/7/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Puale
4/7/26	2pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shobky
4/7/26	4pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shobky
4/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pip
5/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pip
5/7/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Syobky
5/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Syobky
5/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	mashe

Re-assessment Frequency:

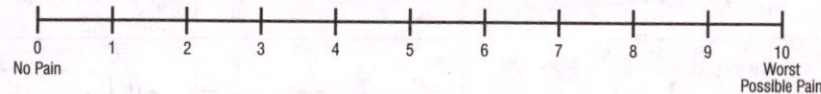
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

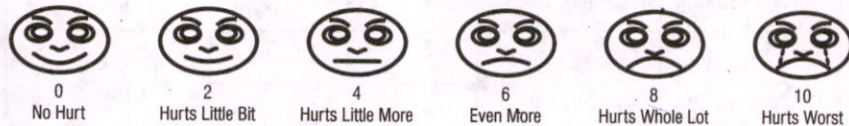
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	10 am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	faulty
6/7	2 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	faulty
6/7	8 pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Swel
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

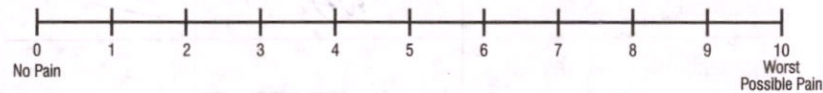
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/12/26

Date of Removal:

Parameters	Date	Shift Time	OBS	OBS	3rd				
Need for the Catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion			☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			<i>Arund</i>	<i>Shobha</i>	<i>Priya</i>				
Signature of the Nurse			<i>Arund</i>	<i>Shobha</i>	<i>Priya</i>				

Patient Sticker

BAH-00645119 IPS-00175955
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 4/7/26

Department : ORG-05 Duration of Procedure : 1 hr
 Name of Surgeon : Dr. Bhargavi Reddy Date of Admission : 4/7/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>Q. Parim 1 gm</u>	<i>Ribella</i>
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☒ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	<i>Ribella</i>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<i>Ribella</i>
4.	Name of doctor or staff administering the antibiotic : <u>Dr. Deepika</u> Date & Time of antibiotic administration : <u>4/7/26 8:30 AM</u> Date & Time procedure started : <u>4/7/26 9 AM</u>	<i>Ribella</i>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

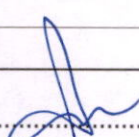
Docu. No. : RCHBH/ FRM / CLINICAL / 038

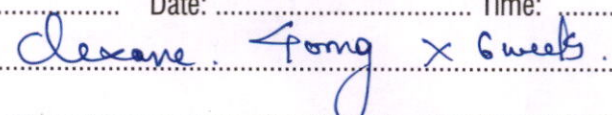


RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

(Postnatal Assessment and Management (to be assessed on delivery suite))

Pre-Existing Risk Factors Tick Score	Tick	Score
Previous VTE (except a single event related to major surgery)	-	4
Previous VTE provoked by major surgery	-	3
Known high-risk thrombophilia	3	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetesmellitus with nephropathy; sicklecell disease; current intravenous drug user	3	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	-	1
Known low-risk thrombophilia (no VTE)	-	1
Age (? 35 years)	-	1
Obesity	-	1 or 2
Parity ≥ 3	-	1
Smoker	-	1
Gross varicose veins	-	1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	-	1
ART/IVF (antenatal only)	-	1
Multiple pregnancy	-	1
Caesarean section in labour	-	2
Elective caesarean section	-	1
Mid-cavity or rotational operative delivery	-	1
Prolongedlabour (? 24hours)	-	1
PPH (?1litreortransfusion	-	1
+0 Preterm birth? 37 weeks in current pregnancy	-	1
Still birth in current pregnancy	-	1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of theperineum, e.g. appendicectomy, postpartum sterilization	-	3
Hyperemesis	-	3
OHSS (first trimester only)	-	4
Current systemic infection	-	1
Immobility, dehydration	-	1
Total		7

Signature of the Doctor:  Date: 4/7/20. Time: 10.30 AM

Action Plan: 

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MM. KAWSAR JAMA Gender: ☐ Male ☒ Female Age : 27yrs
UHID No : 645119 Date : 4/7/2026

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 CESAREAN SECTION
upon MM. KAWSAR JAMA
(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.

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS
TRANSFUSION CHANCE OF INFECTION, INJURY TO ADJACENT
ORGANS SUCH AS BOWEL AND BLADDER AND IT'S REPAIR

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. Bhargavi Reddy.

Consentee :

Signature : Kawsar
Name : Kawsar
Date & Time : 4/7/2026 gay

Witness :

Signature : Guy
Name : Guy
Date & Time : Guy. gay

Patient Attendant :

Signature : Abel Koeley
Name : Abel Koeley
Relationship with Patient: Gay
Date & Time : 4/7/2026 gay

Doctor (who is taking the consent) :

Signature : Dr. Bhargavi
Name : Dr. Bhargavi
Date & Time : 4/7/2026 gay

Patient ID: IP5-00175955
 BAH-00645119
 Mrs KAWSAR JAMA MOHAMED
 15-10-1998 27 Y 8 M 19 D (F)
 Dr. K BHARGAVI REDDY

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective Laparoscopic Segment Cesarean Section

Anaesthesiologist: Dr. Shalini Surgeon: Dr. Bhargava

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Renal Failure ☐ Multi Organ Failure ☐ Hepatic Disorders

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: Hypertension, Bleeding

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 - ☒ Regional Anaesthesia ☐ General Anaesthesia ☐ Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Kawsar Jama

Name: Kawsar Jama

Relationship with patient: self

Date & Time: 4/7/2026 8:00am

Witness:

Signature: Abdullah Ali Farah

Name: Abdullah Ali Farah

Date & Time: 4-7-2026 7:59am

Doctor (who is taking consent):

Signature: Dr. Shalini

Name: Dr. Shalini

Date: 4/7/26 Time: 7:55am



అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అవస్థాపక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శరీరానికి ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

ప్లస్మిఫిక్ హై రిస్క్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

☐ హృదయ వ్యాధి ☐ రక్తపోటు ☐ మధుమేహం ☐ మూత్రపిండాల వైఫల్యం ☐ బహుళ అవయవ వైఫల్యం

☐ కాలేయ సమస్యలు ☐ షాక్ ☐ ఊబకాయం ☐ దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
☐ లీజనల్ అనస్థీషియా ☐ జనరల్ అనస్థీషియా ☐ మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వప్రయత్నం భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Kawsar Jama Age: 27 Sex: Female UHID.No: 645119

Date: 4.17.2026 Time: 7.50 am Proposed Operation: Elective LSCS

Diagnosis: Bmi / protein S. deficiency / antenatal 3 DeRay

B.P / CRT: H.R: Weight: 71kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 13.9
PCV:
WBC: 8.100
Plate: 1.40000
PT: 13.4
PTT: 31.5
INR: 0.99

Glucose: Protein:
Urea: Alb:
Creat: Total Bil:
Na: Dir. Bil:
K: LDH:
Ca++: Alk phos:
Mg++: Amylase:
Cl -: SGOT/SGPT:

HIV:
HBS Ag:
HCV:
Blood group: A+
T3
T4
TSH

X-Ray:
ECG:
2D Echo: -EF 63%
Stress/Angio:
Other: - normal LV

Allergies: nil

Medical History: CVS: ☒

RESP: ☒

Diabetes: ☒

CNS: ☒

Renal: ☒

Hepatic / GE: ☒

Physical Activity: active

Others:

Past Anaesthetic History: nil

Physical Exam:

Airway: MP 1 ☒ 2 ☐ 3 ☐ 4 Mouth Opening: W Mentohyoid Distance: W Neck: W Teeth: W loose

Lungs: chest clear

Heart: S.S.W

CNS: GCS-Full

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site:

Spine Exam for regional: W

Anaesthetic Plan: ☐ MAC ☒ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis : NO from 12 am
2. NIL ORAL $\begin{cases} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{cases}$
3. Informed Consent: ☒ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: [Signature] Name: Dr. Shahn



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sic. Elvish Time Received : 10:20 AM Time Discharged : 11:30 AM

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site : <u>Yes</u> ☐ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway
		Vomiting : ☐ Yes ☒ No Drug : <u>Plw</u> NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☐ Yes ☒ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : <u>Plw</u> Oral Feeds : <u>NBM</u>

POST ANAESTHESIA SCORE (Modified Aldrete Score)		MINUTES			OUT	SCORING INTERPRETATION
		IN	30	60	90	
Able to move 4 extremities voluntary or on command	= 2	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to move 2 extremities voluntary or on command	= 1					
Able to move 0 extremities voluntary or on command	= 0					
Able to deep breathe & cough freely	= 2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
Dyspnea or limited breathing	= 1					
Apneic	= 0					
BP ± 20 of Pre Anaesthetic level	= 2	2	2	2	2	
BP ± 20-50 of Pre Anaesthetic level	= 1					
BP ± 50 of Pre Anaesthetic level	= 0					
Fully awake	= 2	2	2	2	2	
Arousable on calling	= 1					
Not responding	= 0					
Pink	= 2	2	2	2	2	
Pale, dusky, blotchy, jaundiced, other	= 1					
Cyanotic	= 0					
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
4/7/26	10:20 AM	0/10	NA	Sic. Elvish
4/7/26	12:30 PM	0/10	NA	Sic. Elvish

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : DR SHINY

Anaesthesiologist Signature : [Signature]

Date & Time : 04/07/26 12:30 PM

PACU Nurse Name : [Signature]

PACU Nurse Signature : [Signature]

Date & Time : 4/7/26 12:30 PM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): 3rd Floor

Date & Time : 4/7/26 3:40 PM

BAH-00645119 IP5-00175955
Mrs KAWSAR JAMA MOHAMED
15-10-1998 27 Y 8 M 19 D (F)
Dr. K BHARGAVI REDDY



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

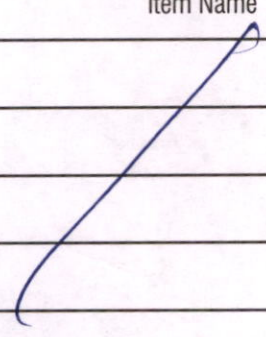
Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Signature

PATIENT TRANSFER FORM

Patient Name & UHID BAH-00645119 IP5-00175955 Mrs KAWSAR JAMA MOHAMED (F) 15-10-1996 27 Y 8 M 19 D Dr. K BHARGAVI REDDY 		Date & Time of Admission 4/7/26 7:26 AM	Date & Time of Transfer Order 4/7/26 3:50 PM
		Transfer Ordered by Dr. Sameer	Reason for Transfer observation
From Unit obs.	To Unit	Information to Attendant Yes ☐ No ☐	
Number of Sheets in Clinical File 35	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?		Patient shifted with ID band: Yes ☐ No ☐ If No:
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Sis Shobha		Name of Person Ordered Transfer Dr. Sameer	
Patient & Clinical Records Received by : Sis. Ranya			
Date & Time of Patient Received : 4/7/26 @ 4 PM			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



386

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 4/7/26

Time: 4pm

Origin: International

Height: 151cm

Weight: 70kg's

BMI: 30.7kg/m²

Food Allergies: No

Diagnosis: POD - 0 / LSCS (Lower Segment Cesarean Section)

Type of Diet: ☒ Liquid ☐ Soft ☐ Normal ☐ Diabetic
☐ Vegetarian ☒ Non-Vegetarian ☐ Vegan

Diet Advised:

liquid diet
soft diet @ 6pm

Patient's / Attendant's

Signature: Kawsar

Name: Kawsar Jama Mohamed

Date & Time: 4/7/26
4:10pm

Dietician's

Signature: Saima

Name: SAJMA

Date & Time: 4/7/26
4pm

DIETARY NOTES

[illegible]