

BAH-00640789 IPS-00175984
Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

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Children's
Hospital
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SURGERY DETAILS

Date : 5/7/2026

Patient Name: Mrs. Rachana Date of Birth: 21/7/1996 Age: 29y

Gender: Female Ward: OBG OT UHID No: BAH-00640789

Date of Surgery: 5/7/26 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☒ OBG OT-2

Name of the Surgery: Emergency lscs dca

Time in: 9:10pm Time Out: 10:10pm

	NAME	AMOUNT
1. Surgeon	Dr. Sneha	
2. Anaesthetist	Dr. Tejaswini	
3. Assistant Surgeon	Dr. Arshiya	
4. OT Technician	Bro. Prashanth	
5. Circulating Nurse	Sr. Sudha	
6. Assistant Nurse	Sr. Shalini	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 2689500

Order by: Shalini

Pachana
BHT-00640-89

CONSUMABLES OF OT

Circulating staff : Technician : prashanth Date : 5/7/2019 Time : 9 AM

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack	1 dupe			Inj Vit.K			02
LMA	8		1	Sutures	2396		01	Cord Clamp			01
ECG leads A/P/N			8		2262		01	Suction Catheter			
HME filter A/P/N			1		2364		01	Feeding Tube			
Syringes : 10 cc			8					Vaccum Suction Set			
05 cc			8	Gloves	6h 16		02	Surgical Gloves	6/2	2	04
02 cc			8		PF 6/2		01	Gauze Pack			01
01 cc								Syringe 1ml / 2ml			01
Cautery plate A/P/N			1	Surgical blade	22		01	Surgical Blade # 20			01
IV set			1	NG tube				Koochies (S)			01
RL		2	8	Cautery pencil			01				
NS : 10ml 100ml 500ml / 1000ml			1	Koochies	XL		01				
			1	Ointments							
			1	Suction Catheter							
Fentanyl				Cap, Mask		10x10					
Morphine				Gauze Pack		2					
Ketamine				Mop Pack		2					
Propofol			8	Steristrip		01					
Rocuronium				Underpad		01					
Glycopyrolate			1	Draw sheet		01					
Myopyrolate				Abgel		01					
Ondansetron			1	Foleys catheter							
Pencan 25g/ Spinal Needle 22				Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics				Bandage							
			1	Tegaderm							
Suppositories				Ioban							
Anamol : 80mg / 250mg / 170 mg				Double J Stent							
Supridol 100mg			1	Vaccum Suction set		01					
Justin : 12.5 mg / 25mg 100mg			1	Plastic Bed Sheet							
Tab. Misoprostol 200mg			2	Betadine Solution		02					
			1	Microshield		01					
			1	Cotton Balls		2					
			1	Latex Gloves		20					
			1	Ramdone Scrub							
			2	Saral							

9689638

Nasal airway 28
Suction catheter 89

Surgeon Anaesthesiologist Nurse OT Technician
Order No. : Ordered by :
Doc. No. : RCHBH/ FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175984

Admit Date : 05-Jul-2026

Admit Time : 10:49 AM UHID : BAH-00640789

Patient Details :

Patient Name	: Mrs UPPUGALLA RACHANA	Age	: 29 Y 11 M 14 D
Guardian	: Mr RUPIREDDY ESHWAR REDDY	DOB	: 21-07-1996
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO 303, SMR, VINAY PRANGAN, Madhapur Hyderabad Telangana INDIA 500081	Phone No	: 8790916884/ 9193545454
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type	: SHARED WARD	Bed No	: SW 416	Ward Name	: 4F-BIRTHING CENTRE
Room No	: SW 416	Admission Type	: First Visit		

Contact Details :

Name	: Mr RUPIREDDY ESHWAR REDDY	Relationship	: Husband
Contact Address	: FLAT NO 303, SMR, VINAY PRANGAN, Madhapur Hyderabad Telangana INDIA 500081	Phone No	: 8790916884 / 9193545454

Signature

Doctor Details :

Doctor Name	: Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELF PAY



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo pain abdomen.

LMP: 5/11/25

EDD:

Corrected EDD: 12/12/26

GA:

33⁺6

Obstetric Formula:

Prime

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric History:

1-sp conception booked at 37th wks.
had regular Ane Elenhor, Screened

Obstetric Examination

Fundal Height:

32-34 weeks

Present Pregnancy Record:

⊕ we for PE.

at 20+4 wks - SLF / avascular
anechoic cystic mass - 2.8x1.9 cm
posterior to the placenta of corpus

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

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech ☐ Others

Head Fifts Palpable:

RISK FACTORS:

collosum - No

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

(see progress notes)

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☒ Partially effaced ☐ Effaced

Os: Closed Dilated 2 cm

Membranes: ☒ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: cm

Weight: kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: ⊖

Icterus: absent Edema: absent

Temp: afebrile PR: 92/min

BP: 127/84 mmHg DTR: ⊖

CVS: S1 S2 ⊕ RS RAE ⊕

Liver/Spleen: not palpable Urine Output: adequate

DIAGNOSIS

pregnosa 33⁺ wks. Early onset FHR, with abn Doppler
fibr on dut. in lab.



Family History: Nil	Surgical History: Nil
Medical History: Nil	Medication History: T. Iron T. Pholcodol.
Plan of Care: CH Dr. Shanthi - Admission, Nil. - Informed consent (vaginal entry) - Prep of parts - check blood availability. - Nil 3rd h - vitals & FHR 4th h - w/r pol - anal. - Epidural. Early.	Investigations: ABG w. urials - NR. 21/6/20 - Hb. 11.9 plt - 3.17. wbc - 13.97. 1/7/20: 33+2 / cephalic / pl-pos 34 AFI - 11.5 cm / EFW - 1.52 kg - <1% AC - <1% / increased resistance to Blood Flow in the umbilical artery with ① one EDE with cerebral redistribution ② DV supply

Doctor Name: Dr. Anurag.

Signature: [Signature]

Date & Time: 5/7/20, 10:40 Am.

Consultant Name: Dr. Shanthi.

Signature: [Signature]

Date & Time: 5/7/20



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Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	7			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion	1			
12	Consent for chemotherapy	1			
13	Consent for high risk	2			
14	Consent for Restraint	1			
15	LAMA consent	1			
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed	1			
18	Consent for MTP	1			
19	Consent for Radiological Investigations	1			
20	Consent for HIV test	1			
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	1			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	1			
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	2			
40	PICU bed formula Dilution feeds	1			
41	Gastro monitoring chart	1			
42	Rch ED doctors note	1			
43	BP Monitoring chart	1			
44	RBS monitoring chart	1			
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ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



①

PROGRESS NOTES AND DOCTOR'S ORDER

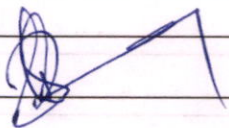
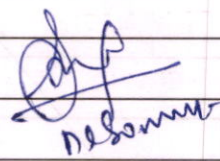
Date & Time	Progress Notes	Doctor's Order
5/7/26 11 AM	Caesum Velli interpositi cyst with increased resistance Cervical cerclage done at 34 weeks 1/10 short course from on diet since 26 wks. steroids given on 31/5/26 & 1/6/26. admitted at 32+4 weeks. with bleeding per vagina. cerclage stitch removed, Mgso4 given, Nile done.	
		Dr. Arun
5/7/26 1:30 PM	Premigraide 33 rd wks / Early onset FGR with atn Suppl. from on diet in labor	
	- Gabai afebrile. PR - 84/min BP - 120/70 mm SpO2 - 97% @ RA P/A - ut Intable RHD	adri. - Do not. - vital EPR & th - N/A 30th - w/f POL
		Dr. Arun
	P/A - 6.50% effard. 2cm.	

Nile
steroid
given ✓



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Date & Time	Progress Notes	Doctor's Order
5/12/16 12:30pm	Neonatal consult consulted regarding risk of RSC need for CPAP / res surfacants. Risk of feed intolerance and need for gastric intubation in feed, need for nasal intubation can explain risk of pneumonia and need for phototherapy, risk of hypoxemia, need for warmers can be seen explain. need for replace NSG, monitor for hypoglycemia explained  	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26, 8:10 pm	FHR dropped to 90/min	
On Epidural on 11/24.	Stable. afebrile PR 84/min BP - 129/80 mmHg. SpO2 - 97% on RA	ad - give NRG (iv) 2oomg. - Continue Nrg. - w/p pol
AB - B2 PI - 2-67 WBC - 14.37. Na/K/Mg - 137/37/106	PIA - at acty. FHR 100	
uric - 18. LT - 10 PT - 14 APTT - 32 Fibr - 1. LDH - 226	PI - co speed 2cm. w/O.	Dr. Anubha
5/2/26 8:40 pm	As FHR is Not picking up Even after Nubroglycerin.	Chk Dr. Anubha
	ad - Enter 1/10 Resumed Fetal Comprom	
	- consent	
	- shift OT.	
MB Sundera 8:45 pm.		Dr. Anubha



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 11 PM	POD of Embryo RU / 60m on diet ficufai akbule PR - 80/ni BP - 72/40 mmHg Sp2 - 98% @ Rn P/A - ut (R) well P/NA	adv - NBM 4-6h - vitals 2nd h - Drug as charted - w/p active bleed - 4 Foams - (10) Fluid 150ml - Infusion Dr. Arun K.
5/7/26 11:10 PM		
6/7/26 4:30 AM	POD of Embryo No S/S of imminent eclampsia ficufai akbule PR - 72/ni BP - 140/84 mmHg (low) Sp2 - 98% @ Rn P/A - ut (R) well B1 (2) P/NA	adv - alligands - Now - soft diet 4th h - vitals 4th h - Inform BP > 160/100 mmHg - w/p S/S of imminent eclampsia - Infusion - stop (10) Fluid ; Dr. Arun K.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6.7.20.	POD-1 / Enters / PF.	
6.30 Am.	No complaints.	
On Nysm.	Gutai afebrile.	ade ① soft stool ② vitals 4thly & Inform BP > 140/90mmHg
U - 800ml.	PR - 82/min. BP - 131/90mmHg SpO ₂ - 98% Pa P/A - w ② well P/v - NAB	③ Drop as charl ④ w/p actv bleed ⑤ Ambulation ⑥ Inform ⑦ w/pst 5 of Immune elomph.
nil Sandhya 6:20am		Dr Ardy 1.

(5)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	POD ₂ / Emg. US / PE	Adv
9:40 AM	Pt comfortable. No s/s imminent eclampsia ole ac-fair PR - 73 bpm BP - 121/81 mmHg SpO₂ - 97% on RA plA - uterine retracted well U/E - Lochia healthy Spot PCR - 0.04 VP - 600ml (clear)	- soft diet, plenty of oral fluids - vitals q 4h - I/O charting - drugs as per charted - w/f s/s imminent eclampsia - Inform ROS - Inform if BP > 140/90 mmHg
6/7/2026	POD ₂ / Em-lus / PE	
12:00 PM	ole ac-fair PR - 64 bpm (100%) SpO₂ - 98% on RA plA - uterine U/E - Lochia healthy	Adv ① soft diet, plenty of hydration ② I/O charting ③ Drugs as charted ④ w/f s/s imminent eclampsia ⑤ Inform if BP > 140/90 mmHg ⑥ Inform ROS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 6:00pm	→ POD-1 / Em LSCS / PE. Pt is Stable No c/o, no imminent signs o/e - GC Fair BP - 127/89 [101] PR - 98bpm SpO₂ - 100% on RA, Temp - 96.9°F P/A - Ut well retracted decreasing dry lochia U/E - Brown U/O - 1000ml [x 2pm]	<u>Adm</u> - Hydrate & ambulate - soft diet - Drugs as charted - Vitals with help - w/o signs of pre-eclampsia - no bleeding per vaginam - Tupam 500 <u>Snth</u> NB by Ashwika
6/7/26 11:30pm	Pt is stable No c/o, no imminent signs GC Fair BP - 128/84 [102] PR - 86bpm SpO₂ - 100% on RA P/A - Ut well retracted decreasing dry lochia U/E - Brown U/O - 600ml x 1pm	<u>Adm</u> - Hydrate & ambulate - soft diet - Drugs as charted - Vitals with help - w/o signs of PE - w/o bloody per vaginam - Tupam 500 <u>Snth</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 12:00 PM	POD-1 NO imminent signs. BP- 133/90 [104] mmHg, PR- 80bpm SpO₂- 98% on RA. P/A- ut well retracted. L/C- BLANK U/O - 100ml [11pm-12am]	Advice: ① Hydrate ② Vitals 4th hrly, I/O & w/o bleeding/pl ③ Signs of pre-eclampsia ④ w/o tachycardia. ⑤ Tolerate SGL.
NGS₄ ✓ NB Sandhya 12:15 AM		SGL
7/7/26 4:00 AM	POD-2 NO imminent signs BP- 123/86 [96] mmHg PR- 76bpm SpO₂- 98% on RA - Pt is sleeping comfortable doesn't want to be disturbed	Advice ① Hydrate ② Vitals 4th hrly I/O & w/o bleeding/pl ③ w/o Signs of p.e ④ w/o hypertension, tachycardia.
		SGL



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 6 AM	- POD-2 - Pt is stable - No c/o, No imminent signs - BP- 130/90 [102] - PR- 84bpm. - SpO ₂ - 98% on RA. - P/A- ut well retracted - L/E- lochia ⊕ healthy - V/O- Sooul [9am]	
PC		
Mg 504 ✓		
BP 141/105		
	- On T. Cabetalol 10mg TID	Advice- ① soft diet. ② Hydrate & ambulate ③ Drugs as charted ④ Vitals 4th hly ⑤ w/p signs of VPE ⑥ w/p heavy bloody P/v ⑦ Remove catheter now.
	→ Urine culture - no growth for 2 hrs.	⑧ Shift to ward.
	→ Trace placenta for HPE.	⑨ Dulcolax suppository per rectum if doesn't pass urine by afternoon.
	→ Shift to Ward.	
	→ Remove IV cannula.	

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21-07-1996 29 Y 11 M 15 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8:30 AM	<u>POD-2</u> No clb imminent srgm. <u>O/F</u> Cc fctm Bp-117/87(92mm) PR 82 BPM SpO₂-98% RA PA-ut @ uel, soft UE lochia heavy CV ✓ + ✓ SX mg say ✓ wine all no growth. ONT-label 100mg TID	<u>Adv</u> 1 Soft diet 2 Hydration 3 Ambulation 4 w/f srg if pf 5 w/f heavy bleeding P/V 6 Drugs check at 7 Inform for
	Due to suppo afternoon 12:00 pm if stool not passed. Pleur Discharge by evening.	Dr. Divya
7/7/26 12:00 PM	<u>POD-2/Em hcu</u> PF on T-Labelled. <u>O/F</u> Cc fctm Bp-133/97(109)mm PR-74 BPM SpO₂-98% RA PA-ut @ uel UE-BW CV ✓ + ✓ SX ultra-refused	<u>Adv</u> 1 Soft diet 2 Hydration 3 Ambulation 4 w/f bleeding P/V 5 Drugs check at 6 Inform for

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/D/W D th Niveditha	
	O/E BP - 140/100 mmHg PR - 76 SpO ₂ - 98 mmHg	
	Advised TO STOP T-labetalol using 410 Start T. MET-XL-SOMA PO/BD Review after 1 week with physician	
		Dr. Divya
7/7/25 7:30pm	POD-2 / PE No signs of imminent eclampsia	
B. Nica V ✓ L ✓	Gastric atroule PR - 80/min BP - 142/93 mmHg SpO ₂ - 98% @ Rn	ad - left @ dist - vital 4 Inform BP > 140/90 mmHg - Drug anchored
O/E ? G/E } due	P/A - ut @ wheel P/A - NAB.	- w/ patch Rn - w/ P of Imminent Eclampsia



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[illegible]

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 Dr. SHRUTHI REDDY/Dr. LAVANYA

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RESULT SHEET

Date	25/6/26	5/7/26			
Time		RS: 5:28 PM			
Hb	11.9	13.2			
PCV		39.0			
RBC		4.59			
WBC	13.97	14.37			
N/L		75.5/18.5			
Platelets	3.17	267			
CRP					
ESR					
PCT					
RBS					
Na		137			
K		3.4			
Cl		106			
Ca/Mg					
Phosphate					
Urea		18			
Creatinine		0.6			
ALP		169			
SGPT		20			
SGOT		26			
T.Bill/Conj		0.32/0.1			
T.Protein		7.0			
S.Albumin		3.4			
S.Globulin		3.3			
A/G Ratio		1.1			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR		14/1.0			
APTT		32			
CSF Protein / Sugar					
Cells					
N/L	LDH	226			

Sheet No:

REGULAR PRESCRIPTIONS

Weight 76.5 Kg Ward ORC

DRUG: <u>T. LABETALOL</u>				Date Time	<u>6/7/26</u>	<u>7H</u>
Dose	Route	Frequency	Start Dt.	<u>5</u>	<u>am</u>	<u>7/26</u>
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>6/7/26</u>	<u>5</u>	<u>am</u>	<u>7/26</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ashwini</u>				<u>01</u> <u>pm</u> <u>7/26</u>		
Additional Instructions:				<u>STOP</u> <u>DR. DUYA</u> <u>7/7/26</u> <u>12:10 pm</u>		
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>		

DRUG: <u>T. PANTOP</u>				Date Time	<u>6/7/26</u>	<u>3H</u>
Dose	Route	Frequency	Start Dt.	<u>6</u>	<u>am</u>	<u>7/26</u>
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>6/7</u>	<u>6</u>	<u>am</u>	<u>7/26</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ashwini</u>				<u>6</u> <u>am</u> <u>7/26</u>		
Additional Instructions:				<u>[Signature]</u>		
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>		

DRUG: <u>IN PARACETAMOL</u>				Date Time	<u>6/7/26</u>	<u>4H</u>
Dose	Route	Frequency	Start Dt.	<u>12</u>	<u>am</u>	<u>7/26</u>
<u>1gm</u>	<u>IV</u>	<u>QID</u>	<u>6/7</u>	<u>12</u>	<u>am</u>	<u>7/26</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ashwini</u>				<u>6</u> <u>am</u> <u>7/26</u>		
Additional Instructions:				<u>12</u> <u>pm</u> <u>7/26</u>		
Daily Doctor's Endorsement by a Sign				<u>6</u> <u>pm</u> <u>7/26</u>		

DRUG: <u>T. CEFOT</u>				Date Time		
Dose	Route	Frequency	Start Dt.			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. TAXIM-O				Date Time 7/7															
Dose	Route	Frequency	Start Dt.																
200mg	PO	BD	7/7/26																
Name & Signature of the Doctor Starting the Drugs: Dr. Sushu Sushu																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : T. PARACETAMOL				Date Time 7/7															
Dose	Route	Frequency	Start Dt.																
1g	PO	QID	7/7/26																
Name & Signature of the Doctor Starting the Drugs: Dr. Sushu Sushu																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : T. METEXL				Date Time 7/7															
Dose	Route	Frequency	Start Dt.																
500mg	PO	BD	7/7/26																
Name & Signature of the Doctor Starting the Drugs: Dr. Druye																			
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 BY : Name Signature



DRUG CHART

Date of Admission: 5/7/20 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 55 kg Ward. 013

DRUG : <u>Lyc Cefotaxime</u>				Date Time	<u>6/7/26</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>5/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Ashy</u>				10 AM	<u>X</u>
Additional Instructions:				10 PM	<u>Stop</u>
Daily Doctor's Endorsement by a Sign					<u>Dr. Smita</u> <u>6/7/26</u>

DRUG : <u>Tab. PARACETAMOL</u>				Date Time	
Dose	Route	Frequency	Start Date		
<u>1g</u>	<u>PO</u>	<u>QID</u>	<u>6/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Tejasvini</u>				6 AM	<u>Stop</u>
Additional Instructions:				6 PM	<u>6/7/26</u>
Daily Doctor's Endorsement by a Sign					

DRUG : <u>Tab. DICLOFENAC</u>				Date Time	
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>PO</u>	<u>TID</u>	<u>6/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. TEJASVINI</u>					<u>with</u>
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>Tab. TRAMADOL</u>				Date Time	<u>6/7/26</u>
Dose	Route	Frequency	Start Date		
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>6/7/26</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. TEJASVINI</u>					<u>Stop</u>
Additional Instructions:					<u>Stop</u>
Daily Doctor's Endorsement by a Sign					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
5/7/20	10:30am	T. PGE1	25mcg	PO	AM	Kannu Sandy
5/7/20	2pm	T. PGE1	25mcg	PO	AM	Kannu Sandy
5/7	5PM	T. PGE1	25mcg	PO	A4	Sandy Shobha
5/7/20	5pm	inj Buscopan	1amp	IV	A4	Sandy Shobha
5/7/20	6pm	inj Mgso4	4gm	IV	AM	Sandy Shobha
5/7/20	5:00 pm	T. LABETALOL	200mg	PO	AM	Sandy Shobha
5/7	8:30pm	inj Nitroglycerine	100mcg	IV	AM	Sandy Shobha
5/7	8:40pm	inj Nitroglycerine	100mcg	IV	AM	Sandy Shobha
5/7	9pm	inj PANTOP	40mg	IV	AM	Sandy Shobha
5/7	9:45pm	inj PERINDOL	10mg	IV	AM	Sandy Shobha

8:31 pm

8:41 pm



I.V. FLUIDS CHART

Weight. 76.5 kg Ward. 02

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
5/7	6:30 pm	Inj Mgso 20gm in 460 ml NS	IV	25ml hr		Shobha Sareep			Sareep
5/7	6:30 pm	Ringer Lactate	IV	100		Sareep Sudha			Sareep Sudha
5/7	6:30 pm	S				Shobha Sudha			Sareep Sudha
5/7/26	9pm	RINGER LACTATE	IV	500 ml FF		By Sudha	5/7/26		By Sudha
5/7/26	9:20pm	RINGER LACTATE 8U OXYTOCIN.	IV	500 ml FF		By Sudha	5/7		By Sudha
5/7/26	9:30pm	RINGER LACTATE + 40 units OXYTOCIN.	IV	150ml/hr		By Sudha	5/7		Sareep Sudha
5/7/26	11:00	Ringer Lactate	IV	150ml		Sareep Sudha	6/7		Sareep Sudha

Signature
 VERIFIED BY : Name

Sheet No:

12:37pm

SHRUTHI REDDY/DREAVAN

BAH-00640789

BAH-00640789
MURUGALLA RACHANA

21-07-1996 29 Y 11 M 14 D (F)

21-07-1996 29 1 11 M 1 1
Dr. SHRUTHI REDDY/Dr.LAVANYA



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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

**Complete a Full
Set of MEOWS
Observations**

**1 Yellow Alert :
Repeat Observations
in 30 minutes**

**2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes**

**> 2 Yellow Alerts or $\geq$ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring**

* The Modified Early Warning Score (MEOWS)

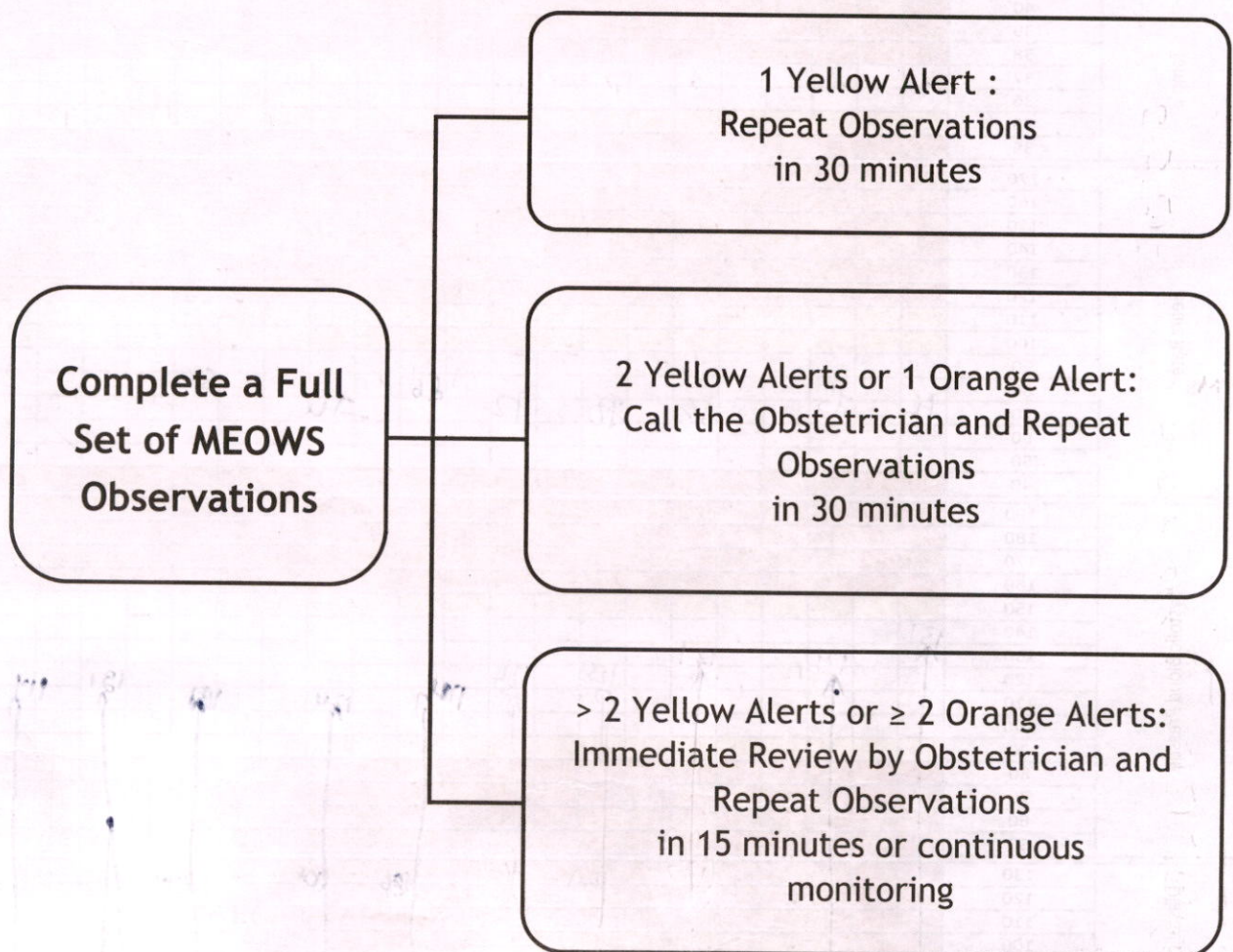
6/7/20
②



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)

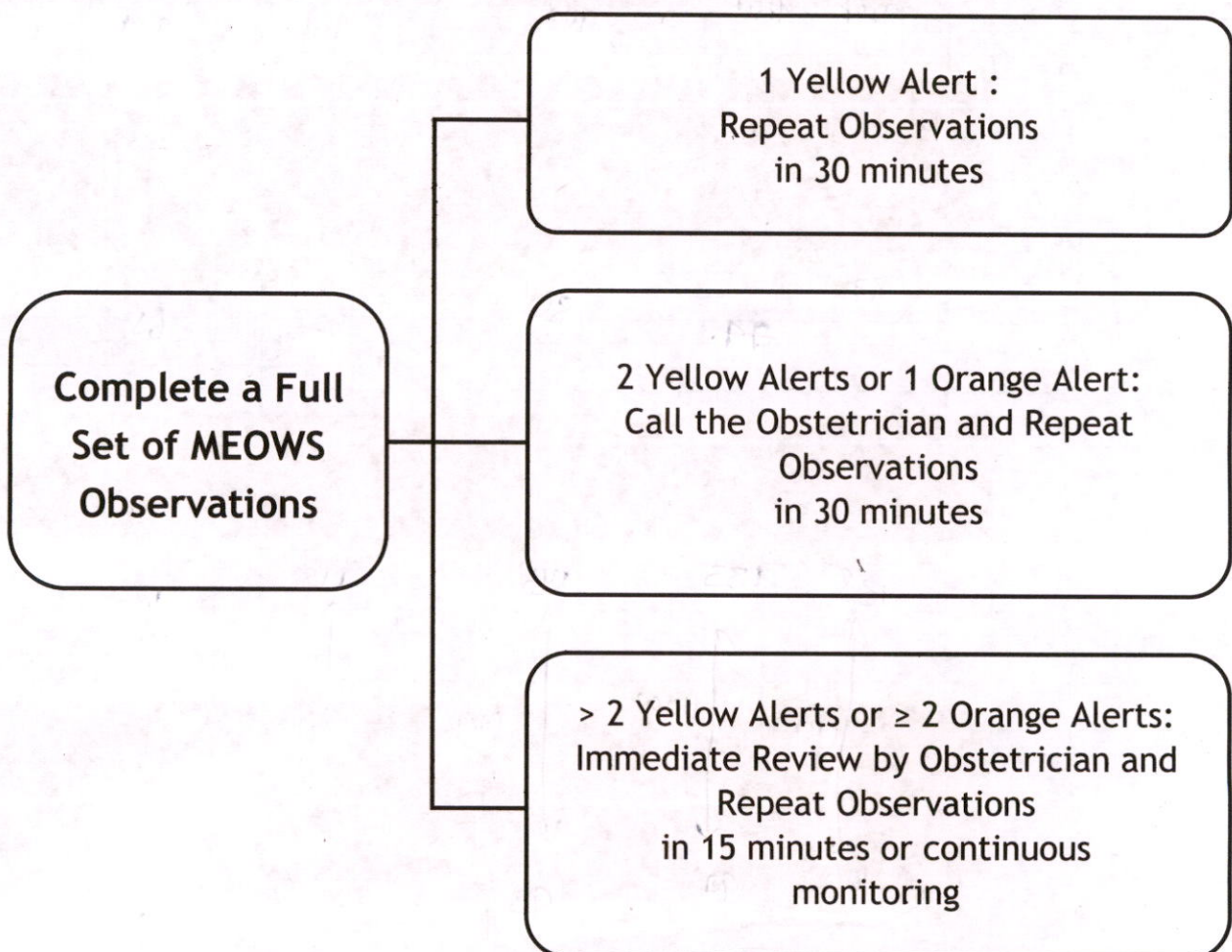
7/7/26



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)

BAH-00640789
Mrs UPPUGALLA RACHANA
29 Y 11 M 14 D (F)
21-07-1996
Dr. SHRUTHI REDDY/Dr. LAVANYA

IP5-00175984

5/7/2018

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FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
5/7	08:00 am											
	09:00 am											
	10:00 am	H2O								✓		
	11:00 am											
	12:00 pm									✓		
	01:00 pm	H2O										

Total Intake :

Total Output :

5/7	02:00 pm	H2O								✓		
	03:00 pm											
	04:00 pm											
	05:00 pm	mgsoy	25ml									
	06:00 pm	mgsoy	25ml									
	07:00 pm	mgsoy	25ml									

Total Intake :

Total Output :

5/7	08:00 pm	mgsoy	120ml									
	09:00 pm	mgsoy	100ml									
	10:00 pm	mgsoy	100ml									
	11:00 pm	mgsoy	100ml									
	12:00 am	mgsoy	100ml									
	01:00 am	mgsoy	100ml									

Total Intake :

Total Output :

5/7	02:00 am	mgsoy	100ml									
	03:00 am	mgsoy	100ml									
	04:00 am	mgsoy	100ml									
	05:00 am	mgsoy	100ml									
	06:00 am	mgsoy	100ml									
	07:00 am	mgsoy	100ml									

Total Intake :

Total Output :

Total 24 hrs. Intake		Total 24 hrs. Output	
----------------------	--	----------------------	--



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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse											
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine													
6/7/26	08:00 am	Mgsoy		25ml/hr							0	Purni											
	09:00 am	Mgsoy H2O		25ml/hr						0	Purni												
	10:00 am	Mgsoy		25ml/hr						0	Purni												
	11:00 am	Mgsoy H2O		25ml/hr					700ml	0	Purni												
	12:00 pm	Mgsoy		25ml/hr																			
	01:00 pm	Mgsoy H2O		25ml/hr																			
Total Intake : Taken						Total Output : U - 700ml, M - 0																	
6/7/26	02:00 pm	Mgsoy		25ml/hr						800ml	0	Ashwini											
	03:00 pm	Mgsoy H2O		25ml/hr							0	Ashwini											
	04:00 pm	Mgsoy		25ml/hr							0	Ashwini											
	05:00 pm	Mgsoy H2O		25ml/hr					1000ml	0	Ashwini												
	06:00 pm	Mgsoy Soft diet		25ml/hr							0	Ashwini											
	07:00 pm	Mgsoy H2O		25ml/hr					500ml	0	Ashwini												
Total Intake : Taken						Total Output : Passed																	
6/7/26	08:00 pm	Mgsoy H2O		20ml							0	Sandeep											
	09:00 pm	Mgsoy H2O		20ml							0	Sandeep											
	10:00 pm	Mgsoy H2O		20ml							0	Sandeep											
	11:00 pm	Mgsoy H2O		20ml							0	Sandeep											
	12:00 am								1000ml	0	Sandeep												
	01:00 am										0	Sandeep											
Total Intake : Taken						Total Output : 1000ml																	
6/7/26	02:00 am	H2O									0	Sandeep											
	03:00 am	H2O									0	Sandeep											
	04:00 am										0	Sandeep											
	05:00 am	H2O									0	Sandeep											
	06:00 am										0	Sandeep											
	07:00 am	H2O									0	Sandeep											
Total Intake : Taken						Total Output : 0																	
Total 24 hrs. Intake		4000ml										Total 24 hrs. Output		U - 3100ml, M - 0									



7/7/26

FLUID CHART

Sheet No. : ③

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	↓ H ₂ O				↑			✓	0	Livith	
	09:00 am	NO								0	Livith	
	10:00 am	IV H ₂ O				NP				0	Livith	
	11:00 am	Fluid							✓	0	Livith	
	12:00 pm	↑ H ₂ O				↓				0	Livith	
	01:00 pm									0	Livith	
Total Intake :					Total Output : U-2					m-0		
	02:00 pm	H ₂ O								0	Livith	
	03:00 pm					✓			✓	0	Livith	
	04:00 pm	H ₂ O								0	Livith	
	05:00 pm					✓				0	Livith	
	06:00 pm	H ₂ O				✓			✓	0	Livith	
	07:00 pm									0	Livith	
Total Intake :					Total Output : U-2					m-2		
	08:00 pm									↓	Tammi	
	09:00 pm					↓				NO	Tammi	
	10:00 pm	H ₂ O				NP			✓	IV	Tammi	
	11:00 pm								✓	comd	Tammi	
	12:00 am	H ₂ O				↓				↑	Tammi	
	01:00 am								✓		Tammi	
Total Intake :					Total Output : U-2					m-0		
	02:00 am					↓				↓	Tammi	
	03:00 am					↓			✓	NO	Tammi	
	04:00 am	H ₂ O				NP				IV	Tammi	
	05:00 am					↓			✓	comd	Tammi	
	06:00 am	H ₂ O				↓				↑	Tammi	
	07:00 am										Tammi	
Total Intake :					Total Output : U-2					m-		
Total 24 hrs. Intake												
Total 24 hrs. Output		U-8 m-										

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FLUID CHART

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Sheet No. : 8/7/22

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							
	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	
-----------------------------	--



①

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: patient is having fear & Anxiety

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
11:00am	* Assess the general condition of the patient	11:50 am	* Assessed the general condition of the patient	* patient is stable
12:00 pm	* monitor Vitals	12:30 pm	* monitored Vitals	
1 pm	* IV cannulization	1:30pm	* IV cannulization Done	
2pm	* NST	2:00pm	* NST 3rd hourly Done	

Re-Assessment: Re-assessment is done

Special Notes: NST monitor

Nurse Signature: [Signature]

Nurse Name: Sandhya

Date & Time: 5/7/26 2:00pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment: Patient complaints of pain in Abdomen

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 the pt condition	2:10 pm	=> Assessed the pt condition	pt is comfortable
3pm	=> maintain good nutritional status.	3:10 pm	=> Idly given.	
4pm	=> FHR monitoring	4:10 pm	=> NST done.	
5pm	=> pain assessment	5:10 pm	=> pain assessment done.	
6pm	=> Ensure safety	6:10 pm	=> side rails provided.	
7pm	=> U/O monitoring	7:10 pm	=> U/O monitoring done.	

Re-Assessment: vitals stable, U/O good.

Special Notes: NST 3rd hourly.

Nurse Signature: TM

Nurse Name: Tunny

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

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21-07-1996 29 Y 11 M 15 D (F)
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(2)

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: Patient complaint about pain at lower abdomen / pain at

Surgical site.

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
8pm	Assess the patient condition	9pm	Assessed pt condition	pt is stable.
10pm	monitor vitals	11pm	monitored vital & document	
12am	iv fluids & mgso4.	1am	continued mgso4 + iu Tlm.	
2am	Flo chart	3am	maintained Flo chart	
4am	Administration of medication	5am	administered medication	
6am	mob: lization	6am	mobilization done	
7am	Ensure Safety	8am	Ensured Safety	

Re-Assessment: done before 2nd hourly pt is stable.

Special Notes: mgso4 on flow iu Tlm 6pm/. Flo chart hourly/ 2nd hourly vitals.

Nurse Signature: Sandeepa.

Nurse Name: Sandeepa (016625)

Date & Time: 6/7/26 @ 8pm.

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Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 15 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/24

Assessment: Patient complaints of pain in surgical site

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
8AM	⇒ Assess the pt condition	9AM	⇒ Assessed the pt condition	patient is comfortable. pain reduced.
9AM	⇒ Mgso4 @ continue.	10AM	⇒ mgso4 ongoing.	
10AM	⇒ Administration medication	11AM	⇒ medication given as per drug chart.	
11AM	⇒ Soft diet	12pm	⇒ Idly, khichri given.	
12pm	⇒ maintain fluid balance	1pm	⇒ water given.	
1pm	⇒ Ensure safety & V/O monitoring	2pm	⇒ Side rails provided & V/O monitoring done.	

Re-Assessment: V/O is good, mgso4 ongoing.

Special Notes: w/ excessive bleeding, pain assessment

Nurse Signature: TM

Nurse Name: Tunn

Date & Time: 6/7/24 @ 2pm.

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 Dr. SHRUTHI REDDY/Dr. LAVANYA



3

NURSING CARE RECORD

Rainbow
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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 6/12/26

Assessment: patient complaints of pain at surgical 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
2:00pm	Assess the general condition	2:00pm	Assessed the general condition	pt is stable
3:00pm	monitor vitals	3:00pm	Vitals checked BP, pulse, SpO2, Resp	
4:00pm	monitor Ilo chart	4:00pm	Ilo chart monitored	
5:00pm	Mgso4 continue	5:00pm	Mgso4 ongoing	
6:00pm	Administer medication	6:00pm	medication given as per drug chart	
7:00pm	Soft diet	7:00pm	Soft diet provided	

Re-Assessment: Re-Assessment done

Special Notes: wlf bleeding

Nurse Signature: Aly

Nurse Name: Ashwin

Date & Time: 6/12/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/26

Assessment: patient complaint about pain at surgical 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
8pm	Assess the pt condition	9pm	Assessed pt condition	pt is stable.
10pm	monitor vitals	11pm	monitored vital & documented	
12am	- I/O chart	11am	maintained I/O chart	
4am	- medications	5am	Administered medications	
6am	- ambulation	6am	ambulated	
7am	- mgson.	7am	mgson stop at 11pm	
	- Ensure safety	8am	ensured safety.	

Re-Assessment: done after 2nd hourly pt is stable

Special Notes: mgson stop at 11pm I/O chart maintain

Nurse Signature: Sandeeya Nurse Name: Sandeeya (0166301) Date & Time: 7/7/26 8 am

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 7/7/26

Assessment: pt having diarrhoea

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 pt condition	8:30AM	=> Assessed the pt condition	=> now pt looks better
10:AM	=> plan for vitals	10:50AM	=> vitals checked & record	
12:PM	=> Administer medication as per doctor orders	12:30PM	=> Administered medication as per doctor orders	
3:PM	=> maintain I/O chart	3:30PM	=> maintained I/O chart	
6:PM	=> Plan for vitals	6:30PM	=> vitals checked & record	
8:PM	=> Care pt safely	8:40PM	=> provided side room	

Re-Assessment: Re-assessment due

Special Notes:

Nurse Signature:

Nurse Name: L. Krishna

Date & Time: 7/7/26

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Patient is having Discomfort

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
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the patient condition	9pm	* Assessed the patient condition	Patient is stable.
10pm	* monitor vitals.	11pm	* monitored vitals.	
12Am	* maintain personal hygiene	1Am	* maintained personal hygiene	
2Am	* maintain good nutritional status	3Am	* maintained good nutritional status.	
4Am	* ensure safety.	5Am	* provided side rails.	
6Am	* Administer medication as per doctor order	7Am	* Administered medication given as per doctor order.	

Re-Assessment: Re-assessment done every 6th hrly.

Special Notes: - NA -

Nurse Signature: 

Nurse Name: Jyoti (605525)

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

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Chintu Department: OBS Date of Admission: 5/7/26

SITUATION	Diagnosis: <u>Early labour</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	<u>OBS 8am-2pm</u>	<u>OBS 2pm-8pm</u>	<u>OBS 8pm-12am</u>	<u>OBS 12am-2pm</u>	<u>OBS 2pm-8pm</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</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</u>	<u>98.0</u>	<u>98.6</u>	<u>98.0</u>	<u>98.5</u>	<u>98.6</u>
		Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>18</u>
		SpO ₂ :	<u>98.1</u>	<u>98.1</u>	<u>98.1</u>	<u>99.4</u>	<u>100.1</u>	<u>100.1</u>
		Pulse:	<u>80</u>	<u>82</u>	<u>86</u>	<u>82</u>	<u>80</u>	<u>83</u>
		BP:	<u>112/73</u>	<u>110/70</u>	<u>117/76</u>	<u>121/81</u>	<u>127/89</u>	<u>127/80</u>
	Fall Risk Score:	<u>-</u>	<u>20</u>	<u>20</u>	<u>35</u>	<u>35</u>	<u>35</u>	
Pain Score:	<u>-</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>NO</u>	<u>NO</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>Kavya</u>	<u>Tunni</u>	<u>Sandeep</u>	<u>Tunni</u>	<u>Ashwini</u>	<u>Sandeep</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>5/7/26</u>	<u>5/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>7/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	
Taken Over By Name :		<u>Tunni</u>	<u>Sandeep</u>	<u>Tunni</u>	<u>Ashwini</u>	<u>Sandeep</u>	<u>Kavya</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>5/7/26</u>	<u>5/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>7/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Shrutti Reddy Department: 3rd floor Date of Admission: 8/7/26

SITUATION	Diagnosis: <u>LSCS</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	Area	Shift Time	<u>3rd floor 8pm-9pm</u>	<u>3rd floor 8pm-9am</u>		
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>		
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>98.6 F</u>		
		Res:	<u>21b/m</u>	<u>20b/m</u>		
		SpO ₂ :	<u>99.1</u>	<u>98.7</u>		
		Pulse:	<u>85b/m</u>	<u>82b/m</u>		
		BP:	<u>110/85</u>	<u>118/87</u>		
		Fall Risk Score:	<u>35</u>	<u>35</u>		
	Pain Score:		<u>0</u>	<u>0</u>		
	Recommendations	Safety Needs:	<u>Yes</u>	<u>Side rails</u>		
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
Others Specify:		<u>NA</u>	<u>NA</u>			
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>			
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Uroob</u>	<u>Juvu</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>8/7/26</u>	<u>8/7/26</u>			
Time:		<u>8pm</u>	<u>8am</u>			
Taken Over By Name :		<u>Juvu</u>	<u>Do</u>			
Signature :		<u>[Signature]</u>	<u>[Signature]</u>			
Date:		<u>8/7/26</u>	<u>8/7/26</u>			
Time:		<u>8pm</u>	<u>8am</u>			

BAH-00640789 IP5-00175984
 Mrs UPPUGALLA RACHANA
 21-07-1996 29 Y 11 M 15 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	6/7/26	7/7/26	8/7/26	Fall Risk Grading		
		Score	8am-2pm	2pm-8pm	8pm-8am	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	15	15	15	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate 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	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			35	35	35			
		Signature	Purni	Ashwita	Julian			

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

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Dr. SHRUTHI REDDY/Dr. LAVANYA



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category			Date / Time	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	0				Low Risk	0 - 24	Standard Fall Precaution
	No	15						
Ambulatory Aid	Furniture	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	0						
	None /Bed Rest /Nurse Assist	20						
IV / Heparin Lock or Saline	Yes	0				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	20						
GAIT / Transferring	Impaired	10						
	Weak (uses touch for balance)	0						
	Normal /On Bed Rest /Immobile	15						
Mental Status	Forgets limitations	0						
	Oriented to own ability	20						
Total Morse Fall Scale Score:			Signature					

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

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

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

10/10/10

10/10/10

10/10/10

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Mrs UPPUGALLA RACHANA

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PAIN ASSESSMENT FORM

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Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/24	11AM	9/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	\$
5/7/24	1PM	1/10	Abdomen	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Breathing exercises	Kann
5/7/24	2PM	2/10	Abdo men pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	lentany	Tunne
5/7/24	4PM	0/10	Abdo men pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	shobly
5/7/24	6PM	6/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	shobly
5/7/24	10PM	3/10	Abdo men.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under analgesic	Sandelys
5/7/24	11PM	4/10	Sugar site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under analgesic	Sandelys
6/7/24	8AM	2/10	Sugar site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sandelys
6/7/24	8AM	1/10	Sugar site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sandelys
6/7/24	8AM	1/10	Sugar site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sandelys

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.

2. For post-surgical patients, patients with chronic pain, patient with severe pain:

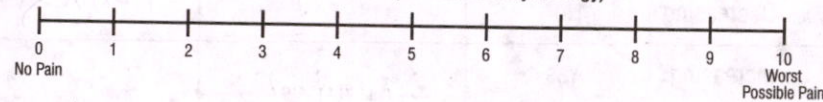
- a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
c) Prior to pain relieving intervention. d) Within 30 - 60 minutes after pain relief intervention.

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 or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

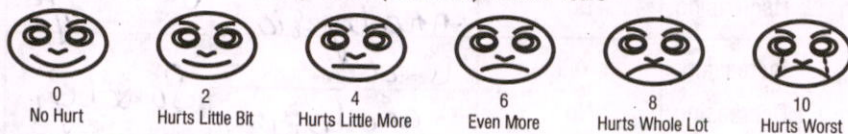
Numerical Pain Scale (Obstetric and Gynecology)



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



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Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time			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			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			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:							
Signature							

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	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	10 AM	1/10	Surgical Site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Tune.
6/7/26	12 pm	3/10	Surgical Site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Inj. pcm given.	Tune.
6/7/26	4pm	1/10	Surgical Site	☐ Continuous ☒ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	under observation	Tune.
6/7/26	6pm	1/10	Surgical Site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inj. pcm given	Ashwathy
6/7/26	8pm	1/10	Surgical Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sanyas
6/7/26	11pm	1/10	Surgical Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sanyas
7/7/26	2AM	0/10	Surgical Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sanyas
7/7/26	5AM	1/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sanyas
7/7/26	8AM	1/10	Surgical Site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Jayashree
7/7/26	1pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No	hitha

Re-assessment Frequency:

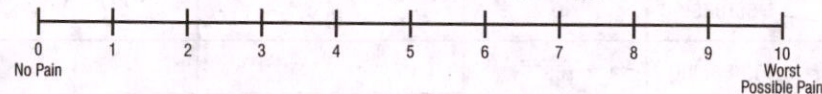
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, 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

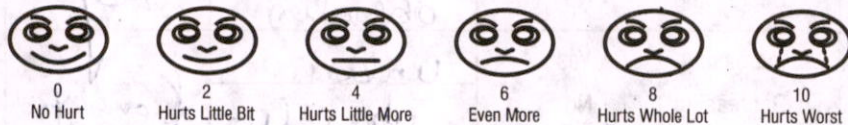
Numerical Pain Scale (Obstetric and Gynecology)



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



BAH-00640789 IPS-00175984
 Mrs UPPUGALLA RACHANA
 21-07-1996 29 Y 11 M 16 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

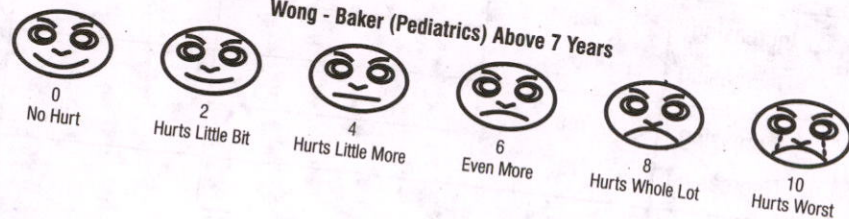
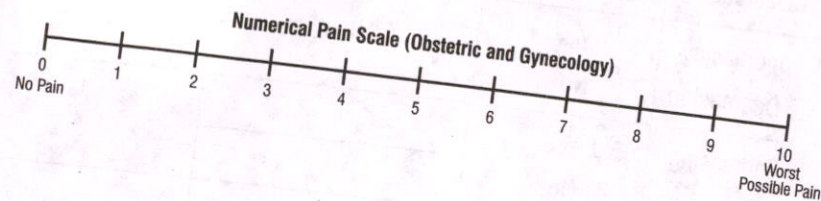
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Lilitha
8/7/26	nam	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Jaanu
8/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Jaanu
				☐ 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		
				☐ 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:

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PAIN ASSESSMENT TOOLS



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	-2	-1		1	2
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
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				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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Re-assessment Frequency:

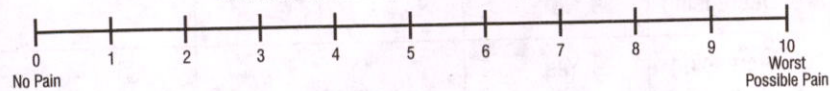
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PAIN ASSESSMENT TOOLS

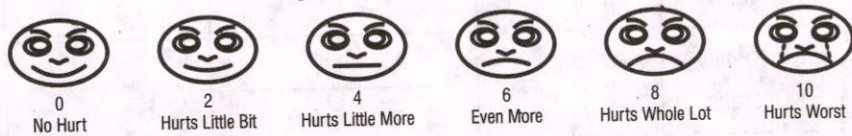
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Wong - Baker (Pediatrics) Above 7 Years



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BRADEN 'Q' SCALE

①

Rainbow
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It takes a lot to treat the little.

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

				Date :	5/1/26	5/7/26	5/11/26	6/7/26
				Time :	5:10 2pm	2pm - 8pm	8pm - 8pm	8pm - 2pm
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	1	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	1	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
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	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 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	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
TOTAL SCORE					28	28	23	28
Evaluator's Name					Shruthi	Purny	Sareddy	Purny

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Age	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

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BRADEN 'Q' SCALE

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

				Date :	6/7/26	21/7	8/7	
				Time :	2pm	4pm	8am	
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	
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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	
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	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 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	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	
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
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Asishita	\$	Truu

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



CHECKLIST FOR THROMBOPHLEBITIS

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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	0	← cannula removed
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	-	-	-	-	-	1	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	1	-	-		
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	-	-	-	-	-	1	-	-		
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	-	-	-	-	-	1	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	1	-	-		
Signature of the Nurse				Pung			Rachana						

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 : P. Rabecca Name : Rabecca

Signature of Ward In Charge :

Signature : V. Veena Name : Veena

CHECKLIST FOR THROMBOPHLEBITIS

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										
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
5/7/26 10:20Am	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	4 Inlets	safe delivery	NND	L	☐ Nursing ☐ Others:
5/7/26 @1pm	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Safety	prevent infection	Hand hygiene maintained	Tunny	☒ Medical ☐ Others:
7/7/26 9:10 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-2 Em-dsCS	soft diet	soft High protein diet	Saima	☐ Medical ☐ Nursing ☒ Others:
7/7/26 3pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core strengthening & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00640789 IP5-00175984

Mrs UPPUGALLA RACHANA

21-07-1996 29 Y 11 M 14 D (F)

Dr. SHRUTHI REDDY/Dr. LAVANYA



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Telugu 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		
5/8/26	10:30am	1234	Diagnosis, treatment & care plan, pain management, informed consent	PT, S	1	0	1	1		<i>[Signature]</i>
5/7/26	11am	7	Explained about infection control	PT, S	1	0	1	1		<i>[Signature]</i>
7/7/26	9:10 am	9	Lactation diet	PT	1	0	1	1	-	<i>Saima</i>

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:									
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:									
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: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review									



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Snelhar	Date of Delivery: 5th Nov 2016
Assistant Surgeon: Dr. Ashiya	Time of Delivery: 9:21pm
Anaesthetist's Name: Dr. Tejaswini	Gender of Baby: female
Type of Anaesthesia: SpA	Weight of Baby: 1.378
Neonatologist: Dr. Sowmya, Dr. Manohar	AGPAR Score:
Scrub Nurse: Sr. Shanthi	NICU Admission: ☒ Yes ☐ No

Pre-Operative Diagnosis: **Benign grade 3rd molar Early onset FUR, with Hb@ 10g/dl. Preterm, LBN**
 Indication: **Presumed Fetal Compromise**

☐ Elective ☒ Emergency

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:

If there was a delay give the reasons:

Surgical Procedure:

Emergency LSC

Post Operative Diagnosis:

P000 / Miss / P4

Peri-Operative Complications:

not Hypoplastic uterus noted

Amount of Blood Loss:

~500ml

Blood Transfused (in ML):

Nil

Name and Number of Surgical Specimen sent for examination:

placenta for HPS

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 LayersPeritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None

Sheath Closure:

Fat Closure: ☒ Yes ☐ NoSkin Closure: ☒ Subcuticular ☐ MattressVaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in 24h days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☐ No

Post-Operative Notes:

NBM 4-6h
 Vitals 2nd h
 Doing as charted
 w/ Active Bleeding
 (10) Fluids 1500ml
 Infused

Doctor Name: Dr. Anshu

Doctor Signature: An

Date & Time: 5/7/26 11 PM

Patient Stick

BAH-00640789
Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA




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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency lscs

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

Temp PR, BP SpO₂ Every 2nd hr

Wound Care:

After 48 hr.

Drain /Special Lines/Catheters:

① Conulo
Poley ①

Special Patient Positioning and Requirements:

Supine 14-16 hr.

Nutritional Instructions:

NBM 4-6 hr.

When to Start Mobilization:

after Poley's removal.

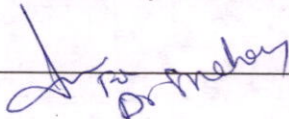
Special Referrals:

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


Dr. Prakash

Treating Surgeon
(Signature & Stamp)

Date: 5/7/20 Time: 11 PM

Note: Plan of care will be readjusted if necessary.



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 10:00am Time Seen by Nurse: 10:05am

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:

3) Vital Signs: Temperature: 96.1° Pulse: 95 RR: 18 SpO₂: 100% BP: 127/94 Weight:

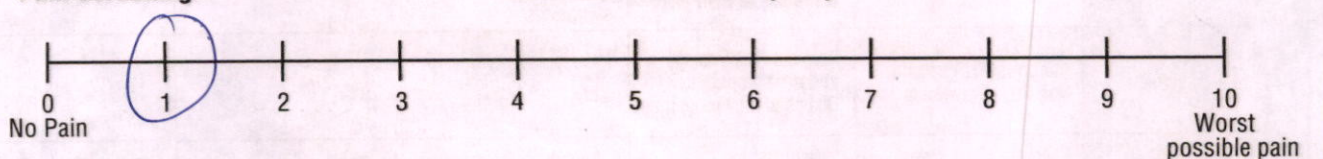
4) Gestational Criteria:

Gravida:	G <u>1</u>	P <u>—</u>	L <u>—</u>	A <u>—</u>
----------	------------	------------	------------	------------

LMP: 5/11/25 EDD: 12/8/26 Gestational Age: 33+6 wk

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: Abdomen
- Duration: Days Days / Weeks / Months (Strike out which is not applicable)
- Character: Pain
- Frequency: 10-15 min
- Interventions: Breathing breathout

6) Past History:

- a) Surgeries: Nil
- b) Medical: Nil



7) Allergy: ☐ Yes ☒ 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
☐ 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/ SROM > 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: 11/30/15

Nurse Name : Lanre Nurse Signature: [Signature]

Date: 5/8/26 Time: 10:15 AM

BAH-00640789 IP5-00175984
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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/7/26

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:

Complaints of pain in abdomen

Doctor Notified on Admission: ☒ Yes ☐ No

Name of the Doctor: Dr. Arshya

Time Notified: 10:20 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	-

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: 5/11/25	Myomectomy: ☒ No ☐ Yes	Infertility: ☒ No ☐ Yes
	Others:	If Yes Type: ☒ Primary ☐ Secondary

Obstetric History: G 1 P - L - A -

Previous LSCS: Nil

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

Family History: ☒ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease
☐ Liver disease ☐ Other

Vital Signs / Measurements: Temp: 96.1°F HR: 93 RR: 18
BP: 127/94 Weight: - 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 Score20..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score28..... (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 WithHusband.....

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 topatient.....

Name of Person Orientation was given to:Sandhya.....

Orientation not given Reason:NA.....

Nurse Signature:.....

Nurse Name:Sandhya.....

Date & Time:5/7/2025 @ 10:35 AM.....

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00640789 IP5-00175984 Mrs UPPUGALLA RACHANA 21-07-1996 29 Y 11 M 15 D (F) Dr. SHRUTHI REDDY/Dr. LAVANYA 		Date & Time of Admission 8/7/2016 10 AM	Date & Time of Transfer Order 8/7/2016 6:40 AM
		Transfer Ordered by Dr. Shruv	Reason for Transfer obstetrical
From Unit 4th floor	To Unit 2nd floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 25	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 25			
Medications / Consumables / Surgical / 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 Sangeetha		Name of Person Ordered Transfer Dr. Shruv	
Patient & Clinical Records Received by : Durga			
Date & Time of Patient Received : 7/7/2016 6:50 AM			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00640789 IP5-00175984
Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. U. Rachana Age: 29 Y 11 M Sex: Female UHID No: BAH-00640789
Date: 5/7/2026 Time: 3:45pm Proposed Operation: Epidural Analgesia
Diagnosis: Primigravida 33+6 wks FGR; abnormal doppler; GDM on diet
B.P / CRT: 138/98 mmHg H.R: 92/min Weight: ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 11.9 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 13.970 Creat: Total Bill: HCV: 2D Echo:
Plate: 3.17 Na: Dir. Bill: Blood group: Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies: NILDA

Medical History: CVS?

RESP:

Diabetes GDM on diet

CNS:

Not significant

Renal:

Hepatic / GE:

Physical Activity: Active

Others:

Past Anaesthetic History: cervical cerclage & GA uneventful

Physical Exam:

Airway:

MP 1 (2) 3 4

Mouth Opening:

adequate

Mentohyoid Distance:

2FB

Neck:

(N)

Teeth:

intact

Lungs:

BAE (+)

Heart:

S1S2 (+)

CNS:

HMF (+)

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 20G R ul Spine Exam for regional: (N)

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
- NIL ORAL: ☒ Standard ☐ High Risk
- Informed Consent: ☒ Discussed with Patient
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:

Signature: Dr. Tejaswini Name: Dr. Tejaswini



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 5/7/26 Time: 9:10 PM Procedure done by Dr. Tejaswini

CSE / Spinal / Epidural ☒ Position: Sitting Space: L4-L5 Technique (LOR/LOS) ☒

Depth: 5cm Catheter at Skin: 10cm Attempts: 1

Parasthesia: Yes/No if yes details: Left leg

Solution Composition: 0.1% BUPIVACAINE + 0.2mg/ml FENIANYL

Any other issues:

a) _____

b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
<u>5 PM</u>		<u>10.7ml</u> <u>DOX+ADR</u>	<u>T12</u>	<u>T12</u>	<u>140/98</u>	<u>91/min</u>	<u>147/min</u>	<u>c/o pain</u>
<u>5:10 PM</u>	<u>8ml/hr</u>	<u>8ml of prepared soln</u>	<u>T10</u>	<u>T10</u>	<u>140/108</u>	<u>90/min</u>	<u>143/min</u>	<u>c/o pain</u>

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

Catheter Removed by and Tip Inspected: Catheter removed by Dr. Lavanya and tip checked

Patient Satisfaction: Good

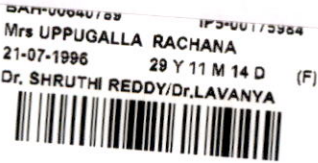
Discharge / Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: Dr. U. Sri Ramya

Date and Time: 6/7/2026 9:00 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. 		Date & Time of Admission 5/7/26 @ 10:49 AM	Date & Time of Transfer Order 5/7/26, 10:15pm
		Transfer Ordered by Dr. Sonha	Reason for Transfer post opp
From Unit OBG UT	To Unit OBG	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 Dr. Shanthi		Name of Person Ordered Transfer Dr. Sonha	
Patient & Clinical Records Received by : Sandhya			
Date & Time of Patient Received : 5/7/26 @ 10:15pm			

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : RACHANA Gender: ☐ Male ☒ Female Age : 29
UHID No : BAH-00640711 Date : 5/7/20

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)

EMERGENCY Lower SEGMENT CESAREAN
SECTION upon RACHANA
(Name of the Patient)

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

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

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

Bleeding, Blood Transfusion, Injury to
Bowel, Vagus and Bladder

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. Shanthi

Consentee :

Signature : U. Rachana
Name : U. Rachana
Date & Time :

Patient Attendant :

Signature : [Signature]
Name : R. Eshwar Reddy
Relationship with Patient: Husband
Date & Time :

Witness :

Signature : Sandhya
Name : Sandhya (016630)
Date & Time : 5/7/20 8:56pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Shanthi
Date & Time : 5/7/20 8:56pm

CONSENT FOR ANAESTHESIA

Authorization By: ☐ Patient ☒ Patient Attendant

Operative Procedure: Emergency Cerebral Section

Anaesthesiologist: Dr. Tejaswini Surgeon: _____

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: Hemodynamic Instability, bleeding, blood transfusion.

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: [Signature]
Name: R. Ishwar Reddy
Relationship with patient: Husband
Date & Time: 5/7/26 9pm

Witness:

Signature: [Signature]
Name: U: Jaya Pradha
Date & Time: 5/7/2026 9pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Tejaswini Date: 5/7/26 Time: 9pm

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 అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ 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.

స్పెసిఫిక్ హై రిస్క్స్:

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.
☐ రీజనల్ 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, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, రీజనల్ 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 స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Patient Sticker



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
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	—	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	2
Elective caesarean section	—	1
Mid-cavity or rotational operative delivery	—	1
Prolonged labour (? 24 hours)	—	1
PPH (? 1 litre or transfusion)	—	1
+0 Preterm birth? 37 weeks in current pregnancy	1	1
Still birth in current pregnancy	—	1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization	—	3
Hyperemesis	—	3
OHSS (first trimester only)	—	4
Current systemic infection	—	1
Immobility, dehydration	—	1
Total	3	

Signature of the Doctor: *[Signature]* Date: *5/1/26* Time: *11pm*

Action Plan: *Clexane 4mg (s.c) OD x 10 days*

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.

BAH-00640789 IP5-00175984
 Mrs UPPUGALLA RACHANA
 21-07-1996 29 Y 11 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Caesarean Section Audit Format
(To be filled by doctor conducting C-Section)

Name of the Facility:

Encircle type of facility: MCH/DH and equivalent/SDH and equivalent/AH and equivalent/FRU-CHC and equivalent

Mention unit _____ (Applicable for medical college/tertiary setting/district hospital)

Date:

I	Patient Information	Response
1	Name of the woman undergone C-section	Rachana
2	Age of woman	29
3	Hospital No./Patient identification no.	BAH-00640789
4	G/P/L/A	
5	Booking status	Booked/Booked elsewhere/Un-booked
6	Maternal height and weight	Ht: _____ cm Wt: _____ Kg
7	Date of Admission	5/7/20
8	Date and time of delivery by CS	Date: 5/7/20 Time: ☐ 9am - 6pm ☐ 6pm - 9pm ☐ 9pm - 12am ☐ 12am - 6am ☐ 6am - 9am

II	Obstetric History	Response
1	Estimated gestation, in completed weeks	33 ⁺ 6
1a	Encircle the appropriate basis of estimated gestational	
2	Number of previous stillbirths >24weeks, if any	
3	Was the mother referred to this hospital from another facility	
3a	Gestational age at the time of referral	
3b	If preterm, was AN corticosteroid given prior to referral	
4	Tick the appropriate group in which pregnant woman belongs to	☐ Group 1: Nulliparous, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour ☐ Group 2: Nulliparous, with a single cephalic pregnancy, ≥37 weeks gestation who had labour induced or were delivered by CS before labour ☐ Group 3: Multiparous, without a previous CS, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour

		☐ Group 4: Multiparous, without a previous CS, with a single cephalic pregnancy, ≥ 37 weeks gestation who had labour induced or were delivered by CS before labour ☐ Group 5: All multiparous, with at least one previous CS, with a single cephalic pregnancy, ≥ 37 weeks gestation ☐ Group 6: All multiparous, with a single breech pregnancy ☐ Group 7: All multiparous, with a single breech pregnancy including women with previous CS(s) ☐ Group 8: All women with multiple pregnancies including women with previous CS(s) ☐ Group 9: All women with a single pregnancy with a transverse or oblique lie, including women with previous CS(s) ☒ Group 10: All women with a single cephalic pregnancy < 37 weeks gestation, including women with previous CS(s)	
III	Details of Caesarean Section	Response	
1	Name the senior most obstetrician involved in the decision to perform the caesarean section?	Unit chief/ Duty assistant/HOD/Assoc. Professor/Assistant professor/Others	
2	Decision - delivery interval		
3	Which of the following best describes the indication for CS?	☐ Singleton breech ☐ Malpresentation / Unstable ☐ Multiple pregnancy ☒ Presumed fetal distress/IUGR/Abnormal CTG ☐ Cord prolapse ☐ Sepsis/Chorioamnionitis ☐ Placenta previa, actively bleeding ☐ Placenta previa, not actively bleeding ☐ Postdatism ☐ Oligohydramnios ☐ Previous Caesarean section ☐ Placental abruption ☐ Intrapartum haemorrhage ☐ Pre-eclampsia/eclampsia/HELLP ☐ Failure to progress (induction/in labour) ☐ Maternal medical disease (see key) ☐ Uterine rupture/scar dehiscence ☐ Previous poor obstetric outcome (BOH) ☐ Long period of infertility ☐ Others (Specify) _____	
4	Was partograph used prior to decision for CS (if Yes, attach a copy of filled photograph)		
5	Were the membranes ruptured (ROM) prior to the caesarean section?	Spontaneous ROM / ARM	
6	Duration of first stage of labour	Hr:	Mins:
7	Duration of second stage of labour	Hr:	Mins:

8	What cervical dilatation was reached prior to the caesarean section?	
9	Were prophylactic antibiotics given?	
10	What was the estimated blood loss?	
11	Blood / component transfusion	If so, mention no of units
IV	In case of previous caesarean delivery	Response
1	Mention the indication and gestation of previous LSCS (start from most recent LSCS)	LSCS 1 _____ Gestation _____ LSCS 2 _____ Gestation _____ N/A
2	Was the mother offered a trial of vaginal delivery during the pregnancy?	
3	Post OP complications, if any	
V	Current Status	Response
1	Does this mother require 'special' care post-caesarean section in addition to routine post-op care?	Yes / <u>No</u>
1a	If YES, where is she being managed currently?	Obs HDU / ICU General HDU / ICU Referred to another hospital
2	Whether fetal heart monitoring - Manual / Electronic was done (tick appropriately)	<u>A) Normal</u> B) Abnormal C) Severely abnormal D) Not done
3	Whether Meconium-stained liquor present (tick appropriately)	<u>A) Yes</u> B) No C) Not known
4	Other methods of delivery attempted (tick appropriately)	<u>A) None</u> B) Forceps C) Ventouse
5	Delivery outcome (tick appropriately)	<u>A) Livebirth</u> B) Stillbirth
6	Sex of the baby (tick appropriately)	A) Male B) Female C) Unknown
7	Birth weight	
8	Apgar score (tick appropriately)	A) Score at 1 minute _____ B) Score at 5 minutes _____ C) Not done
9	Transferred to SNCU/NICU (tick appropriately)	<u>A) Yes</u> _____, where <u>NICU</u> B) No
10	Maternal outcome (tick appropriately)	<u>A) Stable and in satisfactory condition</u> B) Shifted to Obstetric HDU/ICU due to any complications or for close monitoring C) Maternal near miss D) Maternal death. Mention cause of death _____

11	Newborn outcome (tick appropriately)	A) Stable and in satisfactory condition ☒ B) Admitted in SNCU due to complications or for close monitoring C) Still birth D) Born alive and died (Mention cause of death _____)
12	Tick appropriately on the need of C Section	☒ A) Absolutely essential at that time B) More time could have been given before deciding for CS

Anu
Dr. Soneloy

Name and Designation of doctor

Signature with Seal

Date

*** Key for Medical Disorders:**

1. Heart disease complicating pregnancy
2. Past history of cardiac surgery like valve replacement
3. Jaundice complicating pregnancy
4. Bronchial asthma / COPD
5. Tuberculosis - pulmonary / extra pulmonary
6. Known seizure disorder - on treatment / not on treatment / treatment discontinued
7. Known hypertensive - on treatment / not on treatment / treatment discontinued
8. Known diabetic - on treatment / not on treatment / treatment discontinued
9. Chronic renal disease
10. Anemia other than iron deficiency anemia

Glossary

- Gravida denotes a pregnant state both present and past, irrespective of the period of gestation
- Parity denotes a state of previous pregnancy beyond the period of viability
- Nullipara: A nullipara is one who has never completed a pregnancy to the stage of viability. She may or may not have aborted previously
- Multipara: Multipara is one who has completed two or more pregnancies to the stage of viability or more

Patient Sticker

BAH-00640789 IP5-00175984
 Mrs UPPUGALLA RACHANA
 21-07-1996 29 Y 11 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 5/7/26

Department : OB/G OT. Duration of Procedure : 1 hr

Name of Surgeon : Dr. Shreeja Date of Admission : 5/7/26

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 : INJ. TAXIM	BL
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	BL
3.	Patient's body temperature immediately post operation (Recovery Room) 36.5 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	BL
4.	Name of doctor or staff administering the antibiotic : Bharathi Date & Time of antibiotic administration : 5/7/26 @ 9pm Date & Time procedure started : 5/7/26 @ 9:10pm	B

- 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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Sreer
Asst. Surgeon : Dr. Arshiga
Anaesthetist : Dr. Tejani
Scrub Nurse : Dr. Shash

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21-07-1996 29 Y 11 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



Age : Gender :
Surgery Name : am les
Date : In-time : Out-time : 10:16pm

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Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN		Time: <u>9pm</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☐ Yes ☒ No	
Procedure	☐ Yes ☒ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Tejani</u>		

TIME OUT		Time: <u>10pm</u>
Confirm all team members have introduced themselves by Name and Role		
☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? <u>1 hour 200-300ml</u>		
☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>No issues</u>		
☐ Yes ☒ No ☐ NA		
Is Essential Imaging Displayed?		
☐ Yes ☒ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>[Signature]</u>		

SIGN OUT		Time: <u>10:16pm</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☒ Yes ☐ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Sreer</u>		

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 Mrs UPPUGALLA RACHANA
 21-07-1996 29 Y 11 M 14 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Epidural Analgesia Date: 5/2/2026 In-Time: 8: Out-Time: 11:30pm
 Doctor Performing Procedure: Dr. Tejaswini Doctor Giving Sedation: Epidural Assisting Nurse: Shobha

SIGN IN	Time: <u>4pm</u>
	Yes No NA
Patient is verified using two identifiers (Name & UHID)	☒ ☐ ☐
All required documents, images, studies are available	☒ ☐ ☐
NPO Status Checked from Patient / Patient Attendant	☒ ☐ ☐
Consent is Signed	☒ ☐ ☐
Any need for blood products	☐ ☒ ☐
If Yes Comment:	
Any Risk of Hemodynamic Compromise	☒ ☐ ☐
If Yes Comment:	
Any drug or food allergy	☐ ☒ ☐
If Yes Comment:	
Correct Site of Procedure Marked	☒ ☐ ☐
All resources required are correct, available and functioning	☒ ☐ ☐
Signature of the Doctor: <u>[Signature]</u>	
Name of the Doctor: <u>Dr. Tejaswini</u>	

TIME OUT	Time: <u>11:30pm</u>
	Yes No NA
Correct Patient	☒ ☐ ☐
Correct Site	☒ ☐ ☐
Correct Procedure	☒ ☐ ☐
All the team members introduced	☒ ☐ ☐
Signature of the Nurse: <u>[Signature]</u>	
Name of the Nurse: <u>Shobha</u>	

SIGN OUT	Time: <u>11:35pm</u>
	Yes No NA
Name of the Surgical / Invasive Procedure is recorded	☒ ☐ ☐
Instrument, Sponge and Needle Count Completed	☒ ☐ ☐
Specimens are labeled	☒ ☐ ☐
Any equipment problems are addressed	☒ ☐ ☐
Signature of the Nurse: <u>[Signature]</u>	
Name of the Nurse: <u>Shobha</u>	

Any Adverse / Unexpected Events

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CONSENT FOR LABOUR ANALGESIA

Authorization By: ☒ Patient ☐ Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:

☒ Epidural Analgesia ☐ Intravenous Analgesia (Remifentanyl)

- I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Tejaswini and his / her team to perform the above procedure(s) upon the patient / myself.
- 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: U. Rachana
Name: U. Rachana
Relationship with patient: Self.
Date & Time: 5/7/26 3:45pm

Witness:

Signature: U. Jayaprada
Name: U. Jayaprada
Date & Time: 5/7/26 3:45pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Tejaswini Date 5/7/26 Time: 3:45pm

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ☐ ఎపిడ్యూరల్ అనాల్జీసియా
☐ శిరస్తాపం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్వల్పలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సౌకర్యవంతంగా చేయడం, 'నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వేచ్ఛగా చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

INFORMED CONSENT FOR VAGINAL

BAH-00640789 IP5-00175984
Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 14 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



Patient Name : RACHANA UHID No : BAH-00640787
Gender: ☐ Male ☒ Female Date : 5/7/2020 Time : 10:30 AM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Shruthi

Consentee :

Signature : U. Rachana

Name : U. Rachana

Date & Time : 5/7/2020 10:30 AM

Witness :

Signature : [Signature]

Name : Kaung

Date & Time : 5/7/2020 10:30 AM

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : U. Jayapradha

Name : Mr. Jayapradha

Relationship with Patient: MOTHER

Date & Time : 5/7/2020 10:30 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Anurag

Date & Time : 5/7/2020 10:30 AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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రోగి పేరు : వయస్సు : లింగం పు స్త్రీ

యు.హెచ్.బి.డి. విభాగము :

తేదీ :

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయ ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ప్స్ లేదా వాక్యూమ్ సహాయంతో జిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జి, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అశాకర్మ్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (ప్రెసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేదని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము : సంతకము :

పేరు : పేరు :

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము :

సంతకము :

పేరు :

BAH-00640789 IP5-00175984
Mrs UPPUGALLA RACHANA
21-07-1996 29 Y 11 M 15 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA


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BirthRight™
BY RAINBOW HOSPITALS
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POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 7/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : P1L1, LSCS, POD-2

Previous Surgical/Medical History : -

Assessment :

On Observation: Mother seen in lying down /sitting/ reclined position

Mother is active & alert / drowsy / tired or exhausted / mobile by herself & ambulatory / needs assistance with mobility

Iv line + / - ✓

Catheter + / - ✓

Postural alignment -

On Palpation : Edema – absent / up to ankle / up to knee/ above knee

On Examination : Breathing pattern – abdominal/ apical/ diaphragmatic

Diastasis recti abdominis – present / absent / could not be assessed

Able to initiate Pelvic Floor Activation – ☒ Yes ☐ No

Spl Notes -

Treatment Plan :

☒ Lateral Breathing

☒ Pelvic Floor Activation

☒ Transversus Abdominis Activation

☒ Gluteus Activation

☒ Active Motion for Limbs

☒ Transfer Training & Mobility

☒ Sit to Stand

☒ Monitored Walk

☒ Posture & Ergonomic Education

Signature : T.S.

Name : Dr. Tuheera Sharma (PT)

Date & Time: 7/7/26 3pm



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 5/11/26 Date of Removal: 7/7/26

Parameters	Date	Shift Time	08-11 2pm-8pm	08-11 8pm-5am	08-11 5am-2pm	08-11 2pm-8pm	08-11 8pm-5am		
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			Shobha	Sandeep	Punni	Ashwini	Sandeep		
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 7/7/26

Time: 9:10am

Origin: Indian

Height: 5'6" (167cm)

Weight: 77kg

BMI: 27.6 kg/m²

Food Allergies: No

Diagnosis: POD-2 / Em: LSCS (emergency lower segment cesarian section)

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

Diet Advised:

Soft High protein diet

include plenty of oral liquids

Avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: _____

Signature: Saima

Name: Ravina

Name: Saima

Date & Time: 7/7/26

Date & Time: 7/7/26
9:20am

DIETARY NOTES

[illegible]



BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☒ a. Good
☐ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

- ☒ a. Baby goes to the breast
☐ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 6/7/26

→ EBM 3rd hourly
→ warm care.

Handover given by Sandeja

Handover taken by Tunny

Signature Sandeja (016638)

Signature TM

Date & Time: 6/7/26 @ 12:00

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

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ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	10:45pm	OBG OT	OBG	Sandhya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	NNC	5/7/26	9689788	Kanna
2	Cor-Nitasha Bagg			
3	Dr. Tuheena Sharma(PD)	7/7/26	9692220	Nikhitha
4	Dr. Niveditha (video)	7/7/26	not entered	
5	consultation			
6				
7				
8				
9				
10				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
5/7/26	NST-①	265033378	Sam
5/7/26	NST-②	265033415	Tunne
5/7/26	NST-③		Shobha
5/7/26	CBP 2FT Creat	26067311	Shobha
	Urea Electrolity		Sandeep
	LDH PT APTT		
5/7	Ureane albumine - 4+	26067317	Sandeep
	Spot protein (Creatinine Ratio)		
	Urine for cle, cve		
	NST-④	265033415	Sandeep
5/7	NST-⑤		
	<u>over checked</u>		

5/7/26

NST 9(1)

265033378

Lamm

5/7/26

NST - (2)

265033415

Tunne

517/26

Ans - (2)

265033415

Shoblo

5/7/6

CBP 2FT Creat

2606731)

Shobug

urea electricity

LDH AT APTT

Sareez

517

Ureane albumine - 48

26067317

Sunoo

Spot protein (Creatinine Ratio)

Urine for cl, cot

AST-4

2650334 K

Sardely

57

NIST-5

2650334 K

Sardely

Ques is checking

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7	cardia monitor	6:30 pm			shobis
5/7	Infusion pump	6:30 pm		9689000	shobis
5/7	epidural pump	5:00 pm			shobis
					<u>cross check</u>

Medical Equipment (WARD & ICU)

cross climbing

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Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor