BAH-00603188 IP5-00176135
Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 9 D (F)
Dr. PRANATHI REDDY A

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

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

Date: 10/7/26

Chief Complaint : No complaints

Obstetric/ Birthing History : G2P2L2, PND - 1

Previous Surgical/Medical History : PCOD, Diastasis recti from previous pregnancy

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. Tuheena Sharma (PT)

Date & Time: 10/7/26 4pm

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Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 10 D (F)
Dr. PRANATHI REDDY A

Date 10/7/26

Room: Suite-4

Lactation diet plan: ~1700 kcals; 75g protein; 167g carbs; 57g fats

Planned menu

Instructions ☐ **Home** ☐ **Canteen**

7am Milk or Barley water
Galact ☐ Supplement 1 tsp ☐
☐ Milk ☐ Barley water 200ml
☐ No sugar

8am Small Breakfast (Idli/Dosa/Oats/Dhali/Upma/Kitchidi)
KABIBITE Biscuits two ☐
☐ Egg - Boiled ☐ Omelet ☐
☐ Panner 50g
☐ Tofu 50g

10am Soup and Toast (Garlic Nan for diabetic ☐)
KABIBITE Biscuits two ☐
☐ Vegetable
☐ Chicken

1pm Lunch (Rice and ~~Roti~~) (Oats/Dhali for diabetic ☐)
~~Dal~~, Veg, Curd, Fruit/Salad
☐ Egg - Boiled ☐ Omele ☐
☐ Paneer 50g
☐ Tofu 50g
☐ Chicken 100g

4pm Milk or Barley water
Galact ☐ Supplement 1 tsp ☐
☐ Milk ☐ Barley water 200ml
☐ No sugar

6pm Soup and Garlic Nan
☐ Vegetable
☐ Chicken

8pm Dinner (Rice and ~~Roti~~) (Oats/Dhali for diabetic ☐)
~~Dal~~, Veg, Curd, Fruit/Salad
Sweet (No sweet for diabetic ☐)
☐ Egg – Boiled ☐ Omelet ☐
☐ Paneer 50g
☐ Tofu 50g
☐ Chicken 100g

10pm Milk or Barley water
Galact ☐ Supplement 1 tsp ☐
KABIBITE Biscuits two ☐
☐ Milk ☐ Barley water 200ml
☐ No sugar

[NO bars / Coconutwater / pineapple]

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176135 **Admit Date** : 09-Jul-2026 **Admit Time** : 08:55 AM **UHID** : BAH-00603188

Patient Details :

Patient Name	: Mrs AKANKSHA SINGH	**Age**	: 36 Y 11 M 8 D
Guardian	: Mr AVINASH KUMAR	**DOB**	: 01-08-1989
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: DSP OFFICE Bhainsa Adilabad Telangana INDIA 504103	**Phone No**	: 7033949266
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : SUITE **Bed No** : SUITE 4 (424) **Ward Name** : 4F-BIRTHRIGHT PREMIUM

Room No : SUITE 4 (424) **Admission Type** : First Visit

Contact Details :

Name : Mr AVINASH KUMAR **Relationship** : Husband

Contact Address : DSP OFFICE Bhainsa Adilabad Telangana INDIA 504103 **Phone No** : / 7033949266

Signature

Doctor Details :

Doctor Name : Dr. PRANATHI REDDY A **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

BAH-00661118 IP5-00176153
Baby Of AKANKSHA SINGH
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. FAISAL B NAHDI

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CROSS CONSULTATION FORM

Doctor Name : Shreya Moddelin Date : 9/08/26 Time : 8pm

Diagnosis : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Breastfeeding ammend done.

Consultant :

Name : Shreya Signature : Date & Time : 8pm

(1)

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00603188 IP5-00176135
Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

UHID No. : _____ Consultant: _____ Dept : _____

Date of Ad _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tahseen Sharma (PT)	10/7/26	9695839	Ashwitha
2	Dr. Shreya	9/7/26	9695839.	Sandhyarani
3	Dr. Brundavani	10/7/26	9695839	Ashwitha
4	N 17 A	10/7/26		
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7/26	NST —— ①	265034419	Anita
9/7/26	CBP	26068533	Anita
9/7/26	NST – ②	265034419	[illegible]
10/7/26	CBP		Sandhya
		cross checked	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	Cardiac monitor	10 AM	3:00pm		[illegible]
9/7/26	Epidural pump	10:30AM	3:00pm	969762	[illegible]
9/7/26	Infusion pump	11:50 AM	2:00pm		[illegible]
				Cross checked	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV Placement	01		Anita
9/7/26	Catheterization		967623	Anita
9/7/26	PAC		967622	Anita
			cross cluded of	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o pain Abdomen ∴ 7AM

Obstetric Formula: G2P1L1.

Obstetric Hostory:
G1 - 2025, Male, 3.0042kg, AVD, AEH - H/O intrahepatic cholestasis.

Present Pregnancy Record: - Urinary incontinence (?) 1 month following delivery
Received IV FCM after delivery
G2 - present preg - spontaneous conception

RISK FACTORS:
Booked at 20+ weeks.

Height: 160 cm
Weight: 69.4 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination: fair
Consciousness: Yes
Pallor: absent
Icterus: absent
Edema: absent
Temp: afebrile
PR: 86bpm
BP: 110/70mmHg
DTR: Normal
CVS: S1S2 ⊕
RS - B/L NVBS ⊕
Liver/Spleen: Not palpable
Urine Output: - Normal, SPO2 - 99%/on RA

LMP: 10/10/25
EDD:
Corrected EDD: 13/7/26
GA: 39+3 weeks
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ________
Head Fifths Palpable: 4/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced
Os: Closed ________ Dilated 2cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

G2P1L1 / 39+3 weeks / ↓ in Early labour.
~~Gest thrombocytopenia~~ Gestational thrombocytopenia

Docu. No. : RCHBH /FRM / CLINICAL / 087 (P.T.O)

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Dr. PRANATHI REDDY A

Family History:	Surgical History:
Father - HTN, DM Mother - DM	NO/
Medical History:	**Medication History:**
K/c/o PCOD	see Medical manidication form
Plan of Care:	**Investigations:**
- Admission - NST now → 1/6 2nd hrly - vitals 4th hrly - Send CBP & Trace - w/f progression of labour - Early Epidural siting - consents - IOL Vaginal Birth	O positive 19/6/26 CBP - 10.24 / 7280 / 1.14L virals NR 8/7 - 39+2 wks, cephalic, 3629gm 62(c) AC-31(c) AFI 14.7cm, placenta - Ant high, doppler (N) TIFFA (N) NT scan - (N), ETS - low risk

Doctor Name: Dr. Sameena
Signature:
Date & Time: 9/7/26 @ 9AM

Consultant Name: Dr. Pranathi Reddy
Signature:
Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/07/2026 10:10AM	C/S/B Dr. Pranathi.	Advice
	On epidural comfortable	✓ Inj. cefotaxim 1 gram IV - STAT after test dose.
U/O - 25ml / clear	Vitals - BP - 108/64 (78)	
	PR - 72 bpm	
	SpO2 - 99% on RA	
	P/A - Uterus mildly Acting	✓ IV Hydration
	FHR good	✓ NST x 11AM
	V/E - Cx 3-4cm dilated	✓ Monitor vitals
	ARM done	
	clear LIQ ⊕	✓ Inform SOS
		(by Dr Deepika)
		noted by [illegible] (CSNUO)
9/7/2026 2:30PM	P2L2 PND-0 AVD (midlow).	
	PR: 82bpm	- DO NOT Remove Foleys till further orders
	BP: 105/72(76) mm Hg	
	SpO2: 100% RA	- CBP 6AM 10/7/2026
	P/A: URW	- Vitals I/O hrly
	P/V: BWNL	- Soft diet
	U/O: 900ml; clear	- plenty of oral fluids
		- Drugs as chart
	Baby mother side.	- w/f Bleeding PV
		- Inform SOS
		Dey / Dr 4 Sneha
		NB by Ashwitha

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 6:30PM	PND-0 AVD (Midlow)	
	Pt comfortable Vitals stable U/o: 1000ml, clear Baby well	- soft diet - Plenty of oral fluids - Drugs as chart - Vitals 4 hrly - Inform SOS
	✓ Foleys insitu till further order ✓ CBP 6AM 10/7/2026	
		Dr Shweta NB by Ashwitha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/2026 8:30AM	PND - 1 AVD	(mid low)
	Pt comfortable Vitals stable U/O: Adequate Pt Ambulating	- Reg diet - Drugs as Chart - Vitals 8 hrly - Inform SOS
Hb 9.29%. Plt 1.28 TC 8.82	Baby well. Stools ✓	
		Dr Y. Sneha
10/7/26. 9AM.	C/S/B Dr. Pranathi	
	✓ CBP Sr. Iron Sr. Ferritin Vit B12	on 30/7/2026 Review C reports
	✓ pt wants oral Iron supplementation.	
		Dr Y. Sneha.

NB by Aishwarya

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01-08-1989 36 Y 11 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 2.30pm	Pt comfortable	Adv
	O/E GC fair	- Reg diet,
	vitals stable	plenty of
u	P/A interus	oral fluids
v	retracted	- drugs as
sv	well	per charted
Baby - well	L/E - lochia	- vitals charting
	healthy	- sponge as
		[signature]
10/7/26		Adv
6:50pm	Pt comfortable	- Regular plenty
		of oral fluids
	O/E GC fair	- continue same
	vitals - stable	treatment
u	P/A interus	
v	retracted well	
sv	L/E - lochia	
Baby - well	healthy	
	Noted by [signature]	[signature]
		NB by Ashwitha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	PND2 / AVD	Adv
8:30Am	Pt comfortable	- Reg diet, plenty of oral fluids
	O/E a/c fair	- drugs as per charted
	vitals stable	- vitals 4 hourly
	P/A uterus	Ambulate
	contracted	- Inform SOS
	well	
Baby well.	L/E lochia	
	healthy	
		Dr Sameera

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL DA ☐ ~~Not known any Drug Allergies~~

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab' IRON		PO	OD	8/7	☐ C ☐ ~~DC~~
2	Tab' CALCIUM		PO	OD	8/7	☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Saineera

Date & Time : 9/7/26 @ 9AM

Nurse Name & Signature: Ashwitha

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

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RESULT SHEET

Date	9/7/26	10/7/26				
Time	9:26	6:57AM				
Hb	10.7	9.2				
PCV	33.7	29.0				
RBC	4.07	3.47				
WBC	8.87	8.82				
N/L						
Platelets	126	128				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

O +ve
Blood group

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward B/C

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	9/7	10/7	11/7
6AM	X	[signature]	[signature]
2pm	[signature]	[signature]	[signature]
10pm	[signature]	[signature]	[signature]

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50mg	PO	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

STOP (Dr. Deepika) 9/7/2026, 4:15PM

DRUG : TAB. FOLICAID

Dose	Route	Frequency	Start Dt.
1tab	PO	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: (Dr. Deepika)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	9/7	10/7	11/7
10Am	X	Ashwita Nikita	
10pm	[signature]	[signature]	

DRUG : T. CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	PO	BD	10/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	10/7	11/7
11AM	given [signature]	
11PM	[signature]	

Signature .... VERIFIED BY : Name ....

Docu. No. : RCHBH /FRM / CLINICAL / 108 (P.T.O)

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

VERIFIED BY : Name .... Signature ....

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DRUG CHART

Date of Admission: 9/1/26 Drug Allergies: NKDA ☑ 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 / 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 .... Signature

Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

REGULAR PRESCRIPTIONS

Weight. .... Ward. B/C

DRUG : Inj CEFOTAXIM

Dose	Route	Frequency	Start Date
1gm	IV	BD	9/7/2026

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions: 24hrs f/b oral

Daily Doctor's Endorsement by a Sign

Date/Time	9/7	10/7
11AM	Nikita	Ashwita Nikita
11PM	Sandhya Preena	

Stop Dr. Sneha Y After 11AM dose 10/7/26 8:30AM

DRUG : Inj METRONIDAZOLE

Dose	Route	Frequency	Start Date
500mg	IV	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions: x24hrs & stop

Daily Doctor's Endorsement by a Sign

Date/Time	9/7	10/7
7AM		Sandhya Preena
3PM	Ashwita Nikita	
11PM	Sandhya Preena	

Stop Dr. Sneha Y 10/7/26 8:30AM

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	9/7	10/7	11/7
6AM		Sandhya Preena	[illegible]
6PM	Ashwita Nikita	Ashwita Nikita	

DRUG : Syp Duphalac

Dose	Route	Frequency	Start Date
15ml	PO	OD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Y. Sneha

Additional Instructions: 10PM

Daily Doctor's Endorsement by a Sign

Date/Time	9/7	10/7
10PM	Sandhya Preena	[illegible]

01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

Weight. .... Ward. BRP

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7/26	9AM	PC Enema	1	P/R	[signature]	Nikitha / Sunitha
9/7/26	11AM	INJ CEFOTAXIM	1gram	IV	[signature]	Sunitha / Nikitha
9/7/26	1:25Pm	Inj OXYTOCIN	150	IM	[signature]	Ashwitha / Nikita
9/7/26	1:27Pm	Sup DICLOFENAC	100mg	PR	[signature]	Ashwitha / Nikita
9/7/26	1:29pm	T. MISOPROSTOL	400mcg	PR	[signature]	Ashwitha / Nikita
9/7/26	1:30pm	Inj TRANEXAMIC ACID	1gm	IV	[signature]	Ashwitha / nikita
9/7/26	1:32pm	Inj ZOFER	4mg	IV	[signature]	Ashwitha / Nikita

VERIFIED BY .... Signature ....

Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

I.V. FLUIDS CHART

Weight. ..... Ward. ..... BBP .....

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
9/7/26	9:20 AM	RINGER LACTATE 500ML	IV	100ml/hr	Cyp	Nikitha Sunitha	9/7	✓	N. Nikitha Sunitha
9/7/26	12:10 pm	INJ. OXYTOCIN 10U IN 500ML RL	IV	60ml/hr	Cyp	Nikitha Sunitha	9/7	✓	Nikitha Sunitha
9/7/26	12:30 pm	RINGER LACTATE 500ML	IV	250ml/hr	Cyp	Nikitha Sunitha	9/7	✓	Ashwitha Nikitha
9/7/26	1:00pm	RINGER LACTATE 500ML	IV	120ml/hr	Cyp	Nikitha Ashwitha	9/7	✓	Ashwitha Nikitha

VERIFIED BY : Name ..... Signature .....

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Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 9/1/26

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: ....
ZOL
....

Doctor Notified on Admission: ☑ Yes ☐ No
Name of the Doctor: Dr. pranathi Reddy.
Time Notified: 8:40 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
K/c/o PCOD	Nill	

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

Obstetric History: G 2 P 1 L 1 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: 98.6F HR: 87 RR: 19

BP: 119/70 Weight: 69.4kg Height: 160 BMI: ....

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

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01-08-1989 36 Y 11 M 8 D (F)
Dr. PRANATHI REDDY A

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ...20......... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ...28......... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☑ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others ....

Inform consultant for positive criteria

Cultural & Spiritual Needs: ☑ Yes ☐ No if Yes specify .... Inform consultant for positive criteria.

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ....Husband............

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ....Patient............

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

Orientation not given Reason: ....

Nurse Signature: ....

Nurse Name: ....Bruthy........

Date & Time: ....9/7/26 @ 9Am........

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 9/7/26 Time of Arrival: 8:58 AM Time Seen by Nurse: 8:50 AM

1) **Level of Consciousness:** ☑ Conscious ☐ Semi-Conscious ☐ UnConscious

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

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

3) **Vital Signs:** Temperature: 98.6°F Pulse: 87 RR: 19 SpO_2: 100% BP: 120/70 Weight: 69.4kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A

LMP: 10/10/25 EDD: 13/7/26 Gestational Age: 39+3 wks

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

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 No Pain 1 2 3 4 5 6 7 8 9 10 Worst possible pain

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

.....

6) **Past History:**

a) Surgeries: Nil

b) Medical: K/C/O PCOD

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7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

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

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

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: Dr. Deepika

Nurse Name : Smitha Nurse Signature: Sf.

Date: 9/7/26 Time: 9AM

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FLUID CHART

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Sheet No. : 1 9/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
9/7/26												
	08:00 am											
	09:00 am	RL	H2O	100ml			✓			✓	0	Anita
	10:00 am	RL	H2O	100ml							0	Anita
	11:00 am	RL	H2O	100ml								
	12:00 pm	RL	H2O	150ml								
	01:00 pm	RL		150ml								
Total Intake :						**Total Output :**						
9/7/26	02:00 pm										0	Ashwitha
	03:00 pm		RL+							900	0	Ashwitha
	04:00 pm		H2O				✓				0	Ashwitha
	05:00 pm										0	Ashwitha
	06:00 pm		Had							350 ml	0	Ashwitha
	07:00 pm		meals				✓			✓	0	Ashwitha
Total Intake : TOLD						**Total Output :** passed						
9/7/26	08:00 pm		H2O								0	Sandhya
	09:00 pm		meals							200ml	0	Sandhya
	10:00 pm		H2O								0	Sandhya
	11:00 pm						✓				0	Sandhya
	12:00 am		H2O								0	Sandhya
	01:00 am		.								0	Sandhya
Total Intake : taken						**Total Output :** passed						
10/7/26	02:00 am		H2O								0	Sandhya
	03:00 am									1000ml	0	Sandhya
	04:00 am		H2O				✓				0	Sandhya
	05:00 am										0	Sandhya
	06:00 am		H2O								0	Sandhya
	07:00 am		H2O								0	Sandhya
Total Intake : taken						**Total Output :** passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/7			Mouth	I.V	N.G							
	08:00 am										0	Akshitha
	09:00 am		H2O								0	Akshitha
	10:00 am									500ml	0	Akshitha
	11:00 am		H2O								0	Akshitha
	12:00 pm										0	Akshitha
	01:00 pm		H2O				✓			✓	0	Akshitha
Total Intake : Taken						**Total Output :** Passed						
10/7	02:00 pm		H2O									Akshitha
	03:00 pm						✓			✓	✓	
	04:00 pm		H2O								NO IV	
	05:00 pm											
	06:00 pm		H2O				✓			✓		
	07:00 pm											
Total Intake : Taken						**Total Output :** Passed						
	08:00 pm		H2O Meal									
	09:00 pm									✓		
	10:00 pm										NO IV	Sindhu
	11:00 pm		H2O				NP			✓		
	12:00 am											
	01:00 am											
Total Intake : Taken						**Total Output :** Passed						
11/7/26	02:00 am		H2O							✓		
	03:00 am											
	04:00 am		H2O							✓	NO IV	Sindhu
	05:00 am											
	06:00 am											
	07:00 am		H2O							✓		
Total Intake : Taken						**Total Output :** passed						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00603188 IP5-00176135
Mrs AKANKSHA SINGH
01-08-1989 36 Y 11 M 9 D (F)
Dr. PRANATHI REDDY A

FLUID CHART

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/7/26	08:00 am									✓	1	Akanksha
	09:00 am		H2O				✓			✓		
	10:00 am		H2O							✓	NO IV	
	11:00 am		H2O									
	12:00 pm						✓			✓	1	
	01:00 pm		H2O									
Total Intake : Taken						**Total Output :** passed						
	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	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Akansha Singh Age: 36y Sex: F UHID.No : BAH-00603188.

Date: 9/7/26 Time: 9:10 AM Proposed Operation:

Diagnosis: G2P1L1 | 39+3 weeks Gestational Thrombocytopenia

B.P / CRT: H.R: Weight: 69.4kg Ht-160cm. ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

	19/6/26	9/7/26
Hgb:	10.2	10.7
PCV:		33.7
WBC:	7280	8.87
Plate:	1.14 lakh	1.26 lakh
PT:		
PTT:		
INR:		
Glucose:		
Urea:		
Creat:		
Na:		
K:		
Ca++:		
Mg++:		
Cl -:		
Protein:		
Alb:		
Total Bill:		
Dir. Bill:		
LDH:		
Alk phos:		
Amylase:		
SGOT/SGPT:		
HIV:	NR	
HBS Ag:	NR	
HCV:		
Blood group:	O positive	
T3		
T4		
TSH		
X-Ray:		
ECG:		
2D Echo:		
Stress/Anglo:		
Other:		

Allergies: NKDA

Medical History: CVS : Not Significant.

RESP :

CNS :

Renal :

Hepatic / GE :

Others :

Diabetes : Nil

Physical Activity: METs ≥ 4

Past Anaesthetic History: H/O NVD ↓ BA (2025 Jan) - uneventful.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: >3 fb Mentohyoid Distance: (N) Neck: (N) Teeth: All teeth intact.

Lungs : BAE (+), clear

Heart: S_1S_2 (+)

CNS: Grossly Intact.

Pregnant: ☑ Yes ☐ No ☐ NA

Venous Access Site : (+)

Spine Exam for regional : ? minimal scoliosis Thoracic scoliosis on palpation

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: 8/7/26 last meal: 8:30 pm 9/7/26 Clear liquids : 2:00 AM

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. K. Sri Surya.

Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No		Fasting Status:
Physical Status:	☐ Patient Identified	☐ Consent Present ☐ Chart Reviewed

H.R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME																							
N_2O /AIR /O_2 LPM																							
HALO /SO /SEVO																							
Drugs:																							
FIO_2 / SaO_2																							
$ETCO_2$																							
ECG																							
Temperature																							
Urine Output																							
Fluids / Blood																							

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....

Signature of the Doctor : .....

Patient Sticker

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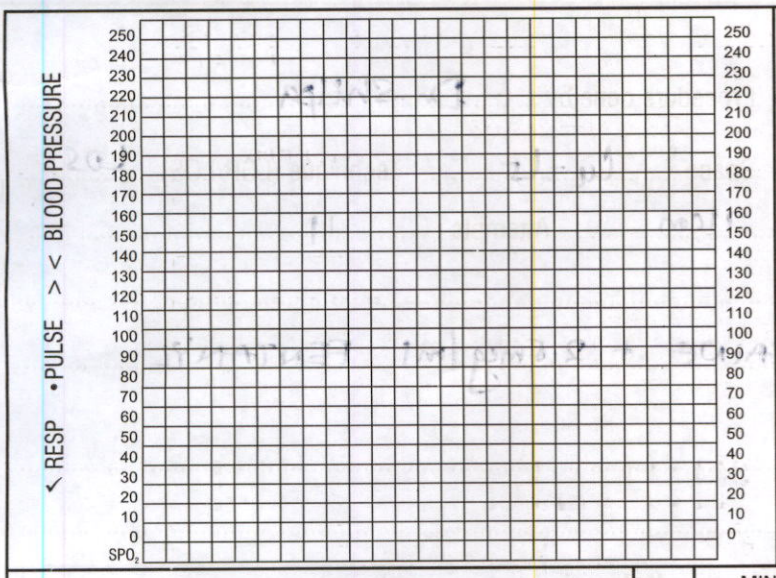
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

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

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Reassessment Frequency:

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

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 9/7/26 Time: 10:05 AM Procedure done by Dr. Shilpa

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

Depth: 4.5cm Catheter at Skin: 11cm Attempts : 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.0625 '/. BUPIVACAINE + 2.5mcg/ml FENTANYL

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
10:10AM	4ml/hr	6ml	T10	T10	114/68	74bpm	132	0.0625 '/. BUPIVACAINE
								+ 2.5mcg/ml FENTANYL
								PCEA
10:10AM		8ml	T10	T10	108/64	73bpm	134	0.8 '/. LIGNOCAINE
								with ADRENALINE

Delivery Details : Time : 1:22pm APGAR: 9,10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Removed and Tip Seen, Dr. K Sri Surya

Patient Satisfaction : Good (Satisfied)

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name: DR

Date and Time : 9/7/26 @ 5pm

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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 (Remifentanil)
- 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 Remifentanil: 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. Subhramanyam 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: Akanksha Singh
Name: AKANKSHA
Relationship with patient: SELF
Date & Time: 9/07/2026 @9:45am

Witness: Avinash Kumar.
Signature:
Name:
Date & Time: 9.7.26, 10:00 am.

Doctor (who is taking consent):
Signature: Name: Dr K Sri Surya Date 9/7/26 Time: 9:45 AM

Patient Sticker

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ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

☐ ఎపిడ్యూరల్ అనాల్జీసియా

☐ శిరస్రావం ద్వారా నొప్పి నివారణ (రెమీఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

  ఎపిడ్యూరల్ సంబంధించినవి:
  రక్తపోటు తగ్గడం, మందత్వం/ స్పర్శలేమి, 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 స్పష్టమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

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PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Epidural Analgesia Date: 9/7/26 In-Time: 9:00 AM Out-Time: 9:30 AM

Doctor Performing Procedure: Dr Shilpa Doctor Giving Sedation: — Assisting Nurse: Sis. Nikita

SIGN IN Time: 9:00 Am.

	Yes	No	NA
Patient is verified using two identifires (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: Monitored			
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: Sundhar

Name of the Doctor: Dr Sundharam

TIME OUT Time: 9:20 AM

	Yes	No	NA
Correct Patient	✓	☐	☐
Correct Site	✓	☐	☐
Correct Procedure	✓	☐	☐
All the team members introduced	✓	☐	☐

Signature of the Nurse: Sis. A

Name of the Nurse: Athwitha

SIGN OUT Time: 9:30 AM

	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: A

Name of the Nurse: Athwitha

Any Adverse / Unexpected Events

....

....

....

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Suite - 4

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 10/7/26 Time: 10am

Origin: Indian Height: 160cm Weight: 69.4kg BMI: 27.11kg/m²

Food Allergies: .....

Diagnosis: P1L1 0 / post NORmal delivery

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

Diet Advised:

NORmal high protein bict
with plenty of oral liquids
→ Avoid spicy, chilled & outside foods

Patient's / Attendant's

Signature: .....

Name: Akanksha

Date & Time: 10/7/26 10am

Dietician's

Signature: Laima

Name: Laima

Date & Time: 10/7/26 10am

DIETARY NOTES

Date	Time	Notes	Sign
11/7/26	10am	Can start normal diet	[illegible]