

BAH-00576329 IP5-00174571  
Mrs NIKHATH SHIREEN  
15-11-1990 35 Y 6 M 16 D (F)  
Dr. KIRTI REDDY PATLOLLA



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### SURGERY DETAILS

Date : 1/6/26

Patient Name: Nikhath Shireen Date of Birth: ..... Age: .....

Gender: female Ward : ..... UHID No.: .....

Date of Surgery: 1/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Emergency Lower segment caesarean section

Time in : 10:15 Am

Time Out : 11:15 Am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Kirti Reddy</u>	.....
2. Anaesthetist	<u>Dr. Aditi</u>	.....
3. Assistant Surgeon	<u>Dr. Sravanthi</u>	.....
4. OT Technician	<u>Sinalala</u>	.....
5. Circulating Nurse	<u>Sri. Ponna</u>	.....
6. Assistant Nurse	<u>Sri. Laxmi</u>	.....

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

Dr. Kirti Reddy  
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9637 927

Order by: .....

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Dr. KIRTI REDDY PATLOLLA



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# CONSUMABLES OF OT

2941

Technician : K. Shivedeely Date : \_\_\_\_\_ Time : \_\_\_\_\_

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSGS</u>		<u>01</u> ✓	Inj Vit.K		<u>02</u> ✓
LMA			Sutures <u>2346</u>		<u>01</u> ✓	Cord Clamp		<u>01</u> ✓
ECG leads : <u>A/P/N</u>		<u>3</u> ✓	<u>2364</u>		<u>01</u> ✓	Suction Catheter <u>84</u>		<u>01</u> ✓
HME filter : A/P/N			<u>2762</u>		<u>01</u> ✓	Feeding Tube		
Syringes : 10 cc		<u>4</u> ✓				Vacuum Suction Set		<u>01</u> ✓
05 cc		<u>4</u> ✓	Gloves <u>71642</u>		<u>02</u> ✓	Surgical Gloves <u>642</u>		<u>02</u> ✓
02 cc		<u>4</u> ✓				Gauze Pack <u>2</u>		<u>01</u> ✓
01 cc			<u>PF 7</u>		<u>01</u> ✓	Syringe 1ml / 2ml		<u>02</u> ✓
Cautery plate : <u>A/P/N</u>		<u>1</u> ✓	Surgical blade <u>22</u>		<u>01</u> ✓	Surgical Blade # 20		<u>01</u> ✓
IV set			NG tube			Koochies (S)		<u>01</u> ✓
RL		<u>3</u> ✓	Cautery pencil		<u>01</u> ✓	Under Pad		<u>01</u> ✓
NS : 10ml <u>100ml / 500ml / 1000ml</u>		<u>1</u> ✓	Koochies <u>XL</u>		<u>01</u> ✓	<u>02 mark (A)</u>		<u>01</u> ✓
<u>Minispike</u>			Ointments			<u>0697055</u>		
<u>Glove 6/12</u>			Suction Catheter					
Fentanyl		<u>1</u> ✓	Cap, Mask		<u>01</u> ✓			
Morphine			Gauze Pack <u>R</u>		<u>01</u> ✓	<u>Frenke</u>		<u>0</u> ✓
Ketamine			Mop Pack		<u>02</u> ✓	<u>Sphidrin</u>		<u>1</u> ✓
Propofol			Steristrip <u>sterizap</u>		<u>01</u> ✓	<u>Methergin</u>		<u>1</u> ✓
Rocuronium			Underpad		<u>01</u> ✓			
Glycopyrolate		<u>1</u> ✓	Draw sheet <u>ouicante</u>		<u>01</u> ✓			
Myopyrolate			Abgel		<u>01</u> ✓			
Ondansetron		<u>1</u> ✓	Foleys catheter					
Pencan <u>25g</u> Spinal Needle 22		<u>1</u> ✓	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% ( <u>Heavy</u> )		<u>1</u> ✓	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>1</u> ✓	Vacuum Suction set		<u>01</u> ✓			
Justin : 12.5 mg / 25mg / 100mg		<u>1</u> ✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>2</u> ✓	Betadine Solution		<u>02</u> ✓			
<u>Oxytocin</u>		<u>3</u> ✓	Microshield		<u>01</u> ✓			
<u>Gauze</u>		<u>1</u> ✓	Cotton Balls		<u>01</u> ✓			
<u>Atropine</u>		<u>1</u> ✓	Latex Gloves		<u>20</u> ✓			
<u>Adrenaline</u>		<u>1</u> ✓	Ramdione Scrub					
<u>Lox 21-</u>		<u>1</u> ✓	Saral <u>D/A</u>		<u>03</u> ✓			

Surgeon \_\_\_\_\_ Anaesthesiologist \_\_\_\_\_ Nurse \_\_\_\_\_ OT Technician 133

Order No. : 9637950 Ordered by : \_\_\_\_\_

**ADMISSION SHEET**



**Registration Details :**

Admission No : IP5-00174571      Admit Date : 31-May-2026      Admit Time : 07:11 PM      UHID : BAH-00576329

**Patient Details :**

Patient Name	: Mrs NIKHATH SHIREEN	Age	: 35 Y 6 M 16 D
Guardian	: Mr SYED AHMEDULLAH KHAN	DOB	: 15-11-1990
Gender	: Female	Religion	: Muslim
Occupation	:	Martial Status	: Married
Address (H)	: 23-1-99/1 TO 5 ROYAL PLAZA CHOWK MAIDA KHAN Charminar Hyderabad Telangana INDIA 400059	Phone No	: 9100492766/ 9701213110
		E-mail	: na123@gmail.com <i>YASHIKA03@gmail.com</i>

**Admission Details :**

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

**Contact Details :**

Name : Mr SYED AHMEDULLAH KHAN      Relationship : Husband  
 Contact Address : 23-1-99/1 TO 5 ROYAL PLAZA CHOWK MAIDA KHAN Charminar Hyderabad Telangana INDIA 400059      Phone No : 9100492766

*[Handwritten Signature]*  
 Signature

**Doctor Details :**

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

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
 Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_ BAH-00576329 IP5-00174571  
 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 16 D (F)  
 Dr. KIRTI REDDY PATLOLLA  
 UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ 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
2/1/26	9:40A	OBS	OT	Purni
2/1/26	11:30A	OT	OBS	Purni
1/06.	4:45pm	OBS	Room 806	Shanali

### Cross Consultation Visit

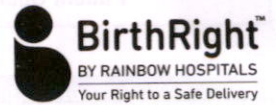
	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma (PT)	2/6/26	96.39843	Durga
2				
3				
4				
5				
6				
7				
8				
9				
10				







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# IP ADMISSION SHEET - JR OBSTETRICS

## Presenting Complaints

for IOL

LMP: 28/8/25 EDD:  
 Corrected EDD: 1/6/26 GA: 39<sup>W6</sup>

## Obstetric Formula:

G2A1

Menstrual History: Regular:  Yes  No

## Obstetric History:

G1 - 2025, May, spontaneous miscarriage @ 6 wks  
 NO MRRR/SRRR

## Obstetric Examination

Fundal Height: Term  
 Ut. Activity:  Relaxed  Mild  Mod  Severe

## Present Pregnancy Record:

G2 - present pregnancy, IVF conception

Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifts Palpable: STX

## RISK FACTORS:

Booked @ 19<sup>th</sup> wks.

FHS:  Normal  Tachy  Brady  Absent

- IVF conception - 4<sup>th</sup> cycle.
- GDM on diet: 26<sup>th</sup> wks.

## Per Speculum Examination

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

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced  
 Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Height: 152 cm

Weight: 67.3 kg

Allergies: NICDA

Breast:  Normal  Abnormal

Membranes:  Present  Absent

General Examination: fwi

Liquor:  Clear  Meconium  Blood Stained

Consciousness: Yes Pallor: absent

Presenting Part:  Vertex  Breech  Others

Icterus: absent Edema: absent

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

Temp: afebrile PR: 100 bpm

Pelvis:  Adequate  Doubtful

BP: 101/70 mmHg DTR: Normal

CVS: S1, S2 @ RS BLENDERS

Liver/Spleen: Not palpable Urine Output: Normal, SPA - 99% on RD

## DIAGNOSIS

G2A1 | 39<sup>W6</sup> wks | IVF conception | GDM on diet for IOL.



<p>Family History:</p> <p>Father Thyroid</p>	<p>Surgical History:</p> <p>Hysterectomy - 2022, 2025          ERA - 2025</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>see Medical          consultation          form</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- vitals q4hly</li> <li>- NST now flb 3rdly</li> <li>- Send CBP @ trace.</li> <li>- Consents for 10L vaginal birth</li> <li>- 10L c Foley's bulb + tab. P<sub>1</sub> &amp; 2ndly</li> <li>- W/F progression of labour.</li> <li>- pain relief RPR.</li> <li>- Stat GRBS → 9am/11am</li> </ul>	<p>Investigations:</p> <p>0 positive</p> <p>25/2/26          Hb-11g/dl, Ht-2.23L.          vitals - NR.</p> <p>11/5          - 36<sup>+</sup> cephalic 2937 gm,          UAF, Ae- 32c. AFI- 18-30cm,          placenta - Anterior high.          dopplers - (N).</p> <p>- TIFPA (N).</p> <p>27/2          renal &amp; DEXA (N)</p> <p>NI scan (N), FTS -          low risk</p>

Doctor Name: Dr. Samena  
 Signature: [Signature]  
 Date & Time: 21/5/26 @ 7pm

Consultant Name: Dr. Kirti Reddy  
 Signature: [Signature]  
 Date & Time: 1/6/26, 2 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9am	A comfortable	
NST - Reactive	<p>O/E ac-fair,            vitab-stable            P/A uterus            Relaxed            FHR ⊕            s/su palpable            P/R - cx long, occluded            posterior            station high up.</p>	<p>Adv            - w/f progression            of labour            - NST - goodly            - vitab uterine            - Trace CBP            - Inform us</p>
	<p>↓ acute precaution            Foley's catheter            inserted into            cervically &amp; bulb            inflated w 30CC Distilled water</p>	<p><i>[Signature]</i>            Dr. Sameer</p> <hr/> <p>Noted by Mr. Yanna (01268)</p>
1/6/26 12pm	A comfortable	
CBP → 11.9 / 8240 / 2.33L NST - Reactive	<p>O/E ac-fair            vitab-stable            P/A uterine            FHR ⊕</p>	<p>Adv            - Tab. PGE<sub>2</sub> 40mg            PO now            - w/f PDL            - CTG goodly            - Inform us</p>
		<p><i>[Signature]</i>            Dr. Sameer</p>

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/20	c/s/b Dr. Kirti	
3AM	<p>Pt and husband were counselled regarding the present condition need for continuation of IOL, Augmentation</p> <p>Pt refused for continuation of IOL, wants to go ahead c/s/b</p>	
		<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Remove Foley's bulb</li> <li>- WBM.</li> <li>- PAO</li> <li>- Pre-op medication</li> <li>- NST 2ndhly</li> <li>- vitals 15min</li> <li>- Surpm 100</li> <li>- USG after 9am</li> </ul>
	<p>noted by Dr. Yanner</p>	<p><i>[Signature]</i>          Dr. Kirti</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 7:15 AM	<p>Q2A1   20140208   IVF concept   GDM on diet</p> <p>o/e ac-faui apbnti DR-Subp BP-112/80mmHg P/A - uterus relaxed FHR ⊕</p>	<p>Adv - NBM - IV fluids - @ 12ml/hr - drugs as per charted</p>
	<p>noted by S. Yamina (018268)</p>	<p>- of PAC - Foley's catheterization - Pre op medication - shift to OT on call FHo: failed intubation. Dr. Yamina</p>
1/6/26 11:30 AM	<p>POD-0 / P14A,   EMBUS   GDM on diet</p> <p>G.C: fair B.P: 105/65 P.R: 88 SPO<sub>2</sub>: 100% on RA P/A: Uterus retracted well soft, P/W: NAB Send CBP @ 6 AM</p>	<p>1) NBM. for 4-6 hrs 2) F/W fluids 100ml/hr 3) FHo charting 4) Monitor vitals - 4 hr 5) Drug as charting 6) W/H PW Bleeding of Tufem 60s</p>

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	POD-0 / P/L, A/L / Em-lscu / Com on diet	
1:00 PM	Pt comfortable	
Baby well	O/E Gc fair BP- 106/65 mmHg PR- 86 BPM SpO2- 98% RA	Adv 1) NBM till 5:30 pm 2) LUF NS/PL @ 200ml/hr 3) I/O charting 4) monitor vitals every 1/2 hrs 5) w/f active bleeding 6) Drugs as charted 7) Inform Sr
UG - (Clear)	PLA - uterus retracting well L/E - Bleeding within normal limits.	
1/6/26	POD-0 / P/L, A/L / Em-lscu / Com on diet.	
3:00 PM	Pt comfortable.	
Baby - well	O/E Gc fair BP- 102/68 mmHg PR- 82 BPM SpO2- 98% RA	Adv 1) NBM till 5:30 pm 2) sips of water. 3) W/F R/LFF 4) I/O charting 5) w/f active bleeding 6) Drugs as charted 7) Inform Sr
120ml emptied @ 2:30 PM (from 11:30 AM)	PLA - uterus retracting well L/E - Bleeding within normal limits.	8) soft Diet from 7:00 PM.
2:30: to 3:20: Some (High coloured)		
Shift to room	keys removal at 6 AM on 2/6/26	
		Noted by <i>[Signature]</i> 2/6/26 @ 8 AM

*[Signature]*  
 Dr. Divya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	POD-0	
7:45 AM	PT is stable	
	no c/o	
	tolerating feeds	Adm
	o/c - Fev	① Soft diet
	BP - 120/70 [86]	② Drops as charted
	PR - 76 bpm	③ Monitor vitals & Fe - with by
	SpO <sub>2</sub> - 100% on R <sub>2</sub>	④ Hydration
	P/A - Ut well retracted	⑤ w/ bloody plw
	U/C - BUNL	⑥ Foley mount @ 6 AM 4/6/26
	U/O - would be clean	⑦ CBP tomorrow 2/6/26 @ 6 AM
2/6/26	- POD-1	Noted by Yareed @ 606777
9:30 AM	- PT is stable	Adm
	- no c/o	① Soft diet
	- Vitals stable	② Hydration as charted
UV	- P/A - Ut well	③ Drops as charted
	U/C - BUNL	④ Monitor vitals & Fe
		⑤ w/ bloody plw

Hb = 10.5  
 Tc = 12.4%  
 AT = 1.7L



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
8:10pm	Pt comfortable	Adv
	O/E Gc fair	- soft diet, plenty
	vitals - stable	of oral fluids
	P/A uterus	- drugs as per cha
	retraced well	vitals only
	1/3 - lochia	- w/f active
Baby well	healthy	Bleeding IV
		- Ambulate
		- Inform JCS
		noted by dr. Durga
3/6/26	POD-2/	
9:10am	Pt comfortable	Adv
	O/E Gc fair	1) soft diet
	vitals stable	2) Hydration & ambulation
VV	P/A - ut @ well	3) vitals & th hely
fv	1/3 - Lochia healthy	4) w/f active bleeding
sv		5) Drugs as charted
Baby well		6) Inform JCS
SIF } done		
DIC } done		DVT
plan discharge		no DVT



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKDA .....  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. LIVOGEM		PO	OD	30/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab. SHELLCAL	strong	PO	OD	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Tab. TAYO	60K	PO	as needed	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Anurupa .....

Date & Time : ..... 31/5/26 @ 7pm .....

Nurse Name & Signature: ..... Yamuna .....

Date & Time : ..... 31.05.26 @ 8pm .....

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# DRUG CHART

Date of Admission: 31.5.26 Drug Allergies: Nil/CPA  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)

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

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

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

nature  
VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight 67 Ward B/C



<b>DRUG :</b> <u>Ty CEFOTAXIME</u>				Date Time	<u>1/6</u>	<u>2/6</u>				
Dose	Route	Frequency	Start Date							
<u>1gm</u>	<u>Ih</u>	<u>BD</u>	<u>1/6/21</u>	<u>9am</u>	<u>✓</u>	<u>12pm</u>	<u>✓</u>			
Name & Signature of the Doctor Starting the Drugs: <u>Dr Sravanti</u>										
Additional Instructions: <u>x2 1ml i/h oral</u>				<u>9am</u>	<u>12pm</u>	<u>3pm</u>	<u>6pm</u>			
<b>Daily Doctor's Endorsement by a Sign</b>				<u>Srb</u>	<u>Srb</u>					
<b>DRUG :</b> <u>T PARACETAMOL</u>				Date Time	<u>1/6</u>	<u>2/6</u>	<u>3/6</u>			
Dose	Route	Frequency	Start Date							
<u>1gm</u>	<u>PO</u>	<u>QTD</u>	<u>1/6/21</u>	<u>12pm</u>	<u>✓</u>	<u>6am</u>	<u>✓</u>	<u>12pm</u>	<u>✓</u>	<u>6pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr Aditi N Aditi</u>										
Additional Instructions: <u>Start at 12</u>				<u>12pm</u>	<u>6pm</u>					
<b>Daily Doctor's Endorsement by a Sign</b>										
<b>DRUG :</b> <u>T DICLOFENAC</u>				Date Time	<u>1/6</u>	<u>2/6</u>	<u>3/6</u>			
Dose	Route	Frequency	Start Date							
<u>50mg</u>	<u>PO</u>	<u>TID</u>	<u>1/6/21</u>	<u>7am</u>	<u>✓</u>	<u>3pm</u>	<u>✓</u>			
Name & Signature of the Doctor Starting the Drugs: <u>Dr Aditi N Aditi</u>										
Additional Instructions: <u>Start at 9pm</u>				<u>11pm</u>						
<b>Daily Doctor's Endorsement by a Sign</b>										
<b>DRUG :</b> <u>T. TRAMADOL</u>				Date Time	<u>2/6</u>	<u>3/6</u>				
Dose	Route	Frequency	Start Date							
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>1/6/21</u>	<u>11am</u>	<u>✓</u>	<u>9am</u>	<u>✓</u>			
Name & Signature of the Doctor Starting the Drugs: <u>Dr Aditi N Aditi</u>										
Additional Instructions: <u>Start at 4 PM</u>				<u>5pm</u>						
<b>Daily Doctor's Endorsement by a Sign</b>										

BAH-00576329 IP5-00174571  
 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 17 D (F)  
 Dr. KIRTI REDDY PATLOLLA

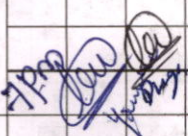
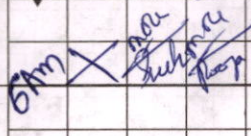
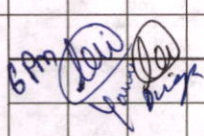
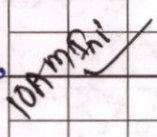
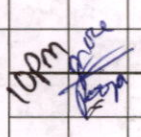


Sheet no. ....

**REGULAR PRESCRIPTIONS**

Weight 67

Ward SIC

<b>DRUG :</b> <u>Fuj. Clezane</u>				Date/Time	<u>1/6</u>	<u>2/6</u>																
Dose	Route	Frequency	Start Dt.																			
<u>40</u>	<u>s/c</u>	<u>O.D</u>	<u>1/6/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				<u>at 7pm after checking bleedng PLW</u>																		
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b> <u>T. PANTOPRAZOLE</u>				Date/Time	<u>1/6</u>	<u>2/6</u>	<u>2/6</u>															
Dose	Route	Frequency	Start Dt.																			
<u>40mg</u>	<u>plb</u>	<u>BD</u>	<u>1/6/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b> <u>T. CEFIXIME</u>				Date/Time	<u>2/6</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>2/6/20</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
<b>DRUG :</b>				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: Signature

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

Signature  
Name



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
8/5/26	9:25pm	Inj CEFOTAXIM	1gm	IV	[Signature]	Yamuna Swayna
31-5-26	8pm	Tab. PGE1	25meg	PO	[Signature]	Yamuna Nandini
31/5/26	11pm	Tab. PGE1	25meg	PO	[Signature]	Yamuna Swayna
1/6/26	8AM.	Tab. PGE1	25meg	PO	[Signature]	- not given
1/6	8:30 AM	Inj CEFOTAXIM	1gm	IV	[Signature]	Tunaf Shabana
1/6	8:35 AM	Inj PANTOP	40mg	IV	[Signature]	Tunaf Shabana
1/6	8:40 AM	Inj PERINDOM	any	IV	[Signature]	Tunaf Shabana.
1/6	11:25 AM	TRAMADOL SUPPOSITORY	100mg	PR	[Signature]	Tunaf Laxmi
1/6	11:25 AM	OZLOKENT SUPPOSITORY	100mg	PR	[Signature]	Tunaf Laxmi

4/6 11:25 am T. PGE1 400mg PR Page: 3/4 Tunaf (P.T.O) Laxmi

Signature

VERIFIED BY - Name

9:30 PM  
8:00 P  
12:00 AM

I.V. FLUIDS CHART

Weight..... 67 Ward..... BIC



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
01/6/26	3:00 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	Yamini Swarna	1/6/26	[Signature]	Yamini Swarna
01/6/26	6:00 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	Yamini Nandini	1/6	[Signature]	Tunna Yamini
1/6/26	9:00 AM	RINGER LACTATE	IV	100ml/hr		Tunna Yamini	1/6	[Signature]	Tunna Yamini
1/6/26	10:20	RINGER LACTATE + 6 UNITS OXYTOCIN.	IV	FF	[Signature]	Tunna Yamini	1/6	[Signature]	Tunna Yamini
1/6/26	10:40	RINGER LACTATE 9 UNITS OXYTOCIN	IV	FF	[Signature]	Tunna Yamini		[Signature]	Tunna Yamini
1/6/26	50. 1:15 PM	RINGER LACTATE	IV	100ml/hr	[Signature]	Tunna Yamini			
1/6/26		RINGER LACTATE	IV	FF	[Signature]	Suchi			Suchi
		RINGER LACTATE	IV	FF	[Signature]	Suchi			Suchi
		RINGER LACTATE	IV	FF	[Signature]	Suchi			Suchi

Signature  
VERIFIED BY: Name



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 Mrs NIKHATH SHIREEN  
 5-11-1990 35 Y 6 M 16 D (F)  
 Dr. KIRTI REDDY PATLOLLA



## RESULT SHEET

Date	31/05/20				
Time	8.57pm.				
Hb	11.9				
PCV	34.2				
RBC	3.62				
WBC	8.24				
N/L	70.0   10.4				
Platelets	2.33L				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	OTve					
virals	NR.					

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

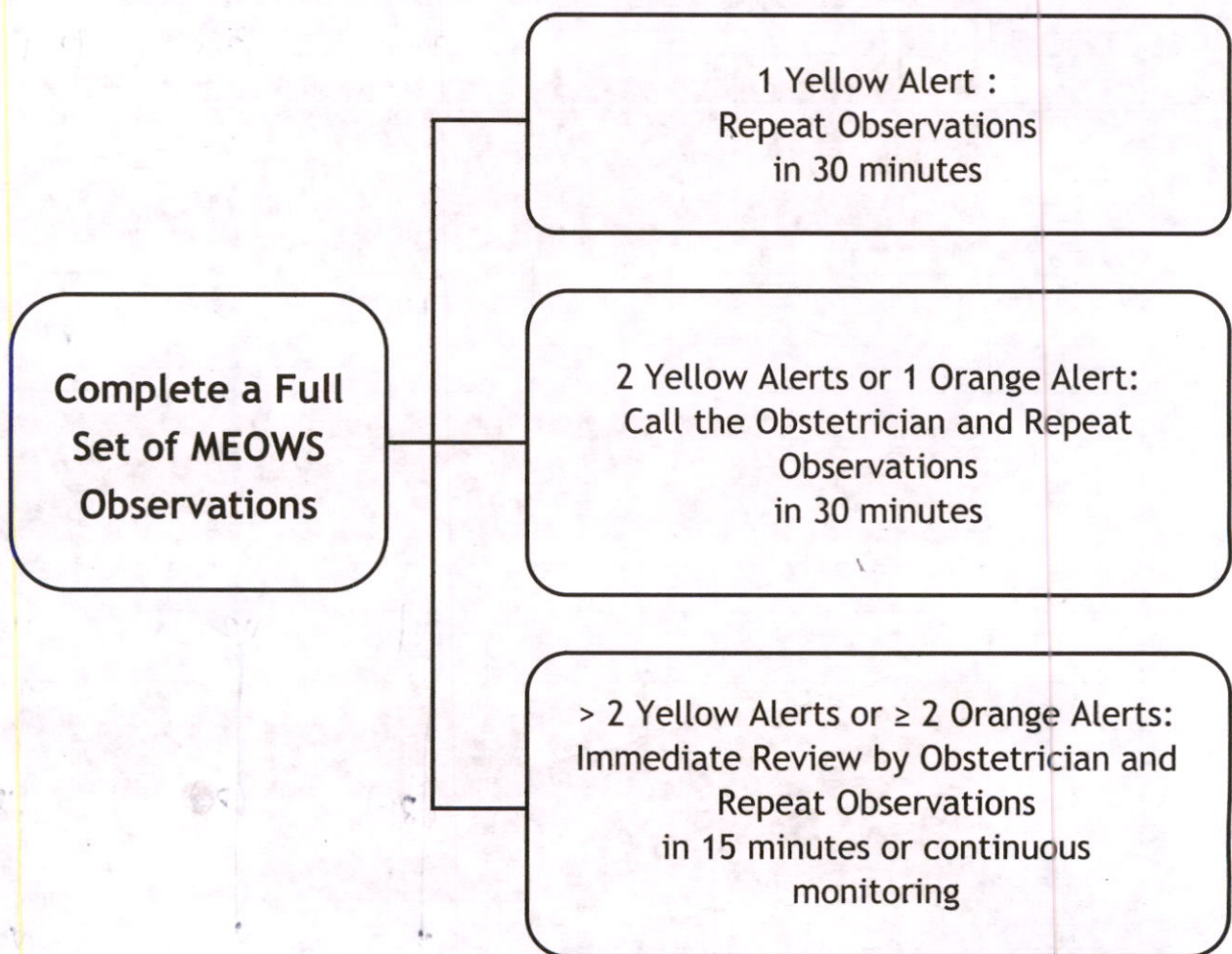
                  CT : .....

                  MRI : .....

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



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

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 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 16 D (F)  
 Dr. KIRTI REDDY PATLOLLA

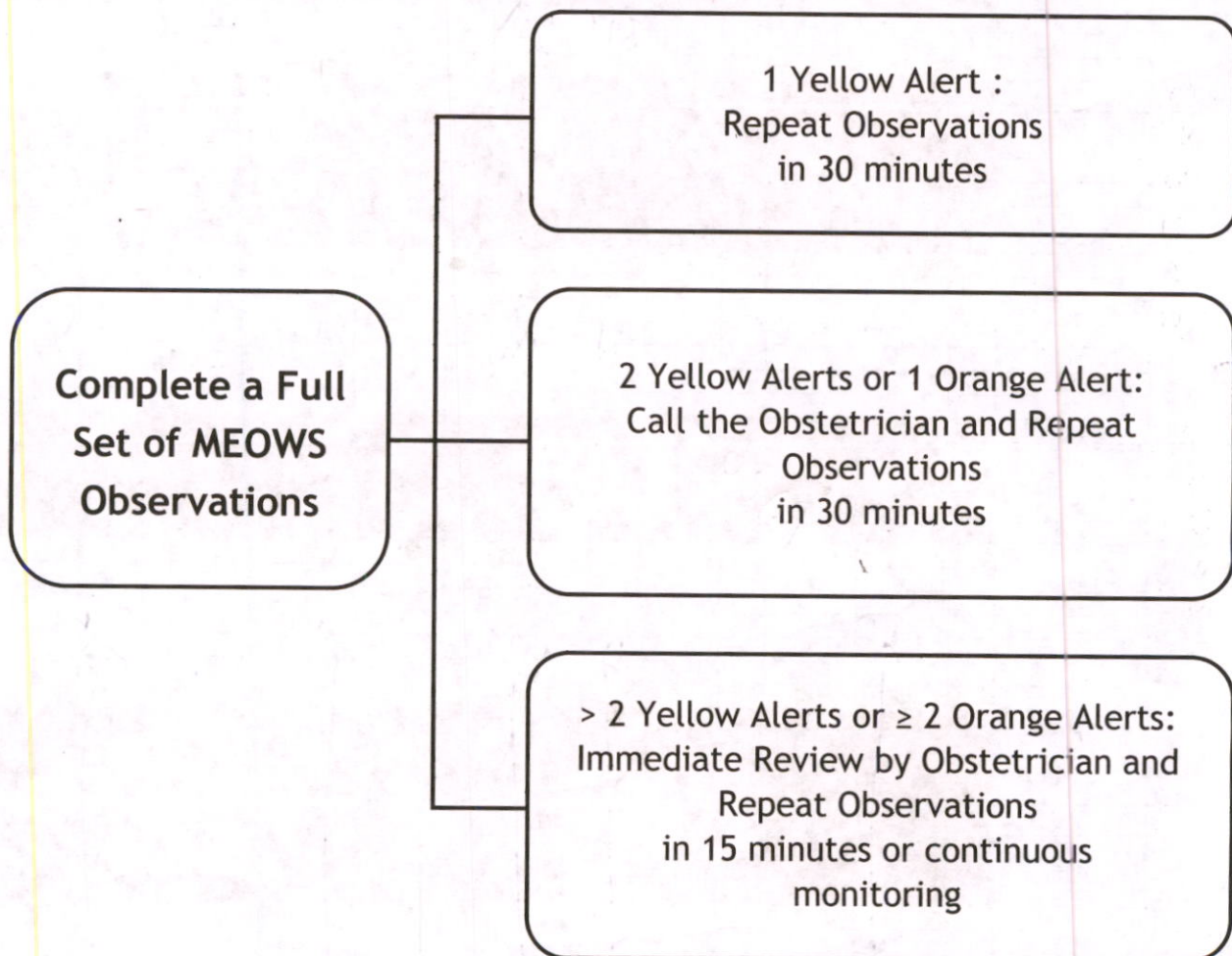


## Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20			19					20	20					20					19				20	
	0 - 10																								
Saturations	94 - 100 %			98%				99	97					98%					98%				99%		
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36								36°C	36°C					36°C					36°C				36°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			80					81	81					81					79				81	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert																							
		Voice																							
		Pain																							
Unresponsive																									
URINE ms / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES				0				0	0					0					0				0		
TOTAL ORANGE SCORES																									
Nurse Initial				Sum				Sum	Sum					Sum					Sum				Sum		

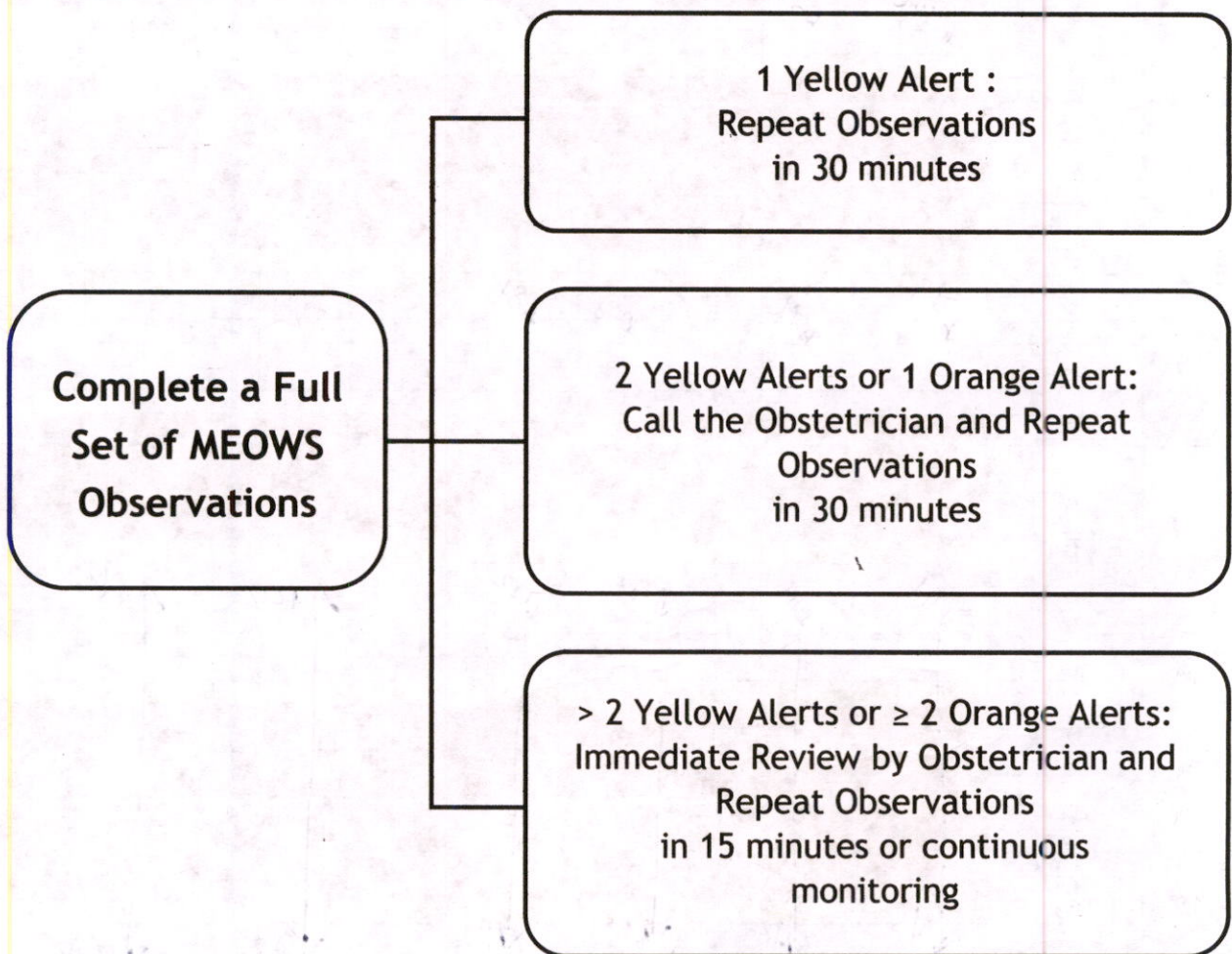
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

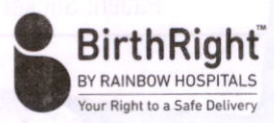


## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

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 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 16 D (F)  
 Dr. KIRTI REDDY PATLOLLA



# FLUID CHART

Sheet No. : ..... 1

- All measurements in ml.
- 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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm	H <sub>2</sub> O 100ml									0		
	09:00 pm										0		
	10:00 pm										0		
	11:00 pm	H <sub>2</sub> O 200ml									0		
	12:00 am										0		
	01:00 am										0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> 0-24-0							
	02:00 am										0		
	03:00 am	H <sub>2</sub> O 150ml									0		
	04:00 am										0		
	05:00 am	NBM									0		
	06:00 am	NBM									0		
	07:00 am	NBM									0		
<b>Total Intake :</b> Taken						<b>Total Output :</b> 0-14-							

**Total 24 hrs. Intake** Taken

**Total 24 hrs. Output** passed 0-14-

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 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 16 D (F)  
 Dr. KIRTI REDDY PATLOLLA



# FLUID CHART

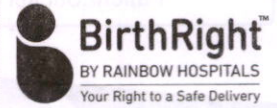


Sheet No. : ..... 2 .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6	08:00 am	RL	NBM	100ml					✓	0	Turn	
	09:00 am	RL	NBM	100ml						0	Turn	
	10:00 am	RL	NBM	100ml						0	Turn	
	11:00 am	RL	NBM	100ml					100ml	0	Turn	
	12:00 pm	RL	NBM	100ml						0	Turn	
	01:00 pm		NBM								0	Turn
<b>Total Intake :</b>			NBM			<b>Total Output :</b>					U - 100ml, M - 0	
1/6	02:00 pm	RL	NBM	300ml					100ml	0	Shah	
	03:00 pm	RL	NBM	300ml					50ml	0	Bly	
	04:00 pm	RL	5% PSB water	150ml					50ml	0	Sh	
	05:00 pm	RL		15ml					100ml	0		
	06:00 pm	RL	H <sub>2</sub> O	15ml					100ml	0		
	07:00 pm	RL		15ml						0		
<b>Total Intake :</b>						<b>Total Output :</b>					800ml, no	
	08:00 pm	RL		100ml						0	Sueh	
	09:00 pm	RL	H <sub>2</sub> O	100ml					50ml	0	Sueh	
	10:00 pm	RL		100ml						0	Sueh	
	11:00 pm	RL	H <sub>2</sub> O	100ml					100ml	0	Sueh	
	12:00 am	RL		100ml						0	Sueh	
	01:00 am		H <sub>2</sub> O						200ml	0	Sueh	
<b>Total Intake :</b>						<b>Total Output :</b>					M-0, U-350	
	02:00 am	RL		100ml						0	Sueh	
	03:00 am	RL	H <sub>2</sub> O							0	Sueh	
	04:00 am	RL		100ml						0	Sueh	
	05:00 am	RL	H <sub>2</sub> O							0	Sueh	
	06:00 am	RL		100ml					100ml	0	Sueh	
	07:00 am	RL	H <sub>2</sub> O		100ml						0	Sueh
<b>Total Intake :</b>						<b>Total Output :</b>					M-0, U-100ml	
<b>Total 24 hrs. Intake</b>		1950ml										
<b>Total 24 hrs. Output</b>		M-0, U-950ml										

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 15-11-1990 35 Y 6 M 17 D (F)  
 Dr. KIRTI REDDY PATLOLLA



# FLUID CHART

Sheet No. : 266

- All measurements in ml.
- 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 Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm	H <sub>2</sub> O									0	Durga		
	03:00 pm										0	Durga		
	04:00 pm	H <sub>2</sub> O									0	Durga		
	05:00 pm								✓		0	Durga		
	06:00 pm	H <sub>2</sub> O									0	Durga		
	07:00 pm										0	Durga		
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-0								
	08:00 pm										0	Pooja		
	09:00 pm										0	Pooja		
	10:00 pm	H <sub>2</sub> O									0	Pooja		
	11:00 pm								✓		0	Pooja		
	12:00 am										0	Pooja		
	01:00 am								✓		0	Pooja		
<b>Total Intake :</b>						<b>Total Output :</b> U-2 M-0								
	02:00 am	H <sub>2</sub> O									0	Pooja		
	03:00 am										0	Pooja		
	04:00 am										0	Pooja		
	05:00 am	H <sub>2</sub> O									0	Pooja		
	06:00 am								✓		0	Pooja		
	07:00 am										0	Pooja		
<b>Total Intake :</b>						<b>Total Output :</b> U-1 M-0								

**Total 24 hrs. Intake**

**Total 24 hrs. Output** U-4 M-1

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 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 18 D (F)  
 Dr. KIRTI REDDY PATLOLLA



# FLUID CHART



Sheet No. : 9 3/6/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Kirti Reddy</u>	Date of Delivery: <u>11/06/26</u>
Assistant Surgeon: <u>Dr. Sravanthi / Dr. Saha</u>	Time of Delivery: <u>10:27 AM</u>
Anaesthetist's Name: <u>Dr. Aditi</u>	Gender of Baby: <u>male</u>
Type of Anaesthesia: <u>↓ Spinal</u>	Weight of Baby: <u>3.736</u>
Neonatologist: <u>Dr. Sai</u>	AGPAR Score: <u>9.16</u>
Scrub Nurse: <u>Sh. Lexmi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2A1 / 40 weeks / IVF Conception / GDM on diet for 10w

Elective  Emergency Indication: Failed Induction & Maternal request

Urgency

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

Decision time: ..... Knief to rectus: 2 Min.

CTG Description: .....

If there was a delay give the reasons: .....

Surgical Procedure: Emergency Lower segment cesarean section

Post Operative Diagnosis: POD-0 / P14A

Peri-Operative Complications: NIL

Amount of Blood Loss: 200ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

.....





**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 diabetesmellitus with nephropathy; sicklecell 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
<b>Obstetric Risk Factors</b>		
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 (? 24hours)	✓	1
PPH (?1litreortransfusion)	✓	1
+ 0 Preterm birth? 37 weeks in current pregnancy	✓	1
Still birth in current pregnancy	✓	1
<b>Transient Risk Factors</b>		
Any surgical procedure in pregnancy or puerperium except immediate repair of theperineum, e.g. appendicectomy, postpartum sterilization	✓	3
Hyperemesis	✓	3
OHSS (first trimester only)	✓	4
Current systemic infection	✓	1
Immobility, dehydration	✓	1
<b>Total</b>	<b>3</b>	

Signature of the Doctor: Qui Date: 1/6/26 Time: 11:20 am  
 Action Plan: Thromboprophylaxis 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-00576329 IPS-00174571  
Mrs NIKHATH SHIREEN  
15-11-1990 36 Y 6 M 17 D (F)  
Dr. KIRTI REDDY PATLOLLA

## POST-SURGICAL CARE PLAN FORM

Procedure Done: ..... Emergency lower segment cesarean section

Post-Surgical Diagnosis: ..... POD-0 / P.I.R.A.

Post-Operative Monitoring Parameters / Frequency:

Monitor vitals  $\times$  2 hrs

Wound Care:

- w/ a P/v bleeding

Drain / Special Lines / Catheters:

- Foley's  $\times$  24 hrs

Special Patient Positioning and Requirements:

- can move side to side in bed

Nutritional Instructions:

NBM for 4-6 hrs

When to Start Mobilization:

- after Removal of foley's

Special Referrals:

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. Kirri Reddy

Treating Surgeon  
(Signature & Stamp)

Date: 1/6/20 Time: 11:20 AM

Note: Plan of care will be readjusted if necessary.

BAH-00576329 IP5-00174571  
 Mrs NIKHATH SHIREEN  
 15-11-1990 35 Y 6 M 17 D (F)  
 Dr. KIRTI REDDY PATLOLLA



## BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 17/6/26

**To Be Filled In By Assigned Nurse :**

Department : OBG OT Duration of Procedure : 1 hour

Name of Surgeon : Dr. Kirti Date of Admission : 3/5/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic : Inj. Taxim 8:40am	Laxmi
2.	Hair Removal <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes : Surgical Clipper Department where Hair Removed : <input checked="" type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other : Skin preparation done (cleanse surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Laxmi
3.	Patient's body temperature immediately post operation (Recovery Room) _____ °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Axilla (Goal : 36-37 °C)	Laxmi
4.	Name of doctor or staff administering the antibiotic : Dr. Sunna Date & Time of antibiotic administration : 17/6/26, 8:40am Date & Time procedure started : 17/6/26, 10:10am	Laxmi

- 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

BAH-00576329 IP5-00174571  
Mrs NIKHATH SHIREEN  
15-11-1990 35 Y 6 M 18 D (F)  
Dr. KIRTI REDDY PATLOLLA



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# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 8:30am

Origin: Indian Height: 152cm Weight: 67.3kg's BMI: 29.1 kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: POP-O / Em. LSCS (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

Signature: [Signature]

Name: Nikhath Shireen

Date & Time: 2/6/26 Ep 8:30am

Dietician's

Signature: [Signature]

Name: NIKITHA

Date & Time: 2/6/26 Ep 8:30am



**Department of Anaesthesiology**  
**PRE-ANAESTHETIC EVALUATION**

Name: Mrs. NIKHATH SHIREEN Age: 35y Sex: Female UHID.No: BAH-00576329

Date: 01/06/26 Time: 7:25 AM Proposed Operation: ELECTIVE LSCS

Diagnosis: C<sub>2</sub>A<sub>1</sub>/A0NKH/ I.VF conception / GDM on diet

B.P / CRT: 112/78 H.R: 89/min Weight: 67.3kg ASA Physical Status:  1  2  3  4  5

3/5/26 withy

**Laboratory Data:**

Hgb: <u>11.9</u>	Glucose: <u>/</u>	Protein: <u>/</u>	HIV: <u>/</u>	X-Ray: <u>/</u>
PCV: <u>34.2</u>	Urea: <u>/</u>	Alb: <u>/</u>	HBS Ag: <u>YNR</u>	ECG: <u>/</u>
WBC: <u>8240</u>	Creat: <u>/</u>	Total Bill: <u>/</u>	HCV: <u>/</u>	2D Echo: <u>/</u>
Plate: <u>2.3 lakhs</u>	Na: <u>/</u>	Dir. Bill: <u>/</u>	Blood group: <u>O+ve</u>	Stress/Angio: <u>/</u>
PT: <u>/</u>	K: <u>/</u>	LDH: <u>/</u>	T3: <u>/</u>	Other: <u>/</u>
PTT: <u>/</u>	Ca++: <u>/</u>	Alk phos: <u>/</u>	T4: <u>/</u>	
INR: <u>/</u>	Mg++: <u>/</u>	Amylase: <u>/</u>	TSH: <u>/</u>	
	Cl-: <u>/</u>	SGOT/SGPT: <u>/</u>		

Allergies: NIL

**Medical History:** CVS: /  
 RESP: /  
 CNS: NIL SIGNIFICANT  
 Renal: /  
 Hepatic / GE: /  
 Others: Diabetes: GDM - 1<sup>st</sup> month on Diet  
Physical Activity: on T. ECOSPRIN 150mg

Past Anaesthetic History: 4) 0 Hysteroscopy 2022, 2025 } v/e Diet on (2/5/26)  
(ERA 2025)

**Physical Exam:**  
 Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N) Alignment

Lungs: BAC (+), Clear  
 Heart: S1S2 (+)  
 CNS: NAD

Pregnant:  Yes  No  NA Venous Access Site: Peripheral (+) Spine Exam for regional: /

Anaesthetic Plan:  MAC  REGIONAL  GA-ETT  LMA

Peri-Operative Plan Explained to the Patient:  Yes  No

CURRENT MEDICATIONS	DOSAGE
<u>T. Fe</u>	<u>OD</u>
<u>T. Ca</u>	<u>OD</u>

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

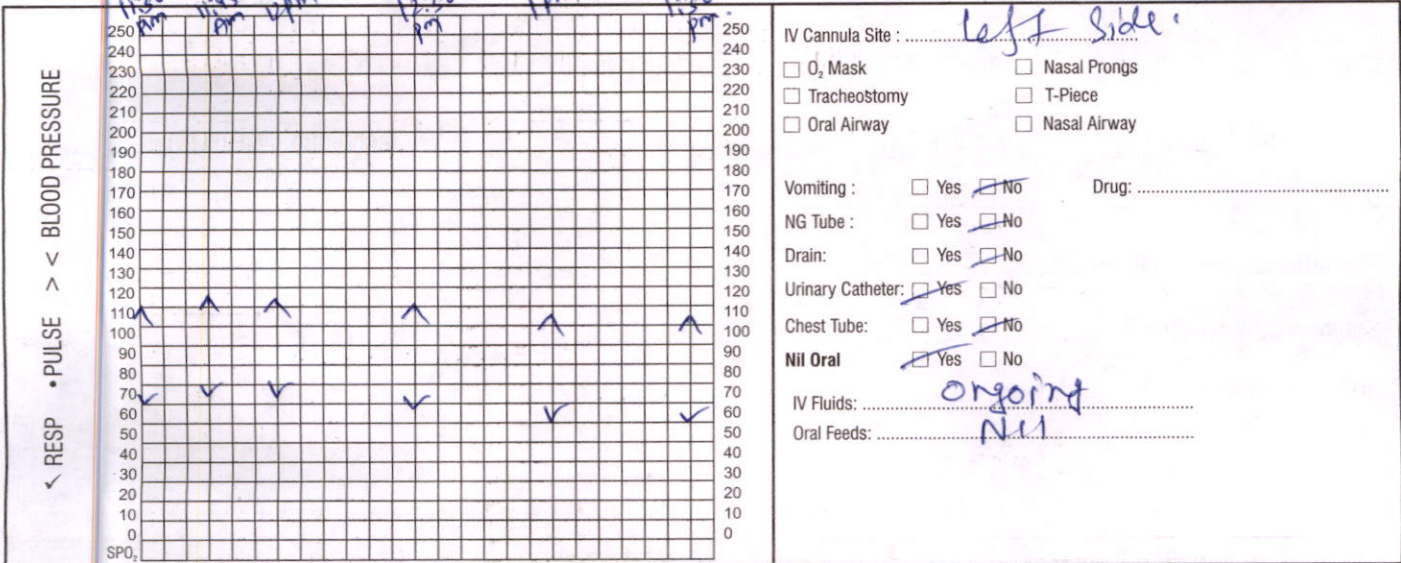
Signature: [Signature] Name: Dr. Sk. Aysha





**POST-ANAESTHESIA CARE UNIT RECORD**

Received in PACU by: Six Carms Time Received: 11:30 Am Time Discharged: .....



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	1	2	2		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 = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	2	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2	2		
<b>TOTAL</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>10</b>		

**PAIN ASSESSMENT AND MANAGEMENT FORM**

Date	Time	Pain Score	Intervention	Signature
1/6	11:30 Am	0	NA	Tunny
1/6	1:30 Am	0	NA	Tunny

Pain Tool Used:  N PASS  FLACC  Wong Baker  NPS

**Reassessment Frequency:**

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

Anaesthesiologist Name: Dr Adith N

Anaesthesiologist Signature: [Signature]

Date & Time: 1/6/26, 5 PM

PACU Nurse Name: Tunny

PACU Nurse Signature: [Signature]

Date & Time: 1/6/26 @ 11:30 Am

Transferred to Unit by (PACU): ony

Date & Time: 1/6/26 @

