

BAH-00475350
Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA

Mrs Y. SREE RAMYA (35 Y 5 M 1 D / F)
BA26066630032

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

BirthRight™
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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 3/7/26

Patient Name: Mrs Y. Sree Ramya Date of Birth: 2/2/1991 Age: 35 yrs

Gender: Female Ward: OBG OT UHID No.: BAH-00475350

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

Name of the Surgery : Elective LSC + Myomectomy LA

Time in : 9:15 AM

Time Out : 10:15 AM

NAME

AMOUNT

1. Surgeon : Dr. Sasikala Kola
2. Anaesthetist : Dr. Shobne
3. Assistant Surgeon : Dr. Maithri Reddy
4. OT Technician : Sr. Kulsum
5. Circulating Nurse : Sr. Rebees
6. Assistant Nurse : Sr. Seelatha

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9685962

Order by:

BAH-00475350 IP5-00175906
 Mrs Y. SREE RAMYA
 02-02-1991 35 Y 5 M 1 D (F)
 Dr. HIMABINDU VEERLA



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CONSUMABLES OF OT

3692

Clinician: Technician: Kulsum Date: 3/7 Time:

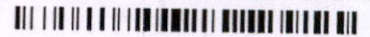
Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack <u>U4 drupe</u>		<u>01</u>		Inj Vit.K		<u>02</u>	
LMA				Sutures <u>2346</u>		<u>01</u>		Cord Clamp		<u>01</u>	
ECG leads: <u>A</u> P / N	<u>05</u>			<u>2346</u>		<u>01</u>		Suction Catheter	<u>6no</u>	<u>1</u>	
HME filter: A / P / N				<u>2364</u>		<u>01</u>		Feeding Tube			
Syringes: 10 cc				<u>2362 D/A 180cm</u>		<u>01</u>		Vaccum Suction Set		<u>1</u>	
05 cc	<u>04</u>			Gloves <u>6 1/2</u>		<u>03+2</u>		Surgical Gloves	<u>7+5</u>	<u>212</u>	
02 cc	<u>08</u>			<u>7</u>		<u>02+1</u>		Gauze Pack		<u>01</u>	
01 cc				<u>P.F 7</u>		<u>1</u>		Syringe 1ml / 2ml		<u>02</u>	
Cautery plate <u>A</u> / P / N	<u>01</u>			Surgical blade <u>NO 22</u>		<u>01</u>		Surgical Blade # <u>20</u> <u>22</u>		<u>01</u>	
IV set				NG tube				Koochies (S) <u>15</u>		<u>01</u>	
RL	<u>03</u>			Cautery pencil		<u>01</u>					
NS: 10ml / 100ml / 500ml / 1000ml	<u>00</u>			Koochies <u>Adult XL</u>		<u>01</u>					
<u>minispikes</u>	<u>01</u>			Ointments				<u>9686251 / 252</u>			
<u>6x2.5</u>	<u>00</u>			Suction Catheter							
Fentanyl	<u>01</u>			Cap, Mask		<u>10+10+10</u>					
Morphine				Gauze Pack <u>P/R</u>		<u>02</u>					
Ketamine				Mop Pack		<u>03</u>					
Propofol				Steristrip <u>Sterizone</u>		<u>01</u>					
Rocuronium				Underpad		<u>01</u>					
Glycopyrolate	<u>01</u>			Draw sheet <u>Quick</u>		<u>01</u>					
Myopyrolate				Abgel							
Ondansetron	<u>00</u>			Foleys catheter							
Pencan 25g/ Spinal Needle 22	<u>01</u>			Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.25%(Heavy)	<u>01</u>			Romodrain bag							
Antibiotics: <u>Gephedrine</u>	<u>01</u>			Bandage							
<u>glove 7/8</u>	<u>08</u>			Tegaderm							
Suppositories				Ioban							
Anamol: 80mg / 250mg / 170 mg				Double J Stent							
Supridol: 100mg	<u>01</u>			Vaccum Suction set		<u>01</u>					
Justin: 12.5 mg / 25mg / 100mg	<u>01</u>			Plastic Bed Sheet							
Tab. Misoprost: 200mg	<u>02+1</u>			Betadine Solution		<u>02</u>					
<u>Oxytoch</u>	<u>03</u>			Microshield		<u>00</u>					
<u>Carbitoch</u>	<u>01</u>			Cotton Balls		<u>01</u>					
<u>Calcium gluconate</u>	<u>01</u>			Latex Gloves		<u>20</u>					
<u>Transesol</u>	<u>02</u>			Ramdione Scrub							
<u>Gauze</u>	<u>00</u>			Saral							

Surgeon: Dr. Subale Anaesthesiologist: Dr. Subale

Order No.: 9686233 Ordered by: Dr. Subale Nurse: Dr. Subale OT Technician: Kulsum

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175906

Admit Date : 03-Jul-2026

Admit Time : 07:54 AM UHID : BAH-00475350

Patient Details :

Patient Name : Mrs Y. SREE RAMYA

Age : 35 Y 5 M 1 D

Guardian : Mr Y .KRISHNA CHAITANYA

DOB : 02-02-1991

Gender : Female

Religion :

Occupation :

Marital Status : Married

Address (H) : FLAT NO-401 BLOCK -3 MY HOME AVTHER
Manikonda Hyderabad Telangana INDIA
500089

Phone No : 8977665959/ 9885452340

E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : SHARED WARD

Bed No : SW 418

Ward Name : 4F-BIRTHING CENTRE

Room No : SW 418

Admission Type : First Visit

Contact Details :

Name : Mr Y .KRISHNA CHAITANYA

Relationship : Husband

Contact Address : FLAT NO-401 BLOCK -3 MY HOME AVTHER
Manikonda Hyderabad Telangana INDIA 500089

Phone No : 9885452340 / 8977665959

Signature

Doctor Details :

Doctor Name : Dr. SASIKALA KOLA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission : _____

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

BAH-00475350
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02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA

IP5-00175906



Consultant: _____ Dept: _____

Date of Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3-7-26	11:30 AM	OBS	OBG 107	Preema
3-7-26	12:30 PM	OBG 107	OBS	Preema
3/8/26	5:50 PM	OBS	Room (3M)	Canys

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuhena Sharma (PT)	4/7/26	9687825	Soel Laxini
2	Dr. Nivedita (TC)	5/7/26		Soubhami
3				
4				
5				
6				
7				
8				
9				
10				

[illegible][illegible]

11-27089

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3-7-26	IV Placement	1	9685555	Freema
3-7-26	PAC	1	9685554	Freema
3-7-26	Catheterisation	1	9685555	Freema

ANY OTHER INFORMATION

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.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

for elective UCS

Obstetric Formula:

Obstetric History:

G2A1.

G1- UCS, 2024, 0hr6 fibroid!
Male, 322kgs, A6 H

Present Pregnancy Record:

G2- present preg,
spontaneous conception

RISK FACTORS:

- GDM managed with insulin
- previous UCS
- Took IV Iron @ 27/2/24
- Gest. Hypothyroid
- Intra uterine fibroid - 53x31x 51mm.

Height: 167 cm

Weight: 90.60 kg

Allergies: NKDA

Breast: ☒ Normal ☐ Abnormal

General Examination: fair

Consciousness: yes

Icterus: absent

Temp: afebrile

BP:

CVS: S1S2

Liver/Spleen:

Pallor: absent

Edema: absent

PR:

DTR: normal

RS: BLUBBLED

Urine Output:

LMP:

14/9/25

EDD:

Corrected EDD:

12/7/26

GA:

38+5

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 Fifts Palpable:

4/5

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

- not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

- not done

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ☐ Dilated ☐

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G2A1 | 38+5 wks | prev UCS | GDM managed with insulin | Gest Hypothyroid |
fibroid complication pregnancy for Elective UCS ± Myomectomy



Family History: Mother - Thyroid, HTN Father - DM Maternal Grand father - HTN Paternal Grand father - DM.	Surgical History: UU - 2024
Medical History: Nil	Medication History: No medical reconciliation from
Plan of Care: - Admission - NBM - vitals hourly - NST now - Prepare path - PAC - Pre- op medications - Resume 20 PRBC - Shift to OT on call. - stat ARBS → 88	Investigations: ○ positive 26/6/26 CBP- 11.5 / 11.760 / 1.882 vitab - NR. 8/6/26 35th wk, cephalic. AFT 11.7cm, EFW - 2678gms, AC - 76 (G) CSB (1) (N) doppler - TFFPA - (N) - Ant wall contraindical fibroid - 53x31x11mm. in lower uterine segment. NT - (N), FTS low risk

Doctor Name: Dr. Saneene
Signature:
Date & Time: 3/7/26 @ 8AM.

Consultant Name: Dr. Sasikala K
Signature:
Date & Time: 9am 3/7/26

DEFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 11:40 AM.	POD-0 / EL-lcs + Myomechomy.	Get Hypothyroid.
Baby-well.	pt stable Gc-fcun	Adv
VO - 150ml (clear emptied)	BP-131/72(113)mm PR-73 BPM SpO2-100% RA P/A-ut @ well Plv-BWN.L	① NBM ② IUF @ 100ml/hr ③ Drugs as checked ④ Monitor Bp/PR/SpO2 every 30 min ⑤ I/O charting ⑥ cut active bleeding ⑦ Inform SUs ⑧ Monitor Drain output.
2 Romac drain (+) output - nil		Dr. Diga.
2pm		
2/7/26	POD-0	To consider
Baby well	Gc-fcun	Cure - after
drain - nil	afweri	drain hemoral
U/o adhamat	utals - normal	
	P/A: Ultras	Adv
	Retacted key	1. RBS-4th hourly
	P/u: bloody - normal	tit & normal
		readings
		2. PODU - PRS / PRS

Date & Time	Progress Notes	Doctor's Order
3/2/16 7:30 PM	POD-0 / EL-Lin + myomax	
B-well	GC: per Vitals: stable	1) Soft diet & plenty of oral fluid
Y: good	PLA: UT @ 0	2) Drug as charted
	Soft	3) Wt Plw Bleeding
	BS @	4) Ambulation
Empul pointed Diet - Mik	Plv: NAB	5) S/O chetix
GRBS-63 @ 6:30 PM	GRBS-4th EBS, PPBS - 5th Nov	6) D/O chetix
	Clexane to be	7) Monitor vitals - q4h
	Decide after Drained	8) Teach ses
		Dr Smuty
4/2/16 7:30 AM	POD-1 / EL-Lin + myomax	
	GDM on Insulin / G. hypotensid	
GRBS-81	GC: per Vitals: stable	1) Soft diet & plenty of oral fluid
Y: good	PLA: UT @ 0	2) Drug as charted
	Soft BS @	3) Wt Plw Bleeding
	Plv: NAB	4) Ambulation
Remove fotex	EBs, PPBS - 5th Nov	5) D/O chetix
	Drain - 4th	6) Cx - due Dr Smuty

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 2:00pm	POD-1 FL. Isy + my onehony pt comfortable	
	<u>O/E</u> Cetain	<u>Adv</u>
CV ✓ F ✓ Sx	Bp- (100/70/84) mm PR- 92 BPM SpO2 98% RA p/A- ut @ uce Dressing healthy LF- BWN	① Soft diet ② Hydration ③ Ambulation ④ Drugs as chd ⑤ wif aches bleeding ⑥ vitals 4th hour
on inj. form. Drain - 4ml		Dr. Drugs
5/7/2026 - 5/7/2026.		N.B. Southam
4/7/2026 8:30pm	<u>O/E</u> Cetain	<u>Adv</u>
CV ✓ F ✓ S ✓	Vitals stable p/A- ut @ uce p/v - BWN	① Soft diet ② Ambulation ③ Drugs as chd ④ wif aches bleeding ⑤ Inform sis
5/7/2026 - 5/7/26		Dr. Drugs
on inj. form		N.B. Southam
Drain 2 tubes removed @ 10:00pm		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 8:30 AM	POD-2 / EKG + myogram Brain removed Started on inj. Clonidine	
2M 1V S✓	off - Gc fair Vital stable PA - vt @ we Plr BWM PA soft Drum - weak	Adv ① Soft diet ② Hydration ③ Ambulation ④ Drugs checked ⑤ ulf after bleeding ⑥ In for lvs Dr. Divya
5/7/26 11:20 AM		Adv Dr. No medicals - No need of medicals - 8 to PRS, PPRS for 2 weeks - Review with physician Dr. Arun



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REAN SECTION OPERATIVE NOTES

Surgeon's Name: Dr. Sasi Kala Kola	Date of Delivery: 3/7/26
Assistant Surgeon: Dr. Maithri Reddy	Time of Delivery: 9.47 AM
Anaesthetist's Name: Dr. Shabne	Gender of Baby: male
Type of Anaesthesia: ↓ Spinal	Weight of Baby: 2.809 kg
Neonatologist: Dr. Lakshmi	AGPAR Score: 8, 8
Scrub Nurse: S. Sriatha	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: G₂P₁ at 38⁺ weeks E GDM on Insulin E fetal macrosomia

☒ Elective

☐ Emergency

Indication: previous LSCS E
previous myomectomy

Urgency

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

Decision time: Knife to rectus:

CTG Description: Active

If there was a delay give the reasons: No

Surgical Procedure: Elective LSCS + Myomectomy

Post Operative Diagnosis: LSC post-elective LSCS

Peri-Operative Complications: written in next page

Amount of Blood Loss: 700 ml

Blood Transfused (in ML): Nil

Name and Number of Surgical Specimen sent for examination:

multiple fibroids - HPC

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

Cervical Dilatation: cm

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☒ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☒ NoUrine: ☒ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse ☐ Midline ☐ Other *previous*Uterine Incision: ☒ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision *scar*Previous Scar: ☒ Intact ☐ Thinned out ☐ Ruptured ☐ No Scar *existed*Incision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☐ Manual ☒ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☐ Complete ☐ Incomplete ☐ PiecemealCord Appearance: *normal* Cord around the neck ☒ Yes ☐ NoAppearance of placenta: *normal* Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not Normal Sterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers *Ways No1* SuturePeritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None *Rapid Ways 2-0* SutureSheath Closure: *Ways No1* SutureFat Closure: ☒ Yes ☐ No *Rapid Ways 2-0* SutureSkin Closure: ☒ Subcuticular ☐ Mattress *Ways No1* SutureVaginal Evacuated ☒ Yes ☐ NoDrain: ☒ Yes ☒ No ☐ Remove in days ☒ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in *24 hours* days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☒ No

Post-Operative Notes:

*Intra-op findings (P) hemovac drain placed.**- 1 fibroid measuring 4x3cm in lower uterine segment at the left angle. Myomectomy done**- 2x2cm small fibroid arising close to fundus - excised**- 8x9 cm large fibroid arising from Rectus muscle on the right side. fibroid enucleated and myomectomy done**- 4x4 cm fibroid arising from the upper margin of Rectus sheath on the right side. excised**- all fibroid - degenerative changes. Allroid sent for HPE*Doctor Name: *Dr. Sankar* Doctor Signature: *h...* (Dr. MATHEW)Date & Time: *3/7/20, 2pm*



MEDICATION RECONCILIATION FORM

Drug Allergies: NICDA ☒ 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: KIA

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 THYRONORM	25mcg	PO	OD	3/7	☐ C ☒ DC
2	Tab THYRONORM	50mcg	PO	OD	28/6	☐ C ☒ DC
3	Tab GLYCOMET	500mg	PO	BD	2/7	☐ C ☒ DC
4	Ins HUMALOG	10-12-10	SLC	TID	2/7	☐ C ☒ DC
5	Ins TRESIBA	18U	SLC	OD	2/7	☐ C ☒ DC
6	Tab IRON		PO	OD	2/7	☐ C ☒ DC
7	Tab CALCIUM		PO	QD	4/7	☐ C ☒ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Suneeta A

Date & Time: 3/7/26 @ 9 AM

Nurse Name & Signature: Kavitha

Date & Time: 3/7/26 @ 8 AM



105

DRUG CHART

Date of Admission: 3/7/20 Drug Allergies: NKA ☒ 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)

[illegible][illegible][illegible]



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : T-PARACETAMOL				Date Time
Dose 1g	Route oral	Frequency 6hly	Start Date 3/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. S. S. B. N. R.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T-DICLOFENAC				Date Time
Dose 50mg	Route oral	Frequency 8hly	Start Date 3/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. S. S. B. N. R.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T-TRAMADOL				Date Time
Dose 100mg	Route oral	Frequency 8hly	Start Date 3/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. S. S. B. N. R.				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : CEFOTAXIME				Date Time
Dose 1gm	Route IV	Frequency BD	Start Date 3/7	
Name & Signature of the Doctor Starting the Drugs: Dr. (S. S. B. N. R.)				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

Weight Ward

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

DRUG : <u>PARACE TAMOL</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1gm</u>	<u>iv</u>	<u>TID</u>	<u>3/7</u>	<u>6am</u>	<u>5/7</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>DICLOFENAC</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>50mg</u>	<u>P/O</u>	<u>Bd</u>	<u>3/7</u>	<u>9am</u>	<u>5/7</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>PANTOP</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>40mg</u>	<u>P/O</u>	<u>Bd</u>	<u>3/7</u>	<u>9am</u>	<u>5/7</u>
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : INJ. CLEXANE				Date Time															
Dose 4ml	Route SC	Frequency OD	Start Dt. 5/6/16																
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Divya</i>																			
Additional Instructions: 9AM																			
Daily Doctor's Endorsement by a Sign																			

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

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

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

Signature

VERIFIED BY : Name



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7	7:55 Am	iv. CEFOTAXIM	1gm	iv	A	Anjali Radha
3/7	8:10 Am	iv. PANTOP	40mg	iv	A	Anjali Radha
3/7	8:11 Am	iv. PBRINDOM	10mg	iv	A	Anjali Radha
3/7/26	10:20 am	DICLOFENAC suppository	100mg	PR	SL	Lori Reba
3/7/26	10:20 am	TRAMADOL suppository	100mg	PR	SL	Lori Reba
3/7/26	10:10 am	Tr. TRANEXAMIC ACID	1g	w	SL	Lori Reba
3/7/26	10:30 pm	PARACETEMOL	1 gm	w	SL	Lori Reba



Weight. Ward.

[illegible]

Signature: _____

VERIFIED BY : Name



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
3/7/2026	8:05 AM	1, 2, 3, 4	Diagnosis, Treatment & Care plan, pain management, informed consent	PT	1	0	1	1		<i>[Signature]</i>
3/8/26	9 AM	3	Pain Management	PT	1	0	1	1		<i>[Signature]</i>
4/8/26	8 AM	9	lactation bite	PT	1	0	1	1		<i>[Signature]</i>

Part - III: CODES

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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

38+5wks / prev LSCS / Com on Insulin / Gest Hypothyroid / fibroid complicating pregnancy

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
3/7/26 8:00 AM	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☒ Per-Op ☐ Post Op	Com on Insulin Gest Hypothyroid fibroid complicating pregnancy	- 1 soft surgeon - 1 +	EL-LSCS + myomechomy	Dr. Sree Ramya	☐ Nursing ☐ Others:
3/7/26 12	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Patient have low a army	to reduce the fear & anxiety	to plan next	Same	☒ Medical ☐ Others:
4/7/26 6 AM	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	post-1/LSCS	soft diet	soft high protein diet	Logan	☐ Medical ☐ Nursing ☒ Others:
4/7/26 4 PM	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	Post LSCS	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☒ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

IP5-00175906

02-02-1991

35 Y 5 M 1 D

(F)

Dr. SASIKALA KOLA



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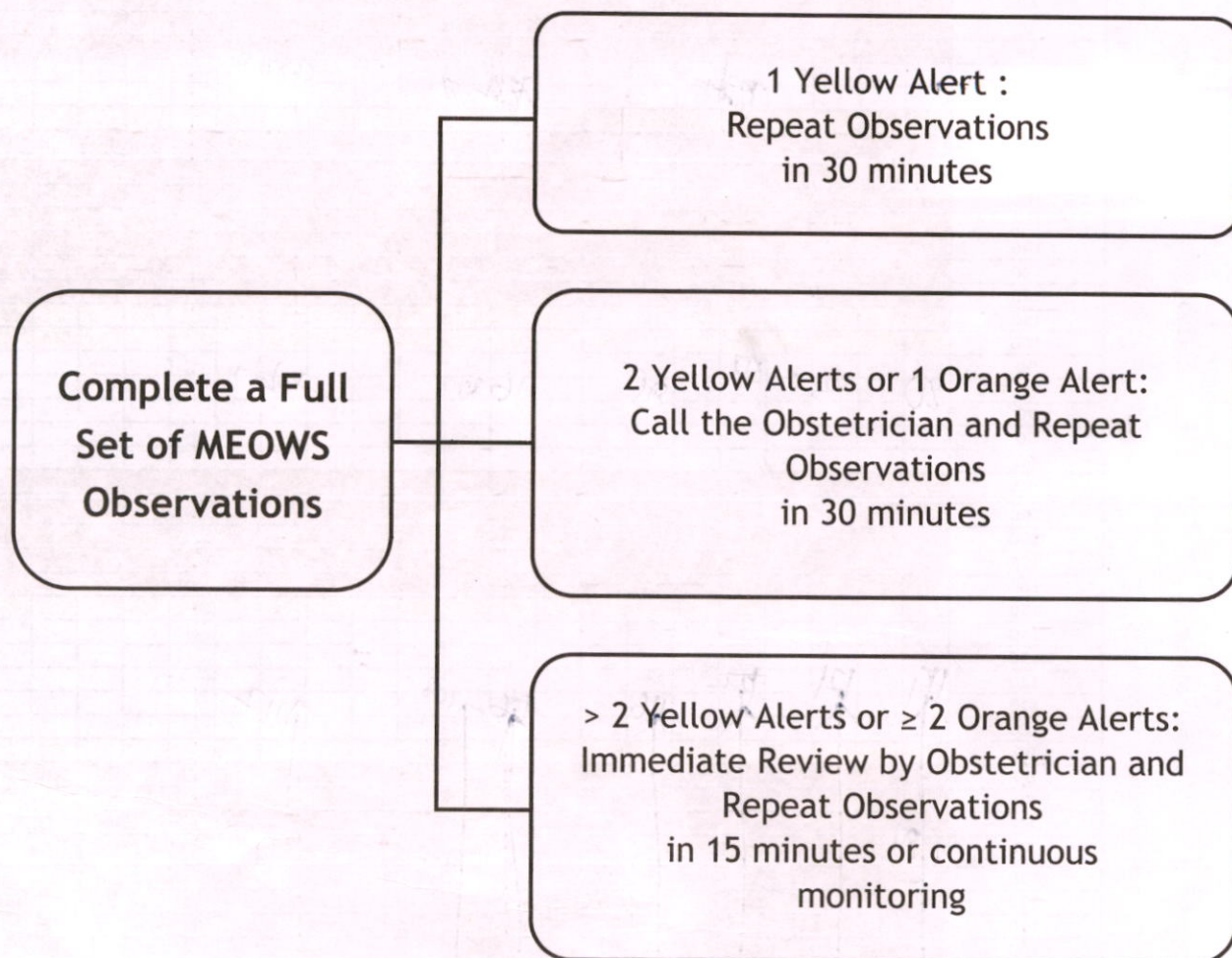
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date																										
Time		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	15	19	18	19	18	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																									
Saturations	94 - 100 %	99	98	99	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	80	85	84	85	85	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	115	121	122	116	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115	115		
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00475350

IP5-00175906

Mrs Y. SREE RAMYA

02-02-1991 35 Y 5 M 1 D (F)

Dr. SASIKALA KOLA

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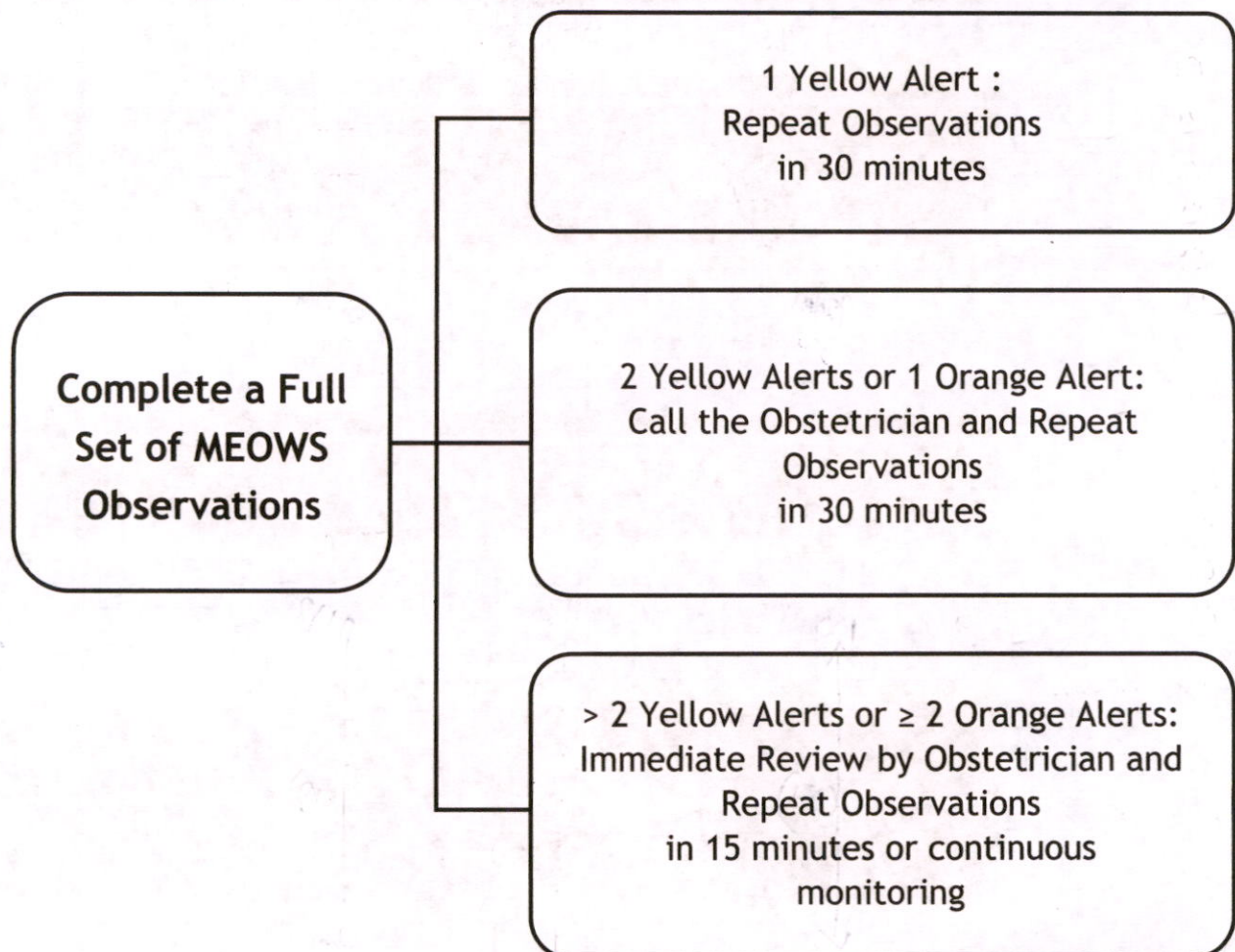
Early warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT

TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																												
		Time	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																													
	0 - 10																													
Saturations	94 - 100 %																													
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure ↑	190																													
	180																													
	170																													
	160																													

Obstetrics and Gynaecology Early Warning Signs



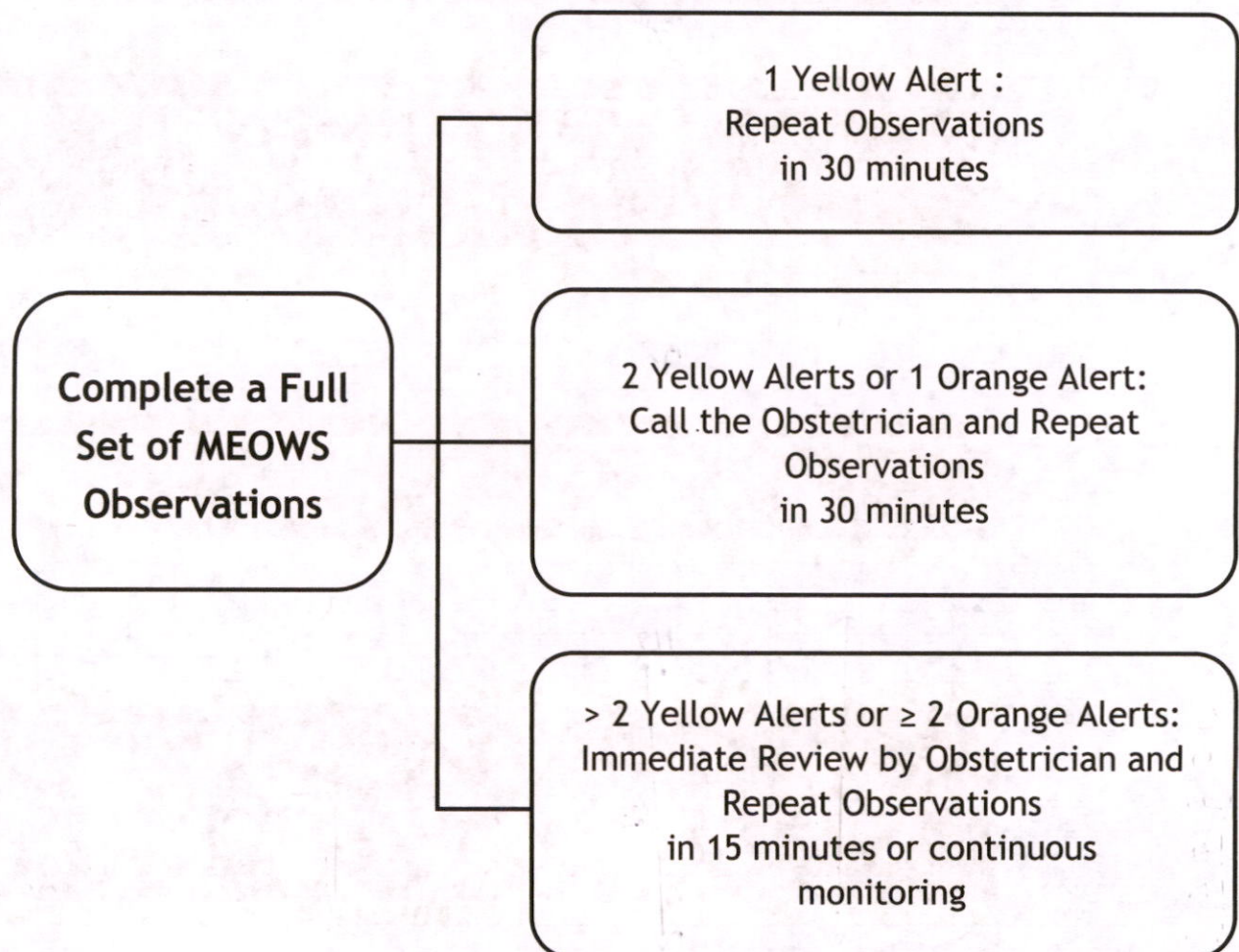
* The Modified Early Warning Score (MEOWS)



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

Date		Time																								
		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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																										
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
3/7/26													
	08:00 am	PC	NBM	100ml							4	0	Prema
	09:00 am	PC	NBM	100ml								0	Prema
	10:00 am	PC	NBM	100ml								0	Prema
	11:00 am	PC	NBM	100ml							200ml	0	Prema
	12:00 pm	PC	NBM	100ml								0	Prema
01:00 pm	PC	NBM	100ml								0	Prema	
Total Intake :				Total Output :									
3/7	02:00 pm	PC	NBM	100ml								0	Kanya
	03:00 pm			100ml								0	
	04:00 pm		H2O	100ml						400ml	0		
	05:00 pm	PC		100ml							0		
	06:00 pm		H2O	100ml							0		
	07:00 pm		Gally							200ml	0		
Total Intake :				Total Output :									
3/7	08:00 pm			100ml								0	Prema
	09:00 pm		Food	100ml								0	
	10:00 pm										0		
	11:00 pm	PC	H2O							1000ml	0		
	12:00 am			100ml							0		
	01:00 am			100ml						100ml	0		
Total Intake :				Total Output : m-0 v-pale									
4/7	02:00 am			100ml								0	Prema
	03:00 am			100ml								0	
	04:00 am			100ml								0	
	05:00 am	PC		100ml							0		
	06:00 am			100ml						1000ml	0		
	07:00 am			100ml						700ml	0		
Total Intake :				Total Output : m- v-pale									
Total 24 hrs. Intake				Total 24 hrs. Output									

Drain 14 ml

FLUID CHART

Sheet No. : 17/26

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
u/r	08:00 am		H ₂ O								0	Shirisho	
	09:00 am		food								0		
	10:00 am										0		
	11:00 am		H ₂ O								0		
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output :							
u/r	02:00 pm										0	Shirisho	
	03:00 pm										0		
	04:00 pm		H ₂ O								0		
	05:00 pm										0		
	06:00 pm										0		
	07:00 pm								9ml		0		
Total Intake :						Total Output :							
u/r	08:00 pm		food								0	Shirisho	
	09:00 pm		H ₂ O								0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am		H ₂ O								0		
	01:00 am										0		
Total Intake :						Total Output :							
5/2	02:00 am										0	Shirisho	
	03:00 am		H ₂ O								0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00475350
Mrs Y. SREE RAMYA
02-02-1991
Dr. SASIKALA KOLA
IP5-00175906
35 Y 5 M 1 D
(F)

FLUID CHART

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am										0	Jouthe	
	09:00 am										0		
	10:00 am	NO D/F	H ₂ O				NP				0		
	11:00 am		H ₂ O								0		
	12:00 pm										0		
	01:00 pm										0		
Total Intake :						Total Output :						m - 0 u - 2	
	02:00 pm											Sreena	
	03:00 pm		H ₂ O										
	04:00 pm												
	05:00 pm		H ₂ O										
	06:00 pm												
	07:00 pm		H ₂ O										
Total Intake :						Total Output :						m - u -	
	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							

FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3-7-26

Assessment: Patient is having Fear and Anxiety related to

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	u Assess the Patient general Condition	9AM	u Assessed the Patient general Condition	Patient is Stable
10AM	u Monitor vitals and recorded	11AM	u Monitoring vitals and recorded	
11AM	u Administer medication as doctor advice	11:40AM	u Administered medication as doctor advice	
12PM	u IV Placement	12:30PM	u IV Placement done	
1PM	u FHR MONITORING	1:30PM	u FHR MONITORING	
1:40PM	u Catheterisation	2PM	u Catheterisation	

Re-Assessment: Reassessment Done

Special Notes: NBM till further

Nurse Signature:

Nurse Name: Prema

Date & Time: 3-7-26 @ 2PM

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 3/7/2026

Assessment: patient complent is fear and Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	*Assess the patient Gene ral condition	2:10. pm	*Assessed the patient. General condition	patient is stable
4pm	*provide monitor vitals	4:5 pm	*provided monitor vitals	
	*provide I/O monitoring		*provided I/O monitoring	
5pm	*provide comfortable position	5:10 pm	*provided comfortable position	
6pm	*provide medication	6:5 pm	*provided medication	
8pm	*provide patient Safety	8:10pm	*patient Safety	

Re-Assessment: Re-Assessment is done, patient vitals Good.

Special Notes: GBS monitoring -

Nurse Signature: [Signature]

Nurse Name: Sunthe

Date & Time: 3/7/26 @ 8pm

BAH-00475350 IP5-00175906
 Mrs Y. SREE RAMYA
 02-02-1991 35 Y 5 M 1 D (F)
 Dr. SASIKALA KOLA



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/4/26

Assessment: patient having pain & discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	=> Assess the patient General condition	8:10 PM	=> Assessed the patient General condition	patient is comfortable
10pm &	=> Assess the patient vitals signs	10:20 PM	=> Assessed the patient vitals signs	
12AM	=> To maintain I/O chart	12:20 AM	=> maintained I/O chart	
2AM	=> To encourage oral intake	2:15 AM	=> Encouraged oral intake	
6AM	=> To provide comfortable position	2AM	=> provided comfortable position	
		6:20 PM		

Re-Assessment:

patient is Good

Special Notes:

Drain is present catheter is present

Nurse Signature: Rejy

Nurse Name: Rejy

Date & Time: 4/7/26 @ 8AM

NURSING CARE RECORD

BAH-00475350
Mrs Y. SREE RAMYA
02-02-1991
Dr. SASIKALA KOLA
35 Y 5 M 1 D
IP5-00175906
(F)

Shift: ☒ Morning

☐ Night

Date: 4/7/26

Assessment: patient having pain & discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	⇒ Assess the patient General condition	8:10 AM	⇒ Assessed the patient General condition on bed-side	⇒ patient is stable.
10AM	⇒ To monitor vital	11AM	⇒ monitored patient vitals	
12pm	⇒ To monitor I/O chart	1PM	⇒ monitored patient I/O chart	
2pm	⇒ To provide comfortable position	3pm	⇒ provided patient comfortable position	
4pm	⇒ To Administered medication	5pm	⇒ Administered patient pain killer medication	
6pm	⇒ To plan good nutritional status	7pm	⇒ provided patient good nutritional food.	
	⇒ To maintain personal Hygiene		⇒ maintained patient personal hygiene.	

Re-Assessment: re-assessment has done patient give comfortable position

Special Notes: (1) DRAIN 24 HRS / (2) FFB, APRS + 1m

Nurse Signature: Shrisika

Nurse Name: Shrisika

Date & Time: 4/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: patient having pain & discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the patient General condition	8:10 pm	⇒ Assessed the patient Gen-eral condition	patient is comfortable
10pm	⇒ Assess the patient vitals signs	10:20 pm	⇒ Assessed the patient vitals signs	
12am	⇒ To maintain I/O chart	12:10 am	⇒ maintained I/O chart	
2am	⇒ To encourage oral intake	2:10 am	⇒ encourage oral intake	
4am	⇒ To provide comfortable position	4:10 am	⇒ provided comfortable position	
6am		6:20 am		

Re-Assessment:

patient is comfortable

Special Notes:

RRs, PRs, Tm Drain removed 9pm

Nurse Signature: @deep

Nurse Name: Deepa

Date & Time: 4/7/26 @ 8pm

BAH-00475350 IP5-00175906
 Mrs Y. SREE RAMYA
 12-02-1991 35 Y 5 M 3 D (F)
 Dr. SASIKALA KOLA



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: patient having pain in surgical site

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the patient General condition	8:30 am	Assessed the patient General condition.	Patient was stable.
10am	monitor the vitals.	10:20 am	Monitored the vitals.	
11am	Maintain I/O chart.	11:30 am	Maintained I/O chart.	
12pm	Provide comfortable position to patient.	12:40 pm	provided comfortable position to patient	
1pm	To Encourage orally Intake.	1:40 pm	Encouraged orally Intake.	
	plan to d FBS, PPBS.		FBS and PPBS done.	
2pm	To Administer. medication	2pm	Administer. medications	

Re-Assessment: Patient was stable.

Special Notes: FBS, PPBS done.

Nurse Signature: Sheebha Kini

Nurse Name: Sheebha Kini

Date & Time: 5/7/26 2pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/22

Assessment: patient having mild pain in surgical site.

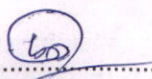
Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the patient condition	2:30 pm	* Assessed the patient condition, patient is stable.	* patient is stable.
3pm	* plan to monitor vitals	3:10 pm	* monitor vitals stable.	
4pm	* plan to maintain I/O	4:20 pm	* maintain I/O chart	
5pm	* plan to ambulation	5:30 pm	* patient ambulate	
6pm	* plan to soft diet	6:10 pm	* patient taken soft diet.	
7pm	* plan to medication.	7:40 pm	* given medication as per doctor orders.	

Re-Assessment: provide comfortable position.

Special Notes: NA

Nurse Signature: 

Nurse Name: Leema

Date & Time: 5/7/22 @ 8pm

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sathya Department: OBS Date of Admission: 3-7-26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known					
	<u>pon-D</u>		If Yes Specify:					
BACKGROUND	Area	Shift Time	<u>OBS 8am</u>	<u>OBS 2pm</u>	<u>3rd floor 8am</u>	<u>3rd floor 2pm</u>	<u>3rd floor 8pm</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Tubes/Drains/Catheter:		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.1</u>	<u>98.1</u>	<u>98.2</u>	<u>98.2</u>	<u>98.0</u>	<u>98.1</u>
		Res:	<u>20</u>	<u>20</u>	<u>20b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>22</u>
		SpO ₂ :	<u>99.1</u>	<u>99.1</u>	<u>98.1</u>	<u>98.1</u>	<u>99.1</u>	<u>97</u>
		Pulse:	<u>85</u>	<u>80</u>	<u>80</u>	<u>92b/m</u>	<u>82b/m</u>	<u>81</u>
		BP:	<u>109/63</u>	<u>106/63</u>	<u>106/63</u>	<u>100/60</u>	<u>118/80</u>	<u>116/84(95)</u>
		Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Recommendations	Safety Needs:		<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:		☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>PPBS</u>	<u>NA</u>	
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :			<u>Kanish</u>	<u>Kanish</u>	<u>Devi</u>	<u>Shirish</u>	<u>Devi</u>	
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:			<u>3/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	
Time:			<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	
Taken Over By Name :			<u>Kanish</u>	<u>Devi</u>	<u>Shirish</u>	<u>Devi</u>	<u>Shirish</u>	
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:			<u>3/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	<u>5/7/26</u>	
Time:			<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. S.K. Department: 3rd Floor Date of Admission: 3/7/20

SITUATION	Diagnosis: <u>LSCS</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	Area	Shift Time				
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>3rd Floor</u> <u>8pm</u> <u>LSCS</u>				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>97.9°F</u>			
	Res:	<u>22b/m</u>				
	SpO ₂ :	<u>100%</u>				
	Pulse:	<u>78b/m</u>				
	BP:	<u>112/78</u>				
	Fall Risk Score:	<u>1/6</u>				
Recommendations	Pain Score:	<u>0/10</u>				
	Safety Needs:	<u>yes</u>				
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:	<u>NA</u>				
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		<u>NA</u>				
Post Operative Procedure Special Orders:		<u>NA</u>				
Handed Over By Name :		<u>Siema</u>				
Signature :		<u>[Signature]</u>				
Date:		<u>3/7/20</u>				
Time:		<u>@ 8pm</u>				
Taken Over By Name :		<u>[Signature]</u>				
Signature :		<u>[Signature]</u>				
Date:						
Time:						



BRADEN 'Q' SCALE

					Date :	3-7-2013	17/2/17	5/7
					Time :	9 AM	2 PM	5 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23								
Docu. No. : RCHBH /FRM / CLINICAL / 119								
					TOTAL SCORE	28	28	28
					Evaluator's Name	P. A.	Swetha	Devi

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	3/7/8AM	3/7/20	4/7/20	Fall Risk Grading		
		Score		2pm 8pm	8AM			
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			P. S.	S. S.	P. S.			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0	0		
GAIT / Transferring	Impaired	20	20		
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			20		
		Signature	Relay		

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	3/7 DAY-1			4/7/20 DAY-2			5/7/20 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-			Cannula removed
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-			
Signature of the Nurse				Praveen Suthi									

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

Signature of Shift In Charge :

Signature : Name : Kranthi

Signature of Ward In Charge :

Signature : Name : Veema



PAIN ASSESSMENT FORM

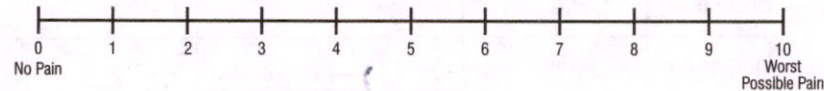
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3-7-26	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
3-7-26	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
3-7-26	12PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
3-7-26	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Preema
3/7/26	4pm	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Smith
3/7/26	5PM	2/10	abdominal pain	☐ Continuous ☐ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	lymph node observation	Smith
3/7/26	8pm	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Smith
4/7/26	6am	4/10	side	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	sub-capsular	Diya
4/7/26	7am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Diya
4/7/26	9am	1	SL	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T-Diclofenac gas	Shristi

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7/26	10am	0	S/S	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	under observation	Shirisha
4/7/26	2pm	1	S/S	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Inj pcm given	Souther
4/7/26	4pm	0	MA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Souther
5/7/26	6am	1	S/S	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☒ Decreasing	☒ Yes ☐ No	Inj. calpol	Devi
5/7/26	7am	0	S/S	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Devi
5/7/26	9am	1	S/S	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	T-Diclofenac gm	Souther
5/7/26	10am	0	MA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Souther
5/7/26	2pm	1	S/S	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Inj pcm given	Southern
5/7/26	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema
5/7/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Seema

Re-assessment Frequency:

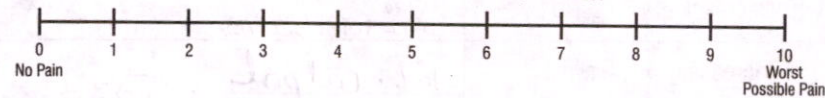
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Wong - Baker (Pediatrics) Above 7 Years





URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 3-7-26

Date of Removal: 4/7/26

9AM

Parameters	Date	Shift Time						
Need for the Catheter	<u>3-7-26</u>	<u>8AM-2PM</u>	☒ Yes ☐ No	<u>3/7/26</u>	<u>2PM-8PM</u>	☒ Yes ☐ No	<u>4/7/26</u>	<u>8PM-8AM</u>
Hand Hygiene			☒ Yes ☐ No			☒ Yes ☐ No		
Usage of Sterile Equipment			☒ Yes ☐ No			☒ Yes ☐ No		
Is the Collection bag below the level of bladder			☒ Yes ☐ No			☒ Yes ☐ No		
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No			☒ Yes ☐ No		
Is Catheter dated as policy			☐ Yes ☒ No			☐ Yes ☒ No		
Collecting bag is been emptied regularly?			☒ Yes ☐ No			☒ Yes ☐ No		
Maintenance of closed system for the catheter			☐ Yes ☒ No			☐ Yes ☒ No		
Dressing clean and dry?			☒ Yes ☐ No			☒ Yes ☐ No		
Is the line removed as Policy?			☐ Yes ☒ No			☐ Yes ☒ No		
Performance of Perineal Care			☒ Yes ☐ No			☒ Yes ☐ No		
Onset of New Fever			☐ Yes ☒ No			☐ Yes ☒ No		
Asses for the leakage at the site of insertion			☒ Yes ☐ No			☒ Yes ☐ No		
Name of the Nurse			<u>Preema</u>			<u>Santhia</u>		
Signature of the Nurse			<u>[Signature]</u>			<u>[Signature]</u>		

BAH-00475350 IP5-00175906
Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 2 D (F)
Dr. SASIKALA KOLA



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

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

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 4/7/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : G2P2L2, LSCS, P0D-1

Previous Surgical/Medical History : GDM

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. Teheena Sharma (PT)

Date & Time: 4/7/26 4pm



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 3-7-26 Time of Arrival: Time Seen by Nurse:

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

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

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

3) **Vital Signs:** Temperature: 98.6F Pulse: 84 RR: 17 SpO₂: 100F BP: 110/70 Weight:

4) **Gestational Criteria:**

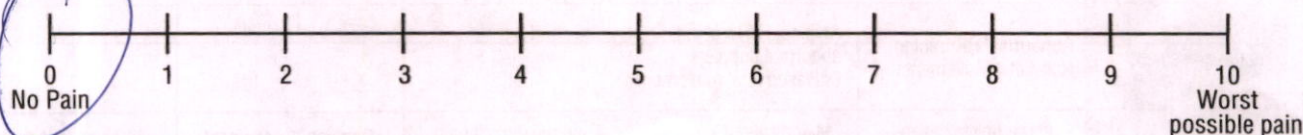
Gravida:	G	P	L	A
----------	---	---	---	---

LMP: EDD: Gestational Age:

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

5) **Pain-Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

- a) Surgeries: 15CS-2024
- b) Medical: Sis meclizal neon ciciatny



7) Allergy: ☐ Yes ☒ No, If Yes :

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

9) Prenatal Medical History:

- ☒ None ☐ Gestational Diabetes
☐ Chronic Hypertension ☐ Low placenta
☐ Gestational Hypertension ☐ Others if yes, specify
☐ Diabetes

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Sruvanti

Nurse Name : Sushila Nurse Signature: [Signature]

Date: 3/7/20 Time: 5:30pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 3-7-26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify

Primary Language: ☐ Telugu ☒ English ☒ Hindi ☐ Others, specify

Do you require an interpreter? ☐ Yes ☒ No if Yes specify

Source of Information: ☐ Patient ☒ Family ☐ Others, specify

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:
If yes, identify

Chief Complaints: Doctor Notified on Admission: ☒ Yes ☐ No
EL Uls Name of the Doctor: Dr. Saneene
Time Notified:

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

Past Medical History	Past Surgical History	Previous Hospital Admission

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

Obstetric History: G P L A

Previous LSCS:

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

Family History: ☐ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.4 HR: 80 RR: 20
BP: 110/70 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 18 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 24 (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

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: Swift

Nurse Signature: Sanith

Nurse Name: Sanith

Date & Time: 3/7/20 @ 9am



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
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (? 24hours)		1
PPH (?1litre or transfusion)		1
+0 Preterm birth? 37 weeks in current pregnancy		1
Still birth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		

Signature of the Doctor: Mani Date: 31/7/20 Time: 2pm
Action Plan: ambulation and hydration

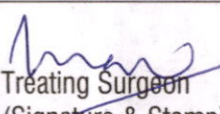
Risk Assessment Tool for Deep Vein Thrombosis

- ☐ 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-00475350 IP5-00175906
Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA



POST-SURGICAL CARE PLAN FORM

Procedure Done:	Elective UCA + Myomectomy
Post-Surgical Diagnosis:	P5 - PDS → post elective UCA + Myomectomy
Post-Operative Monitoring Parameters /Frequency:	drain output $\frac{1}{2}$ hourly for 2 hours (RRS - 4th hourly) BP, PR, RR , urine output, followed by 2nd hourly
Wound Care:	drain ⊕ fouys ⊕ IV cannula ⊕
Drain /Special Lines/Catheters:	PDS - V dressing
Special Patient Positioning and Requirements:	Nil
Nutritional Instructions:	liquid diet after 4 hours followed by soft diet
When to Start Mobilization:	on PDS - 1 after fouys removal
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	—
Treating Surgeon (Signature & Stamp)	 (Dr. NATHAN)
Date:	3/7/26
Time:	2pm
Note: Plan of care will be readjusted if necessary.	

BAH-00475350

IP5-00175906

P: Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA

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Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 31/7/26

Department : OBG OT Duration of Procedure : 1:00hr

Name of Surgeon : Dr. Sasikala Date of Admission : 31/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Ruf-Taxim	
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed ☒ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Sis. Krautli Date & Time of antibiotic administration : 31/7/26 @ 7:55 AM Date & Time procedure started : 31/7/26 @ 9:45 AM	

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

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

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. S. Kala
Asst. Surgeon : Dr. Mathur
Anaesthetist : Dr. Shabana
Scrub Nurse : Sri. Sri Latha

Patient No. : BAH-00475350 IP5-001
Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
UHID No. : Dr. SASIKALA KOLA
Date : 02-02-1991

Gender : Female
t-time : 9:15 AM



Before Induction of Anaesthesia ➤ ➤

Before Skin Incision ➤ ➤

Before Patient Leaves Operating Room

SIGN IN		Time: <u>9:05 AM</u>
Patient Has Confirmed		
Identity	☒ Yes ☐ No	
Site	☒ Yes ☐ No	
Procedure	☒ Yes ☐ No	
Consent	☒ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☒ NA	
Anaesthesia Safety Check Completed	☒ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☒ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☒ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☒ No ☐ NA	
Blood Units Reserved	☐ Yes ☒ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?		
	☒ Yes ☐ No ☐ NA	
Signature : <u>[Signature]</u>		
Name : <u>Dr. Shabana</u>		

TIME OUT		Time: <u>9:45 AM</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☒ Yes ☐ No	
Correct Site	☒ Yes ☐ No	
Correct Procedure	☒ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☒ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☒ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No		
Signature : <u>[Signature]</u>		
Name : <u>S. S. Latha</u>		

SIGN OUT		Time: <u>9:55 AM</u>
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☒ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☒ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☒ No		
Signature : <u>[Signature]</u>		
Name : <u>Dr. Mathur</u>		

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Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA



DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 5-7-26

2. Destination Post Discharge: ☒ Home
Family Members Notified (Person Contacted)

☐ Transfer
Hospital Facility Notified (Person Contacted)

Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☐ Yes	☒ No
☐ Bathing	☐ Yes	☒ No
☐ Eating	☐ Yes	☐ No
☐ Walking	☐ Yes	☐ No
☐ Dressing	☐ Yes	☐ No
☐ Toileting	☐ Yes	☒ No

No Need Any Assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☒ Educational Topic/s: Maintain Personal Hygiene

☐ Patient's Educational Topic/s discussed with the:

☒ Patient

☐ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Preema

Date and Time: 5-7-26 @ 2PM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00475350 IP5-00175906
Mrs Y. SREE RAMYA
02-02-1991 35 Y 5 M 1 D (F)
Dr. SASIKALA KOLA



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Name: Sree Ramya Age: 35 Sex: Female UHID.No: BAH 00475350

Date: 8/7/2026 Time: 8:47 AM Proposed Operation: Elective LSCS + myomectomy

Diagnosis: G2P1L1 (38 weeks) previous LSCS

B.P / CRT: H.R: Weight: 91 kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

26 kg
Hgb: 11.5 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: NR ECG:
WBC: 11.760 Creat: Total Bill: HCV: 2D Echo:
Plate: 1.28 lakh Na: Dir. Bill: Blood group: positive Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:
Allergies: NI

Medical History: CVS:

RESP:

Diabetes: NI

CNS:

Renal:

Hepatic / GE:

Physical Activity: well

Others: hypothyroidism

Past Anaesthetic History: 1 LSCS + SAB

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: 3T

Mentohyoid Distance: 2.5

Neck: well

Teeth: with loose

Lungs: clear clear

Heart: S1S2

CNS: ACS - full

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site: +

Spine Exam for regional: well

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

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

CURRENT MEDICATIONS	DOSAGE
<u>Thyronorm</u>	<u>50mc</u>

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☐ Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: DR. SHABAN



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sr. Karanthi Time Received : 12:30pm Time Discharged : 1:00pm

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 BLOOD PRESSURE 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO₂	12:30pm 1:00pm 2:00pm 4:00pm	IV Cannula Site : <u>Yes</u> ☐ O₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☐ Oral Airway ☐ Nasal Airway Vomiting : ☐ Yes ☒ No NG Tube : ☐ Yes ☒ No Drain : ☐ Yes ☒ No Urinary Catheter : ☒ Yes ☐ No Chest Tube : ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids : <u>Yes</u> Oral Feeds : <u>Yes</u>
--	-------------------------------------	---

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES			OUT	SCORING INTERPRETATION
				30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge	
Able to move 2 extremities voluntary or on command	= 1							
Able to move 0 extremities voluntary or on command	= 0							
Able to deep breathe & cough freely	= 2	RESPIRATION	1	2	2	2		
Dyspnea or limited breathing	= 1							
Apneic	= 0							
BP $\pm$ 20 of Pre Anaesthetic leve	= 2	CIRCULATION	1	2	2	2		
BP $\pm$ 20-50 of Pre Anaesthetic leve	= 1							
BP $\pm$ 50 of Pre Anaesthetic leve	= 0							
Fully awake	= 2	CONSCIOUSNESS	1	2	2	2		
Arousable on calling	= 1							
Not responding	= 0							
Pink	= 2	COLOR	1	2	2	2		
Pale, dusky, blotchy, jaundiced, other	= 1							
Cyanotic	= 0							
TOTAL			5	9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/12	18m	0	NA	Kary
3/12	4m	0	NA	Kary

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

Anaesthesiologist Name : Dr. Karanthi

Anaesthesiologist Signature : [Signature]

Date & Time : 3/12/2022 4m

PACU Nurse Name : Karanti

PACU Nurse Signature : [Signature]

Date & Time : 3/12/2022 3m

Reassessment Frequency:

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

Transferred to Unit by (PACU): OK

Date & Time : 3/12/2022 3m

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Y Sree Ranuya Gender: ☐ Male ☒ Female Age : 35
UHID No : BAA-00475350 Date : 3/7/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

ELECTIVE LOWER SEGMENT CAESAREAN SECTION +
MYOMECTOMY

upon

Y Sree Ranuya

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

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

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

Hemorrhage, major Spin. Injury to Bowel & Bladder, Injury to
Bladder necks, need for Blood & Blood products

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Chikala. e

Consentee :

Signature : Y Sree Ranuya

Name : Y Sree Ranuya

Date & Time : 3/7/2026, 8:10AM

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 3/7/2026 @ 8.15 AM

Patient Attendant :

Signature : [Signature]

Name : Y. KRISHNA CHAITANYA

Relationship with Patient: SPOUSE

Date & Time : 3/7/2026 8:10am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Lameene

Date & Time : 3/7/2026 @ 8PM



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 4/7/26

Time: 8am

Origin: India

Height: 167cm

Weight: 90.60kg

BMI: 33.3kg/m²

Food Allergies: No

Diagnosis: post-1/6s lower segment cesarian section

Type of Diet: ☐ Liquid ☒ Soft ☐ Normal ☐ Diabetic

☒ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Soft high protein diet

with plenty of oral fluids

→ Avoid Spices, chilled & outside foods

Patient's / Attendant's

Dietician's

Signature: [Signature]

Signature: [Signature]

Name: Sree Ramya

Name: Raima

Date & Time: 4/7/26 8am

Date & Time: 4/7/26 8am

DIETARY NOTES[illegible]



CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Elective lower Segment Caesarean + myomectomy
Anaesthesiologist: Dr. Shabana Surgeon: Dr. Sasikala

Please read this before you consent for Anaesthesia

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

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

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

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: Hypotension, Bleeding

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Y. Sree Ramya
Name: Y. SREE RAMYA
Relationship with patient: Self
Date & Time: 3/7/2021 9:04 am

Witness:

Signature: [Signature]
Name: Y. Sree Ramya
Date & Time: 3/7/2021 9:04 am

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Shabana Date: 3/7/2021 Time: 8:50 am

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

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

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

స్పెసిఫిక్ హై రిస్క్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం: