BAH-00659141 IP5-00176031
Mrs CHERKU JYOTHI
12-08-1997 28 Y 10 M 24 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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SURGERY DETAILS

Date : 6/7/26

Patient Name: Mrs. Cherku Jyothi Date of Birth: 12/8/1997 Age: 28yrs

Gender: Female Ward : UHID No.: BAH - 0065914

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

Name of the Surgery : Cervical Encerclage.

Time in : 2:00pm Time Out : 2:30pm

		NAME	AMOUNT
1.	Surgeon	: Dr. Shruthi Reddy	
2.	Anaesthetist	: Dr. Ramya	
3.	Assistant Surgeon	: Dr. Sravanthi	
4.	OT Technician	: Kulsum	
5.	Circulating Nurse	: Sis. Rajesri	
6.	Assistant Nurse	: Sis. Laxmi	

Special Equipment:
☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Dr. Shruthi Reddy
Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9690427 Order by: .....

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Mrs. cherku jyothi
Cerclage

CONSUMABLES OF OT

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Technician : kukkum Date : 5/2/26 Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3	Trubond 622		01	Suction Catheter		
HME filter : A / P / N			2762		01	Feeding Tube		
Syringes : 10 cc		02	5061		01	Vaccum Suction Set		
05 cc		2	Gloves 6½		03	Surgical Gloves		
02 cc		2				Gauze Pack		
01 cc		—				Syringe 1ml / 2ml		
Cautery plate : A / P / N		—	Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		1	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		0	Koochies					
Inj Mephentermine 6mg/2ml		0	Ointments					
		1	Suction Catheter					
Fentanyl		0	Cap, Mask		05+5+5			
Morphine			Gauze Pack N		02			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate			Draw sheet QUICK SWIFT		01			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage					
Glove (6.0)		1	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		0	Vaccum Suction set					
Justin : 12.5 mg / 25mg / ~~100mg~~		0	Plastic Bed Sheet					
Tab. Misoprost : 200mg		0	Betadine Solution		01			
~~Blood~~		0	Microshield					
			Cotton Balls		01			
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

9690415

Order No. : Ordered by :

Doc. No. : RCH / FRM / GENERAL / 125

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176031 **Admit Date** : 06-Jul-2026 **Admit Time** : 12:57 PM **UHID** : BAH-00659141

Patient Details :

Patient Name	: Mrs CHERKU JYOTHI	**Age**	: 28 Y 10 M 24 D
Guardian	: MR ALLEA NARASIMHARAJU	**DOB**	: 12-08-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 71-62/D NEW PREAM NAGAR Mehboob Nagar Hyderabad Telangana INDIA 509001	**Phone No**	: 9948034204
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 417 **Ward Name** : 4F-BIRTHING CENTRE

Room No : SW 417 **Admission Type** : First Visit

Contact Details :

Name : MR ALLEA NARASIMHARAJU **Relationship** : Husband

Contact Address : 71-62/D NEW PREAM NAGAR Mehboob Nagar Hyderabad Telangana INDIA 509001 **Phone No** : / 9948034204

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :__ BAH-00659141 IP5-00176031 _____
Mrs CHERKU JYOTHI
12-08-1997 28 Y 10 M 24 D (F)
UHID No. Dr. SHRUTHI REDDY/Dr.LAVANYA _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/7/24	CBP	26067593	

Cross check by doctor.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	Cardiac monitor	3pm.	4:30pm	9890575	Tunne
				C00055	checking done.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/24	IV placement	1	9690244	Done
	PAC	1	9690245	Done

Cross checking done.

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
Came for cervical cerclage.

Obstetric Formula: G3A2

Obstetric Hostory:
I -2023- Miscarriage at 2|wks? cervical incompetence, D&C Done
II -2024- Missed miscarriage @12 wks, MTP done.
III -PP- sp. conception → Booked at 20 wks.

RISK FACTORS: Had previous ANC @ Amma Hospital @ Mahboobnagar
→ Hypothyroid - 6 years
→ cervical incompetence

Height: 156 cm
Weight: 71 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: } absent
Icterus: absent. Edema:
Temp: afebrile. PR: 111 BPM
BP: 118|80(91) mmHg DTR: (+)
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: not palpable Urine Output: adequate.

LMP: 28|1|2026 EDD: 4|11|2026
Corrected EDD: 4|11|2026 GA: 22+5
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: ~ 22-24 wks
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination - CX 1cm long
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination CX- 1cm long, below stitch.
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

TVS - CX length 1.1cm below stitch funneling upto stitch.

DIAGNOSIS
G3A2 | 22+5 wks | cervix stitch in situ with funneling | Hypothyroid | for cervix cerclage.

Patient Sticker

Family History:

N:I

Surgical History:

~~N~~ D&C – 2013

Medical History:

Hypothyroid since 6 years.

Medication History:

fe, ca, cq, Ecosprin, Sustea 200mg, Thyronorm 25mcg

Plan of Care:

1) Admission
2) PAC
3) IV Cannula
4) IVF @ 100ml/hr
5) FHR
6) written & informed consent
7) monitor vitals
8) send c trail CBP.
9) part preparation
10) Inform SOS
11) Trendelenberg position

Investigations:

BGT – O +ve

Viral – NR

CBP – 5/3/26
Hb-13.4
PLT – 2.7L

16/6/26 (TIFFA).
19+6 wks, PLT- Ant/High
EFW - 287 gram, MTAS - (N)
CKL - 10mm, Int os opened with funneling cerclage in situ
Dopplers - (N)

28/6/26 : TVL-Scan
15+5 wks, CXL - 3.4cm, no funneling

NT - 1.5mm
FTS - Low risk.

Doctor Name: Dr. Divya

Signature:

Date & Time: 6/7/2026 ; 12:33pm

Consultant Name: Dr. Shruthi Reddy

Signature:

Date & Time: 6/7/2026, 12:33 pm.

Patient Sticker

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☐ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T Iron	1 tab	P/O	O.D	6/7	☐C ☑DC
2	T. Calcium	1 tab	P/O	O.D	6/7	☐C ☑DC
3	T. Susten.	200 mcg	P/V	O.D	5/7	☑C ☐DC
4	T. Ecospirin	150 mcg	P/O	O.D	7/7	☐C ☑DC
5	T. Thyronorm	25 mcg	P/O	O.D	6/7	☑C ☐DC
6	Inj. ~~Pantoprazole~~ (pantop)	500 mg	I/V	once daily	~~6/7~~ 2/7	☐C ☑DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sravanthi

Date & Time : 6/7/26, 12 pm. TN

Nurse Name & Signature: TUNNE

Date & Time : 6/7/26 @ 1pm

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DRUG CHART

Date of Admission: 6/7/2016 Drug Allergies: NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

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

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : Inj. CEFOTAXIME

Dose	Route	Frequency	Start Date
1gm	IV	BD	6/6/26

Name & Signature of the Doctor Starting the Drugs:

Dr. Sravanthi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7													
1	X													
RM														
1														
PM	Pt not Veen													

DRUG : INJ PARACETMOL

Dose	Route	Frequency	Start Date
1g	IV	QID	6/7/26

Name & Signature of the Doctor Starting the Drugs:

Dr. K. SRI RAMYA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time														
12AM														
6AM														
12PM														
6PM														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time														

Patient Sticker

Weight. ..... Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7/26	1pm	INJ. PERINORM	10MG	IV	Divya.	Tunny
6/7/26		Inj. PROVTON.	500mg	IM	Stop.	

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/6/2026	1:00pm	Ringer Lactate	I/V	100 ml/hr		Ashaita Yemora	6/7		Ashaita Yemora
6/6/2026	3:10pm	RINGER LACTATE	I/V	500ml/hr		Ashaita Yemora	6/7		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/06/26 4:00pm	POD-0 / Cervical cerclage / Hypothyroid O/E Afebrile BP - 96/76 (72) mmHg PR - 72 Bpm SpO2 - 98% RA P/A - FHR (+) W.dcw	Adv 1. NBM for 4 hrs 2. Head low pos 3. IVF @ 100ml/hr 4. Monitor vitals 5. wf acute bleed 6. Inform SOS Dr. Divya

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

(P.T.O)

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 6/7/26 Time of Arrival: 12:40 pm Time Seen by Nurse: 12:45 pm

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

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

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

3) **Vital Signs:** Temperature: 98.4F Pulse: 111 RR: 20/m SpO_2: 98% BP: 118/80 Weight: 71

4) **Gestational Criteria:**

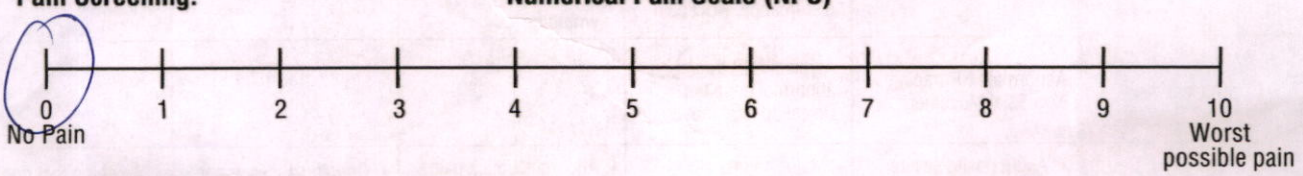
Gravida:	G 3	P —	L —	A 2

LMP: 28/1/26 EDD: 4/11/26 Gestational Age: 22+5 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: No pain
- Frequency: .....
- Interventions: .....

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroid.

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

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

9) **Prenatal Medical History:**

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

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: 12:55 pm

Nurse Name : [illegible] Nurse Signature: TM

Date: 6/7/26 Time: 1pm

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 6/7/26

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: Emergency cerclage

.....

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Divya

Time Notified: 12:55 PM

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

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

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

Regular

Onset of Menarche: —

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 28/1/26

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 3 P — L — A 2

Previous LSCS: NO

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.4°F HR: 111 b/m RR: 20

BP: 115/80 Weight: 71 Height: 157 BMI: —

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

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Mrs CHERKU JYOTHI
12-08-1997 28 Y 10 M 24 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 35 (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

Social History: Lives With Family

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: Sunil

Orientation not given Reason: Patient NA

Nurse Signature: SM

Nurse Name: Sunil

Date & Time: 6/7/26 @ 1pm.

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RESULT SHEET

Date	6/7/26					
Time	@ 1pm.					
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group → O+ve						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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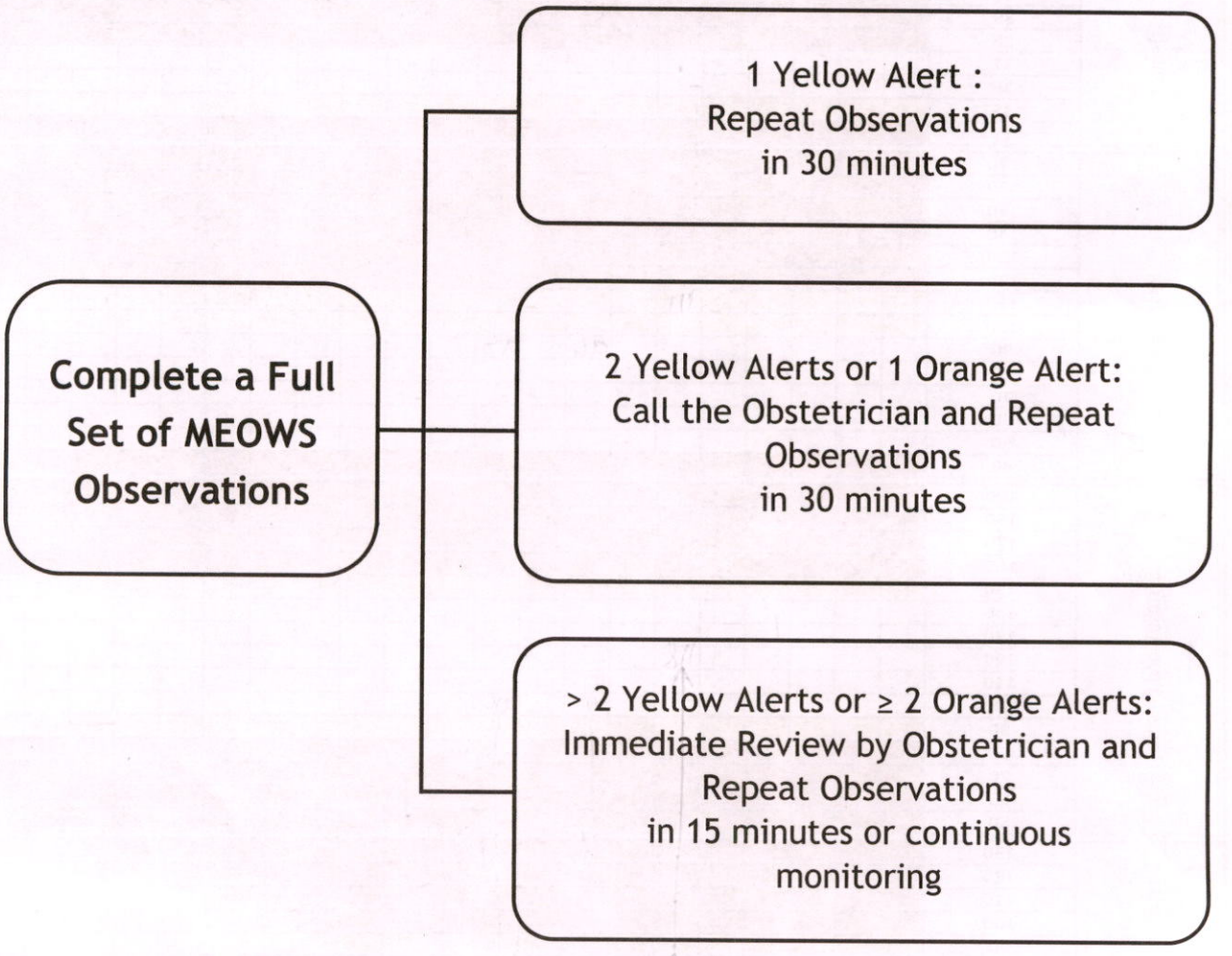
Early Warning Observation Score Chart - Obstetrics

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

		Date	6/3/26																						
		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							18		19		19													
	0 - 10																								
Saturations	94 - 100 %							98		99		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							111																	
	100																								
	90									96		95													
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120							116		103		100													
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120									(74)		(81)													
	110																								
	100																								
	90																								
	80																								
	70							80		63		70													
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert							A		A		A													
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							✓		✓		✓													
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal							✓		✓		✓													
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES								2		0		0													
TOTAL ORANGE SCORES								0		0		0													
Nurse Initial								Jumi		Jumi		A													

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			NA								
	09:00 am											
	10:00 am											
	11:00 am											
6/7	12:00 pm	RL	NBM	100ml/hr			Lip			Nil	0	Punit
	01:00 pm	RL	NBM	100ml/hr			1			1	0	Punit
Total Intake :		NBM.				**Total Output :**				U-0, M-0		
	02:00 pm			100ml/hr							0	Ashwitha
	03:00 pm	N		100ml/hr							0	Ashwitha
	04:00 pm			100ml/hr							0	Ashwitha
	05:00 pm	B		100ml/hr							0	Ashwitha
	06:00 pm	M		100ml/hr							0	Ashwitha
	07:00 pm			100ml/hr							0	Ashwitha
Total Intake :		NBM				**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Shruthi
Asst. Surgeon : Dr. Sravanthi
Anaesthetist : Dr. Shridhar & Ramya
Scrub Nurse : Sis laxmi

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Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient Name ..... Gender : .....
UHID No. : ...
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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 : .....

Name : DR. K. SRI RAMYA

Before Skin Incision ➤➤

TIME OUT Time:.....

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 : .....

Name : sislaxmi

Before Patient Leaves Operating Room

SIGN OUT Time:.....

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 : .....

Name : Dr. Dhanya

SURGICAL SAFETY CHECKLIST

Surgeo .....
Asst. Surgeon : .....
Anaesthetist : .....
Scrub Nurse : .....

Patient Name : .... Age : ..... Gender : .....
UHID No. : ..... Surgery Name : .....
Date : ..... In-time : ..... Out-time : .....

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Before Induction of Anaesthesia ➤➤

SIGN IN Time:.....

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 :.....

Name :.....

Before Skin Incision ➤➤

TIME OUT Time:.....

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 :.....

Name :.....

Before Patient Leaves Operating Room

SIGN OUT Time:.....

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 :.....

Name :.....

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OPERATION THEATER NOTES

Patient's Name : Cherku Jyothi Age : 23 yr Gender : ☐ Male ☐ Female

UHID No.: BAH-0065914 Weight : Height :

Surgeon : Dr. Shruthi Reddy	Asst. Surgeon : Dr. Sravanthi	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis: G_3A_2 @ 22^{+5} wks @ Cervical stitch insitu @ funneling.

Surgical Procedure : Cervical encerclage.

Indications for Surgery : Short cervix @ funneling

Date : 6/7/2016 Start Time : End Time :

Pre Operative Preparations: NIL

Post Operative Diagnosis: POD-0

Peri-Operative Complications: NIL

Operation Notes: In Aseptic conditions, Pt placed in Lithotomy position. Parts painted & Draped anterior and posterior vaginal wall Retracted & Simps speculum. Incision taken over anterior lip of Cervix and bladder pushed up, previous Cervical stitch - Removed. A Modified Shirodhkar stitch placed. @ Mersilene tape, knot placed posteriorly, anterior lip of cervix closed & Rapid vicryl 2-0, occlusion stitch placed @ Silk 1-0 Knot placed anteriorly. patient is hemodynamically stable throughout the procedure.

Amount of Blood Loss: Minimal	Blood Transfused (in ML) —

Name and Number of Surgical Specimen sent for examination:

—

Peri-Operative Complications:

Discharge advice

℞

1) T. Sosten 200mg P/O BD
2) Inj. Proluton 500mg I/m once weekly
3) T. Iron - OD
4) T. Calcium - OD
5) T. Thyronorm - 25µgm. OD
6) T. CEFIXIME 200mg BD x 5 days
7) T. PANTOP 40mg OD x 5 days

R/w after 2 wks.

Name of the Surgeon: Dr. Shruti Reddy

Signature of the Surgeon:

Date & Time: 6/7/2026, 4pm.

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Cervical cuerlage.

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

- Monitor vitals - 1/hy x2 hrs

Wound Care:

- w/f PV Bleeding

Drain /Special Lines/Catheters:

- ' NIL

Special Patient Positioning and Requirements:

can move side to side in Bed

Nutritional Instructions:

NBM for 2-3hrs

When to Start Mobilization:

- after weaning off anesthesia

Special Referrals:

-

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

-

Dr. Shruthi Reddy

Treating Surgeon
(Signature & Stamp)

Date: 6/1/2016 Time: 4pm

Note: Plan of care will be readjusted if necessary.

Patie

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : 6/7/26

To Be Filled In By Assigned Nurse :

Department : OBGOT Duration of Procedure : ½ hr

Name of Surgeon : Dr. Shruthi Reddy Date of Admission : 6/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☑ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☑ Yes ☐ No Name of the Antibiotic : Inj: cefotaxim	Sis. Rajesri
2.	Hair Removal ☑ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : OBS Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	Sis. Rajesri
3.	Patient's body temperature immediately post operation (Recovery Room) 36.2 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Sis. Rajesri
4.	Name of doctor or staff administering the antibiotic : Sis. Jhansi Date & Time of antibiotic administration : 6/7/26 @ 1:00Pm Date & Time procedure started : 6/7/26 @ 2:00pm to 2:30pm	Sis. Rajesri

- 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