BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 20 D (F
Dr. HIMABINDU VEERLA

SURGERY DETAILS

Date : 25/5/26

Patient Name: Disha agarwal Date of Birth: 6/07/1999 Age: 26yrs

Gender: Female Ward : OBG Ot UHID No.: BAH00638377

Date of Surgery: 25/5/26 ☐ OT -1 ☑ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☑ OBG OT-2

Name of the Surgery : Emergency Lower Segment Cesarean Section / EA

Time in : 8:00 Pm Time Out : 9:00 Pm

	NAME	AMOUNT
1. Surgeon	: Dr. HIMA BINDU	
2. Anaesthetist	: Dr. Amrun	
3. Assistant Surgeon	: Dr. Bhargavi Reddy	
4. OT Technician	: Vijay	
5. Circulating Nurse	: Sis. priya	
6. Assistant Nurse	: Sis. pallabi	

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

(Dr. V. Hema Bindu)

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9626925 Order by: Pallabi

Docu. No. : RCHBH/FRM/GENERAL/114

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 : IP5-00174278 **Admit Date** : 25-May-2026 **Admit Time** : 09:32 AM **UHID** : BAH-00638377

Patient Details :

Patient Name	: Mrs DISHA AGARWAL	**Age**	: 26 Y 10 M 19 D
Guardian	: MR. DEVANSH AGARWAL	**DOB**	: 06-07-1999
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: EDEN VISTAS, VILL NO 2, NALANDA NAGAR Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 8008899190/
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type	: SHARED WARD	**Bed No**	: SW 419	**Ward Name**	: 4F-BIRTHING CENTRE
Room No	: SW 419	**Admission Type**	: First Visit		

Contact Details :

Name	: MR. DEVANSH AGARWAL	**Relationship**	: Husband
Contact Address	:	**Phone No**	: 8885206799 / 8008899190

Signature

Doctor Details :

Doctor Name	: Dr. HIMABINDU VEERLA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

ACTIVITY RECORD FOR BILLING

Name : ____________________

UHID No. : __________ IP No : __________ Consultant: __________ Dept : __________

Date of Admission: __________ Date of Discharge : __________ Time: __________

Room / Bed No : __________ Suggested Billable bed type : __________

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL (F)
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/5/26	2:20 Am	OBS	Room (314)	[signature]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/5	NIST - ①	26502634	[signature]
20/5	NIST - ②		
25/5	NIST - ③		[signature]
25/5	NIST - ④		Rajeshwari
25/5	NIST - ⑤		Rajeshwari
25/5	NIST - ⑥		Rajeshwari
26/5/26	Sr. Electrolytes	26053492	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5	Cardiac monitor	4 pm	26/5 1 Am	9626835	[signature]
25/5	Infusion pump	2:30 PM	8pm		[signature]
25/5	Syringe pump	4:30 PM			[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5	Iv placement	1	9626833	[illegible]
25/5	PAC	1	9626834	Rajeshwari
25/5	Catheterisation	1	9626833	[illegible]

ANY OTHER INFORMATION

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....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

CONSUMABLES OF OT

Technician : Kulsum Date : 25/5 3242 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		01
LMA			Sutures 2346		02	Cord Clamp		01
ECG leads (A) / P / N		03	2364		01	Suction Catheter		
HME filter : A / P / N			2762		01	Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		04	Gloves 6½, 6½, 7		2+1+2	Surgical Gloves 6½		01
02 cc		04				Gauze Pack		01
01 cc						Syringe 1ml / 2ml		02
Cautery plate : (A) / P / N		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		03	Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies XL		01			
			Ointments			9626955		
			Suction Catheter					
Fentanyl			Cap, Mask		10+10			
Morphine			Gauze Pack XL		01			
Ketamine			Mop Pack		02			
Propofol			Steristrip Sterizone		01			
Rocuronium			Underpad		01			
Glycopyrolate			~~Draw~~ sheet Quick		01			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg		02	Betadine Solution		02			
Tranexa		02	Microshield		01			
Methargin		01	Cotton Balls		01			
Carboprost		01	Latex Gloves					
gauze		01	Ramdione Scrub					
			Saral D/A		01			

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9626952 Ordered by : Poulabi

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o Discharge (+)
Show (+)

Obstetric Formula: Primi

Obstetric Hostory:
Sp. conception
Booked at 10wks.

Present Pregnancy Record:
MC 2022, NCM
G. Hypothyroid.

RISK FACTORS:

Height: 156 cm
Weight: 63.1 kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination: fair
Consciousness: Yes — Pallor: absent
Icterus: absent — Edema: absent
Temp: afebrile — BP: 118/72mg
PR: 86bpm — DTR: normal
CVS: S1S2 (+) — RS: BLNVBS (+)
Liver/Spleen: Not palpable — Urine Output: Normal, SPO2 - 99% mRA

LMP: 21/8/25 EDD:
Corrected EDD: 28/5/26 GA: 39+4

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term

Ut. Activity: ☑ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others ______
Head Fifths Palpable: ______
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Primi 39+4 - Labor

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient

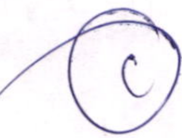
Family History:	Surgical History:
Father HTN	Nill
Medical History:	**Medication History:**
K/c/o Hiatus Hernia Anal fissure	T Felca OD
Plan of Care:	**Investigations:**
- Only liquids - IVF @ 100ml/hr RL - NST 3hrly - T. MISOPROSTOL 50mcg Po stat - w/f POL - Inform SOS. - CBP now	AB positive HIV] NR HBsAg] NR 7/4/26: Hb 11.6g% Plt 1.51kh 6/3/26: 28+1 1.2kg (57%) AFI 14.4cm P/: A/US Doppler (N)

Doctor Name: Dr. Y. Sneha.
Signature: [signature]
Date & Time: 25/5/26; 9AM

Consultant Name: Dr. Himabindu
Signature: [signature]
Date & Time: 25/5/26 9AM

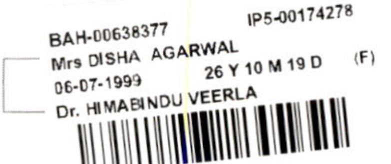
DR. HIMABINDU VEERLA
Registration No: 37245

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 12pm	c/o mild pains	Adv
	O/E ac-fair	- w/f progression of labour
	vitals - stable	- vitals 4th hrly
	P/A ut acting	- FHR monitoring - hrly
	FHR (+)	- CTG - 3rd hrly
20/5/26	CBP → 11.8 / 11,160 / 1.7L	- Infm SOS
		Dr Sameera
20/5/26 1:30pm		Adv
	O/E ac-fair	- w/f progression of labour
	vitals - stable	- CTG now f/b 3rd hrly
	P/A uterus acting	- vitals 4th hrly
	FHR (+)	- Start oxytocin 10U in 500ml RL 6ml/hr if NST is reactive
	VE - cx - 3cm dilated, 60% effaced, membranes (+)	- Infm SOS
	& aseptic precautions ARM done, clear liquor	
	Vx - 2 station	
		Dr Sameera



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 3:30pm	S/B Dr. Himabindu O/E GC - fair vitals - stable P/A ut activity FHR ⊕ NST - Reactive Upto @ 12min/hr	Adv - Epidural - W/F progression of labour - CTG 3rd hrly - vitals charting - Inform DM Dr Samune
25/5/2026 5:30pm	C/o - Pressure. Fms ⊕ good. P/A - uterus - Acting ⊕ FHS ⊕ P/V - Cx same findings PRx - 2. Clear liquor. DR. BHARGAVI REDDY K Registration No: 93315	Adv ① Initiate oxytocin ② Vitals monitoring ③ Watch for progress. ④ Dr Bhargavi

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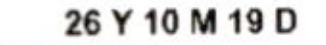
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 6.30PM	S/B. Dr. Hima Bindu	
	PA - at - term	
	cephalic (above brim)	
	FHS+	
	PV - Cx - effaced	DR. HIMABINDU VEERLA Registration No: 37245
	OS - thin rim +	
	PP - high up	
	Pelvis - gynaecoid +	Bindu
25/5/26 7.40PM	S/B. Dr. Hima Bindu.	For Emerg LSCS
	PA - at - term, active	
	cephalic.	Non descent of head.
	FHS+	
	PV - Cx - effaced	
	OS - fully dilated	
	membranes absent	
	PP - high up	
	Pelvis - gynaecoid.	Bindu.
		DR. HIMABINDU VEERLA Registration No: 37245

BAH-0063837; IP5-00174
Mrs DISHA AGARWA
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

PROGRESS NOTES AND DOCTOR'S ORDER

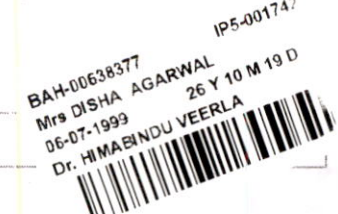
Date & Time	Progress Notes	Doctor's Order
25/5/26 9:30pm	POD-0 / EMLSCS / PIL,	
		Rx
	GC: fair	1) NBM till further orders
	B.P: 116/72 mmHg	2) IV fluids - 100ml/hr
B - Nil	P.R: 72 bpm	3) Drug as charted
	SpO2: 100% on RA	4) Monitor vitals - ½hrly x 2hrs
U/O: 200ml	P/A: Uterus retracted well.	5) I/O charting
		6) w/f P/V Bleeding
	P/V: NAB	7) Ambulation
		8) Inform SOS
		- Dr. Sravanthi
26/5/26 1:30 Am	POD-1 / EMLSCS / PIL,	
		Rx
B - Nil.	GC: fair	1) NBM till further orders
	B.P: 110/70 mmHg	2) IV fluids - 100ml/hr - Ringer lact
U/O: 400ml	P.R: 70 bpm	3) Drug as charted
	SpO2: 100% on RA	4) w/f P/V Bleeding
	P/A: Uterus retracted well	5) I/O charting
	Distension (+), Bowel sounds (+)	~~6) w/f P/V B/O~~
	P/V: NAB	6) Ambulation in Bed
Shift to Room		7) Inform SOS
	foley's removed at 2pm on 26/5/26	- Dr Sravanthi

Noted by Durga 607539

BAH-00638377 IP5-00174
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8:30 AM	C/D/W – Dr. Hima bindu POD-I / EmLSCS / P1L1	
	B well	
	U/O: 150 ml C/C: fair vitals: stable B.P: 102/72 mmHg P.R: 83 bpm SpO2: 100% on RA P/A: Uterus retracted well Distension (+) sluggish Bowel sounds (+) P/V: NAB	Rx 1) NBM till further orders 2) I/v fluids – 100 ml/hr 3) Drug as charted 4) c/o/f p/v Bleeding 5) I/O charting 6) Ambulation 7) Inform SOS
	foley's removed at 2pm on 26/5/26 – Dr. Sravanthi	
26/5/2026 9:20 AM	S/B: Dr. Hima Bindu Pt c/o pain Bloating of Abd PA – Gaseous distension ++ BS+ Uterus – involuting PV – lochia healthy	1) Sips of clear fluids 2) Serum Electrolytes 3) Inform SOS. DR HIMABINDU VEERLA Registration No: 37245 (Dr. V. HIMA BINDU)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 11:45pm	c/o Bloating sensation	
		Adv
	O/E	- Only sips of water
	GC - fair, afebrile	- IV fluids - RL/NS
	vitals - stable	@100ml/hr.
26/5/26	P/A - uterus retracted	- drugs as per
Na+ - 136	well	charted
K+ - 4.5	Gaseous distension ⊕	- w/f active
Cl - 107	L/E - Bleeding PV	Bleeding PV
		- Ambulate
- Remove foley's		- Encourage
catheter now		voiding
F/V		- Enpmaor
SX		
		Dr [signature]
26/5/26 7:30pm	Pt is stable	
	c/o burps.	Advice
UV	o/e: GC fair	① oral sips -
F/u informed.	BP - 120/60mmHg	② IVF RL/NS @ 100ml/hr.
	PR - 86bpm	③ Drugs as charted.
Sx.	SpO_2 - 100% max	④ w/f bleeding
	P/A - Distension ⊕	⑤ Ambulate
	BS sluggish	⑥ DULCOLAX SUPP (2T) P/R
	c/o BWNL	

Sruthi

noted by Swathi

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 20 D (F)
Dr. HIMABINDU VEERLA

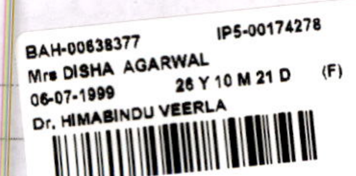
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 5:45PM	S/B. Dr. Hima Bindu	
	Pt – c/o bloated feeling Did not pass flatus	① clear liquids till 8AM (27/5/26)
	PA – Gaseous distension ++ BS ++ uterus – involuting PV – lochia healthy	noted by Jyothi (9010532) 26/5/26 [signature] (Dr. V. HIMA BINDU)
27/5/26 9:40am	POD2 / LSCS (Secondary)? Pt comfortable O/E LC-fair, afebrile PR 80bpm BP: 118/66mmHg CVS/RS SpO2 – 98%, on RA P/A: uterus retracted well Gaseous distension ⊕ Bowel sounds ⊕ L/E – Lochia healthy Urine ✓ passing flatus: stools ✗ Baby – well	Adv - plenty of oral fluids - drugs as per charted - vitals 6thly - W/F active bleeding PV - Ambulate - Inform SOS noted by [illegible] [signature] Dr Sameera

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10 AM	S/B. Dr. Hima Bindu Pt comfortable Passing urine & flatus PA - Soft gaseous distension BS ++ uterus - involuting PV - lochia healthy	1) Soft diet c̄ plenty of oral fluids [illegible] noted by Pooja
27/5/26 2:40pm	Pt comfortable	Adv
	O/E conc, afebrile vitals stable. P/A uterus retracted well Gaseous distension ⊕ Bowel sounds ⊕ L/E - lochia healthy	Soft diet, plenty of oral fluids - drugs as per charted - vitals 6th hrly Ambulate - Dulcolax sup stat now - Inform SOS
urine ✓ flatus ✓ stools		noted by Pooja
Baby - well		Dr Sumana



PROGRESS NOTES AND DOCTOR'S ORDER

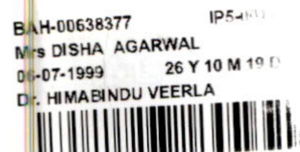
Date & Time	Progress Notes	Doctor's Order
27/10/26 9pm	POD-2 / LSCS	
		Rx
B-well	GC: fair	1) Soft diet c̄ plenty of oral fluid
	vitals: stable	
Passed stools flatus voided	P/A: Uterus retracted well	2) Drug as charted
	soft - Bowel distention (+)	3) w/f P/V Bleeding
	Bowel sounds (+)	4) Ambulation
	P/V: NAB	5) Impr sos
	Plan - discharge Tomorrow	— Dr. Sravanthi
		Noted by [illegible] 020953 27/10/26 9pm

AH-00638377 IP5-00174278
rs DISHA AGARWAL
-07-1999 26 Y 10 M 21 D (F)
. HIMABINDU VEERLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name:	Dr. HIMA BINDU	Date of Delivery:	25/5/26
Assistant Surgeon:	Dr. Bhargavi Reddy	Time of Delivery:	8:17 PM
Anaesthetist's Name:	Dr. Amreen	Gender of Baby:	Female
Type of Anaesthesia:	Epidural	Weight of Baby:	2.842 kgs
Neonatologist:	Dr. Aishwarya	AGPAR Score:	9/10
Scrub Nurse:	Sis. Pallabi	NICU Admission:	☐ Yes ☑ No

Pre-Operative Diagnosis: Primigravida c̄ 39+4 wks in Labor

☐ Elective ☑ Emergency Indication: Non-progression of Labor due to 2° stage arrest of labor c̄ non descent of head

Urgency

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

Decision time: —— Knief to rectus: 2 Min

CTG Description: ——

If there was a delay give the reasons: ——

Surgical Procedure:

Emergency Lower segment Cesarean Section

Post Operative Diagnosis: POD-0 / Pri / EmLSCS

Peri-Operative Complications: NIL

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

Name and Number of Surgical Specimen sent for examination:

—

Examination Findings when Appropriate:

Presentation: ☐ Cephalic ☐ Breech ☐ Other .... Cervical Dilatation: .... cm

5th Palpable: .... Fetal Position: ....

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2 Moulding: ☐ None ☐ + ☐ ++ ☐ +++

Caput: ☐ + ☐ ++ ☐ +++ Meconium: ☐ None ☐ + ☐ ++ ☐ +++

Bladder Catheterized : ☐ Yes ☐ No Urine: ☐ Clear ☐ Blood Stained

---

Skin Incision: ☑ Pfannensteil ☐ Transverse ☐ Midline ☐ Other ....

Uterine Incision: ☑ Lower Segment ☐ Classical ☐ Inverted T ☐ J Incision

Previous Scar: ☐ Intact ☐ Thinnedout ☐ Ruptured ☑ No Scar

Incision Through Placenta: ☐ Yes ☑ No

Delivery of head: ☑ Manual ☐ Forceps

Liquor: ☑ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not Offensive

Delivery of Placenta: ☐ Manual ☑ CCT .... ☑ Complete ☐ Incomplete ☐ Piecemeal

Cord Appearance: ......Normal,.. Cord around the neck ☑ Yes ☐ No 2 loops of cord around neck

Appearance of placenta: ....Normal.............................. Cavity explored ☑ Yes ☐ No

Uterus, tubes and ovaries: ☑ Normal ☐ Not Normal Sterilization: ☐ Yes ☑ No

---

Uterine Closure: ☐ One Layer ☑ Two Layers ....Vicryl 1-0.......... Suture

Peritoneal Closure: ☐ Pelvic ☑ Abdominal ☐ None ....Rapid vicryl 2-0.......... Suture

Sheath Closure: ....vicryl 1-0.......... Suture

Fat Closure: ☑ Yes ☐ No ....Rapid vicryl 2-0.......... Suture

Skin Closure: ☑ Subcuticular ☐ Mattress ....Rapid vicryl 2-0.......... Suture

Vagineal Evacuated ☑ Yes ☐ No

Drain: ☐ Yes ☑ No ☐ Remove in .... days ☐ Await instructions

Ctheter ☑ Yes ☐ No ☐ Remove in .... days ☐ Await instructions

Swap & Instruments count correct? ☑ Yes ☐ No ☐ Post-op Antibiotics ☑ Yes ☐ No

Intra-Operative Antibiotics Cover: ☑ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☑ No

Post-Operative Notes: ....

- NBM for 4-6hrs
- IV fluids - 100ml/hr
- Drug as charted
- w/f P/V Bleeding
- Monitor vitals ½ hly x 2hrs
- I/O charting

Doctor Name: ......Dr. Sravanthi...... Doctor Signature: ......[signature] Dr. V. HIMA BINDU......

Date & Time: ......25/5/26, 9pm......

BAH-00638377 IP5-00174
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower Segment Cesarean Section.

Post-Surgical Diagnosis: POD-0

Post-Operative Monitoring Parameters /Frequency:

→ Monitor vitals 1/2 hrly x2 hrs

Wound Care:

→ W/H P/V Bleeding

Drain /Special Lines/Catheters:

→ foley's catheter x24 hrs

Special Patient Positioning and Requirements:

→ can move side to side in Bed

Nutritional Instructions:

NBM for ~~4-18~~ hrs till further orders

When to Start Mobilization:

– after Removal of foley's catheter

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. Himabindu [signature]

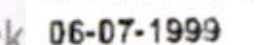
Treating Surgeon
(Signature & Stamp)

Date: 25/6/26 Time: 9 P.M.

Note: Plan of care will be readjusted if necessary.

Patient Stick

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA



RESULT SHEET

Date	20/5/26					
Time						
Hb	11.8					
PCV	38.0					
RBC	4.20					
WBC	11.16					
N/L						
Platelets	1.70					
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 → AB+ve						
HIV						
Hbsag } NR.						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

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

Shifting From: NA Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T Fe	1tab	PO	OD	24/5 9PM	☐ C ☑ DC
2	T Ca	1tab	PO	OD	24/5 9PM	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

[MEDI]CATION HISTORY RECORDED / VERIFIED BY

[Doctor] Name & Signature : Dr. Y Dr. Y. Sneha

[Date &] Time : 25/5/26 9AM

[Nurse Na]me & Signature: Sandya 016638

[Date & Ti]me : 25/5/26 12PM

[R]CHBH /FRM / GENERAL / 090

BAH-00638377 IP5-0017
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG: T. PANTOPRAZOLE				Date / Time	26/5	
Dose	Route	Frequency	Start Dt.	6am	2nd Stat Drug	
40mg	P/O	BD	26/5			
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi						
Additional Instructions:				6PM		
Daily Doctor's Endorsement by a Sign						

STOP [signature] 26/5/2026

DRUG: Inj PARACETAMOL				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Dt.	12AM	✓	Sinaj Jyoth
1gm	IV	QID	26/5/26	6Am	✓	Sinaj Jyoth
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. V. Hema Bindu				12PM	lovely	[signature]
Additional Instructions:				6PM	[signature]	
Daily Doctor's Endorsement by a Sign						

STOP Dr. Sameera 27/5/26 @ 10AM

DRUG: Inj TRAMADOL.				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Dt.	6Am	X	Sinaj Jyoth
50mg	IV	TID	26/5/2026			
Name & Signature of the Doctor Starting the Drugs: [signature] (Dr. V. HIMABINDU)				2PM	lovely Mary	
Additional Instructions:				10PM	Sinaj Jyoth	
Daily Doctor's Endorsement by a Sign						

STOP Dr. Sameera 27/5/26 @ 10AM

DRUG: Inj DICLOFENAC SODIUM				Date / Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			10AM
75mg	IV	BD	26/5/2026	9AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature] Dr. V. Hema Bindu						
Additional Instructions:				9PM	Sinaj Jyoth	Sinaj [signature]
Daily Doctor's Endorsement by a Sign						9PM

VERIFIED

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Inj PANTOPRAZOLE.

Dose	Route	Frequency	Start Dt.
40 mg	IV	BD	26/5/2026

Name & Signature of the Doctor Starting the Drugs: Dr. Hima Bindu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/5	27/5	28/5
6Am	✓	Sumana	Sumana
6Pm	Done	Done	

DRUG : PAN MPS SRYP.

Dose	Route	Frequency	Start Dt.
8 ml	PO	TID	26/5/2026

Name & Signature of the Doctor Starting the Drugs: Dr. Hima Bindu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	26/5	27/5	28/5
6Am	X	Sumana	Sumana
2Pm	Done	Done	
10Pm	Sumana	Sumana	

DRUG : Tab SPORIDEX AF

Dose	Route	Frequency	Start Dt.
750mg	PO	BD	27/5

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/5
10Am	✓
10Pm	Sumana

DRUG : Tab. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1gm	PO	TID	27/5

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	27/5	28/5
6Am	X	Sumana
2Pm	Done	
10Pm	Pooja	

VERIFIED

VERIFIED

VERIFIED

VERIFIED

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

DRUG CHART

Date of Admission: 25/5/26 Drug Allergies; NKDA ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Sign ....

Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

REGULAR PRESCRIPTIONS

Weight. — Ward. OBS

DRUG : Inj CEFOTAXIM				Date / Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
1gm	IV	BD	25/5/26	5AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. Sameere				5PM	[signature]	[signature]	
Additional Instructions: After test dose.							
Daily Doctor's Endorsement by a Sign							

Stop 27/5/26

DRUG : T. PARACETAMOL				Date / Time	26/5
Dose	Route	Frequency	Start Date		
1gm	ORAL	QID	25/5/26	12am	X
Name & Signature of the Doctor Starting the Drugs: Dr Amreen				6am	[signature]
Additional Instructions:				12PM	
				6PM	
Daily Doctor's Endorsement by a Sign					

Stop 26/5/2026

DRUG : T. TRAMADOL				Date / Time	26/5
Dose	Route	Frequency	Start Date		
100mg	ORAL	TID	25/5/26	1AM	X
Name & Signature of the Doctor Starting the Drugs: Dr Amreen				9AM	
Additional Instructions:				5PM	
Daily Doctor's Endorsement by a Sign					

Stop 26/5/2026

DRUG : T. DICLOFENAC				Date / Time	
Dose	Route	Frequency	Start Date		
50mg	ORAL	TID	25/5/26	7am	
Name & Signature of the Doctor Starting the Drugs: Dr. Amreen				3PM	
Additional Instructions:				11PM	
Daily Doctor's Endorsement by a Sign					

Stop 26/5/2026

VERIFIED
VERIFIED
VERIFIED
VERIFIED

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Weight. ......—...... Ward. ...OBG...

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	10AM	T. MISOPROSTOL	50mcg	PO	[illegible]	Keerthi / Sandya
25/5/26	7.45PM	Inj PERINORM	10mg	IM	Andy	Ruchi / Sandhya
25/5/26	7.45PM	Inj PANTOPRAZOLE	40mg	IV	Andy	Ruchi / Sandhya
25/5/26	8:10 PM	Inj. OXYTOCIN	9U	IV	Am	priya / pallavi
25/5	8:10PM	Inj. METHERGIN	0.2mg	IV	Am	priya / pallavi
25/5	9: PM	Sup. OXYTOCIN	100mg	P/R	Am	priya / pallavi
25/5	9 PM	Sup TRAMADOL	100mg	P/R	Am	priya / pallavi
25/5	8:30PM	Inj. CARBOPROST	250mcg	IM	Am	priya / pallavi
25/5	8:30PM	Inj. TRANEXEMIC ACID	1gm	IV	Am	priya / pallavi

10:5

VERIFIED

VERIFIED

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

Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

Weight. — Ward. BC

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
25/5/26	2:30pm	RINGER LACTATE + 10 UNITS OXYTOCIN. Start at 6ml/hr -	IV	6ml/hr	[signature]	[signature] Swapna	25/5/26	[signature]	Mounika Kranthi
~~25/5~~	~~2:30 pm~~	titrate every 30min increase by 6ml/hr watch for uterine contraction - 30. users for 10min				[signature] Swapna	25/5/26	[signature]	Rajeshwari Sharadha
25/5/26	3:50 PM	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	Preethi Sandhya	25/5	[signature]	[signature] pallavi
25/5	6 pm	RINGER LACTATE 500ml	IV	100ml/hr	[signature]	[signature] pallavi	25/5	[signature]	[signature] palli
25/5	8PM	RINGER LACTATE	IV	1000ml/hr	[signature]	[signature] Pallabi	25/5	[signature]	[signature] pallabi
25/5	8:30pm	RINGER LACTATE	IV	1000ml/hr	[signature]	[signature] pallabi	25/5	[signature]	Tunny Pushpala
25/5	1AM	RINGER LACTATE	IV	100ml/hr	[signature]	Tunny pushpala.		[signature]	poore poore.
26/5	5AM	Ringer Lactate	IV	100ml/hr	[signature]	pooja pooja	26/5	[signature]	pooja pooja
26/5	9AM	Ringer Lactate	IV	100ml/hr	[signature]	pooja pooja	26/5	[signature]	pooja pooja.

VERIFIED

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 20 D (F)
Dr. HIMABINDU VEERLA

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 .... Sign

Patient Sticker

REGULAR PRESCRIPTIONS

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

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

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

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

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

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	2PM	DULCOFLEX SUPPOSITORY	2	PR	[signature]	Pooja Sujatha 4:25Pm

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 20 D (F)
Dr. HIMABINDU VEERLA

I.V. FLUIDS CHART

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

		...position 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
26/5/2026	8pm	RINGER LACTATE.	IV	150ml	[signature]	[signature]			
26/5/2026		RINGER LACTATE.	IV	150ml	[signature]				
26/5/2026		RINGER LACTATE	IV	100ml	[signature]				

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/5/26 Time of Arrival: 9 Am Time Seen by Nurse: 9:05 Am.

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

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

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

3) **Vital Signs:** Temperature: 98.6F Pulse: 86 b/m RR: 18 b/m SpO2: 100% BP: 117/76 Weight: ...

4) **Gestational Criteria:**

Gravida:	G1	P	L	A

LMP: 21/8/25 EDD: 28/5/26 Gestational Age: 39+4

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

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

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

- Location: Lower abdomen
- Duration: Since 6Am. Days / Weeks/ Months (Strike out which is not applicable)
- Character: dull.
- Frequency: once in ten minutes
- Interventions: Encourage for Breathing exercises

6) **Past History:**

a) Surgeries: nil
b) Medical: ~~Nil~~ T. Felco OD

Docu. No. : RCHBH /FRM / CLINICAL / 098 (P.T.O.)

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

7) ... ☐ Yes ☑ No, If Yes : ....

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 9:40 AM

Nurse Name : Sandeya (016638) Nurse Signature: Sandeya

Date: 25/5/26 Time: 9:15 AM

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient St

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/5/26

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: EL-LSCS (Discharge + show +

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sneha

Time Notified: 9 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
T Feklo OD	Nill	-

Gynecology Assessment: ☐ Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Regular	Caesarean Section: ☑ No ☐ Yes	Contraceptives: ☑ No ☐ Yes
	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☑ No ☐ Yes
Onset of Menarche: 13	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
Last Menstrual Period: 21/8/25	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 1 P — L — A —

Previous LSCS: NA

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 Father HTN

Vital Signs / Measurements: Temp: 98.6F HR: 81 RR: 19

BP: 101/62 Weight: 63.1 Height: 156 BMI: ......

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

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 ..Husband..............................

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..............................

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

Orientation not given Reason: ..NA..............................

Nurse Signature: ..Sandhya..............................

Nurse Name: ..Sandhya (016638)..............................

Date & Time: ..20/5/26. @ 9:15 Am..............................

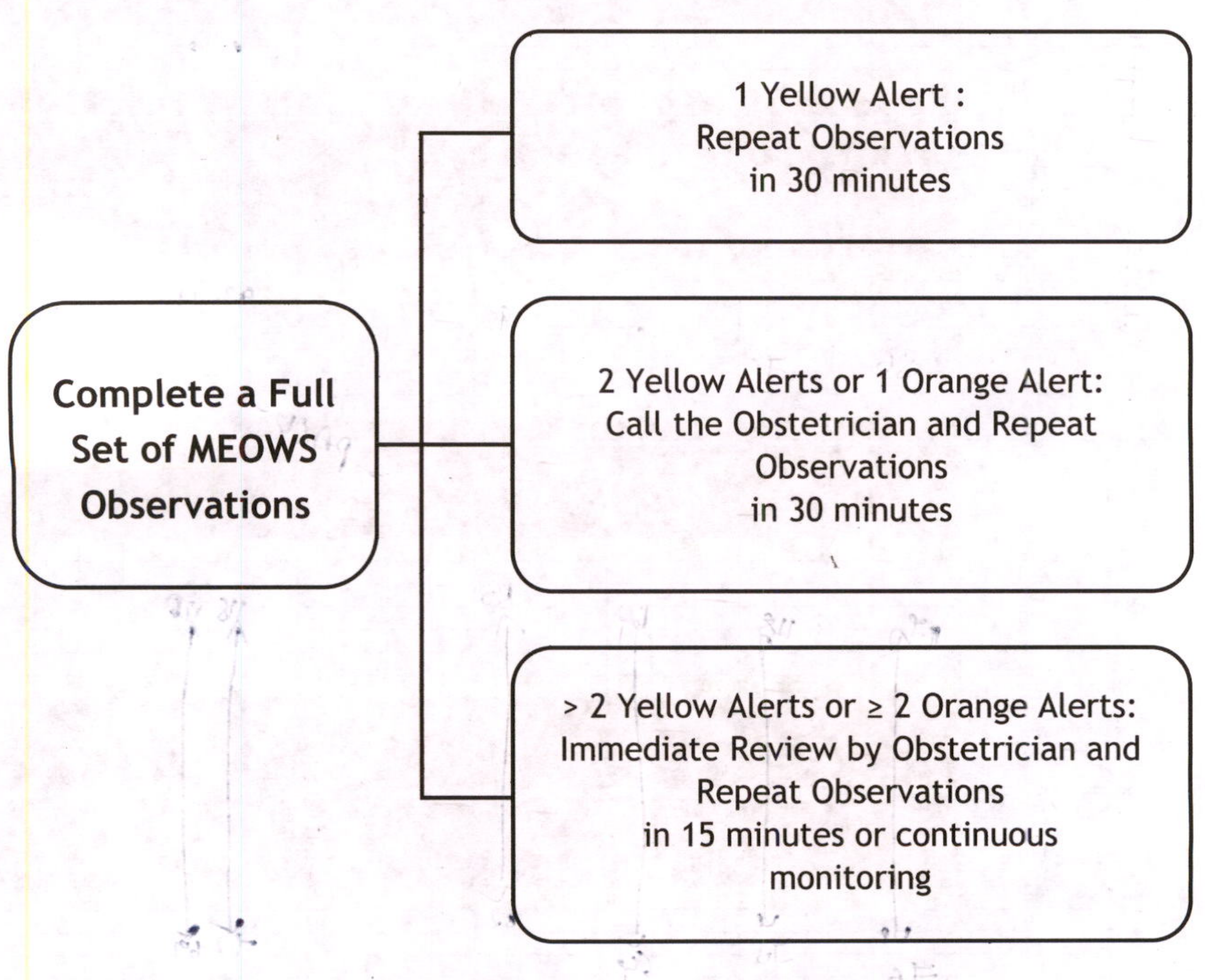
BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker

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	25/5																							
	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			18			18			18						19	20					20	
	0 - 10																								
Saturations	94 - 100 %		98			98			98%			100%						98%	99%					98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																							37°	
	36																	•	•						
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90											90						93	94					83	
	80								80																
	70		86			71																			
	60																								
	50																								
	40																PACU								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130											130												102	
	120					118			120									118	120						
	110		114																						
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80											82													
	70					74												72	69					72	
	60		76						64																
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																	A	A						
	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						1	1					0	
TOTAL ORANGE SCORES			0			0			0			0						0	0					0	
Nurse Initial			[illegible]			[illegible]			[illegible]			[illegible]						[illegible]	[illegible]					[illegible]	



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

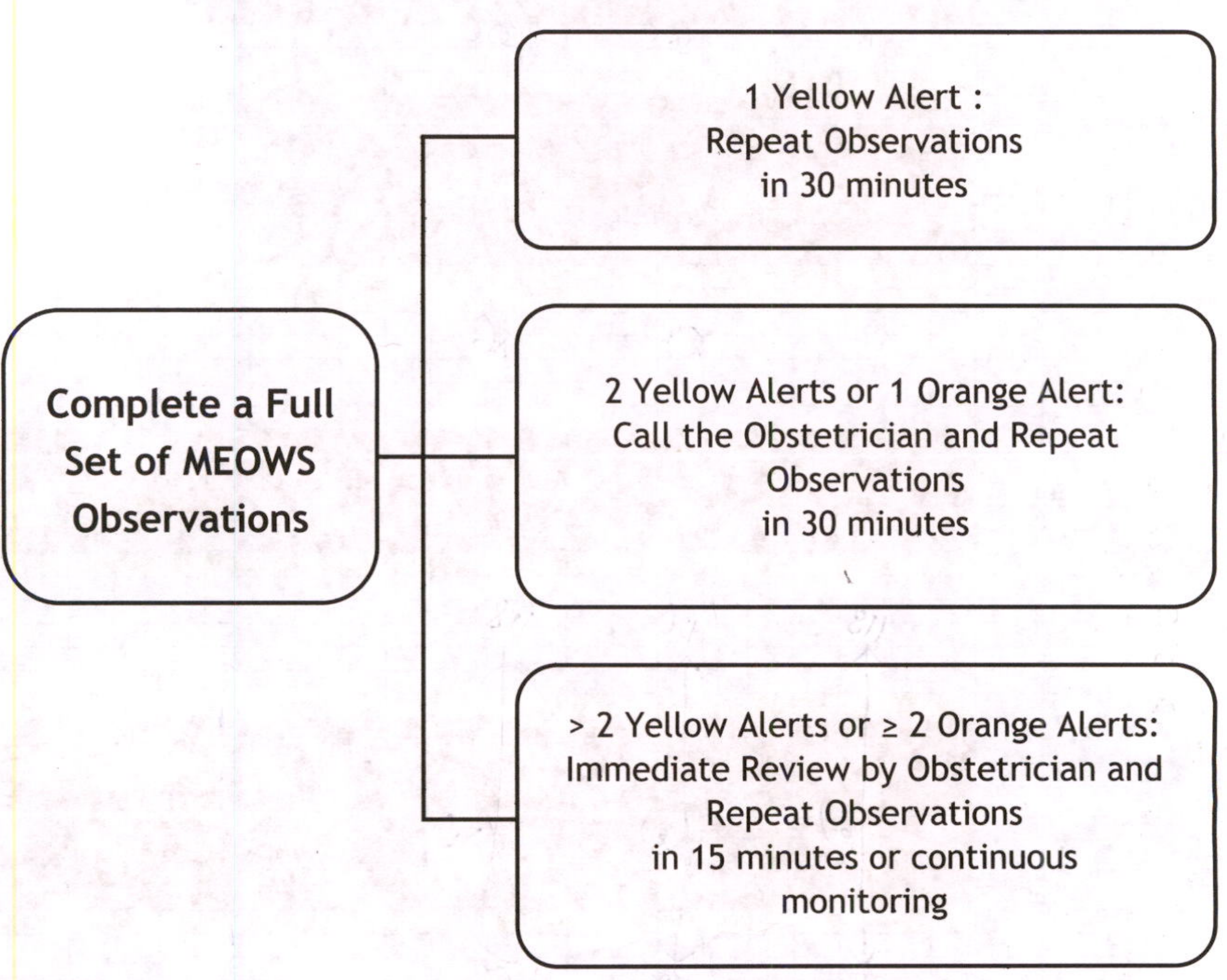
BAH-I 0638377 IP5-001742
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

26/5/26

Early Warning Observation Score Chart - Obstetrics

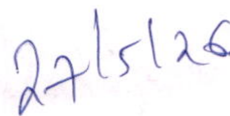
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

	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			19				19				19													
	0 - 10																								
Saturations	94 - 100 %			98				99%				99%													
	< 94 %																								
Administered 0_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37			98				36.8 C				37.8 C													
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80			82				88				86													
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130			118				120				118													
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130			(66)				(68)				(78)													
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60			70				78				66													
	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													
TOTAL ORANGE SCORES				0				0				0													
Nurse Initial				[illegible]				[illegible]				[illegible]													

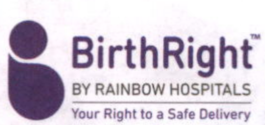


* The Modified Early Warning Score **(MEOWS)**

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA



27/5/26

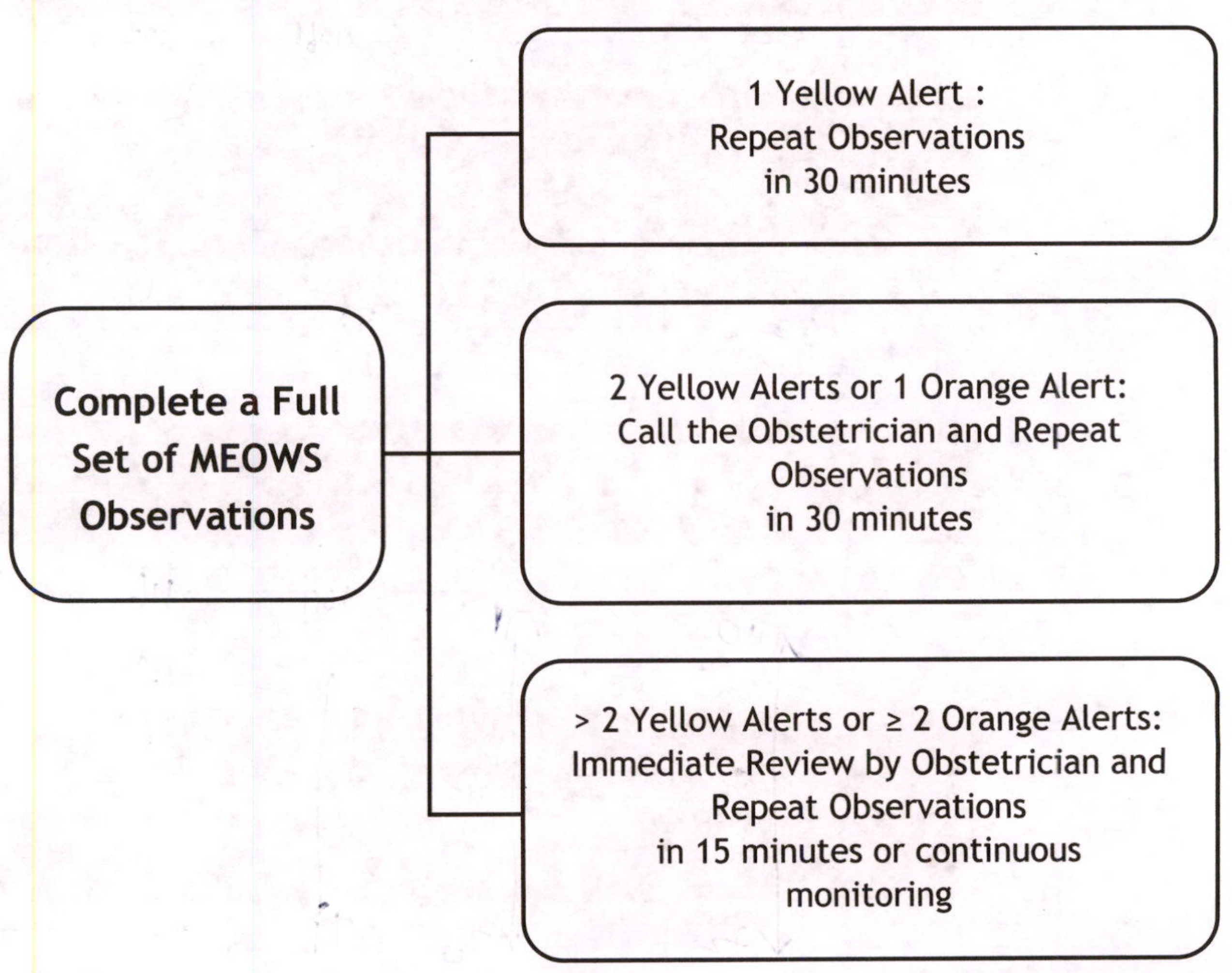


Early Warning Observation Score Chart - Obstetrics

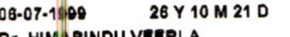
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

	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					19						19				20				21				20	
	0 - 10																								
Saturations	94 - 100 %					98%						97%				98%				99%				98%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					37.2						37°C				98.6F				97.5				98.2F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																			80					
	90															78								85	
	80					82						78													
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130															100				116				120	
	120											101													
	110					110																			
	100																								
	90																								
	80																								
	70																								
	60																								
	50					(65)						(72)													
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80					72						70				71				78				70	
	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															0									
TOTAL YELLOW SCORES						0						[illegible]								0				0	
TOTAL ORANGE SCORES						0										0				0				0	
Nurse Initial						[illegible]						[illegible]				[illegible]				[illegible]				[illegible]	

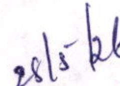
Obstetrics and Gynaecology Early Warning Signs



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



BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA



28/5/26

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°	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																								
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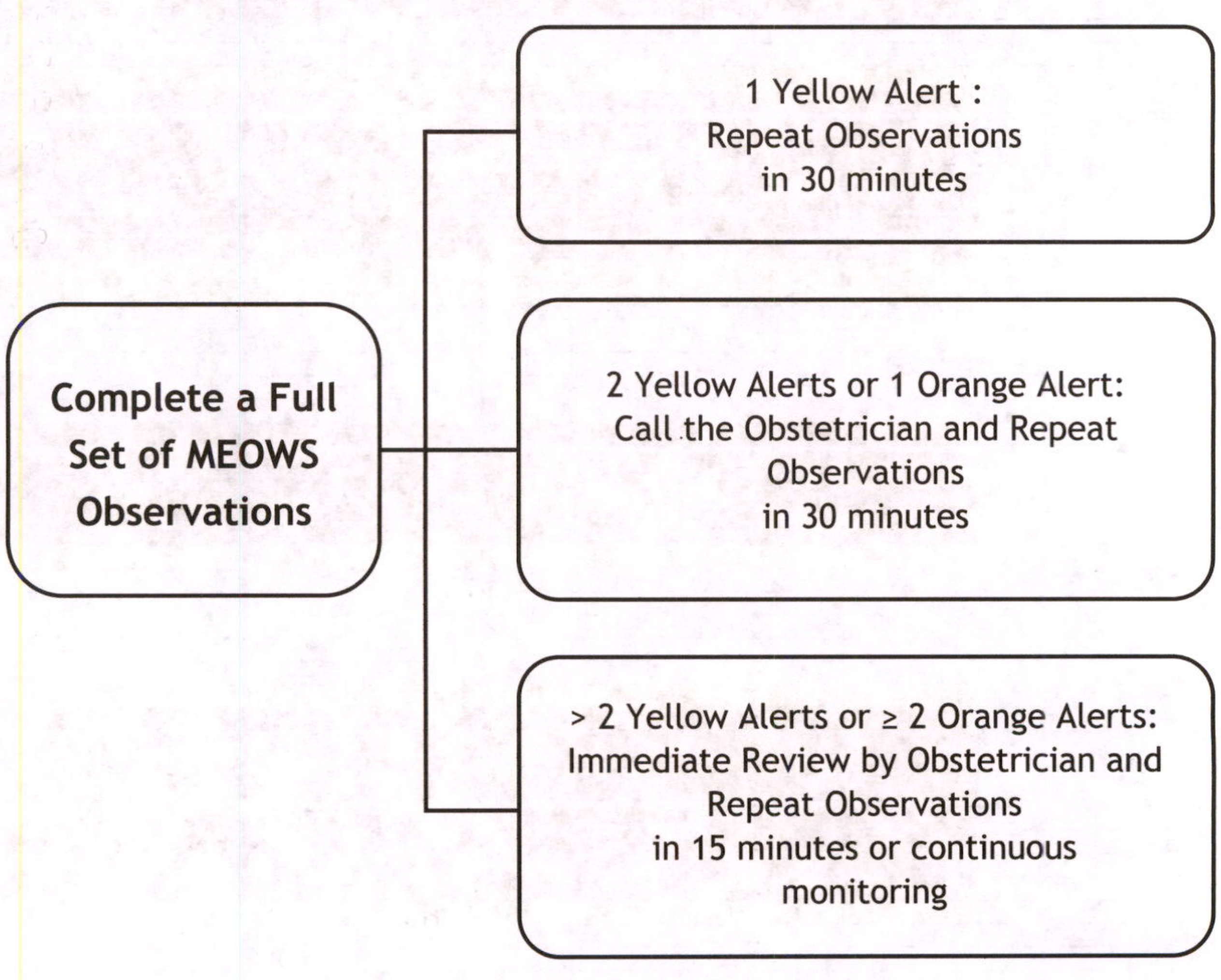
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	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)**

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

Patient Sticker

FLUID CHART

Sheet No.: 0

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

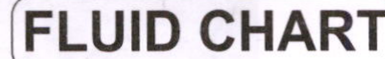
Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/5/26	08:00 am											
	09:00 am										0	Sandeep
	10:00 am		H2O				|			✓	0	Sandeep
	11:00 am						NO				0	Sandeep
	12:00 pm		H2O							✓	0	Sandeep
	01:00 pm										0	Sandeep
Total Intake : Taken						**Total Output :** U - 9					M- NP	
	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	RL	H2O	500ml			✓			↓	0	Rajeshwari
	05:00 pm	RL	H2O	500ml							0	Rajeshwari
	06:00 pm	RL	H2O	500ml						300ml	0	Rajeshwari
	07:00 pm	RL	H2O	500ml							0	Rajeshwari
Total Intake : Taken						**Total Output :** U - 300 ml.						
	08:00 pm	M	NBM	100ml/hr						↓	0	Tunny
	09:00 pm	M	NBM	100ml/hr			|				0	Tunny
	10:00 pm	M	NBM	100ml/hr			NP			200ml	0	Tunny
	11:00 pm	M	NBM	100ml/hr			|				0	Tunny
	12:00 am	M	NBM	100ml/hr						↓	0	Tunny
	01:00 am	M	NBM	100ml/hr							0	Tunny
Total Intake : NBM						**Total Output :** U - 200ml, M -						
	02:00 am	RL		100ml			|			400ml	0	Tunny
	03:00 am	RL		100ml							0	Durga
	04:00 am	RL		100ml							0	Durga
	05:00 am	RL		100ml			NP				0	Durga
	06:00 am	RL		100ml			|			[illegible]00ml	0	Durga
	07:00 am										0	Durga
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	U-1600ml M-0

BAH-00638377 IP5-001742
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

26/5/26



FLUID CHART

Sheet No. : 2

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	RL		100ml			NP				0	Swap
	09:00 am			100ml						500ml	0	Swape
	10:00 am		water	–							0	Swape
	11:00 am			–							0	Swape
	12:00 pm			100ml							0	Swape
	01:00 pm									400ml	0	Swape
Total Intake :									Total Output :	U – 900ml M – 0		
	02:00 pm	RL		100ml			NP				0	Swap
	03:00 pm			100ml							0	Swape
	04:00 pm			100ml							0	Swap
	05:00 pm			–						600ml	0	Swap
	06:00 pm			–						✓	0	Swap
	07:00 pm			–							0	Swap
Total Intake :									Total Output :	U – 600ml M – 0		
	08:00 pm	RL		100ml			NP				0	JYoth
	09:00 pm		HO	100ml						–	0	JYoth
	10:00 pm			100ml							0	JYoth
	11:00 pm			100ml							0	JYoth
	12:00 am		HO							–	0	JYoth
	01:00 am			100ml							0	JYoth
Total Intake :									Total Output :	U – 2 M –		
	02:00 am	RL					NP				0	JYoth
	03:00 am		HO	100ml							0	JYoth
	04:00 am			100ml						–	0	JYoth
	05:00 am			100ml							0	JYoth
	06:00 am		HO								0	JYoth
	07:00 am									–	0	
Total Intake :									Total Output :	U – 2 M – 0		

Total 24 hrs. Intake		Total 24 hrs. Output	U – 8 M – 0

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA

FLUID CHART

Sheet No. : (8) 27/5/26.

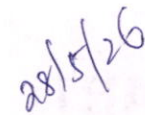
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake: Route – Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	Pooja
	09:00 am		H2o				NP			✓	0	Pooja
	10:00 am										0	Pooja
	11:00 am										0	Pooja
	12:00 pm		H2o							✓	0	Pooja
	01:00 pm										0	Pooja
Total Intake :						Total Output : U – 2 M – 0						
	02:00 pm										0	Pooja
	03:00 pm		H2o							✓	0	Pooja
	04:00 pm						✓				0	Pooja
	05:00 pm										0	Pooja
	06:00 pm		H2o							✓	0	Pooja
	07:00 pm										0	Pooja
Total Intake :						Total Output : U – 2 M – 1						
	08:00 pm										0	[illegible]
	09:00 pm		H2O				NP				0	[illegible]
	10:00 pm									✓	0	[illegible]
	11:00 pm										0	[illegible]
	12:00 am		H2O								0	[illegible]
	01:00 am										0	[illegible]
Total Intake :						Total Output : U: 1 M: 0						
	02:00 am						NP				0	[illegible]
	03:00 am		H2O								0	[illegible]
	04:00 am									✓	0	[illegible]
	05:00 am										0	[illegible]
	06:00 am		H2O								0	[illegible]
	07:00 am										0	[illegible]
Total Intake :			Taken			Total Output : U: 1 M: 0						

Total 24 hrs. Intake		Total 24 hrs. Output	U: 6 M: 1

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 21 D (F)
Dr. HIMABINDU VEERLA



FLUID CHART

Sheet No. : 4

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCHBH /FRM / CLINICAL / 092

Patient Sticker

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.
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**	

Docu. No. : RCHBH/FRM/CLINICAL/092

Patient Sticker

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

Name: Disha Agarwal Age: 26 Sex: F UHID.No : BAH-00638377

Date: 25/5/26 Time: 4PM Proposed Operation: Labour Epidural Analgesia.

Diagnosis: Primi gravida.

B.P / CRT: .... H.R: .... Weight: 67kgs. ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

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

Allergies: Not Known.

Medical History: CVS : No Comorbidities K/C/o Hypothyroid on medication

RESP : No URI/Cold/Cough. Diabetes : ⊖

CNS :

Renal : ⊖

Hepatic / GE : ⊖ Physical Activity: Active.

Others :

Past Anaesthetic History: Nil.

Physical Exam: afebrile.

Airway: MP ①2 3 4 Mouth Opening: >3F Mentohyoid Distance: Ⓝ Neck: Ⓝ Teeth: Normal Intact.

Lungs : BAE ⊕

Heart: S_1S_2 ©

CNS: HMF ⊕

Pregnant: ☑Yes ☐ No ☐ NA | Venous Access Site : ⊕ | Spine Exam for regional : Palpable

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

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

CURRENT MEDICATIONS	DOSAGE
—	—

Pre-Operative Instructions:

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

Signature: Amr Name: Dr. Ameera

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

BAH 00638377 IP5-001742
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D
Dr. HIMABINDU VEERLA

ANAESTHESIA CHART

Pre Induction Assessment: 8 pm.

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

H.R: 80/mt	B.P / CRT: 110/70 mmHg	SpO2: 100%.	R.R: 20	Last Feed: > 6 hrs

Pre-OP Diagnosis: Primi gravida Operation: Emergency LSCS. Date: 25.5.26

Surgeon: Dr. HimaBindu veerla Anaesthesiologist: Dr. Ameen / Dr. SSN. Technician: Dr. Vijay

TIME	8 pm				9
N_2O /AIR /O_2 LPM					
HALO /SO /SEVO					
Drugs:					
B. OXYTOCIN	6U.				
FIO_2 / SaO_2	100	100	100		
$ETCO_2$					
ECG	SR	SR	SR		
Temperature					
Urine Output					
Fluids / Blood: RINGER LACTATE	10 →	→	→	10 →	

Antibiotic: –

Suppository: Sup. TRAMADOL 100mg / Sup. DICLOFENAC

Blood Loss: –

NOTES: –

B.P: V Systolic, Λ Diastolic, X Mean, • Heart Rate (scale 240, 220, 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 10, 0)

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values: ABG / GRBS / Others

☐ Equipment Checked and Functional
☑ BP
☑ Cuff Site: ....
☐ Art Site: ....
☑ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☑ Awake

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

Times:
Anaes Start: 8PM
OP Start: ↓
OP End: ↓
Leave OR: 9PM.

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☑ Regional

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: (R) VL 18G
☐ IV: ....
☐ IV: ....

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

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....
☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....
☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☑ Epidural ☐ Caudal
Others: ....
Position: Sitting
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: 2% LIGNOCAINE / 0.5% BUPIVACAINE?
Bolus: 15 ml.
Infusion: ....
Block Level: T4
Comments: adequate

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

Name of the Doctor: Dr. Ameena
Signature of the Doctor: [signature]

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sis Priya Time Received : 9:30 pm Time Discharged : 2100hr

Chart times: 9:30 pm, 9:45 pm, 10pm, 10:30 pm, 11pm, 11:30 pm
Scale (RESP < • PULSE > < BLOOD PRESSURE): 250–0; SPO_2

IV Cannula Site : Right hand.

- ☐ O_2Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: ......

NG Tube : ☐ Yes ☑ No

Drain: ☐ Yes ☑ No

Urinary Catheter: ☑ Yes ☐ No

Chest Tube: ☐ Yes ☑ No

Nil Oral ☑ Yes ☐ No

IV Fluids: ......

Oral Feeds: Nil

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0		ACTIVITY	1	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION	2	2	2	2	2	Exceptions to this, are to be explained in the space below by the Discharging Physician:
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0		CIRCULATION	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0		COLOR	2	2	2	2	2	
		TOTAL	9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
25/5	9:30 pm	0	NA	Tunny
25/5	11:30 pm	2	Inj. pcm given	Tunne
25/5	12Am	0	under observation	Tunny

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

Anaesthesiologist Name : Am

Anaesthesiologist Signature: Dr. Ameen

Date & Time: 25/5/26 @ 12Am

PACU Nurse Name : Tunny

PACU Nurse Signature: TN

Date & Time: 25/5/26 @ 9:30pm

Reassessment Frequency:

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

Transferred to Unit by (PACU): OBS

Date & Time: 25/5/26 @ 9:30 pm

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 25/5/26 Time: 4PM Procedure done by Dr. Ameen.

CSE /Spinal /Epidural Position : sitting Space : L3 L4. Technique (LOR/LOS) ✓

Depth: 4 cm Catheter at Skin: 9 cm Attempts : 1

Parasthesia : Yes/No ✓ if yes details :

Solution Composition : 0.1% BUPIVACAINE + 2mcg/cc FENTANYL.

Any other issues :

a) —

b) —

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP	Maternal Pulse	FHR	Comments
4:30pm	8ml/hr	0.6% LOX 10ml.	T6	T6	100/60	96	140	Comfortable.
5:30pm	8ml/hr		T8	T8	100/60	96	146	Comfortable,
7:30pm	8ml/hr of premix		T8	T8	"			Comfortable, no pain

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

Catheter Removed by and Tip Inspected : yes.

Patient Satisfaction : yes.

Discharge /Shifting ordered by

Doctor Signature: [signature]

Doctor Name: Dr. Ameen

Date and Time : 25/5/26 12AM

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

CONSENT FOR ANAESTHESIA

Authorization By: ☑ Patient ☑ Patient Attendant

Operative Procedure: Emergency LSCS.

Anaesthesiologist: Dr Subramanyam Surgeon: Dr Hima Bindu

Please read this before you consent for Anaesthesia

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

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

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

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☑ Others Hemodynamic instability, PDPH.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team

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

Patient / Patient Attendant:

Signature: [signature]

Name: Disha Agawal

Relationship with patient: Self

Date & Time: 25/5/26 @ 8pm.

Witness:

Signature: Devansh

Name: DEVANSH AGARWAL

Date & Time: 25/5/26 @ 8pm

Doctor (who is taking consent):

Signature: Am Name: Dr Ameen. Date 25/5/26 Time: 8pm.

Patient Sticker

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స: ....

అనస్థీషియా వైద్యుడు: .... శస్త్రచికిత్స నిపుణుడు: ....

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు. రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

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

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

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

☐ ఇతరవి: ....

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:	సాక్షి:
సంతకం:	సంతకం: ....
పేరు:	పేరు: ....
రోగితో సంబంధం:	తేదీ & సమయం: ....
తేదీ & సమయం:	

డాక్టర్ :

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

BAH-00638377 IP5-00174278
Mrs DISHA AGARWAL
06-07-1999 26 Y 10 M 19 D (F)
Dr. HIMABINDU VEERLA

CONSENT FOR LABOUR ANALGESIA

Authorization By: ☑ Patient ☐ Patient Attendant

I, the undersigned do hereby acknowledge the following:

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

  ☑ Epidural Analgesia ☐ Intravenous Analgesia (Remifentanil)

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

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

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

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. HEENA BHUPIA and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [signature]

Name: Devansh

Relationship with patient: Husband

Date & Time: 25/5/26 @ 3:40pm

Witness:

Signature: [signature]

Name: Mrs Disha

Date & Time: 25/5/26 @ 3:45 pm.

Doctor (who is taking consent):

Signature: [signature] Name: Dr HEENA Date 25/5 Time: 345pm

(26)

Docu. No. : RCHBH / FRM / CLINICAL / 288

Patient Sticker

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

☐ ఎపిడ్యూరల్ అనాల్జీసియా

☐ శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

- ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

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

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

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

రోగి / రోగి అటెండెంట్:	సాక్షి:
సంతకం:	సంతకం: ....
పేరు:	పేరు: ....
రోగితో సంబంధం:	తేదీ & సమయం: ....
తేదీ & సమయం:	

డాక్టర్ :

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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Disha Agarwal Gender: ☐ Male ☐ Female Age : 26y

UHID No : BAH-00638377. Date : 25/5/2026

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)

Lower Segment Caesarean Section

upon Disha Agarwal
(Name of the Patient)

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

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

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

possibility of bleeding / injury to bowel & bladder has been explained. possibility of transfusion of blood & blood products has been explained

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. V. Hima Bindu [signature]

Consentee :

Signature : [signature]

Name : Disha Agarwal

Date & Time : 25/5/26 . 7.45PM

Patient Attendant :

Signature : [signature]

Name : Devansh Agarwal

Relationship with Patient: Husband

Date & Time : 25/5/26 . 7.45PM

Witness :

Signature : [signature]

Name : Punya

Date & Time : 25/5/26 @ 7:45 pm.

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. V. Hima Bindu

Date & Time : 25/5/26 . 7.45PM

Docu. No. : RCHBH /FRM / CLINICAL / 027

INDUCTION OF LABOR CONSENT

Name: Mrs. Disha Age: 26 Gender: Male ☐ Female ☑

UHID.No : 638377 Date: 25/5/26

You are scheduled for an induction of labor on 25/5/26 (date) at 39 +4 (weeks of gestation).

The reason for your induction is Term

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient

Signature: [signature]

Name: Disha

Date & Time: 25/5/26 9AM

Patient Attendant: Devansh AGARWAL

Signature: [signature]

Name: Devansh Agarwal

Relationship with Patient: Husband

Date & Time: 25/5/26 9AM

Doctor:

Signature: [signature]

Name: Dr. Y. Sneha

Date & Time: 25/5/26 9AM

Witness

Signature: Sandeya

Name: Sandeya (016638)

Date & Time: 25/5/26 10AM

POST – PARTUM ASSESSMENT FORM – IN-PATIENT

Date: 26/5/26

Chief Complaint : Pain at the suture site

Obstetric/ Birthing History : P1L1, LSCS, POD-1

Previous Surgical/Medical History : Hiatus hernia, anal fissure, G. hypothyroid

Assessment :

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

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

Iv line + ✓ / -

Catheter + / - ✓

Postural alignment -

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

On Examination : Breathing pattern – abdominal/ apical ✓/ diaphragmatic

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

Able to initiate Pelvic Floor Activation – ☑ Yes ☐ No

Spl Notes -
Treatment Plan :

☑ Lateral Breathing	☑ Pelvic Floor Activation	☑ Transversus Abdominis Activation
☑ Gluteus Activation	☑ Active Motion for Limbs	☑ Transfer Training & Mobility
☑ Sit to Stand	☑ Monitored Walk	☑ Posture & Ergonomic Education

Signature : T.S.

Name : Dr. Tuheena Sharma (PT)

Date & Time: 26/5/26 3pm

Docu. No: RCHBH /FRM /CLINICAL / 200

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mrs. Disha Agarwal UHID No : 638377

Gender: ☐ Male ☑ Female Date : 25/5/26 Time : 9AM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Himabindu. V [signature]

Consentee :

Signature : [signature]

Name : Mrs. Disha Agarwal

Date & Time : 25/5/26 9AM

Patient Attendant :

Signature : [signature]

Name : Devansh Agarwal

Relationship with Patient: Husband

Date & Time : 25/5/26 9AM

Witness :

Signature : [signature]

Name : Sandya 1018638

Date & Time : 25/5/26 10AM

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Y. Sneha

Date & Time : 25/5/26 9AM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : .... వయస్సు .... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. ....విభాగము ....

తేదీ ....

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

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

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

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

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు: ....

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

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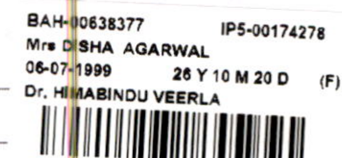

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/5/26 Time: 10am

Origin: Indian Height: 156cm Weight: 63.1Kg/p BMI: 29.2kg/m²

Food Allergies: No

Diagnosis: POD-1, EM. LSCS (Lower Segment Cesarian Section)

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

☑ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

liquid diet

include plenty of oral liquids

Patient's / Attendant's

Signature: Mamta

Name: Disha

Date & Time: 26/5/26 & 10am

Dietician's

Signature: Saima

Name: Saima

Date & Time: 26/5/26 & 10am

DIETARY NOTES

Date	Time	Notes	Sign