

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174332 Admit Date : 26-May-2026 Admit Time : 08:57 AM UHID : BAH-00444908

Patient Details :

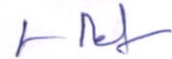
Patient Name	: Mrs MAHESHWARI KAWLE	Age	: 33 Y 9 M 16 D
Guardian	: MR RAHUL KAWLE	DOB	: 10-08-1992
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Erragadda Hyderabad Telangana INDIA 500018	Phone No	: 9000033200/ 9849416594
		E-mail	: rahulkawle.in@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 415 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 415 Admission Type : First Visit

Contact Details :

Name : MR RAHUL KAWLE Relationship : Husband
Contact Address : HNO-8-4-544/21/77,B SHANKAR LAL NAGAR, Erragadda Hyderabad Telangana INDIA 500018 Phone No : / 9000033200



Signature

Doctor Details :

Doctor Name : Dr. ANNIE PRANUTHA P Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MDINDIA HEALTH INSURANCE TPA
PVT LTD

ACTIVITY RECORD FOR BILLING

Name **BAH-00444908** IP5-00174332
Mrs MAHESHWARI KAWLE
10-08-1992 33 Y 9 M 16 D (F)
UHID † **Dr. ANNIE PRANUTHA P** Consultant: _____ Dept : _____



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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	6:35pm	069	306	Sandhya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tineena Sharma (PT)	27/5/26		Mounitha
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5/26	NST - ①	265026596 ✓	Scudmyr
27/5/26	1FT	26053860	mounita

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5	Iv placement	①	9627995	Bhart
26/5	PAC	}		Saahya
	Catheterization	}		
			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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BAH-00444908 IP5-00174332
Mrs MAHESHWARI KAWLE
10-08-1992 33 Y 9 M 16 D (F)
Dr. ANNIE PRANUTHA P



FOR OBSTETRICS



Presenting Complaints

G3 P1 L1 A1 E Previous LSCS @ 36th wks for EL. LSCS

LMP: 14/9/20

EDD: 21/6/20

Corrected EDD: 21/6/20

GA: 36th wks

Obstetric Formula: ML-2020INCM

Menstrual History: Regular: Yes No

Obstetric History: n/o hypotension
I → 2021, sp. conception, SRM in labour
EM LSCS @ 39th wks, ♂, 2.94kg

Obstetric Examination

Fundal Height: 36 wks

II w/o → PFC (fetal brady), n/o wound discharge

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: front wound.

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

II - 20x, may, missed minge @ 8 wks → MERPC

Head Fifts Palpable: _____

III → PP → sp. conception, booked at 17th wks

FHS: Normal Tachy Brady Absent

RISK FACTORS:

HBs Ag +ve (Hepatitis B +ve)
Obstetric cholestasis: 21/2 wks
- previous LSCS

Per Speculum Examination Not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination Not indicated

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Height: 155 cm

Weight: 86.2 kg

Allergies: NKA

Breast: Normal Abnormal

Membranes: Present Absent

General Examination:

Liquor: Clear Meconium Blood Stained

Consciousness: Comian Pallor: absent

Presenting Part: Vertex Breech Others

Icterus: Absent Edema: absent

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

Temp: Afebrile PR: 72 bpm

Pelvis: Adequate Doubtful

BP: 120/80 mmHg DTR: ⊕

CVS: S1 S2 ⊕ RS BAE ⊕

Liver/Spleen: non-palpable Urine Output: adequate

DIAGNOSIS

G3 P1 L1 A1 E Previous LSCS @ 36th wks for EL. LSCS
@ Hepatitis B +ve / Obstetric cholestasis



<p>Family History:</p> <p>Parents - HTN, Mother - hypothyroid</p>	<p>Surgical History:</p> <p>CS LSCS → 2021</p>
<p>Medical History:</p> <p>Hepatitis B +ve</p>	<p>Medication History:</p> <p>T. Iron O.D T. Calcium O.D T. Udiliv 300mg TID</p>
<p>Plan of Care:</p> <p>admission.</p> <ul style="list-style-type: none"> • Consent - FL, LM • NBM • Flw cannula • Flw fluids - 100ml/hr - Ringer Lactate • NST - now • Foley's catheterisation • PAC • send CBP & Trace • Monitor vitals • Prepare parts • Shift to OT on call 	<p>Investigations:</p> <p>⊕ +ve 23/2/26 HBV DNA: 300 IU/ml Virals - NR 6/5/26 HBV DNA: not done S. Bile acid: 20 mmol/l EF: 65% <u>7/2/26</u> Hb: 11.3 <u>11/4/26</u> : 2D ECHO - (N) (Maternal) Trivial MR / Trivial TR ALP - 120 S. albumin - 3.1 protein / Gnt: 0.34, CUE (N) CP: 11.5 / 11210 Hb wbc PLT: 2.12 ALT: 1.4mm, TIEFFA - (N) Double Marker - Low risk <u>22/4/26</u> : 31+3 ves, cephalic EFW: 2127gm (88%) AC ~ 81%, AFI: 19.9 platelet - 114, Doppler (N) 25 hrs - 12.6 / 2.20 / 9.980 (all) CPT <u>25/5/26</u> : S. Bile acid → 740 mmol/l</p>

Doctor Name: Dr. Pravanthi
 Signature: [Signature]
 Date & Time: 26/5/26, 8 AM

DR. ANNIE PRANUTHA P
 Registration No: 51356
 Consultant Name: Dr. ANNIE Pranthi
 Signature: [Signature]
 Date & Time: 26/5/26, 9 AM

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

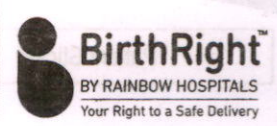
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2:00 PM	<p>- POD-0; Elective / Scs. - Immediate post op - Pt is stable - O/E: ac - Pain</p>	
	<p>BP - 96/62 (77) PR - 60 bpm SpO₂ - 100% on RA P/A - 124 well contacted Dressing drying & intact. U/e - BUNK U/o - 200ml; clear & colorless</p>	<p><u>Advice:</u> ① NBM x 4hrs ② Drugs as charted ③ Monitor vitals 15 min for 2hrs, fl/b 1hr for 2hrs ④ w/ hypotension, tachycardia, bleeding pt ⑤ Inform SOS.</p>
	<p><i>Dr. Annie</i></p>	<p><i>Smith</i> DR. ANNIE PRANUTHA P Registration No: 51356</p>
26/5/26 6:00 PM	<p>- POD-0 - Pt is stable. - BP - 105/64 (85) PR - 60 bpm SpO₂ - 100% on RA P/A - wt well BS ⊕ Dressing dry & intact U/e - BUNK U/o - 300ml / clear & colorless</p>	<p><u>Advice:</u> ① Clear liquids if tolerating ↓ ② to start soft diet @ 9pm. ③ Hydration. ④ Drugs as charted ⑤ Monitor vitals & fl/b - 4th bed. ⑥ w/ hypotension, tachycardia, bleeding pt. ⑦ Shift to Room (P.T.O)</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 7:30pm	POD-0 / Cephalic / previous lcy / EL-154 / HBV (VC) cls: mild pain in abdomen at stitch site.	
	<u>o/f</u> Gc-fair	Adv
Baby-well	BP- 106 / 78 mmHg PR- 60 Bpm. SPO2- 98% RA P/A - uterine retraction well	1) IUT @ loome till 12:00pm 2) allow clear liquids 3) if tolerating soft diet from 9:00pm 4) w/o active bleeding
VO- 200ml [600ml since 2:00pm]	U/E - Lochia healthy	5) Monitor vitals 4th hourly 6) Drugs as charted 7) Inform Jc 8) inj. PCRA 1gm iv stat.
fx sx		
foley's removal at 6:00am on 27/5/26		Dr A DRDige
		noted by Prof
27/5/26 8:45 AM	POD-1 Stable ambulant, voided.	Adv 1) Oule as support 2 P/R 2) soft diet 3) ambulant
Adv LFT Today	Temp - 97°K PR - 82b NA - 112/82 mm	
	P/A - uterine indistinct mild gaseous distension lochia - healthy	DR. ANNIE PRANUTHA P Registration No: 51359

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/8/20 8:30pm	A comfortable. O/E w-fair vitals: stable. P/A: uterus retracted well Gangly BS (+)	Adv - soft diet, plenty of oral fluids - drugs as per charted
Baby well Urine ✓ flatus ✓ stool ✓	Healthy Gangly BS (+)	- vitals stably - Ambulate - w/f active Bleeding PV - Bulwar sup astat PR now - Inform M
<p><i>(Signature)</i> Dr. Anne noted by <i>(Signature)</i></p>		
27/8/20 8:30pm	POD-1 / EL-WS / Heart B +ve G/G/Gen vitals: stable P/A: Uterus retracted well Gangly BS (+) P/V: NAB	<ol style="list-style-type: none"> 1) soft diet & plenty of oral fluid 2) Drug as charted 3) w/f P/V Bleeding 4) Ambulation 5) Monitor vitals - 4hr 6) Inform SOS

(Signature)
 noted by *(Signature)*
 27/8/20 @ 8:30pm (P.T.O)

BAH-00444908
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/07/25 9:30 AM	POD-2 E.C. - Urst Hepat B +ve.	
B-weel	Qc: fair vitals: stable	NOVD - 1) soft diet 2) plenty of oral fluids
P/anal flat	Plt: Utens recheck weel	3) Monitor vitals - q4h 4) DWG as charted
stool	soft, BX (+)	5) w/ff flw bleeding
DL SLE / dwe	flw: n/a	6) Tefgen so 7) Amululation
	plan discharge.	- Dr. Sravanti Shr
28/5/26 10:30 AM	cpo abdominal bloating. Not passing flatus. P/A -> soft distended No tenderness	
plan - will review today noon		add - Dulcdo Suppositories 2 per rectum
		- Encourge ambulation Diet - liquids - water, coconut water, <u>saps</u>
		<u>No sounds</u>

DR. ANNIE PRANUTHA P
 Registration No: 51356

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BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 17 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 2pm	POD-2 EL-Us of hepatic B +ve.	
B-Well	Gc: /gvr	Re
	Vitals: Stable	1) liquid diet only (coconut water, soups)
PLE / SIT /	P/A: Uterus healed well.	2) Monitor vitals - 4ty
	Soft distention (+)	3) Dwg as charted
CVL	Bowels out (+)	4) w/ Plv Bkeding
f	Plv: NAB	5) Auscultation
	S x too be checked	6) Infem sos
	Plan - Discharge.	- Dr. Sravanta

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



RESULT SHEET

Date	22/5/26 - 27/5/26			
Time				
Hb	12.6			
PCV				
RBC				
WBC	9.780			
N/L				
Platelets	2.24			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP		130		
SGPT		14		
SGOT		27		
T Bill/Conj		0.2 ^{0.1} 0.1		
T Protein		4.7		
S Albumin		2.3		
S Globulin		2.4		
A/G Ratio		0.9		
Uric Acid				
S. Amylase				
Sr. Lipase				
Blood Lactate				
S. Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE (F)
 10-08-1992 33 Y 9 M 16 D
 Dr. ANNIE PRANUTHA P



Part - I,
 Patient's / Learner Language : Telugu & English Patient / Learner Literacy : Read Write Speak

Progress to Learn : Yes No Healthcare Literacy : Yes No

Identified Education Needs :

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
26/5/20	5AM	1/2/3	Δ, R, care plan, painment Tubed Count	PT	1	0	1	1	nil	<i>[Signature]</i>
26/5/20	9:30 AM	7	Infection control measure	PT	1	0	1	1	nil	18kg
27/5/20	9:40 am	9	Lactation diet	PT	1	0	1	1	-	Sains

Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

Learning Barriers :

1. No Learning Barries	4. Language Barrier	7. Impaired Thought Process / Cognitive limitations	10. Financial Difficulties	13. Cultural / Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barries	6. Desire / Motivate to Learn	9. Cultural Difference	12. Impaired Vision / or Hearing	

Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed

Mechanism/s to overcome barrier/s :

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify.....
2. Obtain translator	4. Teach Family / others	6. Respect Cultural / Religion Preference	

Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

er

MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis:

G3P1L1A1 E pre Lvs i hepatis B+ve E 36th wtlm

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
26/6/26 8AM	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	G3P1L1A1 E pre Lvs i hepatis B+ve E 36 th wtlm	Safe Delivery	Elective Lowerseant Cesarean sectm	[Signature]	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
26/6/26 9AM	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	fear and Anxiety	Health education	psychological Support	[Signature]	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
27/5/26 9:40 am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: dietitian	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	POD-I, LSCS	soft diet	soft High protein dict	[Signature]	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
27/5/26 3pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	Post LSCS	Post partum recovery	Deep care retraining & functional training		<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 26/5/26 Time of Arrival: 8:30 AM Time Seen by Nurse: 8:40 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: EL-UCS

3) **Vital Signs:** Temperature: 98.6 F Pulse: 81 RR: 20 SpO₂: 99 BP: 114/71 Weight: 86.2

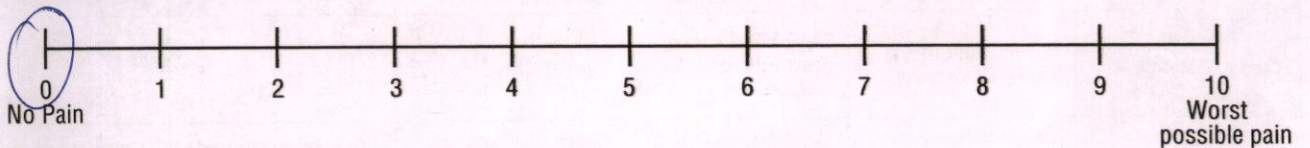
4) **Gestational Criteria:**

Gravida:	G <u>3</u>	P <u>1</u>	L <u>1</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 14/9/25 EDD: 21/6/25 Gestational Age: 36+2 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

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



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

6) **Past History:**

- a) Surgeries: DSCS - 2021
- b) Medical: Hepatitis B.ve



1) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others: *Iron, Calcium*

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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: *8:45Am*

Nurse Name : *Shareetha* Nurse Signature: *Shap*

Date: *26/5/26* Time: *8:40Am*

BAH-00444908 IP5-00174332
 Mrs. MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/26

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 Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sneha
 Time Notified: 8:45 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hepatitis B +ve</u>	<u>LSCS - 2021</u>	<u>nil</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>14/9/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 2 P 1 L 1 A 1

Previous LSCS: yes - 2021

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 hypothyroid - mother

Vital Signs / Measurements: Temp: 98.6 F HR: 71 RR: 20
 BP: 114/71 Weight: 86.2 Height: 5 BMI: 18.5

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 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: Mrs. maheshwari

Orientation not given Reason: NA

Nurse Signature: Shaalita

Nurse Name: Shaalita

Date & Time: 26/5/26, 9:40 AM

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



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: Shifted to:

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. IRON	1 tab	PO	o.d	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 tab	PO	o.d	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. Uditiv	300mg	PO	TID	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sravanti

Date & Time: 26/5/26, 6AM

Nurse Name & Signature: Bharathi Shetye

Date & Time: 26/5/26, 9AM

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P



Sheet No:

REGULAR PRESCRIPTIONS

Weight 86.2 kg

Ward Rc

DRUG : <u>INS (EPIDAXIM)</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>1 gram</u>	<u>IV</u>	<u>BD</u>	<u>26/5/26</u>	<u>AM 10:00</u> <u>PM 06:00</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Deepika</u>				<u>STOP</u> <u>26/5/26. 8:45 AM</u>
Additional Instructions: <u>X 24 hours hb eval</u>				
Daily Doctor's Endorsement by a Sign				<u>cy</u>

DRUG : <u>PAR. CH KRAMI</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>200g</u>	<u>PO</u>	<u>BD</u>	<u>27/5</u>	<u>10 AM</u> <u>1 PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Pranjali</u>				<u>10 AM Pranjali</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				<u>z</u>

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

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

VERIFIED

VERIFIED

Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



DRUG CHART

Date of Admission: 26/5/20 Drug Allergies: None 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

REGULAR PRESCRIPTIONS

Weight. 86.2 Ward. 2/C



VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : T-PARACETAMOL				Date Time	24 6:28/5															
Dose	Route	Frequency	Start Date	12PM	Swamy Durgam MTC															
Name & Signature of the Doctor Starting the Drugs:				8PM	Swamy Durgam MTC															
Additional Instructions:				12PM	Swamy Durgam MTC															
Daily Doctor's Endorsement by a Sign				6PM	Swamy Durgam MTC															
DRUG : T-DICLOFENAC				Date Time	26 7:28/5															
Dose	Route	Frequency	Start Date	7PM	Swamy Durgam MTC															
Name & Signature of the Doctor Starting the Drugs:				3PM	Swamy Durgam MTC															
Additional Instructions:				11PM	Swamy Durgam MTC															
Daily Doctor's Endorsement by a Sign																				
DRUG : T-TRAMADOL				Date Time	26 7:28/5															
Dose	Route	Frequency	Start Date	11PM	Swamy Durgam MTC															
Name & Signature of the Doctor Starting the Drugs:				9PM	Swamy Durgam MTC															
Additional Instructions:				5PM	Swamy Durgam MTC															
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB PANTOPRAZOLE				Date Time	26/5 7:28/5															
Dose	Route	Frequency	Start Date	6PM	Swamy Durgam MTC															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				6PM	Swamy Durgam MTC															
Daily Doctor's Endorsement by a Sign																				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	10 AM	Tab CEFOTAXIME	1gm	IV	[Signature]	Sandhya Rajeev
26/5/26	9:30 AM	Tab PANTOPRAZOLE	40mg	IV	[Signature]	Shraddha Sandhya
26/5/26	9:35 AM	Tab PERINORM	10mg	IV	[Signature]	Shraddha Sandhya
26/5/26	1:15pm	SUP. DICLOFENAC	100mg	PR	[Signature]	Rajeev Shraddha
26/5/26	1:15pm	SUP. TRAMADOL	100mg	PR	[Signature]	Rajeev Shraddha
26/5/26	12:50pm	Tab ONDANSETRON	4mg	IV	[Signature]	Rajeev Shraddha
26/5/26	12:55pm	Tab. TRANEXAMIC ACID	1gm	IV	[Signature]	Shraddha
26/5/26	9pm	INT. PARACETMOL	1gm	IV	[Signature]	Sumantra Durg mounti
27/5/26	9 AM	DOLEO LAY SUPPOSITORIES	2	PR	[Signature]	lovely

Signature
Name

10:11 AM
9:32 AM
9:37 AM
1:15 PM
1:15 PM
12:50 PM
12:55 PM
9:00 PM
9:50 PM

I.V. FLUIDS CHART

Weight. 86.2 Ward. 31C



Position of I.V. Fluid
 ention ml/hr = Mcg/kg/min. etc)

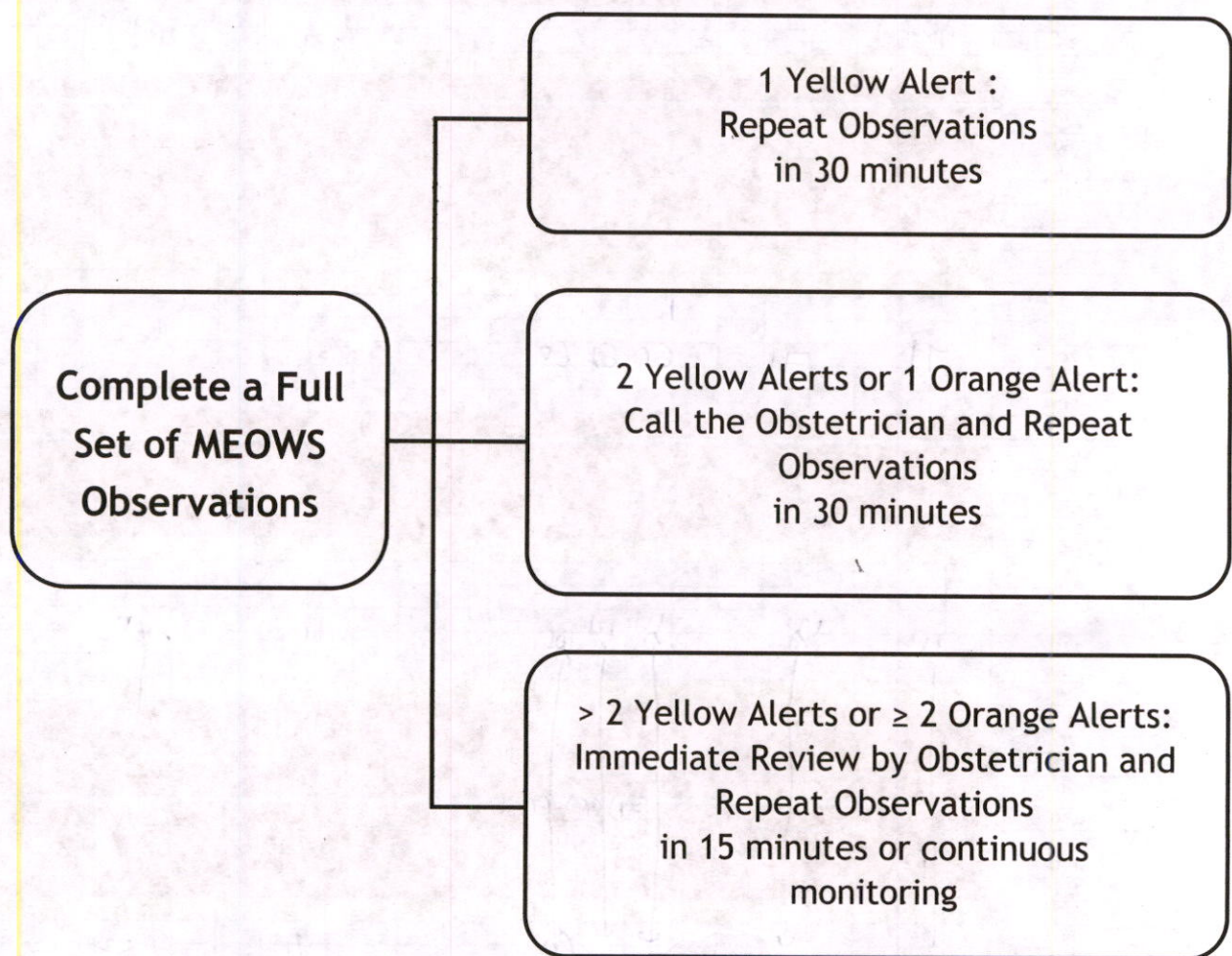
VERIFIED

Signature

VERIFIED BY : Name

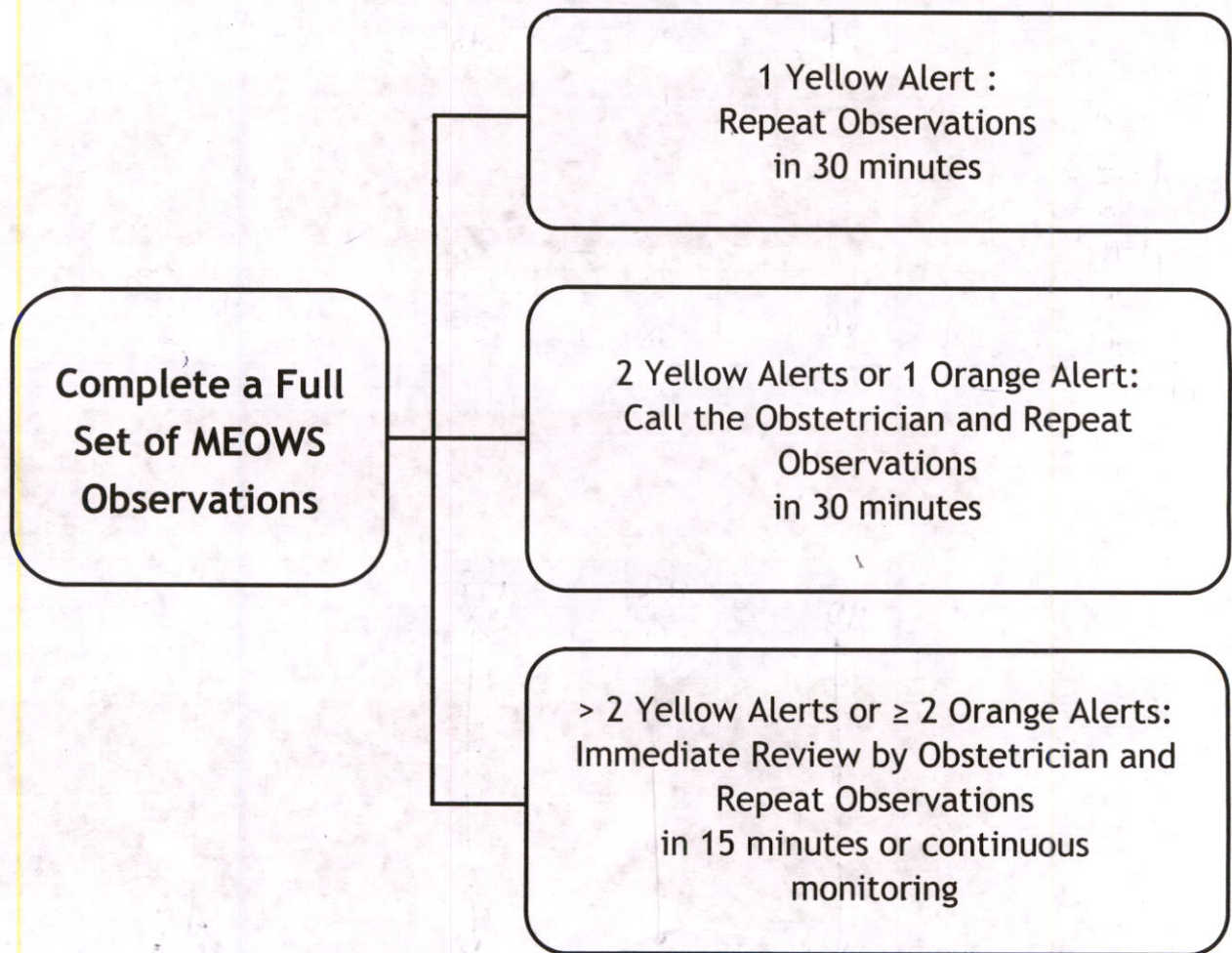
Position of I.V. Fluid ention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5/26 9 AM. Ringer lactate	Flw	100 ml/hr	Pu	Shant Sudha	26/5	@Anj	Shant Sudha
26/5/26 12:35 pm RINGER LACTATE	IV	free flow	@Anj	Shant Sudha	26/5	@Anj	Shant Sudha
26/5/26 1:15 pm RINGER LACTATE	IV	free flow	@Anj	Shant Sudha	26/5	@	Shant Sudha
26/5 6:20 pm RINGER LACTATE	IV	1000 hr	@	Shant Sudha	26/5	@	Shant Sudha
26/5/26 10pm RINGER LACTATE 500ml	IV	100ml/hr	@	Shant Sudha	26/5	@	Shant Sudha
27/5/26 4am RINGER LACTATE 1000ml	IV	100 NO hr	@	Shant Sudha	27/5	@	Shant Sudha

Obstetrics and Gynaecology Early Warning Signs



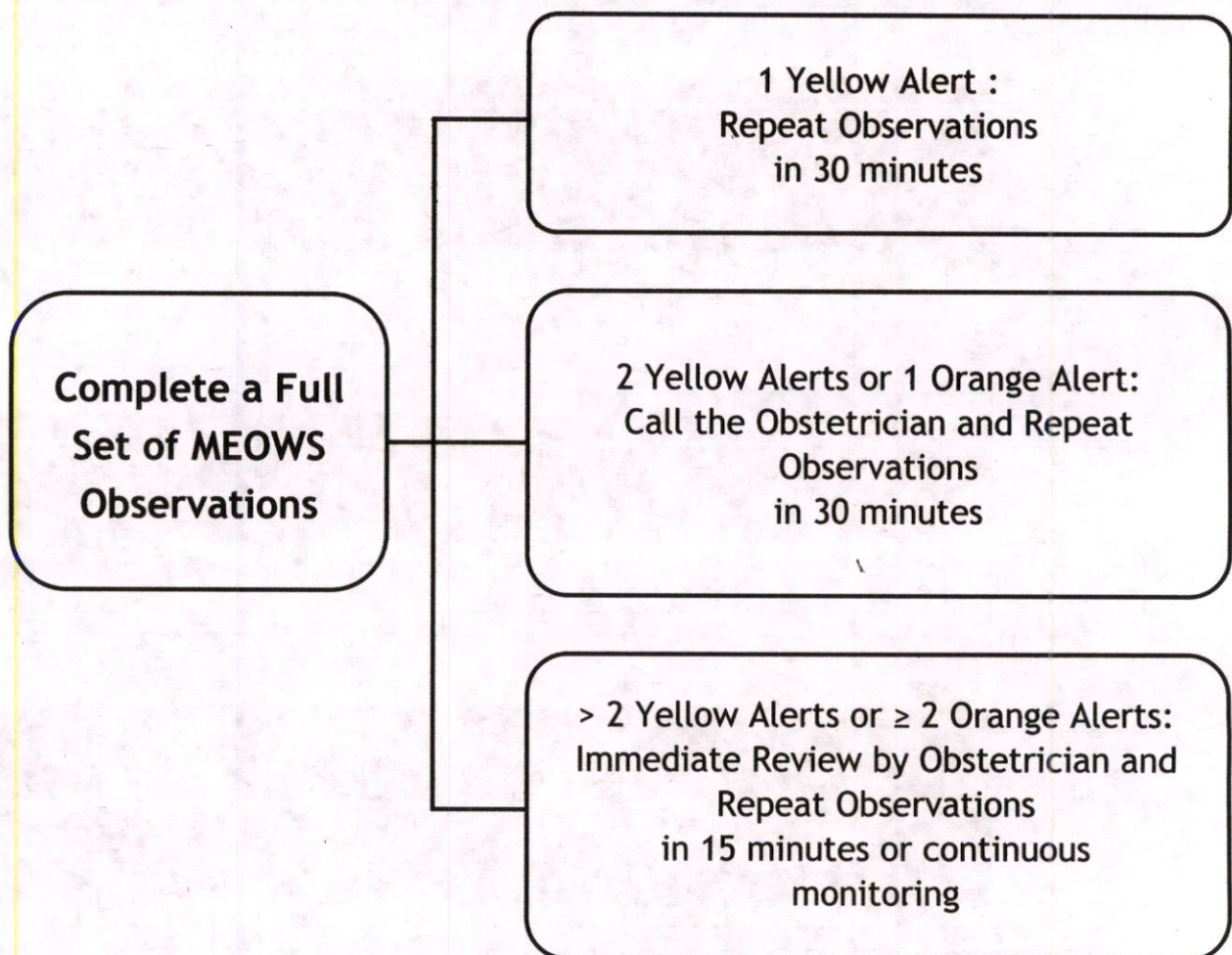
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

26/5/26



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/6	08:00 am												
	09:00 am	RL	NBM	150ml							0	Shaf	
	10:00 am	RL	NBM	100ml							0	Shaf	
	11:00 am	RL	NBM	100ml							0	Shaf	
	12:00 pm	RL		100ml							0	Shaf	
	01:00 pm	RL		100ml							0	Shaf	
Total Intake :			Talen. 1000ml			Total Output :					Passed		
	02:00 pm	RL		Ph.						300ml	0	Shaf	
	03:00 pm	RL		100ml							0	Shaf	
	04:00 pm	RL		100ml							0	Shaf	
	05:00 pm	RL	H ₂ O	100ml							0	Saraf	
	06:00 pm	RL		100ml						300ml	0	Saraf	
	07:00 pm										0	Saraf	
Total Intake :			Talen			Total Output :					600 ml		
	08:00 pm	RL		100ml							0	Durg	
	09:00 pm	RL	H ₂ O	100ml							0	Durg	
	10:00 pm	RL		100ml						300ml	0	Durg	
	11:00 pm	RL	H ₂ O	100ml							0	Durg	
	12:00 am	RL		100ml							0	Durg	
	01:00 am	RL	H ₂ O	100ml							0	Durg	
Total Intake :						Total Output :					0 - M		
	02:00 am	RL		100ml						400ml	0	Durg	
	03:00 am	RL	H ₂ O	100ml							0	Durg	
	04:00 am										0	Durg	
	05:00 am		H ₂ O								0	Durg	
	06:00 am									150ml	0	Durg	
	07:00 am		H ₂ O								0	Durg	
Total Intake :						Total Output :					0 - 1450ml		

Total 24 hrs. Intake

Total 24 hrs. Output 0 + 1450ml



27/5/26

FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	more	
	09:00 am	NO	H ₂ O								0	more	
	10:00 am	IVF					NP				0	more	
	11:00 am										0	more	
	12:00 pm		H ₂ O						✓		0	more	
	01:00 pm										0	more	
Total Intake :						Total Output : 0-2						m-0	
	02:00 pm										0	more	
	03:00 pm		H ₂ O								0	more	
	04:00 pm	NO					NP		✓		0	more	
	05:00 pm	IVF									0	more	
	06:00 pm		H ₂ O								0	more	
	07:00 pm											more	
Total Intake :						Total Output : 0-1						m-0	
	08:00 pm										0	Suck	
	09:00 pm		H ₂ O						✓		0	Suck	
	10:00 pm	NO					NP				0	Suck	
	11:00 pm	IVF	H ₂ O								0	Suck	
	12:00 am								✓		0	Suck	
	01:00 am		H ₂ O								0	Suck	
Total Intake :						Total Output : M-0						U-2	
	02:00 am										0	Suck	
	03:00 am		H ₂ O								0	Suck	
	04:00 am						NP		✓		0	Suck	
	05:00 am	NO									0	Suck	
	06:00 am	IVF	H ₂ O						✓		0	Suck	
	07:00 am										0	Suck	
Total Intake :						Total Output : M-0						U-2	

Total 24 hrs. Intake

Total 24 hrs. Output M-1 U-6

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 18 D (F)
 Dr. ANNIE PRANUTHA P



FLUID CHART

Sheet No. : 2

28/5/26

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

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

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 17 D (F)
 Dr. ANNIE PRANUTHA P

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : Mr. Maheshwari Gender: Male Female Age : 33yr

UHID No : 444908 Date : 26/5/26

Instruction:

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

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

ELECTIVE LOWER SEGMENT CESAREAN SECTION

upon Mr. Maheshwari
(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.

CHANCE OF BLEEDING, BLOOD AND BLOOD PRODUCTS TRANSFUSION, CHANCE OF INFECTION, INJURY TO ADJACENT ORGANS SUCH AS BOWEL AND BLADDER AND IT'S REPAIR

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. ANNIE PRAWTHA

Consentee :
Signature : [Signature]

Name : Maheshwari

Date & Time : 26/5/26, 9:08 AM

Witness :
Signature : [Signature]

Name : Dr. SHARATH

Date & Time : 26/5/26, 9:38 AM

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

Patient Attendant :
Signature : [Signature]

Name : Rahul

Relationship with Patient: husband

Date & Time : 26/5/26, 9:38 AM

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Sravanti

Date & Time : 26/5/26, 9:38 AM

BAH-00444908 IP5-00174332
Mrs MAHESHWARI KAWLE
10-08-1992 33 Y 9 M 16 D (F)
Dr. ANNIE PRANUTHA P

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Elective caesarian

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Annie pranutha

Please read this before you consent for Anaesthesia

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

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

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others hypotension, Bradycardia

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: Maheshwari
Relationship with patient: Self
Date & Time: 26/5/26 10:40AM

Witness:

Signature: [Signature]
Name: Kala
Date & Time: 26/5/26 10:40AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Archana K Date 26/5/26 Time: 10:40AM

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.

లిజనల్ 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 నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్:

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

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

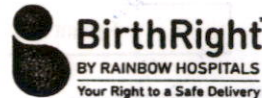
డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00444908 IP5-00174332
 Mrs MAHESHWARI KAWLE
 10-08-1992 33 Y 9 M 16 D (F)
 Dr. ANNIE PRANUTHA P

Hepatitis B +ve

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Maneshwari Age: 33y 9m Sex: F UHID.No: BAH-0044908

Date: 26/5/26 Time: 10:30 AM Proposed Operation: Elective Caesarean

Diagnosis: G3P1L1A1 (New caesarean) 36+2 wks

B.P: 20/80 H.R: 72 Weight: 86 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.6</u>	Glucose:	Protein:	HIV: <u>NR</u>	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>+ve</u>	ECG:
WBC: <u>9950</u>	Creat:	Total Bill:	HCV: <u>NR</u>	2D Echo: <u>Study</u>
Plate: <u>224</u>	Na:	Dir. Bill:	Blood group: <u>D+ve</u>	Stress/Angio: <u>EF-65%</u>
PT:	K:	LDH:	T3	Other: <u>trivial MRI/IR</u>
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS:

RESP: Nil Significant Diabetes: Nil

CNS: Nil Significant

Renal: Nil

Hepatic / GE: Hepatitis B +ve / obstructive chole stasis Physical Activity: Active

Others: Hypothyroidism

Past Anaesthetic History: Caesarean section & SA

Physical Exam:

Airway: MP 1(2)3 4 Mouth Opening: 3FB Mentohyoid Distance: 8FB Neck: (W) Teeth: Intact

Lungs: BAE @ chr

Heart: 4hr @

CNS: elcl

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: well felt

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T. Vedio</u>	<u>300mg TID</u>
<u>T. Thyroncem</u>	<u>25mcg</u>

Pre-Operative Instructions:

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

Signature: (Signature) Name: Dr. Achin K

ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 68 B.P: 112/67 SpO₂: 97% R.R: 14 Last Feed: 5 hrs
 Pre-OP Diagnosis: Gr. LA E Pre-terms Operation: Elective caesarean Date: 26/5/26
 Surgeon: Dr. Annie Prantha Anaesthesiologist: Dr. Arnie K Technician: Kulsum

TIME	12:15	12:25	1:15pm
N ₂ O / AIR / O ₂ LPM			
HALO / SO / SEVO			
Drugs:			
FiO ₂ / SaO ₂	100	100	99 97
ETCO ₂			
ECG	SR	SR	SR SR
Temperature			
Urine Output			
Fluids Blood			
B.P			
V Systolic			
A Diastolic			
X Mean			
• Heart Rate			
Tourniquet on Time			
Tourniquet off Time			
Throat Pack In			
Throat Pack Out			
TV			
PIP			
PEEP			

Antibiotic
 Suppository
 S.P. DICLOFENAC 5
 S.P. TRAMADOL 100mg
 Blood Loss
 ~ 300 ml
 NOTES
 Mch @ 12:32pm on 26/5/26

LAB Values
 ABG
 GRBS
 Others

Equipment Checked and Functional
 BP @UL
 Cuff Site: @UL
 Art Site:
 EKG Lead
 Temp Site
 FiO₂ 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: 12:15pm
 OP Start: 12:25pm
 OP End: 1:15pm
 Leave OR: 1:15pm
 Anaesthesia:
 GA
 Monitored Anaesthesia Care
 Regional
 Line (Size & Location)
 CVP:
 ART:
 IV: OU 20g
 IV:
 IV:

Induction
 IV Inhal
 Pre O₂ RSI
 Others
 Mask SEA
 Airway Oral Nasal
 ETT# at cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug:
 Awake Direct Vision
 Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# Attempts:
 Difficulty Why?

Regional:
 Extremity Specify:
 Spinal Epidural Caudal
 Others:
 Position: Sitting
 Site: l3/l4
 Needle Size: 25 Whit Depth: 5cm
 Parasthesia Yes No & attempts
 Catheter at skin cm
 Drug Name & Conc: 0.5% Bupivacaine heavy
 Bolus: 10mg + 25mg bupivacaine
 Infusion: 0.5%
 Block Level: Adequate
 Comments:
 Transportation to
 PACU ICU Other
 Relaxant Reversed Yes No NA
 Name of the Doctor: Dr. Arnie K
 Signature of the Doctor: [Signature]

BAH-0044908 IP5-00174332
Mrs MAHESHWARI KAWLE
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/5/26

Time: 8:22am

Origin: Indian Height: 155cm Weight: 86.2 BMI: 35.9 kg/m²

Food Allergies: NO

Diagnosis: POD-1 LSCS (lower segment cesarean section)

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

Diet Advised:

Soft High protein diet
include plenty of oral liquids
avoid spicy chilled and outside foods

Patient's / Attendant's

Signature: Umedhi

Name: Maheshwari

Date & Time: 27/5/26 @ 8:22am

Dietician's

Signature: Saima

Name: Saima

Date & Time: 27/5/26 @ 8:22am

