

BAH-00349330
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 14 D (F)
Dr. PRANATHI REDDY A

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date: 4/7/2026
Patient Name: Mrs. Ananya Nimmagadda Date of Birth: 22/6/1991 Age: 35y
Gender: female Ward: B.R.P. UHID No.: BAH-00349330
Date of Surgery: 4/7/26 ☐ OT -1 ☒ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: NVD C Epidural.

Time in: 1 PM

Time Out: 2 PM

NAME

AMOUNT

1. Surgeon	: Dr. Pranathi Reddy	
2. Anaesthetist	: Dr. Subbaranyam	
3. Assistant Surgeon	: Dr. Bhargavi Reddy	
4. OT Technician	:	
5. Circulating Nurse	: Ss. Nikitha	
6. Assistant Nurse	: Ss. SreeLatha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9690610

Order by: Swamy R



PS - II

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 5/7/26 Time: 10:30am

Origin: Indian Height: 162cm Weight: 70.6kg's BMI: 27.07g/m²

Food Allergies: No

Diagnosis: PND-1 / SVD (spontaneous vaginal delivery)

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

Diet Advised:

Normal High protein diet
include plenty of oral liquids
Avoid spicy, chilled and outside food

Patient's / Attendant's

Signature: R. Dranya

Name: Ananya

Date & Time: 5/7/26

10:30 am

Dietician's

Signature: Saima

Name: SAIMA

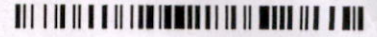
Date & Time: 5/7/26

10:30 am

DIETARY NOTES[illegible]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175950

Admit Date : 04-Jul-2026

Admit Time : 02:57 AM UHID : BAH-00349330

Patient Details :

Patient Name : Mrs ANANYA NIMMAGADDA

Age : 35 Y 0 M 12 D

Guardian : Mr N V ANIRUDH

DOB : 22-06-1991

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : H NO. 8-2-293/82/A/856/1, ROAD NO. 44
Jubilee Hills Hyderabad Telangana INDIA
500033

Phone No : 9000703243

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SUITE

Bed No : SUITE 1 (311)

Ward Name : 3F-ZONE A

Room No : SUITE 1 (311)

Admission Type : First Visit

Contact Details :

Name : Mr N V ANIRUDH

Relationship : Husband

Contact Address : H NO. 8-2-293/82/A/856/1, ROAD NO. 44
Jubilee Hills Hyderabad Telangana INDIA 500033

Phone No : 9000703243

Signature

Doctor Details :

Doctor Name : Dr. PRANATHI REDDY A

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAAY

ACTIVITY RECORD FOR BILLING

Name : _____
 BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 UHID 22-06-1991 35 Y 0 M 12 D (F) _____ Consultant: _____ Dept : _____
 Dr. PRANATHI REDDY A
 Date c _____ e : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	6/7/26	9690961	Smukha
2	Dr. Shreya (Lactation Consultation)	8/7/26	9690961	Smukha
3	Dr. Gundasani	5/7/26	9690961	Smukha
4	NAH	5/7/26	9690962	Smukha
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

PROCLAMATION

[illegible]

[illegible][illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

4/0 pain abdomen 2 AM

LMP: 10/10/2025

EDD: 17/07/2026

Corrected EDD: 17/07/2026

GA: 38th wks

Obstetric Formula:

G5P2A2

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric History:

1st: 2021 - FT - ABD (CORPUS)

Male - 2.9 kg - A4H. (Rh Negative)

Obstetric Examination

Fundal Height: Term 82 cm

Activity: ☐ Relaxed ☒ Mild ☐ Mod ☐ Severe

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech ☐ Others

Head Fifts 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 2 fingers

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☒ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

Present Pregnancy Record

2nd: 2023 - 8th - Missed Miscarriage - MREPC

3rd: 2024 - FT - SVD - Male - 2.5 kg (Rh Negative)

RISK FACTORS:

4th: 2025 - 5th - MREPC

5th: P.P. Spontaneous conception. Booked at 6 wks.

Height: 162 cm

Weight: 70.6 kg

Allergies: NADA

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: Absent

Icterus: Absent Edema: Absent

Temp: Afebrile PR: 81 bpm

BP: 100/66 (15) DTR: NAD

CVS: NAD RS: NAD

Liver/Spleen: Not palpable Urine Output: Adequate, Clear

DIAGNOSIS

G5P2A2 / 38th wks / Rh Negative / Early Labor.
Small for gestational Age (EFW - 6%, AC ~ 2%).

Surgical History: NPL	Medication History: T brown T calcium T vit. B12 10 x 10	Investigations: Bg - negative Hb - 10.9 WBC - 12.5 PLT - 2.52 ① Hb - 10.9 RBC / MPPS - 10.9 RBC Left simple cyst - 5.3 x 4.2 x 5.5 cm MTAS - NAD - lt ovarian cyst - 5.9 x 4.5 x 4.5 cm 29th - 1167 (10%) Hb 2.0% Pap smears - NAD Sexual scans done 14/02/2026 34th Lephatic, placenta - PL AT - 13.6 cm EFW - 2500g (6.7) Hb 2.0%, Pap smears - NAD
Family History: NPL	Medical History: NPL	Plan of Care: <u>14/02/2026 Dr. Pranamitha</u> ✓ Admission ✓ Admission NST ✓ Informed & written consent ✓ Prepare parts & arena ✓ NST & 3rd hourly ✓ CEF and T wave ✓ Urine Blood availability ✓ Await spontaneous progress ✓ of labor ✓ monitor vitals / FHR ✓ Epidural (80%) ✓ Spinal 80%

Doctor Name: Dr. Deepika
 Signature: [Signature]
 Date & Time: 14/02/2026 8:50 AM

Consultant Name: Dr. Pranamitha Reddy
 Signature: [Signature]
 Date & Time: 14/02/2026 8:50 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 6 AM	U/S/B Dr. Pranathi. On Epidural comfortable GC + anal abstinence Vitals BP - 118/72 (83) PR - 86 bpm SpO₂ - 100% on RA P/A - uterus mildly Acting NST - reactive V/G - Cx 2cm dilated, membranes (+) Vx (-2)	Advice: - 7mb. P401 25mg PO x 7:30 AM - V right position. - NST x 3rd hourly - Monitor vitals - Inform SRS.
4/7/26 10:00 AM	U/S/B Dr. Pranathi. - Vitals stable. - P/A - ut acting. P/V - Cx - 2-3cm dilated; offered. Vx - -2 station. Under strict aseptic conditions ARM done - clear liquor drained.	noted by note (09110) Advice - C TG monitoring - w/ labor progress - vitals hourly

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9:30 AM	→ PND-O; Rh negative ^{Pregnancy} blood Immediate post delivery. BP - 116/72 PR - 82 bpm SpO₂ - 99% on RA PA - ut well retracted. 4c - Blown U/O - Sound clear & cupped	<u>Advice</u> ① Soft diet ② Hydrate & ambulate ③ Urge as charted ④ Vitals every 15 min for 1 hr after Valsalva ⑤ W/ hypotension, tachycardia, bleeding pt
	Follow baby blood group noted by Dr. [Signature]	<u>Order</u>
4/7/26 6 PM	4c ac-fair PR 76 bpm BP - 118/69 mmHg SpO₂ 98% on RA PA uterine retracted well U/O - Adequate 4c - Blue dyphane	<u>Adv</u> - drug on per charted - soft diet, plenty of oral fluids - vitals b/c hourly - Ambulate - Hydrate
	Bakerm - Resume policy's @ 6 AM on 5/7/26 - Trace Baby's Blood Group - by Anti-D if Baby's Blood Group is Rh+ve - CBR @ 6 AM on 5/7/26	Dr. [Signature] Dr. [Signature] Dr. [Signature]

Date & Time	Progress Notes	Doctor's Order
5/7/26 8 AM	PND-2 (P3) 3A2 / S.O.D. / Rh-ve.	
	Pt - stable	Adv.
	Gc - fair	① Regular diet.
	Atebrile	② Oral hydration.
	PR - 80/min	③ Ambulation.
Baby - Mother side	BP - 110/70 mmHg	④ Drugs as charted
Baby - Blat (B+ve)	PIA - ut ① over	⑤ Monitor vitals w/ V
Anti-D ✓	UE - <u>MAB</u>	⑥ Inform SOS
		h✓ (Doctor)
voided	5/7/26 - CBP	
	Hb - 10.9	
	WBC - 10.48	
	Plt - <u>2.2</u>	
5/7/2026 4 PM	Pt comfortable Vitals stable U ✓ F - S X Baby well	✓ Reg. diet ✓ Drugs as chart ✓ Vitals & hrlly ✓ Inform SOS.
		Dr Y. Sene.

Date & Time	Progress Notes	Doctor's Order
6/7/26 8 AM	<u>PND - 2</u>	
	PT comfortable vitals stable U - F - S - Baby well	- Reg diet - Drugs as chart - Vitals 8 hely
		 DR Y S S S
6/7/26 1 pm	O/E ac fac vitals - stable P/A - adrens subcutaneous U - lochia healthy	<u>Adv</u> - drugs as per charted - vitals 6th mly - Reg diet plenty of oral fluids - Ambulate - Inform dr
U L S		
Baby well.		 Dr S S S S

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

G5P2A2 18⁺ weeks / Rh negative / Early labor

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
4/1/2026 2:50AM	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	G5P2A2 / 18 ⁺ Rh Negative EGA / Early labor	Vaginal Delivery	Spontaneous Progress.	hyp	☒ Nursing ☐ Others:
4/1/26 3am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Fear of Anxiety	Health education	Psychological Support	EL	☒ Medical ☐ Others:
5/7/26 10:30 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	PND - I SVD	Normal diet	Normal High protein diet	saima	☐ Medical ☐ Nursing ☒ Others:
6/7/26 3pm	☐ Medical ☐ Nursing ☒ Others:	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	PND	Post partum recovery	Deep core retraining & functional training	T.S	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
5/3/26	2pm	3	pain Management	PT	1	0	1	1		Reedy
5/3/26	10:30 am	9	Lactation diet	PT	1	0	1	1	-	Saine

Part - III: CODES

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



MEDICATION RECONCILIATION FORM

Drug Allergies: None

☒ 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-IRON	1 tab	PO	OD		☐ C ☒ DC
2	T-CALCIUM	1 tab	PO	OD	10 days	☐ C ☒ DC
3	T-VITAMIN B12	1 tab	PO	OD	Back	☐ 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

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Deepika

Date & Time: 4/7/2026 2:50 AM

Nurse Name & Signature: Shanathi Ishay

Date & Time: 4/7/26 1:30 AM

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-06-1991 35 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A



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RESULT SHEET

Date	4/7/26	5/7/26			
Time	3:12 AM	7:04 AM			
Hb	11.6	10.9			
PCV	36.2	35.1			
RBC	4.22	3.97			
WBC	11.76	10.48			
N/L					
Platelets	240	222			
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					

Weight Ward

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

Daily Doctor's Endorsement by a Sign

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																			



DRUG CHART

Date of Admission: 4/4/2026 Drug Allergies: NKBA ☒ 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)

Signature

VERIFIED BY : Name

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:																			



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 : T. PARACETAMOL				Date	Time
Dose	Route	Frequency	Start Date		
1g	PO	TID	4/7/26	12 AM	5/7/26
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. DICOXENAC				Date	Time
Dose	Route	Frequency	Start Date		
50mg	PO	TID	4/7/26	4 AM	5/7/26
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : T. PANTOPRAZOLE				Date	Time
Dose	Route	Frequency	Start Date		
40mg	PO	BD	4/7/26	6 AM	5/7/26
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED



		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
4/7/26	3:30 AM	PROCTOLYS ENEMA	1 pack	PR	Cip	Bhargava Sudha
4/7/26	11 AM	INT CEFOTAXIM	1 gram	IV	Cip	Nithya Sunita
4/7/26	7:30 AM	TAB. PGE1	25 mcg	PO	Cip	Bhargava Anjali
4/7/26		TAB. PGE1	25 mcg	PO	Cip	not gived
4/7/26	1:25 PM	JUSTIN SUPPOSITORY	100 mg	PR	Su	Sona Sunita
4/7/26	1:20 PM	TAB. MASOPROSTOL	400 mcg	PR	Su	Sona Sunita
4/7/26	1:10 PM	INT OXYTOCIN	100	IM	Su	Sona Sunita
4/7/26	8:55 PM	INT-ANTI-D	300 mcg	IM	Dugga	Sunita Pooja
4/7/26	11:50 PM	T-BUSLOPAN	1 TAB	PO	Dugga	Sunita Pooja

VERIFIED BY: Name

Signature

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
4/10/17	3am	PRINGER LACTATE 500ml	IV	100ml/hr	Dr. Nikitha	Dr. Nikitha	4/10/17	Dr. Nikitha	Dr. Nikitha
4/10/17	5am	PRINGER LACTATE 500ml	IV	100ml/hr	Dr. Nikitha	Dr. Nikitha	4/10/17	Dr. Nikitha	Dr. Nikitha
4/10/17	12:40 pm	PRINGER LACTATE + CRYSTALLOID	IV	120ml/hr	Dr. Nikitha	Dr. Nikitha	4/10/17	Dr. Nikitha	Dr. Nikitha

I.V. FLUIDS CHART

Ward. Weight.





BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

Date																									
		Time																							
4/07		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	↓ Diastolic Blood Pressure	130																							
120																									
110																									
100																									
90																									
80																									
70																									
60																									
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

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or $\geq$ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

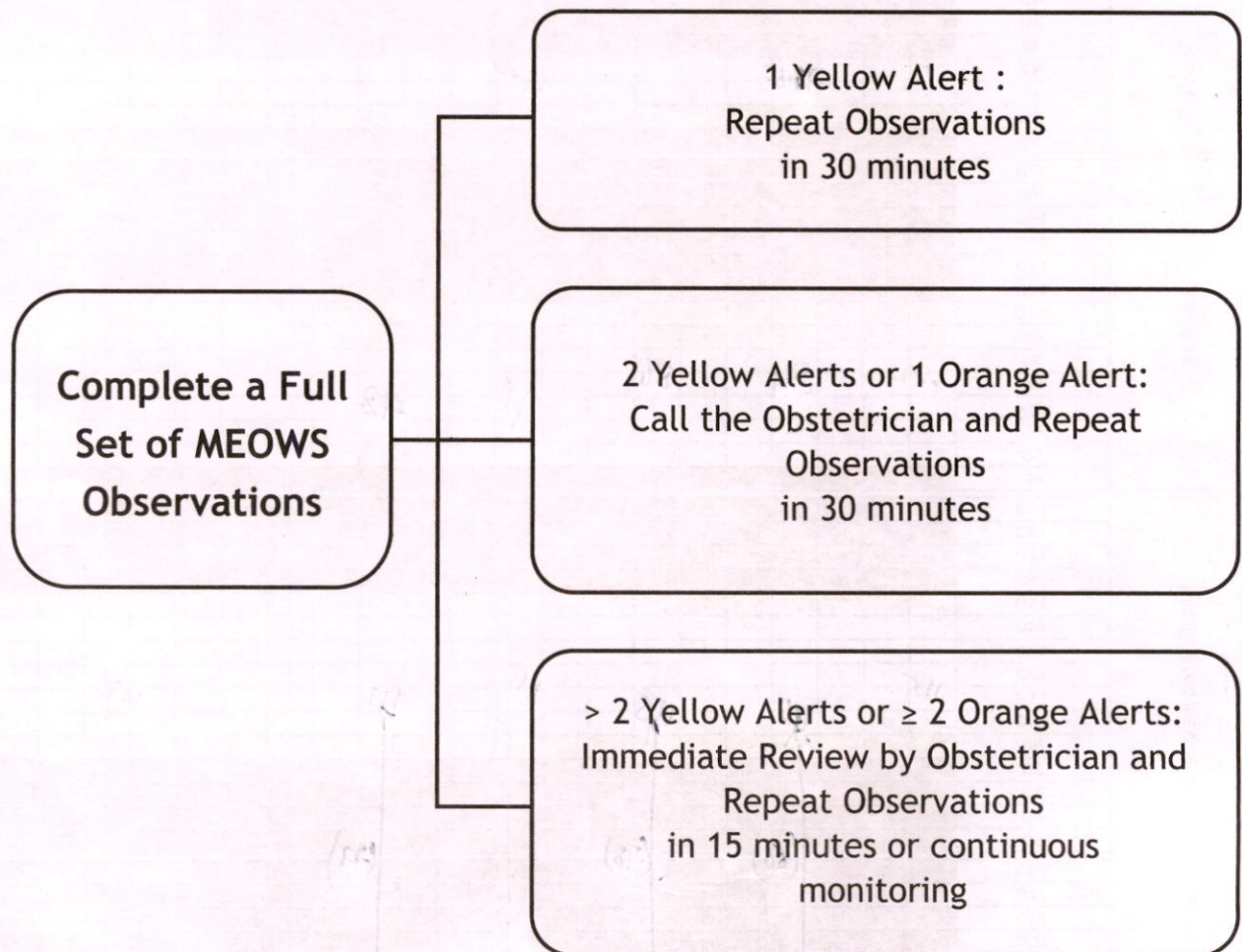
2



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	18		19		19		19		19		18		20											
	0 - 10																								
Saturations	94 - 100 %	97%		99%		99		99%		98		100%		99											
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37			37.5				37.5																	
	36																								
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	< 35																								
Heart Rate	170																								
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↑ Systolic Blood Pressure	190																								
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	50																								
	40																								
	NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓														
		Voice																							
		Pain																							
Unresponsive																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

DI. PRANATHI REDDY A



3



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Children's
Hospital**
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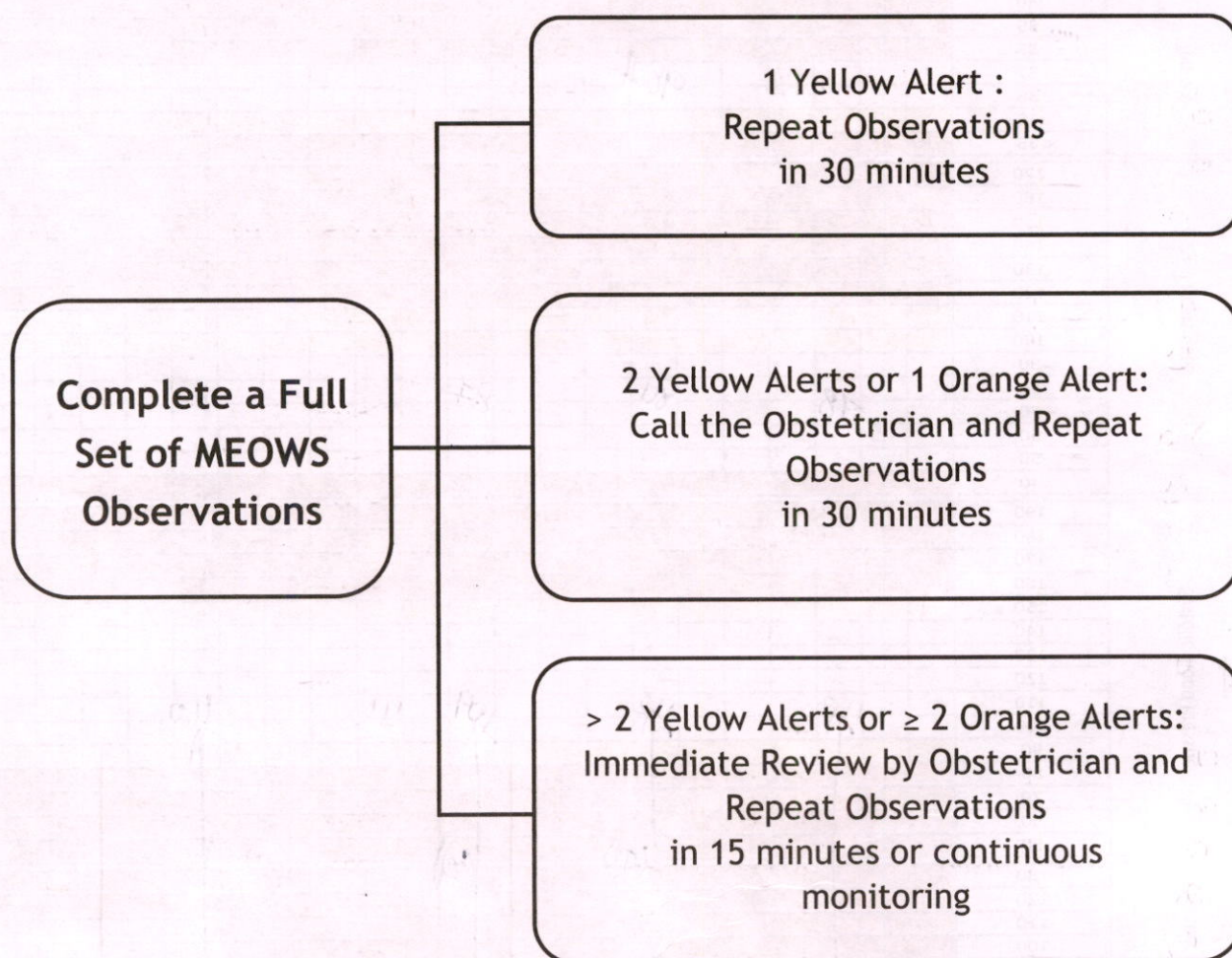


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Your Right to a Safe Delivery

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																														
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Temp °C	40																														
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	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
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Systolic Blood Pressure ↑	190																														
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Diastolic Blood Pressure ↓	130																														
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	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)

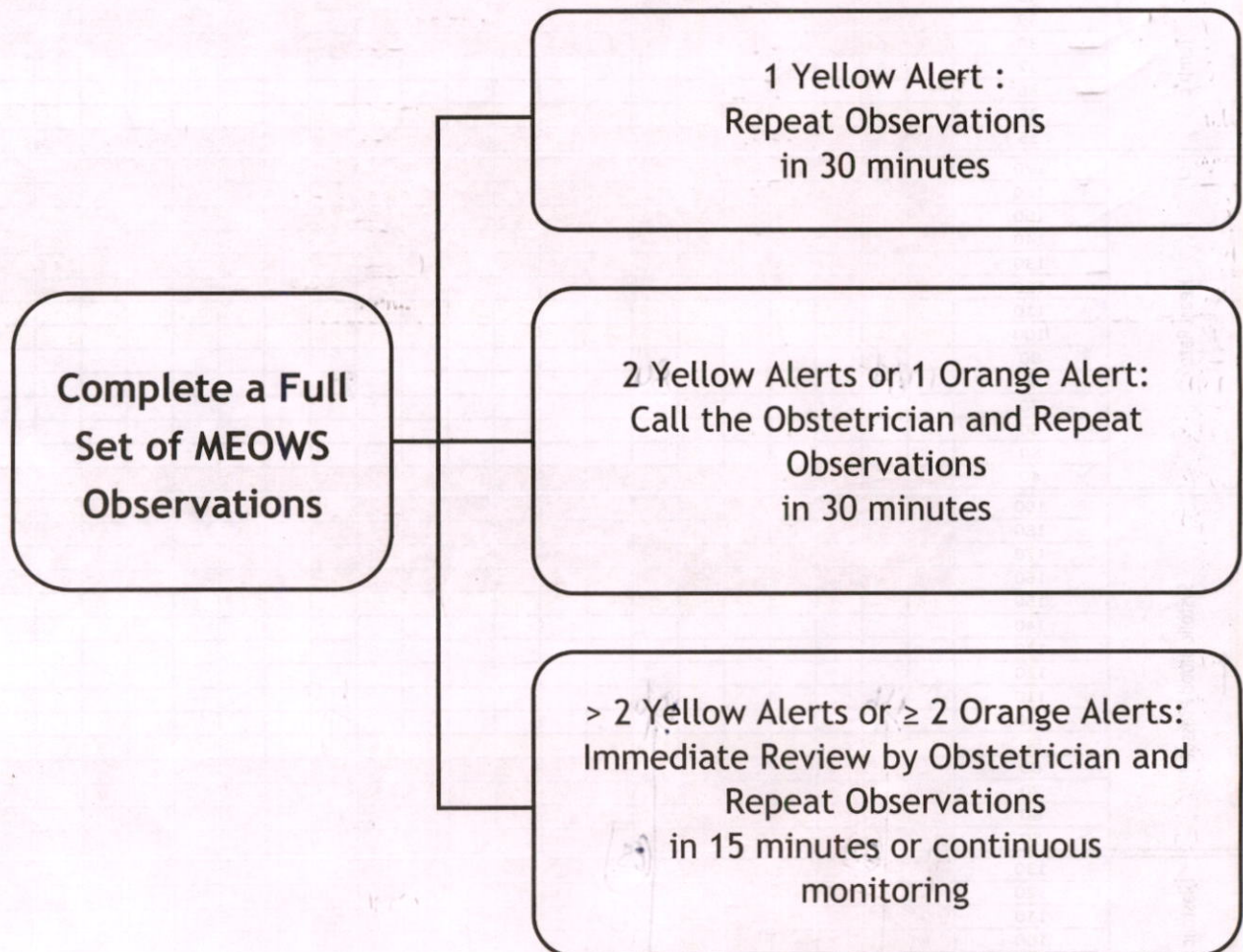


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CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

Date		Time																											
6/7/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20																												
	0 - 10																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
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	36																												
	35																												
	< 35																												
Heart Rate	170																												
	160																												
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	110																												
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	70																												
	60																												
	50																												
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-06-1991 35 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A



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FLUID CHART

Sheet No. : 1

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
4/4	05:00 am	1/20									0	0 0 0 0 f (Shay)
	06:00 am									✓	0	
	07:00 am	1/20					✓			✓	0	
Total Intake : Taken						Total Output : passed						
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			221, ml.			



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	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	H ₂ O	RL	-	-	-	-	-	-	0	ML				
	09:00 am	SLY	RL	-	-	-	-	-	-	0	ML				
	10:00 am	RL H ₂ O	100ml							0	WIKI				
	11:00 am									0	WIKI				
	12:00 pm	H ₂ O						300ml		0	WIKI				
	01:00 pm									0	WIKI				
Total Intake :						Total Output :									
	02:00 pm	RL H ₂ O	100ml	-	-	-	-	200ml		0	Smith				
	03:00 pm	RL H ₂ O	100ml	-	-	-	-			0	Smith				
	04:00 pm			-	-	-	-			0	Smith				
	05:00 pm	H ₂ O				-	-	300ml		0	Smith				
	06:00 pm									0	Smith				
	07:00 pm	H ₂ O								0	Smith				
Total Intake :						Total Output :									
	08:00 pm									0					
	09:00 pm	H ₂ O								0	Smith				
	10:00 pm							800ml	800ml	0	Smith				
	11:00 pm					NP				0	Smith				
	12:00 am	H ₂ O								0	Smith				
	01:00 am									0	Smith				
Total Intake :						Total Output :									
	02:00 am	H ₂ O						200ml			Smith				
	03:00 am										Smith				
	04:00 am										Smith				
	05:00 am	H ₂ O				NP					Smith				
	06:00 am							600ml			Smith				
	07:00 am										Smith				
Total Intake :						Total Output :									
Total 24 hrs. Intake												Total 24 hrs. Output		V-2400	

FLUID CHART

Sheet No. : 3

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 Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
5/4	08:00 am	H ₂ O							✓	0	Swathi	
	09:00 am	H ₂ O								0	Swathi	
	10:00 am								✓	0	Swathi	
	11:00 am	H ₂ O								0	Swathi	
	12:00 pm	H ₂ O							✓	0	Swathi	
	01:00 pm	H ₂ O								0	Swathi	
Total Intake : Taken					Total Output : pass							
5/4	02:00 pm	H ₂ O								0	Swathi	
	03:00 pm								✓	0	Swathi	
	04:00 pm	H ₂ O								0	Swathi	
	05:00 pm	H ₂ O							✓	0	Swathi	
	06:00 pm									0	Swathi	
	07:00 pm	H ₂ O								0	Swathi	
Total Intake : Taken					Total Output : pass							
	08:00 pm									No		
	09:00 pm	Wash							✓			
	10:00 pm								✓	W	from	
	11:00 pm								✓			
	12:00 am	Wash								W		
	01:00 am								✓			
Total Intake : Taken					Total Output :							
	02:00 am									No		
	03:00 am											
	04:00 am	Wash							✓	W	from	
	05:00 am								✓			
	06:00 am								✓	W		
	07:00 am	Wash				✓						
Total Intake : Taken					Total Output : passed							
Total 24 hrs. Intake		Taken										
Total 24 hrs. Output		passed										



FLUID CHART

Rainbow Children's Hospital
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BirthRight
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Sheet No. : 12

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

		Intake				Output						IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
6/7/25	08:00 am	H ₂ O					NP				✓	0	Swathi
	09:00 am	idli										0	Swathi
	10:00 am	H ₂ O									✓	0	Swathi
	11:00 am	H ₂ O										0	Swathi
	12:00 pm											0	Swathi
	01:00 pm	H ₂ O									✓	0	Swathi
Total Intake :		Dabhi				Total Output :						Danceel	
	02:00 pm											0	
	03:00 pm	H ₂ O									✓	0	Swathi
	04:00 pm										✓	0	Swathi
	05:00 pm										✓	0	Swathi
	06:00 pm	H ₂ O									✓	0	Swathi
	07:00 pm										✓	0	Swathi
Total Intake :						Total Output :							
	08:00 pm	water										0	
	09:00 pm											0	
	10:00 pm										✓	0	
	11:00 pm	water									✓	0	Pur
	12:00 am										✓	0	
	01:00 am											0	
Total Intake :		Tah				Total Output :							
	02:00 am											0	
	03:00 am	water										0	
	04:00 am										✓	0	Pur
	05:00 am										✓	0	
	06:00 am	water										0	
	07:00 am											0	
Total Intake :		Tah				Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-06-1991 35 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/4/2026

Assessment: Lower Abdominal pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:30 AM	→ Assess patient condition & check for vitals.	8:55 AM	→ vitals stable and recorded in chart	Patient stable
4:00 AM	→ NST	4:05 AM	→ NST recorded.	
4:30 AM	→ IV placement & CBP.	4:35 AM	→ IV placement done.	
5 AM	→ Enema.	5:05 AM	→ Enema given.	
6 AM	→ Epidural.	6:10 AM	→ Epidural.	
7 AM	→ To charting.	7:05 AM	→ maintained & charted	

Re-Assessment: Re-assess done.

Special Notes: Epidural.

Nurse Signature: Bhar

Nurse Name: Bharathi

Date & Time: 4/4/26, 8 AM

BAH-00349330 IP5-00175950
Mrs ANANYA NIMMAGADDA
22-06-1991 36 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 4/07/2026

Assessment: patient complaint is fear and anxiety.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the baby General condition	2:10pm	Assessed the baby General condition	patient is comfortable
3pm	provide monitor vitals	3:10pm	provided monitor vitals	
4pm	provide DLO monitoring	4:15pm	provided DLO monitoring	
6pm	provide comfortable position	6:15pm	provided comfortable position	
7pm	provide medication	7:20pm	provided medication	
8pm	provide patient safety	8:25pm	provided patient safety	

Re-Assessment: Re-assessment is done patient vitals is good

Special Notes: Not Significant

Nurse Signature:

Nurse Name: Sulfur

Date & Time: 4/07/20 @ 8pm

BARF00349330 IPB-001/5930
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4.7.20

Assessment: Patient Complaints of Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ TO Assess the patient condition	8:30pm	→ TO Assesd the patient condition	patient is stable
10pm	→ Monitor vitals	10:30pm	→ Vitals checked and Recorded	
12am	→ maintain xlo chart	12am	→ maintained xlo charting	
2am	→ Administer medication as per order	2:30am	→ medication given	
4am	→ provided comfortable position	4:30am	→ provided side rails	
7am	ENSURE safety	7:30pm	→ Ensured safety	

Re-Assessment:

Re-assesd pt is stable
Remove pelvic Ties

Special Notes:

Nurse Signature:

Nurse Name: Suresha

Date & Time: 4.7.20 @ 8pm



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 5/07/2026

Assessment: patient Compliment is fear

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8Am	Assess the patient General condition	8:10Am	Assessed patient General condition	patient is stable
11Am	provide monitor vitals	11:15Am	provided monitor vitals	
2pm	provide I/O chart	2:10 PM	provided I/O chart	
4pm	provide comfortable position	4:15pm	provided comfortable position	
6pm	provide medication	6:15pm	provided medication	
7pm	provide psychological support	7:10pm	provided psychological support	
8pm	provide maintain Good Nutritional status	8:15pm	provided maintain Good nutritional status	
	provide patient Safety		provided patient Safety	

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

Special Notes:

Nurse Signature: Suf

Nurse Name: Sunita

Date & Time: 5/07/20 @ 8pm

IP5-00175950
Mrs ANANYA NIMMAGADDA
22-06-1991 36 Y O M 12 D (F)
Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/26 @ 8PM

Assessment: Patient is having Compensatory

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM	Assess the patient general condition	9PM	Assessed the patient general condition	Patient is stable
10PM	Monitor vitals and Recorded	11PM	Monitoring vitals and Recorded	
12PM	Administered medication as doctor advice	2PM	Administered medication as doctor advice	
3PM	Ambulation	3PM	Ambulation Done	

Re-Assessment: recent done

Special Notes: Ambulation

Nurse Signature: [Signature]

Nurse Name: Preema

Date & Time: 6-7-26 @ 8PM



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: patient is fear and Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the patient General Condition	8:10 am	* Assessed the patient General condition	patient is stable.
10am	* provide monitor vitals	10:15 am	* provided monitor vitals	
12pm	* provide I/O chart	12:15 pm	* provided I/O chart	
1pm	* provide comfortable position	1:15 pm	* provided comfortable position	
2pm	* provide medication	2:15 pm	* provided medication	
	* provide patient safety		* provided patient safety	

Re-Assessment: Re-assessment is done, patient vital is Good.

Special Notes:

Nurse Signature:

Nurse Name: Sunitha

Date & Time: 6/7/26 @ 2pm

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-08-1991 36 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 6/7/26

Assessment: Patient ch. fear & Anxiety

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	Assess the general condition of the patient.	2pm	Assessed the general condition of the patient.	pt is comfortable
3pm	Prevent Infection.	3pm	Preventing infection by using hand scrub.	
4pm	VO chat.	4pm	Maintained VO chat.	
5pm	Administer the Medication.	5pm	Administered the Medication as per doctor's order.	
6pm	Ensure Safety.	7pm	Provided safety needs.	

Re-Assessment:

pt is comfortable.
 no significant

Special Notes:

Nurse Signature: \$

Nurse Name: Sushila.

Date & Time: 6/7/26 @ 8pm

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-06-1991 36 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A



NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6-7-26

Assessment: Patient is having Stitches episiotomy Pain

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	u Assess the patient general Condition	10pm	u monitoring vitals and recorded	Patient is Stable
11pm	u Monitor vitals and Recorded	12pm	u Monitoring vitals and recorded	
3pm	u Administer the medication as doctor advise	4pm	u Administered the medication as doctor advise	
	u Ambulation		u Ambulation Done	
5pm	u Provide regular feed	8AM	u Provided regular diet	

Re-Assessment: Reassess done

Special Notes: Ambulation

Nurse Signature:

Nurse Name: Preema

Date & Time: 7-7-26 @ 8AM



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pranathi Department: SRP Date of Admission: 4/4/26

SITUATION	Diagnosis: <u>G25 P2L2A2/38+1 w/ Rh Negative Early Labour</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:				
	Area		Shift Time				
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>SRP 8pm-8am</u>	<u>PS-II 8am-8pm</u>	<u>PS-II 8pm-8am</u>	<u>PS-II 8am-8pm</u>	<u>PS-II 8pm-8am</u>
			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.2°F</u>
		Res:	<u>20</u>	<u>19</u>	<u>19</u>	<u>20</u>	<u>19</u>
		SpO ₂ :	<u>99</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>99%</u>
		Pulse:	<u>81</u>	<u>87</u>	<u>86</u>	<u>82</u>	<u>85</u>
		BP:	<u>118/71</u>	<u>119/78</u>	<u>121/80 (RR)</u>	<u>121/80 (RR)</u>	<u>111/70</u>
	Fall Risk Score:		<u>0</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Pain Score:		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	
Time:		<u>8AM</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	
Taken Over By Name :		<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	<u>Shanthi</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	<u>4/4/26</u>	
Time:		<u>8am</u>	<u>8am</u>	<u>8am</u>	<u>8am</u>	<u>2pm</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Pranathi Department: BLP Date of Admission: 6/7/26

SITUATION	Diagnosis: <u>PND II</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	<u>BLP 2pm</u>	<u>BLP 2pm-8pm</u>				
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>				
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:	<u>98.2F</u>	<u>97.6F</u>				
	Res:	<u>18b/min</u>	<u>17</u>					
	SpO ₂ :	<u>100%</u>	<u>100%</u>					
	Pulse:	<u>88b/min</u>	<u>84</u>					
	BP:	<u>112/70</u>	<u>110/80</u>					
	Fall Risk Score:	<u>0</u>	<u>0</u>					
Recommendations	Pain Score:	<u>0</u>	<u>0</u>					
	Safety Needs:	<u>Polysom</u>	<u>yes</u>					
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	<u>NA</u>	<u>NA</u>					
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>					
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>					
Handed Over By Name :		<u>Suresh</u>	<u>Pranathi</u>					
Signature :		<u>[Signature]</u>	<u>[Signature]</u>					
Date:		<u>6/7/26</u>	<u>7/7</u>					
Time:		<u>2pm</u>	<u>8AM</u>					
Taken Over By Name :		<u>Pranathi</u>						
Signature :		<u>[Signature]</u>						
Date:		<u>6/7</u>						
Time:		<u>2pm</u>						

BAH-00349330 IP5-00175950
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A



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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 4/4/2026

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: pain Abdomen Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Deepika
Time Notified: 2:50 am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil
Gynecology Assessment: ☒ Not Applicable Menstrual History: Regularly Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 10/10/25	Gynecology Surgical History: Caesarean Section: ☒ No ☐ Yes Cervical Cerclage: ☒ No ☐ Yes Ectopic Pregnancy: ☒ No ☐ Yes Myomectomy: ☒ No ☐ Yes Others:	Gynecological History: Contraceptives: ☒ No ☐ Yes Vaginal Discharge: ☒ No ☐ Yes Post-Coital Bleeding: ☒ No ☐ Yes Infertility: ☒ No ☐ Yes If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 5 P 2 L 2 A 2

Previous LSCS: No

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

Family History: ☒ No Abnormalities Detected

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

Vital Signs / Measurements: Temp: 98.6 F HR: 81 RR: 20
BP: 110/81 Weight: Height: BMI:

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



PHYSICAL ASSESSMENT

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

Fall Assessment: ☒ Yes ☐ No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☒ Yes ☐ No Score 24 (complete the Braden Q Sheet)

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

- ☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

- ☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- ☒ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others

Inform consultant for positive criteria

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

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☒ Married ☐ Divorced ☐ Widow

2. **Special Habits:** **Smoker:** ☐ Yes ☒ No **Alcohol Abuse:** ☐ Yes ☒ No **Drug Abuse:** ☐ Yes ☒ No

Social History: Lives With 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. Ananya

Orientation not given Reason: ✓

Nurse Signature: [Signature]

Nurse Name: Shanika

Date & Time: 4/4/26, 3pm



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 4/4/2026 Time of Arrival: 2:20 AM Time Seen by Nurse: 2:40 AM

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

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

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

3) Vital Signs: Temperature: 98.6°F Pulse: 81 RR: 20 SpO₂: 99 BP: 110/80 Weight:

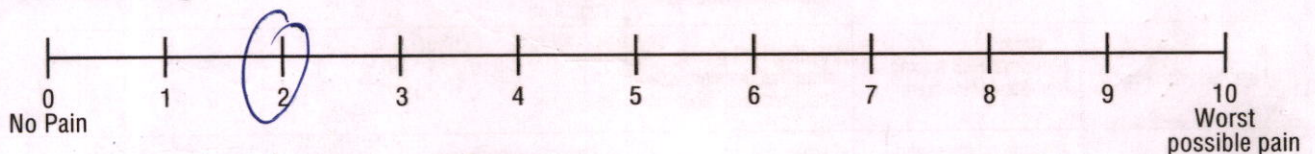
4) Gestational Criteria:

Gravida:	G <u>5</u>	P <u>2</u>	L <u>2</u>	A <u>2</u>
----------	------------	------------	------------	------------

LMP: 10/10/2025 EDD: 17/7/2026 Gestational Age: 38+1 weeks

Uterine Contraction	☒ Yes ☐ No ☐ NA	Onset <u>right</u>	Time <u>8pm</u>	Frequency: <u>15-30 min</u>
Membrane Rupture	☐ Yes ☒ No ☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes ☒ No ☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes ☒ No ☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☒ Yes ☐ No ☐ NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: Lower Abdomen
- Duration: days Days / ~~Weeks~~ / ~~Months~~ (Strike out which is not applicable)
- Character: dull
- Frequency: 15-30 min
- Interventions: Breathing exercise.

6) Past History:

- a) Surgeries: nil
b) Medical: nil

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	- 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: 2:50 AM

Nurse Name : Shanika Nurse Signature: Shay

Date: 4/4/26 Time: 3 AM



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Sudha Name : Sudha

Signature of Ward In Charge :

Signature : Veena Name : Veena

BAH-00349330 IP5-00175950
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y O M 12 D (F)
Dr. PRANATHI REDDY A



BRADEN 'Q' SCALE

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

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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

Patient ID

BRADEN 'Q' SCALE

					Date :	8/7	8/14	8/20	8/27
					Time :	8am	2pm	2pm	8am
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	A	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	A	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	A	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	A	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	A	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	A	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	AD	Bunith	Bunith	Bunith

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

BAH-00349330
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A

Morse Fall Risk Assessment Form

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

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

Choose Highest Applicable Score from each Category		Date / Time	4/14/26 3 AM	4/17/26 2 PM	4/17/26 8 TO 5 PM	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0		0	0			
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
		Signature	Shay	Shelby	Soren			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/21	6/7	8/7	Fall Risk Grading		
		Score	8am-8pm	8PM-8M	8AM-2pm	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25						
	No	0	0					
Secondary Diagnosis (more than one diagnosis)	Yes	15						
	No	0	0					
Ambulatory Aid	Furniture	30				Low Risk	0 - 24	Standard Fall Precaution
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0					
IV / Heparin Lock or Saline	Yes	20	20	0	0	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0					
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0					
Total Morse Fall Scale Score:			20	0	0			
Signature			Scitla	Pren	Scitla			

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

BAH-00349330 IP5-00175950
 Mrs ANANYA NIMMAGADDA
 22-06-1991 35 Y 0 M 12 D (F)
 Dr. PRANATHI REDDY A



Morse Fall Risk Assessment Form

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

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

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25	6/7/26	7/7/26	
	No	0	2pm	8pm	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0			
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20			
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0			
Total Morse Fall Scale Score:					
Signature					

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

- ☐ Ensure patients use their prescribed eye glasses if any, in the hospital
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- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7	3am	01/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Breathing exercise	Shay
4/7	4am	01/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Walking exercise	Shay
4/7	5am	03/10	Lower Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Spinal fluid	Shy
4/7	6am	01/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	Shy
4/7	8am	01/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no	Shy
4/7	12pm	1/10	Abdomen	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☒ Dull ☐ Aching ☐ Burning	☒ Increasing ☐ Decreasing	☒ Yes ☐ No	Spinal fluid	Shy
4/7	2pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	no	Shy
4/7	4pm	0/10	no	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	no	Shy
4/7	6pm	0/10	no	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	no	Shy
4/7	10pm	01/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shy

Re-assessment Frequency:

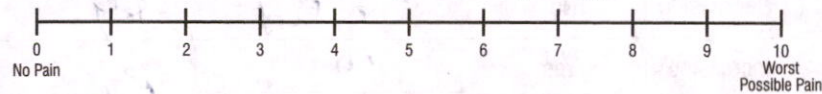
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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

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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	10 AM	1/10	Suture site	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☒ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	Tab: Buscopan Plr give	Smitha
5/7/26	12 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Smitha
5/7/26	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Smitha
5/7/26	8 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Smitha
5/7/26	12 PM	0/10	Abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab: Buscopan is give	Smitha
5/7/26	3 PM	1/10	Abdominal	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Smitha
5/7/26	5 PM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Smitha
5/7/26	7 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Smitha
6/7	8 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Princy
6/7	12 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Smitha

Re-assessment Frequency:

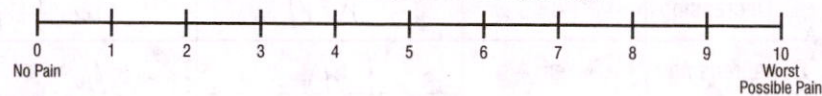
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

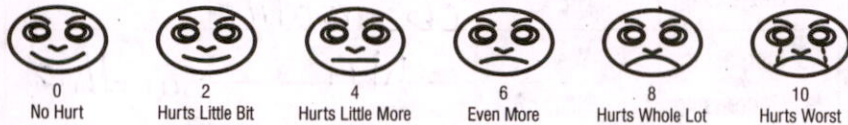
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Scrub the
6/7/22	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Scrub the
7/2	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pain
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

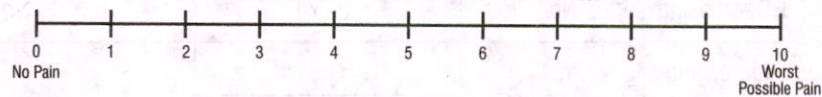
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 - Prior to pain relieving intervention.
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PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

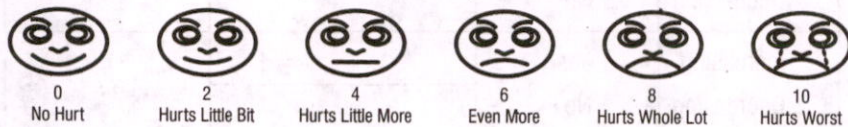
Numerical Pain Scale (Obstetric and Gynecology)



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

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Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 4/4/26

Date of Removal: 5/7/26

Parameters	Date	Shift Time	<u>4/4/26</u>	<u>11:30 AM to 2:30 PM</u>	<u>5/7/26</u>				
Need for the Catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	<u>Shanthi</u>	<u>Rekha</u>	<u>Smrithi</u>						
Signature of the Nurse	<u>Shanthi</u>	<u>Rekha</u>	<u>Smrithi</u>						

BAH-00349330 IP5-0017595u
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A

Pat

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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 6/7/2026

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☒ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☐ Yes ☐ No

☐ Bathing ☐ Yes ☐ No

☐ Eating ☐ Yes ☐ No

☐ Walking ☐ Yes ☐ No

☐ Dressing ☐ Yes ☐ No

☐ Toileting ☐ Yes ☐ No

no need

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient

☐ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Hygiene

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

☒ Patient

☐ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 4/4/26, 3pm

BAH-00349330

IP5-00175950

Mrs ANANYA NIMMAGADDA

22-06-1991

35 Y 0 M 12 D

(F)

Dr. PRANATHI REDDY A



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PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Procedure Name: Labour Epidural Date: 4/7/2026 In-Time: 5pm Out-Time: 5:20pm
 Doctor Performing Procedure: Dr Subramanyam Doctor Giving Sedation: _____ Assisting Nurse: Sr. Bhathi

SIGN IN		Time: <u>5pm</u>	TIME OUT		Time: <u>5:20pm</u>	SIGN OUT		Time: <u>5:15pm</u>			
	Yes	No	NA		Yes	No	NA		Yes	No	NA
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	Correct Patient	☒	☐	☐	Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐	Correct Site	☒	☐	☐	Instrument, Sponge and Needle Count Completed	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☐	☐	☒	Correct Procedure	☒	☐	☐	Specimens are labeled	☒	☐	☐
Consent is Signed	☒	☐	☐	All the team members introduced	☒	☐	☐	Any equipment problems are addressed	☒	☐	☐
Any need for blood products	☐	☒	☐								
If Yes Comment: _____											
Any Risk of Hemodynamic Compromise	☐	☒	☐								
If Yes Comment: _____											
Any drug or food allergy	☐	☒	☐								
If Yes Comment: _____											
Correct Site of Procedure Marked	☐	☐	☐								
All resources required are correct, available and functioning	☒	☐	☐								
Signature of the Doctor: <u>[Signature]</u>				Signature of the Nurse: <u>[Signature]</u>				Signature of the Nurse: <u>[Signature]</u>			
Name of the Doctor: <u>Dr. Shail</u>				Name of the Nurse: <u>Bhathi</u>				Name of the Nurse: <u>Bhathi</u>			

Any Adverse / Unexpected Events

No adverse reaction

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 (Remifentanyl)

- 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 Remifentanyl: 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. Subromanyam 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: A. Ananya
Name: ANANYA NIMMAGADDA
Relationship with patient: patient
Date & Time: July 04, 2026

Witness:

Signature: Andy
Name: ANIRUDH NIMMAGADDA
Date & Time: July 04, 2026

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Prashanth Date: 4/7/2026 Time: 3:50 am

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/ స్వర్ణలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్ళీ 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 స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00349330
Mrs ANANYA NIMMAGADDA
22-06-1991 35 Y 0 M 12 D (F)
Dr. PRANATHI REDDY A

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Name: Ananya nimmagaddi Age: 35 Sex: Female UHID.No: BAH 00349330
Date: 4/7/2026 Time: 353 am Proposed Operation: Labour Epidural
Diagnosis: G5P1L1A2 / 38 weeks / Rh Negative / early labour
B.P / CRT: H.R: Weight: 70.64 ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.9 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 251 ul Na: Dir. Bill: Blood group: O negative Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:
Allergies: nil

Medical History: CVS: ☒

RESP: ☒

Diabetes: ☒

CNS: ☒

Renal: ☒

Hepatic / GE: ☒

Physical Activity: active

Others: ☒

Past Anaesthetic History: nil

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: nil

Mentohyoid Distance: nil

Neck: nil

Teeth: nil

Lungs: clear

Heart: S1, S2

CNS: ACS - full

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: +

Spine Exam for regional: nil

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

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

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

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

Signature: [Signature] Name: Dr. Shalini

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > BLOOD PRESSURE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>250</td><td></td></tr> <tr><td>240</td><td></td></tr> <tr><td>230</td><td></td></tr> <tr><td>220</td><td></td></tr> <tr><td>210</td><td></td></tr> <tr><td>200</td><td></td></tr> <tr><td>190</td><td></td></tr> <tr><td>180</td><td></td></tr> <tr><td>170</td><td></td></tr> <tr><td>160</td><td></td></tr> <tr><td>150</td><td></td></tr> <tr><td>140</td><td></td></tr> <tr><td>130</td><td></td></tr> <tr><td>120</td><td></td></tr> <tr><td>110</td><td></td></tr> <tr><td>100</td><td></td></tr> <tr><td>90</td><td></td></tr> <tr><td>80</td><td></td></tr> <tr><td>70</td><td></td></tr> <tr><td>60</td><td></td></tr> <tr><td>50</td><td></td></tr> <tr><td>40</td><td></td></tr> <tr><td>30</td><td></td></tr> <tr><td>20</td><td></td></tr> <tr><td>10</td><td></td></tr> <tr><td>0</td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>250</td><td></td></tr> <tr><td>240</td><td></td></tr> <tr><td>230</td><td></td></tr> <tr><td>220</td><td></td></tr> <tr><td>210</td><td></td></tr> <tr><td>200</td><td></td></tr> <tr><td>190</td><td></td></tr> <tr><td>180</td><td></td></tr> <tr><td>170</td><td></td></tr> <tr><td>160</td><td></td></tr> <tr><td>150</td><td></td></tr> <tr><td>140</td><td></td></tr> <tr><td>130</td><td></td></tr> <tr><td>120</td><td></td></tr> <tr><td>110</td><td></td></tr> <tr><td>100</td><td></td></tr> <tr><td>90</td><td></td></tr> <tr><td>80</td><td></td></tr> <tr><td>70</td><td></td></tr> <tr><td>60</td><td></td></tr> <tr><td>50</td><td></td></tr> <tr><td>40</td><td></td></tr> <tr><td>30</td><td></td></tr> <tr><td>20</td><td></td></tr> <tr><td>10</td><td></td></tr> <tr><td>0</td><td></td></tr> </table> IV Cannula Site : ☐ O₂ Mask ☐ Tracheostomy ☐ Oral Airway ☐ Nasal Prongs ☐ T-Piece ☐ 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:	250		240		230		220		210		200		190		180		170		160		150		140		130		120		110		100		90		80		70		60		50		40		30		20		10		0		250		240		230		220		210		200		190		180		170		160		150		140		130		120		110		100		90		80		70		60		50		40		30		20		10		0	
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POST ANAESTHESIA SCORE (Modified Aldrete Score)		IN	MINUTES			OUT	SCORING INTERPRETATION
			30	60	90		
Able to move 4 extremities voluntary or on command	= 2	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to move 2 extremities voluntary or on command	= 1						
Able to move 0 extremities voluntary or on command	= 0						
Able to deep breathe & cough freely	= 2	RESPIRATION					
Dyspnea or limited breathing	= 1						
Apneic	= 0						
BP ± 20 of Pre Anaesthetic level	= 2	CIRCULATION					
BP ± 20-50 of Pre Anaesthetic level	= 1						
BP ± 50 of Pre Anaesthetic level	= 0						
Fully awake	= 2	CONSCIOUSNESS					
Arousable on calling	= 1						
Not responding	= 0						
Pink	= 2	COLOR					
Pale, dusky, blotchy, jaundiced, other	= 1						
Cyanotic	= 0						
TOTAL							

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

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

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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 relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: 4:35 AM Procedure done by Dr. H. Subrahmanyam

CSE/Spinal/Epidural Spinal Position: Sitting Space: L4-L5 Technique (LOR/LOS) (LOR)

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

Parasthesia: Yes/No if yes details:

Solution Composition: Spinal 20.5 ml 0.5% Bupivacaine + 25 mcg Fentanyl

Any other issues: Epidural: 0.1% Bupivacaine + 2 mcg/ml Fentanyl.

a)
b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
4:40 am	8 ml/hr	-	T ₈	T ₈	104/75	69	147/min	
6:40 am	8 ml/hr	8 ml 0.5% Bupivacaine + 25 mcg Fentanyl	T ₁₀	T ₈	110/70	72	141	do pain on left side.
6:55 am	10 ml/hr		T ₈	T ₈	104/70	82	140	Patient comfortable
8:45 am	10 ml/hr	-	-	-	110/70	92	135	Comfortable
9:45 am	10 ml/hr	-	T ₆	T ₆	102/32	83	139	Patient comfortable
11:30 am	8 ml/hr	0.5% Bupivacaine + 25 mcg Fentanyl	T ₈	T ₈	112/73	102	140	do pain
11:45 am	10 ml/hr	-	T ₈	T ₈	110/70	105	142	Comfortable

04/07/26 Delivery Details: Time: 4:07 pm APGAR: 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: DR. SHINY

Patient Satisfaction: Comfortable

Discharge /Shifting ordered by

Doctor Signature: DR SHINY

Doctor Name: DR SHINY

Date and Time: 04/07/26, 4:00 pm

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Ananya Nimmagadda UHID No : BAH-00349330
Gender: ☒ Male ☐ Female Date : 4/7/2026 Time : 2:50AM

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. Pramathi Reddy - 1

Consentee :
Signature : R. Ananya

Name : ANANYA NIMMAGADDA

Date & Time : 4/4/26, 3:40 AM

Witness :
Signature : Shay

Name : Shay

Date & Time : 4/4/26, 3:40 AM

Docu. No. : RCHB/FRM / CLINICAL / 028

Patient Attendant :
Signature : Indy

Name : ANIKUDH NIMMAGADDA

Relationship with Patient : HUSBAND

Date & Time : 4/4/26, 3:40 AM

Doctor (who is taking the consent) :

Signature : Dr. Deepika

Name : Dr. Deepika

Date & Time : 4/7/2026, 2:50AM

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 జిడ్డును సహజమయిన పద్ధతిలో ప్రసవించటం

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

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పాత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో జిడ్డును 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, పురై గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

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

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జిడ్డు 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)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు