

ADMISSION SHEET



Registration Details :

Admission No : IP5-00175991 Admit Date : 05-Jul-2026 Admit Time : 03:28 PM UHID : BAH-00650646

Patient Details :

Patient Name	: Mrs BATTULA SHRUTHI	Age	: 30 Y 3 M 5 D
Guardian	: Mr SAI SREERAM GADIPARTHI	DOB	: 31-03-1996
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: PLOT NO. 35, ROAD NO. 71, NAVA NIRMAN NAGAR, Jubilee Hills Hyderabad Telangana INDIA 500033	Phone No	: 9849797959/ 8056299505
		E-mail	: SUJATHASHRUTHI1975@YAHOO.COM

Admission Details :

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

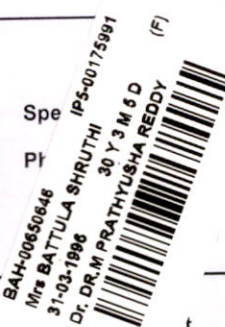
Contact Details :

Name : Mr SAI SREERAM GADIPARTHI Relationship : Husband
Contact Address : PLOT NO. 35, ROAD NO. 71, NAVA NIRMAN Phone No : 9849797959 / 8056299505
NAGAR, Jubilee Hills Hyderabad Telangana
INDIA 500033

Signature

Doctor Details :

Doctor Name : Dr. DR.M PRATHYUSHA REDDY
Referral Doctor : Self
Co-Consultant :



ETRICS AND GYNECOLOGY

Payment Details :

Payment Mode : Cash Payor Name : SELFPAY t : 0.00

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/7/26	Ir cannulisation done	1	9689552	dash
	pac	1	9689553	
5/7/26	Catheterisation	1	9689552	Sandy
			<u>cross checked</u>	

ANY OTHER INFORMATION

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.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

For Tol.

Obstetric Formula:

Primigravida

Obstetric History:

1st conception booked at 22+2 weeks. Uneventful ANC.

Present Pregnancy Record:

LMP: 5/10/25.

EDD:

Corrected EDD: 8/10/26.

GA: 39+5.

Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: Term.

Ut. Activity: ☒ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☒ Adequate ☐ Oligo ☐ Poly

PP: ☒ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☒ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☒ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 1 Finger.

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

RISK FACTORS:

Height: cm

Weight: kg

Allergies: Nil

Breast: ☐ Normal ☐ Abnormal

General Examination:

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: 37.5°C PR: 70/min

BP: 110/70 mmHg DTR: (+)

CVS: F2 @ RS RAS @

Liver/Spleen: Not palpable Urine Output: adequate

DIAGNOSIS

Primigravida 29 weeks, For Tol.



Family History: Nil	Surgical History: Nil
Medical History: Nil	Medication History: T. Iron T. Mefen
Plan of Care: Admission Nil on admission prep of parts. send CBP check blood availability vitals & FHR 4th h NST 3rd h. Foley's induction w/F P.O.L.	Investigations: B@ve Urinal - NR 15/5/26 31+5 / breech / wt - 1943 - 58% / AC 37.2 / AFI - 10.2 / PI - A/H / Doppler - (N).

Doctor Name: Dr. Arshya

Signature: [Signature]

Date & Time: 5/7/26 3:40pm

Consultant Name: Dr. Prathyusha

Signature: [Signature]

Date & Time: 5/7/26

DR. M. PRATHYUSHA REDDY
 Registration No: 59755



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/20 4pm	Asphy presentation, perineum cleaned & draped.	
	Intra-cervical Foley's bulb kept - Inflated with. Home Distilled H ₂ O.	
5/7/20 8pm	pt clo pain abdomen.	
	Not - rectal.	adv - T.PGE ₂ 2mg. 8pm - CH. - N ₂ 3 rd ly - vitals & HR 4 th ly - w/pbol.
	N/B Sandhya	Dr Arthy C
6/7/20 12AM	Patient comfortable	
	Gefar afebrile.	adv - N ₂ 3 rd ly - vitals & HR 4 th ly
	Vitals - stable	- T.PGE ₂ (3 rd dose) of 11mg.
	Plt - 2.26	- w/pbol
	WBC - 10.40.	
	P/A - ut achy.	
	Fno	
		Dr Arthy C

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5.7.20. 4 AM	Foley's bulb Expelled spontaneously	
	Heart rate afebrile PR - 94/min BP - 110/60 mmHg SpO2 - 98% on RA Pn - at active FHR 140	ad. Obstetric team ① vitals & PR 15 min ② NFI 30 min ③ w/ppt
	R/b. ce. 1/2 inch by 3cm. posterior, ux - ③.	Dr. Arshya In.
5.7.20. 6 AM	cl/w DA. pratyush	
	atr ① sat oxygen 6ml/min ② Epidural ③ CH.	Dr. Arshya

②



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Date & Time	Progress Notes	Doctor's Order
6/7/2026 7:45 AM		
	101/57 (70) mmHg	
	100% RA	
	86 bpm	
	PIA: ut well acting	
	P/V: cu 1/4", os 3cm	
	liquor minimal - clear	
	memb (-)	
	FHR ↓ 80 bpm - picked up to 150 bpm	
		- ULP
		- O ₂
		- 100% FF
		- Stop Oxy
		- NGT
		Dr. Y. Smith

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10:30 AM.	C/S/B Dr Prathyusha	
	O/E	
	ac-fair	Adv
On Synto @ 12ml/hr	vitals-stable	-w/F POC
↓ epidural	fla uterine	-continuous PRR
	mild acty ⊕	numbing
	PR ⊕	- CTG - 3rd stage
	flr - 3-4 cm dilate	
	fo' effaced	
	clear liquor	
	4x-2 station	
6/7/26 3:10 PM	PRD/WD + MRP	Adv
	O/E ac-fair	- drug as per
	PR 87 bpm	charted
	BP - 93/40 mmHg	- w/F clear
	CMAPSS	plenty of
10 - 100 ml (empty)	SpO ₂ - 98% on RA	oral feeds
	fla uterine	- vitals every 15 min
	rebreathed well	for this flb
Baby - on	1/5 - Bleeding	2nd stage
	mc	- 1st stage
		- w/F active
		Bluey PV
		- Inpvt not
		Kd
		Dr Samine



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PND0 / SVD + MRP	
6/12/26 spm.	A comfortable	Adv - soft diet, plenty of oral fluids - drugs as per charted
U/O - 500ml (clear) Baby - ms	O/E ac-fair, Temp-98.5F PR- 90bpm BP- 113/80mmHg (94) SpO2- 98% on RA P/A uterus uncontracted C/E Bleeding none.	- vitals continuing 2/4 charting - w/ a the bleeding in - Inform dr
Remove poly's @ 6 AM in 7 AM		Noted by Anjali Sanyal Dr. Dileep
- Shift to room		
7/12/26 8:30 AM	PND0 / SVD + MRP.	
CV ✓ Baby - well.	O/E ac-fair vital stable P/A - ut @ well L/E - B WNL ambulating well	Adv ① soft diet ② Hydration ③ Drugs as charted ④ vitals + th hls ⑤ w/ 3 bleeding plv. ⑥ Inform drs
S/E - dr V/E ✓		Dr Dileep

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: OBG

Shifted to: 330

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	<u>T. Joy</u>	<u>1 tab</u>	<u>PO</u>	<u>OD</u>		☐ C ☒ DC
	<u>T. Sheela</u>	<u>1 tab</u>	<u>PO</u>	<u>OD</u>		☐ C ☒ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sankar

Date & Time : 15/12/26, 5pm.

Nurse Name & Signature: Sandhya (016631)

Date & Time : 15/12/26, 5pm



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab DICLOFENAC				Date Time	6/7	7/7														
Dose	Route	Frequency	Start Dt.																	
Sony	PO	TID	6/7	Am	Nal	giva	800													
Name & Signature of the Doctor Starting the Drugs: Dr. Samene A					3PM	Nal	giva													
Additional Instructions:					11PM	Nal	giva													
Daily Doctor's Endorsement by a Sign																				
DRUG : Sy METRONIDAZOLE				Date Time	6/7	7/7														
Dose	Route	Frequency	Start Dt.																	
Sony	IV	TID	6/7	Am	Nal	giva	800													
Name & Signature of the Doctor Starting the Drugs: Dr. Samene A					3PM	Nal	giva													
Additional Instructions: fill discharge					11PM	Nal	giva													
Daily Doctor's Endorsement by a Sign																				
DRUG : Sy-DIPHALAC				Date Time	6/7															
Dose	Route	Frequency	Start Dt.																	
1ml	PO	OD	6/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. Samene A					10PM	Nal	giva													
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																				

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED BY : Name Signature

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																			



REGULAR PRESCRIPTIONS

Weight. 77kg Ward. OB-5

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 : <u>Inj CEFOTAXIME</u>				Date Time <u>5/7 6/7 7/7</u>
Dose <u>1gm</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>5/7/20</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anshu</u>				<u>9am</u> <u>9am</u>
Additional Instructions: <u>till discharge</u>				<u>9am</u> <u>9am</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Tab. PANTOPRAZOLE</u>				Date Time <u>5/7</u>
Dose <u>40mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>6/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameena</u>				<u>6am</u> <u>6am</u>
Additional Instructions:				<u>6am</u> <u>6am</u>
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Tab. PARACETAMOL</u>				Date Time <u>6/7</u>
Dose <u>1gm</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>6/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameena</u>				<u>6am</u> <u>6am</u>
Additional Instructions:				<u>6am</u> <u>6am</u>
Daily Doctor's Endorsement by a Sign				



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7/26	3:15pm	T. PGEL	50mg	PO	Am.	Rabin LUNNA
5/7/26	8pm	T. PGEL	25mg	PO		Sandhya Sandhya Rani
5/7/26	11pm	T. PGEL	25mg	PO		Sandhya Sudha
5/7/26	11:30pm	ENEMA	1	P/R	Am.	Sandhya Sudha
6/7/26	2 AM	T. PGEL	25mg	P/O	Am.	Sandhya Sudha
6/7/26	5am	T. PGEL	25mg	P/O	Am.	Sandhya Sudha
6/7	7:42 AM	inj NTG	100mcg	IV	Am.	Sure Sandhya
6/7	10:25 AM	inj DROPIK	1amp	IV	Am.	Shabana Veena
6/7	11:30 AM	inj BOSLOPAK	1amp	IV	Am.	Sure Vera



I.V. FLUIDS CHART

Weight. 77kg Ward. 06

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
06/07/19	4 AM	Ringer Lactate	IV	100	[Signature]	sandhya sudha	6/7	[Signature]	Sandya sudha
6/7	8 AM	Ringer Lactate	IV	100	[Signature]	Sandya sudha	6/7	[Signature]	Sandya sudha
6/7	6 AM	Ringer Lactate + 100 oxytocin	IV	6ml/hr	[Signature]	Sandya sudha	6/7	[Signature]	Sandya sudha
6/7	10 AM	RINGER LACTATE	IV	100ml/hr	[Signature]	Sandya sudha	6/7	[Signature]	Sandya sudha
6/7	3 PM	GELUFUSION NSM	IV	100ml/hr	[Signature]	Anjali Sangeetha	6/7	[Signature]	Anjali Sangeetha
6/7	3 PM	RINGER LACTATE	IV	100	[Signature]	Anjali Sangeetha	6/7	[Signature]	Anjali Sangeetha

Signature

VERIFIED BY : Name



Name:

Weight: 77kg kgs

Sheet No:

[illegible]

BAH-00650646 IPS-00175991
 Mrs BATTULA SHRUTHI
 31-03-1996 30 Y 3 M 5 D (F)
 Dr. DR.M PRATHYUSHA REDDY



MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
5.17/26 3:30pm	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	For 701	safely	Nmb	[Signature]	☐ Nursing ☐ Others:
5/17/26 upm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	plane for safety	→ TO reduce fear	pt is stable	[Signature]	☒ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☒ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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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		
8/7	3pm	1,2	Informed consent	PI	1	0	1	1		h
8/7	4pm	2	control infection	PT	1	0	1	1	—	Sanays

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							

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/7/26 Time of Arrival: 3:30 pm Time Seen by Nurse: Ss. Rajesri

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: POL

3) **Vital Signs:** Temperature: 98.2°F Pulse: 84 bpm RR: 18 SpO₂: 99% BP: 110/70 Weight: 70 kg

4) **Gestational Criteria:**

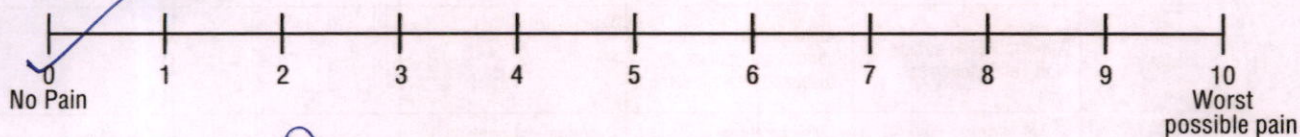
Gravida:	G <u>1</u>	P <u>0</u>	L <u>0</u>	A <u>0</u>
----------	------------	------------	------------	------------

LMP: 5/10/25 EDD: 8/7/26 Gestational Age: 39th week

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

- a) Surgeries: Full
- b) Medical: Full



7) Allergy: ☐ Yes ☒ No. If Yes :

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

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 5:20 pm

Nurse Name : Lajuli Nurse Signature: Rajur

Date: 5/7/26 Time: 5:20 pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/9/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☒ Admission Desk ☐ Others, specify
Primary Language: ☒ Telugu ☒ English ☐ Hindi ☐ Others, specify
Do you require an interpreter? ☐ Yes ☒ No if Yes specify
Source of Information: ☒ Patient ☒ Family ☐ Others, specify

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

Chief Complaints: came for Delivery Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Arshika Time Notified: 8:20pm

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: Onset of Menarche: Menstrual Cycle: ☒ Regular ☐ Irregular Last Menstrual Period: 5/10/25	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 1 P 0 L 0 A 0

Previous LSCS: nil

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: 98.2°F HR: 80 RR:
BP: 110/60 mmHg 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 25 (complete the Morse Fall Risk Assessment Sheet)

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

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

SOCIAL SCREENING:

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

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

Social History: Lives With Family members

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

Name of Person Orientation was given to: patient

Orientation not given Reason:

Nurse Signature: Rajeev

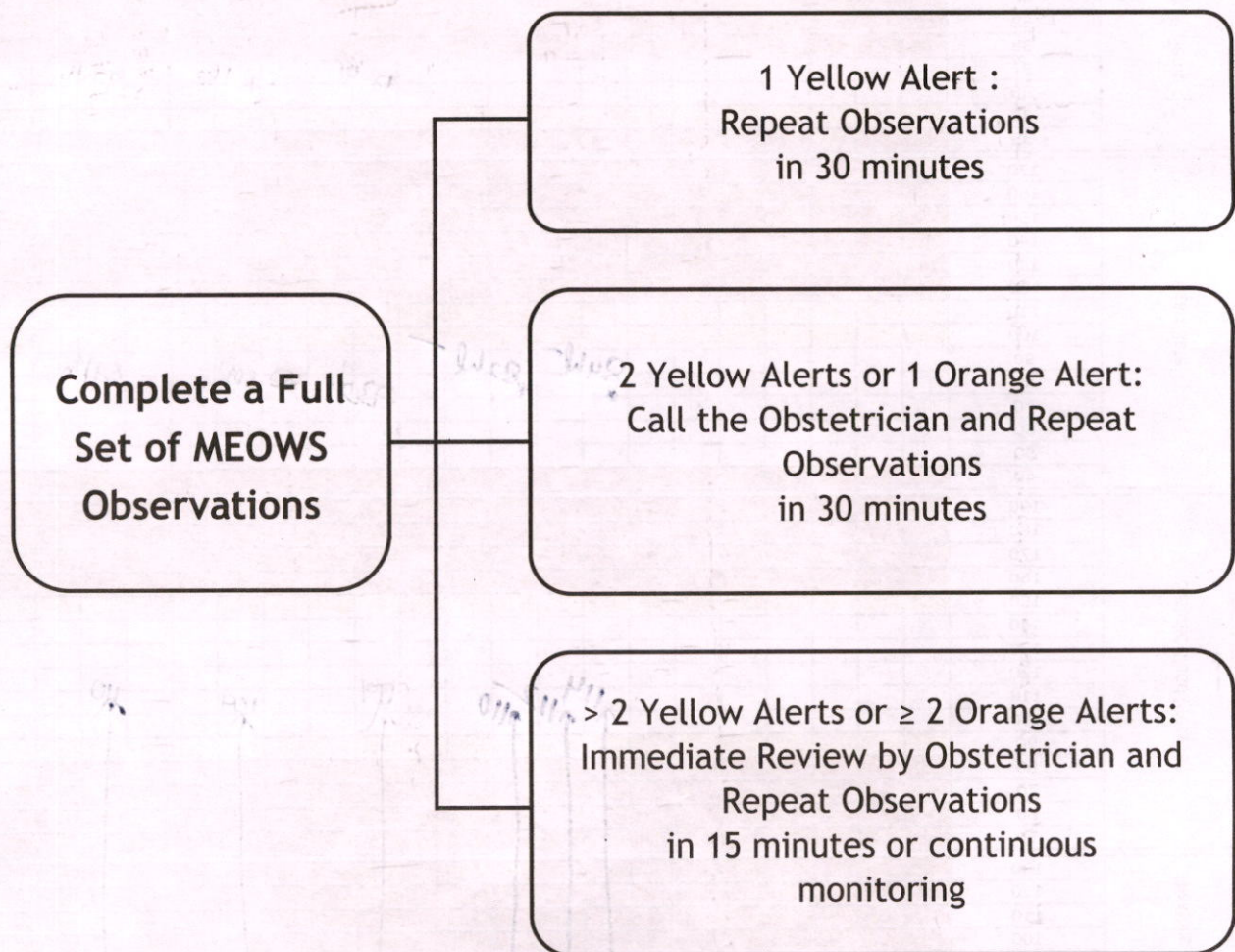
Nurse Name: Rajeev

Date & Time: 5/7/20

5726

Date		5/7/26																								
Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
		Unresponsive																								
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



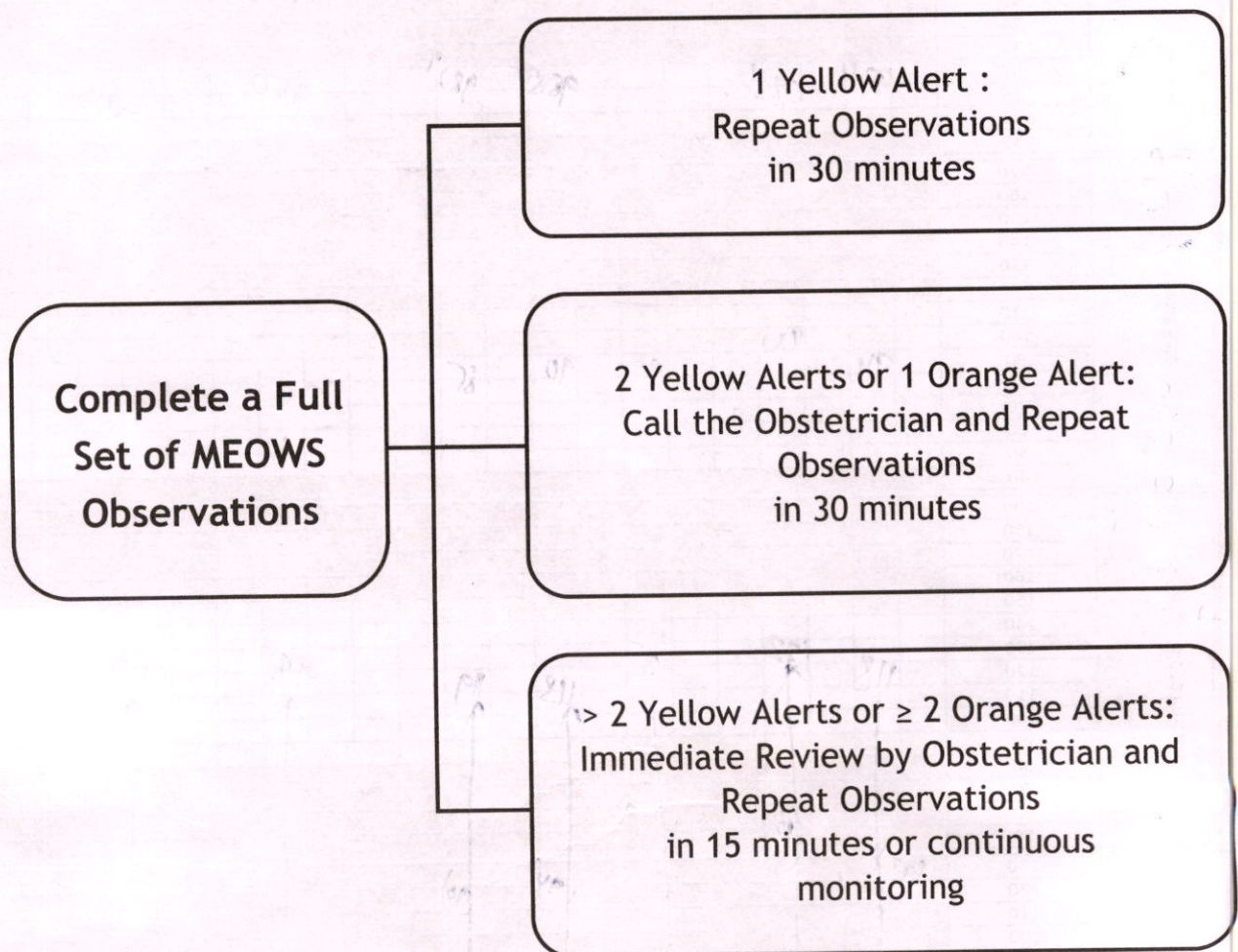
* The Modified Early Warning Score (MEOWS)



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	20	19		19	19	19		20		20																
	0 - 10																										
Saturations	94 - 100 %	99	98		99	99	99		99		98																
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	98.4	98.5		98.5	98.5		98.0		98.0																	
	36																										
	35																										
Heart Rate	< 35																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100		100																								
	90	94			90	90	88		78		84																
	80																										
	70																										
	60																										
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120	118	122		122	118	119		96		100																
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80	80	80		80	80	80		56		62																
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert	✓	✓		✓	✓	✓		✓		✓															
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30	✓	✓		✓	✓	✓		✓		✓																
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	✓	✓		✓	✓	✓		✓		✓																
	Heavy / Foul																										
Liquor	Clear / Pink	✓	✓		✓	✓	✓		✓		✓																
	Green																										
TOTAL YELLOW SCORES		0	0		0	0	0		0		0																
TOTAL ORANGE SCORES		0	0		0	0	0		0		0																
Nurse Initial																											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

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

		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									0		
	03:00 pm									0		
	04:00 pm	H ₂ O								0		
	05:00 pm	H ₂ O								0		
	06:00 pm									0		
	07:00 pm	H ₂ O								0		
Total Intake :					Total Output :							
	08:00 pm	H ₂ O								0		ready
	09:00 pm	mealy								0		ready
	10:00 pm	RL H ₂ O		100ml						0		ready
	11:00 pm	RL		100ml						0		ready
	12:00 am	RL H ₂ O		100ml						0		ready
	01:00 am	RL		100ml						0		ready
Total Intake : taken					Total Output : passed							
	02:00 am	RL H ₂ O		100ml						0		ready
	03:00 am	RL		100ml						0		ready
	04:00 am	RL H ₂ O		100ml						0		ready
	05:00 am	RL		100ml						0		ready
	06:00 am	RL H ₂ O		100ml						0		ready
	07:00 am	RL		100ml						0		ready
Total Intake : taken					Total Output : passed							
Total 24 hrs. Intake					Total 24 hrs. Output							



6/7/26

FLUID CHART

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am	H ₂ O	100ml	RL						100ml	0	Sub
	09:00 am			RL							0	Sub
	10:00 am	Local H ₂ O	200ml	RL							0	Sub
	11:00 am	RL		100ml						500ml	0	Sub
	12:00 pm	RL	H ₂ O								0	Sub
	01:00 pm	RL									0	Sub
Total Intake : Taken					Total Output : Passed							
	02:00 pm	H ₂ O								200ml	0	Sub
	03:00 pm	RL	H ₂ O	500ml							0	Sub
	04:00 pm		H ₂ O								0	Sub
	05:00 pm		H ₂ O								0	Sub
	06:00 pm		H ₂ O							700ml	0	Sub
	07:00 pm										0	Sub
Total Intake :					Total Output : 900ml - 0							
	08:00 pm										0	Sub
	09:00 pm		water								0	Sub
	10:00 pm										0	Sub
	11:00 pm									900ml	0	Sub
	12:00 am		water								0	Sub
	01:00 am										0	Sub
Total Intake : Taken					Total Output : U-900ml - 0							
	02:00 am										0	Sub
	03:00 am		water								0	Sub
	04:00 am										0	Sub
	05:00 am										0	Sub
	06:00 am		water							600ml	0	Sub
	07:00 am										0	Sub
Total Intake : Taken					Total Output : U-600ml - 0							
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		U-3000ml - 0					

BAH-00650646

IP5-00175991

Mrs BATTULA SHRUTHI

31-03-1996 30 Y 3 M 6 D (F)

Dr. DR.M PRATHYUSHA REDDY



①

NURSING CARE RECORD

Rainbow Children's Hospital
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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment:

come for delivery

Goals

- ☐ Maintain Airway and Oxygenation
☒ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....

- ☒ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☒ Improve Activity Tolerance
☒ Ensure Safety

- ☐ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
3:00 pm	→ plan for preparation	3:20 pm	→ preparation done	→ patient is stable
4 pm	→ plan for NST	4:20 pm	→ NST done	
5 pm	→ w/ contraction	5:20 pm	→ contraction checked & recorded	
5:30 pm	→ Breathing exercise	6 pm	→ continued Breathing exercise → Psychological support given	

Re-Assessment:

Special Notes:

Nurse Signature:

Rajeshu

Nurse Name:

Raj

Date & Time:

5/7/26 @ 8 pm

BAH-00650646 IP5-00175991
 Mrs BATTULA SHRUTHI
 31-03-1996 30 Y 3 M 6 D (F)
 Dr. DR.M.PRATHYUSHA REDDY

NURSING CARE RECORD

Rainbow Children's Hospital
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BirthRight
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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 05/07/2028

Assessment: patient is having 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
8pm	⇒ Assess the patient condition	9pm	⇒ Assessed the patient condition	pt is stable.
10pm	⇒ monitor the vitals	11pm	⇒ monitoring the vitals checked and recorded	
12am	⇒ NST 3rd hourly	1am	⇒ NST 3rd hourly	
4am	⇒ Administer medication	5am	⇒ Administer medication done	
6am	⇒ provide psychological support	7am	⇒ provided psychological support - con as for drug chart	
7am	⇒ Ensure safety needs	8am		

Re-Assessment: done after 3rd hourly pt is stable

Special Notes: NST 3rd hourly. / O/B chart hourly.

Nurse Signature: Sandeep Nurse Name: Sandeep (016630) Date & Time: 6/7/28 e 8am



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 6/7/24

Assessment: Anxious and discomfort related to labor process

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess general condition of the patient	8am	Assessed general condition of the patient	* Patient is Stable
9am	monitor vitals & blood count	9am	vitals checked and blood count maintained	
10am	NST 2nd hourly	11am	NST done.	
11am	Watch for Progress.	11am	Administered medication	
12pm	Administer medication	2pm	Provided patient safety	
1pm	Ensure patient safety			

Re-Assessment: Re-assessment was done

Special Notes: NST monitor

Nurse Signature: *[Signature]*

Nurse Name: Lanna (OTM)

Date & Time: 6/7/24

BAH-00650646 IP5-00175991

Mrs BATTULA SHRUTHI

31-03-1996 30 Y 3 M 6 D (F)

Dr. DR.M PRATHYUSHA REDDY



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 6/7/16

Assessment: Patient having fear & anxiety

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☒ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☐ Any Others. Specify.....

- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☒ Ensure Safety

- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the General Condition of the patient	2:10pm	→ Assessed the General Condition of the patient.	Patient was comfortable
3pm	→ monitor vitals	3:5pm	→ vitals Monitored & Recorded	
4pm	→ Maintain fluid balance	4:5pm	→ fluid Balance Maintained	
5pm	→ Maintain Ilo chart	5:20pm	→ Ilo Chart Maintained	
6pm	→ Patient & family Education	6:10pm	→ Educated about hygiene	
7pm	→ Ensure Safety	7:30pm	→ Safety provided	

Re-Assessment:

Re-assessment done patient was comfortable

Special Notes:

Foley's Removal tomorrow

Nurse Signature:

Nurse Name: Arjali

Date & Time: 6/7/16 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/26

Assessment:

Acute 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	→ Assess the pt general condition	8pm	→ Assessed the pt general condition	Reduce pain
12Am	→ Monitor vitals	30 12Am	→ Monitored vitals	
	→ Monitor SpO2 chest	40 3Am	→ Monitored SpO2 chest	
3Am	→ Encourage the pt Ambulate and hydration	50 5Am	→ Encouraged the pt to Ambulate & Hydration	
5Am	→ Relieve pain & Discomfort		→ Relieved pain & Discomfort	
7Am		7 up 7Am		

Re-Assessment:

Reduce pain

Special Notes:

Remove Foley's 7pm 6Am

Nurse Signature: Shilpa

Nurse Name: Shilpa

Date & Time: 7/7/26 @ 8Am



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Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
	1. Assess patient's current level of consciousness and vital signs. 2. Monitor for signs of hypoxia, hypercapnia, and acidosis. 3. Administer oxygen therapy as prescribed. 4. Monitor for signs of respiratory distress and fatigue. 5. Document patient's response to treatment.		1. Administer oxygen therapy as prescribed. 2. Monitor for signs of respiratory distress and fatigue. 3. Document patient's response to treatment.	1. Patient's level of consciousness improved. 2. Signs of hypoxia and hypercapnia resolved. 3. Patient tolerated oxygen therapy well. 4. No signs of respiratory distress or fatigue. 5. Patient's response to treatment documented.

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

BAH-00650646
Mrs BATTULA SHRUTHI
31-03-1996
30 Y 3 M 6 D
Dr. DR.M PRATHYUSHA REDDY (F)

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sushr Department: OBC Date of Admission: 5/7/2026

SITUATION	Diagnosis: <u>Prim? 3rd wks for IOL</u>		Any Infection: ☐ Yes ☒ No ☒ Not Known If Yes Specify:				
	Area	Shift Time	<u>OBS</u> <u>8pm-8am</u>	<u>BB-1</u> <u>8am-11am</u>	<u>BB-1</u> <u>2pm-8pm</u>	<u>Buddy</u> <u>8pm to 8am</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):		<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>97.6</u>	<u>98.4</u>		<u>98.0</u>	
		Res:	<u>19b/m</u>	<u>20b/m</u>	<u>20b/m</u>	<u>19</u>	
		SpO ₂ :	<u>99.1</u>	<u>99</u>	<u>99</u>	<u>99</u>	
		Pulse:	<u>84b/m</u>	<u>84</u>		<u>80</u>	
		BP:	<u>119/64</u>	<u>119/84</u>		<u>110/76</u>	
	Fall Risk Score:	<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>			
Recommendations	Safety Needs:	<u>yes</u>	<u>yes</u>	<u>side rails</u>	<u>side rails</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>		
	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>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Sandhya</u>	<u>Kaare</u>	<u>Aijali</u>	<u>Shilp</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>5/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>7/7/26</u>		
Time:		<u>8AM</u>	<u>8PM</u>	<u>@8PM</u>	<u>@8AM</u>		
Taken Over By Name :		<u>Shashan</u>	<u>Aijali</u>	<u>Shilp</u>	<u>Latha</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>6/7/26</u>	<u>6/7/26</u>	<u>6/7/26</u>	<u>7/7/26</u>		
Time:		<u>8PM</u>	<u>8PM</u>	<u>@8PM</u>	<u>@8AM</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area Shift Time						
	Medical Condition (Any special condition to be noted):						
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:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature :						
	Date:						
	Time:						

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/2/26	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	painful - comfortable	seah
5/2/26	5pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	painful - comfortable	@
5/2/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Surge
5/2/26	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	sandhya
6/2/26	4pm	0	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	sandhya
6/7/26	3am	0	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sandhya
6/7	9am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	epidural.	Shabana
6/7	11am	0	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under observation	Shabana
6/7	1 pm	0	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Shabane
6/7	6pm	0/0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO	Aryali

Re-assessment Frequency:

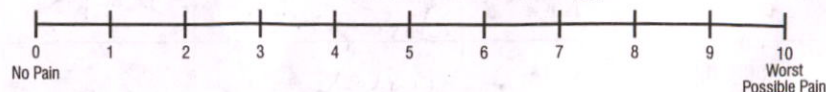
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

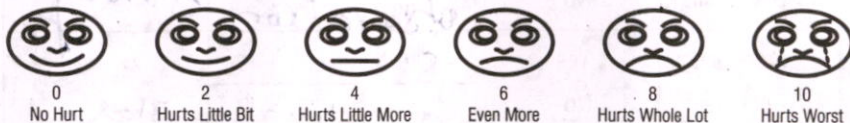
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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 drawn 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
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

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

BirthRight®
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		Shelly
7/7/26	2AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shelly
7/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shelly
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shelly
				☐ 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		
				☐ 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:

- 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.

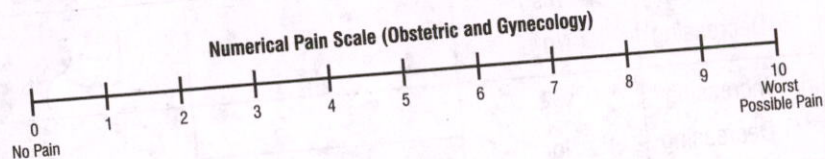
Docu.No: RCHBH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

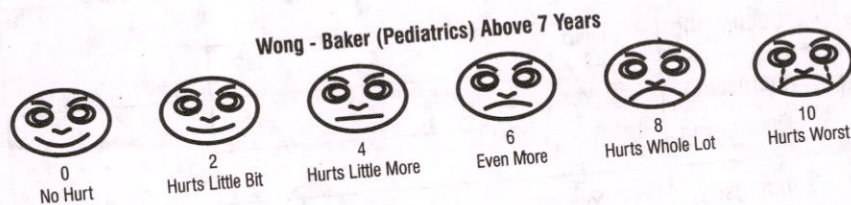
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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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		0	-	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	-	-	-	-				
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		0	-	-	-	-				
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		0	-	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	-	-	-	-				
Signature of the Nurse													

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 : Swaroopa Name : Swaroopa

Signature of Ward In Charge :

Signature : Rs. Veena Name : Rs. Veena

5

28

2.5

0

0

0

0

0



CHECKING

Morse Fall Risk Assessment Form

4-00650646 IP5-00175991
BATTULA SHRUTHI
03-1996 30 Y 3 M 5 D (F)
DR.M PRATHYUSHA REDDY

Choose Highest Applicable Score from each Category			Date / Time	Score	Fall Risk Grading		
					Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25	5/7/26		Low Risk	0 - 24	Standard Fall Precaution
	No	0	5/7/26	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15	5/7/26	0			
	No	0	5/7/26	0			
Ambulatory Aid	Furniture	30	6/7/26	0	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	Crutches, Cane(S), Walker	15	8pm-8am	0			
	None /Bed Rest /Nurse Assist	0	8pm-	0			
IV / Heparin Lock or Saline	Yes	20		20			
	No	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					
Mental Status	Forgets limitations	15					
	Oriented to own ability	0					
Total Morse Fall Scale Score:			20	20	20		
			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
- ☐ 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

TULA SHRUTHI
30 Y 3 M 5 D
PRATHYUSHA REDDY

BRADEN 'Q' SCALE



					Date: 5/21/25	Time: 5:16 PM	5/21/25	Time: 5:16 PM	5/21/25	Time: 5:16 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	3	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		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4		

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

Doc. No. : RCHBH /FRM / CLINICAL / 119

TOTAL SCORE	28	28	27	28
Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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

IP5-00175991
BATTULA SHRUTHI
30 Y 3 M 6 D
3-1996
DR. M PRATHYUSHA REDDY



BRADEN 'Q' SCALE

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

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

					Date : 11/2/26			
					Time : 2:30 PM			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4			
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	Sensory Perception							
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			
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			
	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		
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			
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			
Evaluator's Name					shil			

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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?

- ☒ a. Yes ☐ b. No

2. If No, Reason

3. Nipple condition:

- ☒ a. Nipple well formed
☐ b. Flat nipple
☐ c. Inverted nipple
☐ d. Short nipple

4. Milk flow:

- ☒ a. Good
☒ b. Drops of colostrums
☐ c. Dry

5. Steps for Positioning and attachment:

- ☒ a. Baby goes to the breast
☐ b. Mother always sits with a back support
☐ c. Ear-shoulder-hip should be in a straight line
☐ d. The baby takes a latch on the areola and not on the nipple



Feeding Positions:
Cross Cradle



Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☒ a. Yes
☐ b. No

7. For Caesarian mothers:

- ☐ a. Mother is required sit and feed from the 4th feed
☐ b. Please explain football hold

8. NICU admission:

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes:

Continuity of Care:

Date: 6/7/24

→ DBF 2nd hourly

→ Warm Cate

→ Burping

Handover given by Anjali

Handover taken by Lalita

Signature [Signature]

Signature [Signature]

Date & Time: 6/7/24 @ 3pm

Date & Time: 6/7/24 @ 7pm

URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 6/7/26

Date of Removal:

Parameters	Date	Shift Time						
Need for the Catheter	6/7/26	8am-2pm	☒ Yes ☐ No	6/7/26	2pm-8pm	☒ Yes ☐ No		
Hand Hygiene			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment			☒ 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
Check the Tube for Obstruction (Free of Kinking)			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care			☒ Yes ☐ No			☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever			☐ 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
Name of the Nurse								
Signature of the Nurse			<i>Dr. Shoban Ajali</i>					
			<i>Dr. Ajali</i>					

Handwritten text, possibly a list or notes, including the word "L" repeated several times.

GROUP

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. Battula Shanthi Age: 30Y Sex: F UHID.No: BAH-00650646

Date: 6/12/26 Time: 6:20 AM Proposed Operation: Labour Epidural

Diagnosis: Placenta previa 39+5 wks

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

Laboratory Data:

Hgb: 12.9 Glucose: Protein: HIV: X-Ray:
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 10,400 Creat: Total Bill: HCV: 2D Echo:
Plate: 2.26 Na: Dir. Bill: Blood group: B+ve Stress/Angio:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl -: SGOT/SGPT:

Allergies: ALICIA

Medical History: CVS:

RESP:

Diabetes: 1 -

CNS:

Not significant.

Renal:

Hepatic / GE:

Physical Activity: Active

Others:

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mento-hyoid Distance: 2FB Neck: N Teeth: intact

Lungs:

BAE + clear

Heart:

S2 S2 (+)

CNS:

+HMF (+)

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: 1861 Dm Spine Exam for regional: N

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: Name:

Patient Sticker

ANAESTHESIA CHART

Pre Induction Assessment:

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

H.R.:	B.P / CRT:	SpO ₂ :	R.R.:	Last Feed:
Pre-OP Diagnosis:		Operation:		Date :
Surgeon:		Anaesthesiologist:		Technician:

[illegible]

LAB Values	ABG	
	GRBS	

☐ Equipment Checked and Functional ☐ BP ☐ Cuff Site: ☐ Art Site: ☐ EKG Lead ☐ Temp Site ☐ FIO ₂ Monitor ☐ Agent Monitor ☐ Pulse Oximeter ☐ Capnograph ☐ Ventilator ☐ Nerve Stimulator	Temp: ☐ HME ☐ Fluid Warmer ☐ Cling Film ☐ OH Warmer ☐ Hugger's ☐ Cotton Wool ☐ Other Times: Anaes Start: OP Start: OP End: Leave OR:	Induction ☐ IV ☐ Inhal ☐ Pre O ₂ ☐ RSI ☐ Others ☐ Mask ☐ SGA ☐ Airway ☐ Oral ☐ Nasal ETT# at cm ☐ Oral ☐ Nasal ☐ Cuff ☐ Tracheostomy ☐ Topical ☐ Drug:	Regional: Extremity Specify: ☐ Spinal ☐ Epidural ☐ Caudal Others: Position: Site: Needle Size: Depth: Paresthesia ☐ Yes ☐ No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments:
Position: ☐ Pressure Points Checked Eye Care: ☐ Oint ☐ Tape ☐ Padding ☐ Awake	Anaesthesia: ☐ GA ☐ Monitored Anaesthesia Care ☐ Regional Line (Size & Location) ☐ CVP: ☐ ART: ☐ IV: ☐ IV: ☐ IV:	☐ Awake ☐ Direct Vision ☐ Video Laryngoscopy ☐ Stylette / Bougie ☐ Fiberoptic Blade# Attempts: Difficulty Why? ☐ Bilat = BS ☐ Semi-Closed Circle ☐ Closed Circle ☐ Other	Transportation to ☐ PACU ☐ ICU ☐ Other Relaxed Reversed ☐ Yes ☐ No ☐ NA Name of the Doctor : Signature of the Doctor :

Patient Sticker

Received in PACU by : Time Received : Time Discharged :

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES			OUT	
			30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY						SCORING INTERPRETATION 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 deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION						
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR						
TOTAL							

POST ANAESTHESIA SCORE
(Modified Aldrete Score)

		IN	MINUTES			OUT	
			30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY						SCORING INTERPRETATION 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:
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Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR						
TOTAL							

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:

Date	Time	Pain Score	Intervention	Signature

Date & Time:



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 6/7/2026 Time: 7 AM Procedure done by Dr. Tejaswini

CSE / Spinal / Epidural Position: Sitting Space: L3-L4 Technique (LOR/LOS)

Depth: 4 cm Catheter at Skin: 10 cm Attempts: 1

Parasthesia : Yes/No if yes details :

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

Any other issues :

a) .

b) .

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
7:00 AM		7ml 1.8% LORFEN	T6	T6	130/94	91/min	130/min	Comfortable.
8 AM	8 ml/hr		T6	T8	117/76	100/min	135/min	Comfortable
10 AM	8 ml/hr	—	T8	T8	120/80	100/min	142	comfortable
11:30 AM	8 ml/hr	14.4g EAD 8ml in 80 Head up	T8	T8	118/74	118/min	136	Clot Pain @ Suprapubic leg
12:15 PM	8 ml/hr	—	T6	T6	124/86	92/min	140	e contraction - 1 Good Tem.
2:45		64 LORFEN	T10	T10	117/80	100/min		Comfortable

Delivery Details : Time: 2:21 pm APGAR: 9/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction : Good.

Discharge /Shifting ordered by

Doctor Signature: A

Doctor Name: DR. K. R. RAMYA

Date and Time : 6/7/2026 6:14 PM



INFORMED CONSENT F1

Patient Name : SHRUTHI UHID No : BAH-00650646
Gender: ☒ Male ☐ Female Date : 5/7/26 Time : 3:36pm

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. Prathyusha

Consentee :
Signature : B. Shruthi

Name : B. Shruthi

Date & Time : 5/7/26 . 7:54pm

Witness :
Signature : [Signature]

Name : [Signature]

Date & Time : [Signature]

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

Patient Attendant :
Signature : G. Sai Sreenam

Name : G. Sai Sreenam

Relationship with Patient: Husband

Date & Time : 5/7/26 . 7:54pm

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

Name : Dr. Arshay

Date & Time : 5/7/26 . 8:40pm

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

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

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

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.పాచ్.బి.డి. బిభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అమోదించాను:

- 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 జడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

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

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

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ప్స్ లేదా వాక్యూమ్ సహాయంతో జడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జీ, మచ్చలు, రక్తస్పృం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (ప్రెసరేషన్, హెమటోమా, పుర్రె గాయం అయే అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

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

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

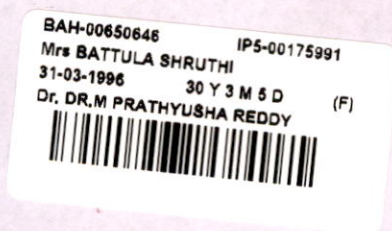
పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



INDUCTION OF LABOR CONSENT

Name: Shruthi Age: Gender: Male ☐ Female ☒
UHID.No: BAN-0065046 Date: 5/7/26

You are scheduled for an induction of labor on 5/7/26 (date) at 3PM (weeks of gestation).

The reason for your induction is Gem

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

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

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

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

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

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

Patient
Signature: B. Shruthi
Name: B. Shruthi
Date & Time: 5/7/26 7:50 PM

Patient Attendant:
Signature: Sai Sree Ram
Name: Sai Sree Ram
Relationship with Patient: Husband
Date & Time: 5/7/26 7:50 P.m.

Doctor:
Signature: Dr. Prathyusha Reddy
Name: Dr. Prathyusha Reddy
Date & Time: 5/7/26 8:20 PM

Witness
Signature:
Name:
Date & Time:



B. Shreenu

BAH - 00656646

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. Tejaswini 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: B. Shreenu
Name: BATTULA SHRUTHI
Relationship with patient: Self
Date & Time: 6/7/2026 6:20AM

Witness:

Signature: G. Sai Suresh
Name: G. Sai Suresh
Date & Time: 6/7/26 6:20AM

Doctor (who is taking consent):

Signature: Dr. Tejaswini Name: Dr. Tejaswini Date: 6/7/26 Time: 6:20AM

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/ స్వల్పలేమి, 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: