

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176588 Admit Date : 18-Jul-2026 Admit Time : 08:51 PM UHID : PHW-00108658

Patient Details :

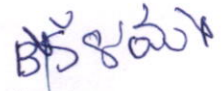
Patient Name	: Mrs KAVYA JAMPALLY	Age	: 21 Y 0 M 28 D
Guardian	: Mr SRIKANTH	DOB	: 20-06-2005
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: VIKAS NAGER Hanamkonda Warangal Telangana INDIA 506001	Phone No	: 6301857272
		E-mail	: jampallysrikanth@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 417 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 417 Admission Type : First Visit

Contact Details :

Name : Mr SRIKANTH Relationship : Husband
Contact Address : VIKAS NAGER Hanamkonda Warangal Phone No : 6301857272
Telangana INDIA 506001


Signature

Doctor Details :

Doctor Name : Dr. DR.M PRATHYUSHA REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____
 PHW-00108658 IP5-00176588
 Mrs KAVYA JAMPALLY
 UHID No: 20-06-2005 21 Y 0 M 28 D (F) _____ Consultant: _____ Dept : _____
 Dr. DR.M PRATHYUSHA REDDY
 Date of / _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/26	2:30pm	OBS	OBG-OT	Sunitha / priya
19/7/26	4pm	OBG-OT	OBS	Sona /
19/7/26	11:30pm	OBS	3rd floor (331)	Sona /

Cross Consultation Visit

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

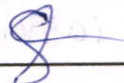
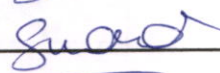
[illegible]

~~Cross checked by s uha.~~

[illegible]

cross checked by such

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/7/10	IV Phlebotomy	01	9710655	
19/7	PAC	01	9711510	
19/7	Catheterization	01	9711509	

Cross checked by
susha. ✓

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

primigravida came for IOL
clo: SOB :: 2 days.
Obstetric Formula: primigravida

Obstetric History:

T PP - 8p conceptus -
Had previous ANC @ Warangal
Present Pregnancy Record: RCM

Booked at 37+1 wky
ANC - uneventful

RISK FACTORS:

18/7/26 2D Echo - @

Height: 163 cm

Weight: 73 kg

Allergies: N/A

Breast: ☒ Normal ☐ Abnormal

General Examination:

Consciousness: d.d.

Icterus: absent

Temp:

BP: 105/57(70)mm

CVS: S1S2(+)

Liver/Spleen: not palpable

Pallor: absent

Edema: absent

PR: 78 BPM SpO2 - 100%

DTR: ⊕

RS: BAF ⊕ clear

Urine Output: adqun

LMP: 26/10/26

Corrected EDD: 3/8/26

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: 4/5

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

Membranes: ☒ Present ☐ Absent

Liquor: ☒ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☒ Vertex ☐ Breech ☐ Others

Sutton: ☒ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☒ Adequate ☐ Doubtful

DIAGNOSIS

primigravida / 37+6 wky / for IOL



Family History: Mother - Hypothyroid	Surgical History: Nil
Medical History: Nil	Medication History: folic acid
Plan of Care: - Admission - IV cannulation - NST - EOL - P4T1 - Monitor vitals - Written & Informed consent - Trace CBP, SLE, sr-cr. - LFT, LDH, P/LINR/APTT	Investigations: BGT - At ve Vital - NR BP - 10.5 - 46 PLT - 2.0 GS - 13/7/26 SLUL, 34 weeks, cephalic, AFI - 12.4 cm, AC - 80%. EFW - 3.252 g, (30%), Fetal a uterine Dopplers - (N) T HFA - (N) NT - 1.5 mm FTS - low risk.

Dr. M PRATHYUSHA REDDY
Reg. No: 59755

Doctor Name: Dr. Divya

Signature: [Signature]

Date & Time: 18/7/26; 8:30 PM

Consultant Name: Dr. Prathyusha

Signature: [Signature]

Date & Time: [Signature]



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1 + 1			
5	In-patient Medical record				
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2 + 1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart	1			
		2			
		2 + 2 + 4 + 3 + 2 + 3			
	Total No. of Pages				

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9pm	NSI- Reactive 1st dose- Tab. P401 25mg given	By Mr Deepika
19/7/26 12Am	NSI- Reactive 2nd dose- Tab. P401 25mg given	By Mr. Deepika
19/7/26 3Am	NSI- Reactive 50 3rd dose- Tab. P401 25mg given	By Mr Deepika
19/7/2026 6Am	Comfortable Vitals - BP 113/60/73 PR - 63 SpO2 - 98.1. P/A - r/toms relaxed, NSI- ongoing V/G - Lx 1inch, OS closed	Advice ✓ Strict Pce ✓ Oral hydration ✓ Monitor vitals ✓ Inform SDE

Date & Time	Progress Notes	Doctor's Order
19/1/2026 7AM	cd/w Dr. Prathiyusha Tab. PGE1 25mg - PV - 4th dose <u>NSI - Reactive</u> ✓ NBM ✓ NSI x 3rd hourly ✓ W/F PBL ✓ monitor vitals ✓ Inform SRS <u>by Dr. Dupika</u>	
	NIB by madhuka	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/20	Primie / 38wks / IOL.	
3 AM	Pt - Comfortable. No complaints Gr - fair Atebribe PR - 70%. SpO2 - 98% @ RA. BP - 112/62 (70) PIA - PIA - ut Tern Relaxed FHS (+) VLE - <u>Cx - log, os - closed.</u>	
NBT-Reactive	Patient and attendee exp have been counselled regarding the two available management options:- ① Em - USG in view of failed induction of labour. ② Continuing induction of labour with reassessment after 12hrs, provided maternal and fetal conditions remain reassuring.	
4:30pm	patient & attendee have decided to go for Em USG IWL to NPL	6 1) NBM 4) Prepare parb 3) PAC / Consent 7) shift to OT on call 5) / baby Catheter - Dr Suba NB (Dr. Lavanya)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/20 4 PM	POD-0 / Emul / P.H.	
B-wed	GC: / gear	
U/O: 200ml	B.P: 112/61 mmHg	1) NBM till 11 pm
	P.L: 72 bpm	2) Flw fluid - 100ml/hr
	SpO2: 100% on RA	3) Drug as charted
	P/A: UH @ ear	4) w/f Flw Bleeding
	Seck	5) Analgesia
	BSI ⊕	6) Flw chubby
	P/v: N.A.S	7) Monitor vitals 1/2 hr x 2 hrs
	Send CBP 20/7/20	8) Tefex 500
		- Dr. J. Ramki
19/7/20 9 PM	POD-0 / Emul / P.H.	
B-wed	GC: / gear	Monitor vitals - 2 hrs
U/O: 200ml	BP - 110/65 mmHg	1) NBM till 11 pm
	P.L - 70 bpm	2) Flw fluid - 100ml/hr
	SpO2 - 100% on RA	3) Drug as charted
	P/A: UH @ ear	4) w/f Flw Bleeding
	Seck	5) Analgesia
	P/v: N.A.S	6) Flw chubby
		7) Tefex 500

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2005 21 Y 0 M 29 D (F)
Dr. DR.M PRATHYUSHA REDDY



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26	POD - 0 / EMUW / P.I.L.	
11pm		R
	Gc: per	
B-heel	B-P: 126/82 (77)	1) Allow oral sips now
U/o: loose	P-R: 90bpm	2) Liquid diet at 12am
	SPC: 98% on RA	20/7/26
	P/A: UT @ 2nd	3) Soft diet 6am 20/7/26
	Salt	4) Monitor vitals - 4 hr
	Bs @	5) Drug as charted
	Phr: NAD	6) w/h flv Bleeding
		7) Ankle edema in 3rd
	Send CBP @ 6am 20/7/2026	8) I/O Charting
	Take renal at 2pm 20/7/26	9) I/O fluid - renal in
	Shift to Room	10) Taper for 800
	Noted By: p/f	Dr. Sravathi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>20/7/2016</u> <u>7am</u>	POD-1 / Em-Less / P.L. P to Cerebrule G.C. / air B-P - 110/60 P-R - 72 SpO ₂ - 100% on R P/A - ut @ R S-ur B-ur P/V - NAB	 E 1) Soft diet & plenty of oral fluid 2) Drug as charted 3) w/f r/v bleeding 4) Ambulation in Bed 5) I/O charting 6) Insulin 800
<u>20/7/2016</u> <u>2:00pm</u>	Insulin 40 at 9 Am Trace - CBP POD-1 / Em-Less / P.L. G-tube Bp - 119/73 mm PR - 85 BPM SpO ₂ - 98% on R P/A - ut @ ur S-ur P/V Bure	- Dr. Sunder 1) Soft diet 2) Ambulation 3) Hydration 4) w/f r/v bleeding 5) Drug as charted 6) Insulin 80
<u>20/7/2016</u> <u>2:00pm</u> B-ur voided ✓ fr st Hb - 10.9 WBC - 17.64 ↑ PLT - 1.64 L		Dr. Dheya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2016 7:40 PM	A comfortable de ac-faci vital stable p/a uterus retracted well soft diskussion 46-10cm healthy	Adv off diet, Plenty of oral fluids -drips as per checked vitals ok - Ambulate - Inform by Dr. Divya
21/6/2016 8:30 AM	POD-2 / Em. Ws / P.L.1 pt comfortable off SPO2-97% LRA Adv Ac-faci vital stable p/a-ut @ well LIE BWM p/a-soft diskussion BSA	noted by syty (Dispp. Delle-dax 2 tab p/sky ① soft diet ② ambulate ③ hydration ④ w/f abru bleeding ⑤ Inform sw Dr. Divya
	plan disch by evening on inj form	



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PHYSICIAN'S NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PHW-00108658 IP5-00176588
 Mrs KAVYA JAMPALLY
 20-06-2003 21 Y 0 M 28 D (F)
 Dr. DR.M PRATHYUSHA REDDY



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CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Prathyusha Reddy</u>	Date of Delivery: <u>21/9/12</u>
Assistant Surgeon: <u>Dr. Lavanya</u>	Time of Delivery: <u>3:03 PM</u>
Anaesthetist's Name: <u>Dr. Sruja</u>	Gender of Baby: <u>Male</u>
Type of Anaesthesia: <u>↓ Spinal</u>	Weight of Baby: <u>3.342 kgs</u>
Neonatologist: <u>Dr. Poojita / Dr. Pavani</u>	AGPAR Score: <u>9/10</u>
Scrub Nurse: <u>Sri. Srilata</u>	NICU Admission: ☐ Yes ☒ No

Pre-Operative Diagnosis: Primigravida 1 38wks for TOR

☐ Elective ☒ Emergency Indication: NOH - Impression of Labour

Urgency

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

Decision time: Knife to rectus: 2mm

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: Emergency Lower Segment Caesarean Section

Post Operative Diagnosis: POD-0 / P/L

Peri-Operative Complications: NIL

Amount of Blood Loss: 300ml

Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination: -

Examination Findings when Appropriate:Presentation: ☐ Cephalic ☐ Breech ☐ Other

Cervical Dilatation:

5th Palpable:

Fetal Position:

Station: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2Moulding: ☐ None ☐ + ☐ ++ ☐ +++Caput: ☐ + ☐ ++ ☐ +++Meconium: ☐ None ☐ + ☐ ++ ☐ +++Bladder Catheterized: ☐ Yes ☐ NoUrine: ☐ Clear ☐ Blood StainedSkin Incision: ☒ Pfannenstiel ☐ Transverse☐ Midline ☐ OtherUterine Incision: ☒ Lower Segment ☐ Classical☐ Inverted T ☐ J IncisionPrevious Scar: ☐ Intact ☐ Thinned out☐ Ruptured ☒ No ScarIncision Through Placenta: ☐ Yes ☒ NoDelivery of head: ☒ Manual ☐ ForcepsLiquor: ☒ Clear ☐ Meconium: ☐ I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not OffensiveDelivery of Placenta: ☐ Manual ☒ CCT ☒ Complete ☐ Incomplete ☐ PiecemealCord Appearance: Cord around the neck ☐ Yes ☒ NoAppearance of placenta: Cavity explored ☒ Yes ☐ NoUterus, tubes and ovaries: ☒ Normal ☐ Not NormalSterilization: ☐ Yes ☒ NoUterine Closure: ☐ One Layer ☒ Two Layers

..... Suture

Peritoneal Closure: ☐ Pelvic ☒ Abdominal ☐ None

..... Suture

Sheath Closure:

..... Suture

Fat Closure: ☒ Yes ☐ No

..... Suture

Skin Closure: ☒ Subcuticular ☐ Mattress

..... Suture

Vaginal Evacuated ☒ Yes ☐ NoDrain: ☐ Yes ☒ No ☐ Remove in days ☐ Await instructionsCatheter ☒ Yes ☐ No ☐ Remove in 24 hrs days ☐ Await instructionsSwap & Instruments count correct? ☒ Yes ☐ No ☐ Post-op Antibiotics ☒ Yes ☐ NoIntra-Operative Antibiotics Cover: ☒ Yes ☐ No ☐ Thromboprophylaxis ☐ Yes ☒ No

Post-Operative Notes:

- NBM for 4-6 hrs
- IV fluids - 100ml/hr
- I/O charting
- Monitor vitals hourly x 2 hrs
- w/ Plv bleeding
- Drug as charted

Doctor Name: Dr. Swastika

Doctor Signature: [Signature]

Date & Time: 19/12/2023, 4pm

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RESULT SHEET

Date	18/7/26	20/7/26				
Time						
Hb	10.5	10.9				
PCV	30.9	33.2				
RBC	3.6	3.78				
WBC	10,300	17.64				
N/L						
Platelets	2,000,00	169				
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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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:

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. Livogen-2	1tab	PO	OD	18/5/26	☐ C ☒ DC
	To XTACAL-40	1tab	PO	OD	18/5/26	☐ 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. Prady

Date & Time : 18/7/26 ; 8:45pm.

Nurse Name & Signature : R. Radhu

Date & Time : 18/7/26 @ 10pm

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 Dr. DR.M PRATHYUSHA REDDY



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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : T. PANTOPRAZOLE				Date Time	20/8/21														
Dose	Route	Frequency	Start Dt.																
40mg	Pb	BD	19/8																
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																			

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																				

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 18/7/26 Drug Allergies: N/A ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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



REGULAR PRESCRIPTIONS

Weight: 73.9 kg Ward: BC

DRUG : Tab. PARACETAMOL				Date Time	20/7	21/7														
Dose 1gm	Route PO	Frequency QID	Start Date 19/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. K. Sri Surya *																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. TRAMADOL				Date Time	20/7	21/7														
Dose 100mg	Route PO	Frequency TID	Start Date 19/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. K. Sri Surya *																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. DICLOFENAC				Date Time	20/7	21/7														
Dose 50mg	Route PO	Frequency TID	Start Date 19/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. K. Sri Surya *																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Tab. CEFOTAXIME				Date Time	20/7	21/7														
Dose 1gm	Route IV	Frequency BID	Start Date 19/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. K. Sri Surya *																				
Additional Instructions: x48 hrs.																				
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
18/7/26	9:00pm	T-P4F,	25mcg	PO	Wiley	Pedley monika
19/7/26	12AM	T-P4F	25mcg	PO	Wiley	Pedley monika
19/7/26	3AM	T-P4F	50mcg	PO	Wiley	Pedley monika
19/7	7AM	T-P4F	25mcg	P/V	Wiley	Monika Sundar Shobha
19/7	2:00 PM	Ty TAXIME	4gm	P/V	Wiley	Sundar Shobha
19/7	2:40 PM	Ty PANTOPRAZOLE	40mg	P/V	Wiley	Sundar Shobha
19/7	2:50 PM	Ty PERINORM	10mg	P/V	Wiley	Sundar Shobha
19/7	2:55pm	Dry ONDANSETRON	4mg	P/V	Wiley	Anjali Shabane
19/7	3:00pm	Dry TRANEXAMIC ACID	1g	P/V	Wiley	Anjali Shabane

20/7 9pm Tab DULCOLAX 2tab P/O Page: 3/4



I.V. FLUIDS CHART

Weight: 73.9 kg Ward: BC

Signature

VERIFIED BY: Name

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/mln. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
18/7/16	11:30 pm	RINGER LACTATE 500 ml	IV	100 ml/hr	Ep	Reddy monika	18/7	Ep	Reddy monika
19/7/16	3:00 am	RINGER LACTATE 500 ml	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika
19/7/16	6:30 am	RINGER LACTATE 500 ml	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika
19/7	12:00 PM	Ringer Lactate	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika
19/7	2:45 pm	10 RINGER LACTATE	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika
19/7	3:30 pm	10 RINGER LACTATE	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika
19/7	7:00 pm	Ringer Lactate	IV	100 ml/hr	Ep	Reddy monika	19/7	Ep	Reddy monika





MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: prim: 37th wky / for IOL

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
18/7/26 8:30pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☒ Per-Op ☐ Post Op	Debrum	Safe Debrum	IOL	Drey	☐ Nursing ☐ Others:
18/7/26 10pm	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	37 th wky	Safe delivery	IOL	2	☒ Medical ☐ Others:
20/7/26 8:30 am	☐ Medical ☐ Nursing ☒ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☒ Post Op	POD-1 Em. LSCS	soft diet	Soft High protein diet	Saima	☐ 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:



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: telegu/English 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		
18/7/20	8:45pm	1,2,3,4	Diagnosis, treatment & Care plan Pain management & Informed consent	PT/M	1	0	1	1		
18/7/20	19am	7	Infection Control measures.	PT-S	1	0	1	1	1	
20/7/26	8:30 am	9	Lactation diet	PT/M	1	0	1	1	-	Saini

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: 18/7/26 Time of Arrival: 8:40 pm Time Seen by Nurse: 8:45 pm

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

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

- ☐ Severe Pain / Moderate Pain ☐ 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: DOL

3) **Vital Signs:** Temperature: 97.7 Pulse: 88 RR: 19 SpO₂: 100% BP: 120/80 Weight: 78 kg

4) **Gestational Criteria:**

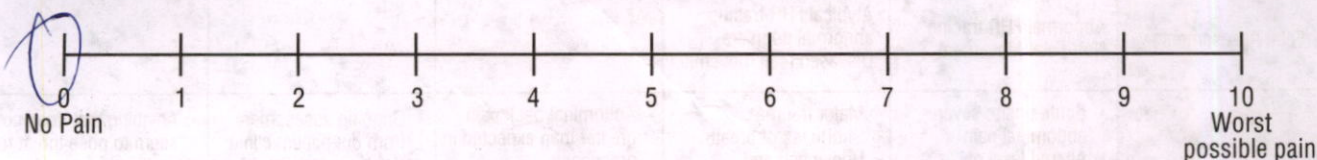
Gravida:	G	P <u>9</u>	L	A
----------	---	------------	---	---

LMP: 26/10/25 EDD: 21/8/26 Gestational Age: 27 6/7 wks

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

5) **Pain Screening:**

Numerical Pain Scale (NPS)



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

6) **Past History:**

- a) Surgeries: all
- b) Medical: all



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 / PPRM < 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: 8:40pm

Nurse Name : Rudhu Nurse Signature: el

Date: 6/7/20 Time: 10 pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/7/26

Baseline Information:

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

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

Chief Complaints: DOL Doctor Notified on Admission: ☒ Yes ☐ No
Name of the Doctor: Dr. Dmya
Time Notified: 8:40 PM

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:	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 P 2nd L A

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: 97.5 HR: 86 RR: 20
BP: 95/70 Weight: 73.6 kg 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 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

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 (Kavya)

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Reddy

Date & Time: 18/7/2020 10 am

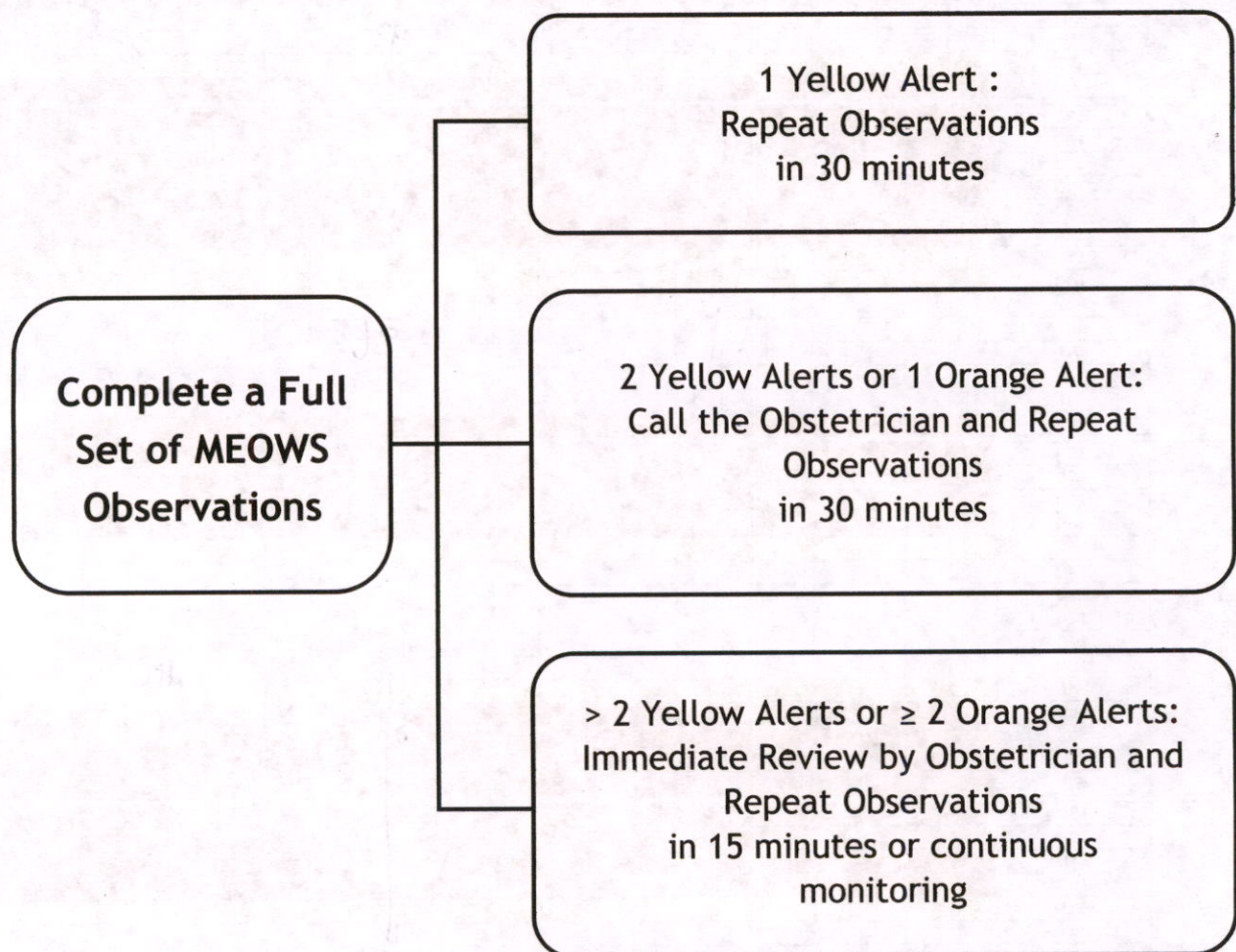


Early Warning Observation Score Chart - Obstetrics

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

Date																										
		Time																								
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °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)



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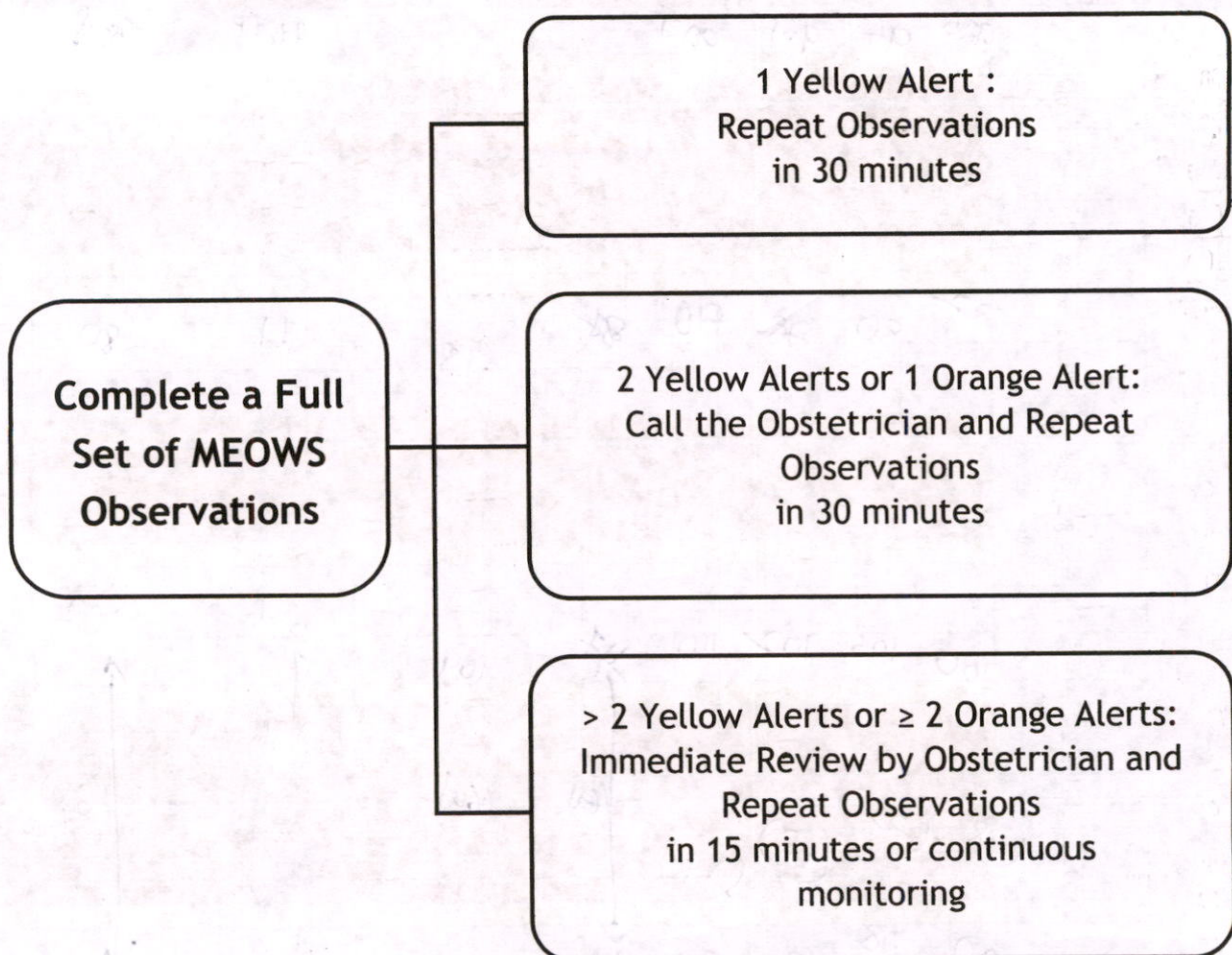
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

		Date	Time																											
			8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20	19		19		19		19		20				19				19				20				18				
	0 - 10																													
Saturations	94 - 100 %	99		100		98		99		98				98				98.1				99.6				98.1				
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36	98.5		98.5		98.5		98.5							98.5				98.5				98.5			98.5				
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90	82																												
	80			80		78		90		82																				
	70																													
	60																													
	50																													
	40																													
	Systolic Blood Pressure	190																												
		180																												
		170																												
160						</																								

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP5-00176588

PHW-00108658
Mrs KAVYA JAMPALLY
20-06-2005 21 Y 0 M 29 D (F)
Dr. DR.M PRATHYUSHA REDDY



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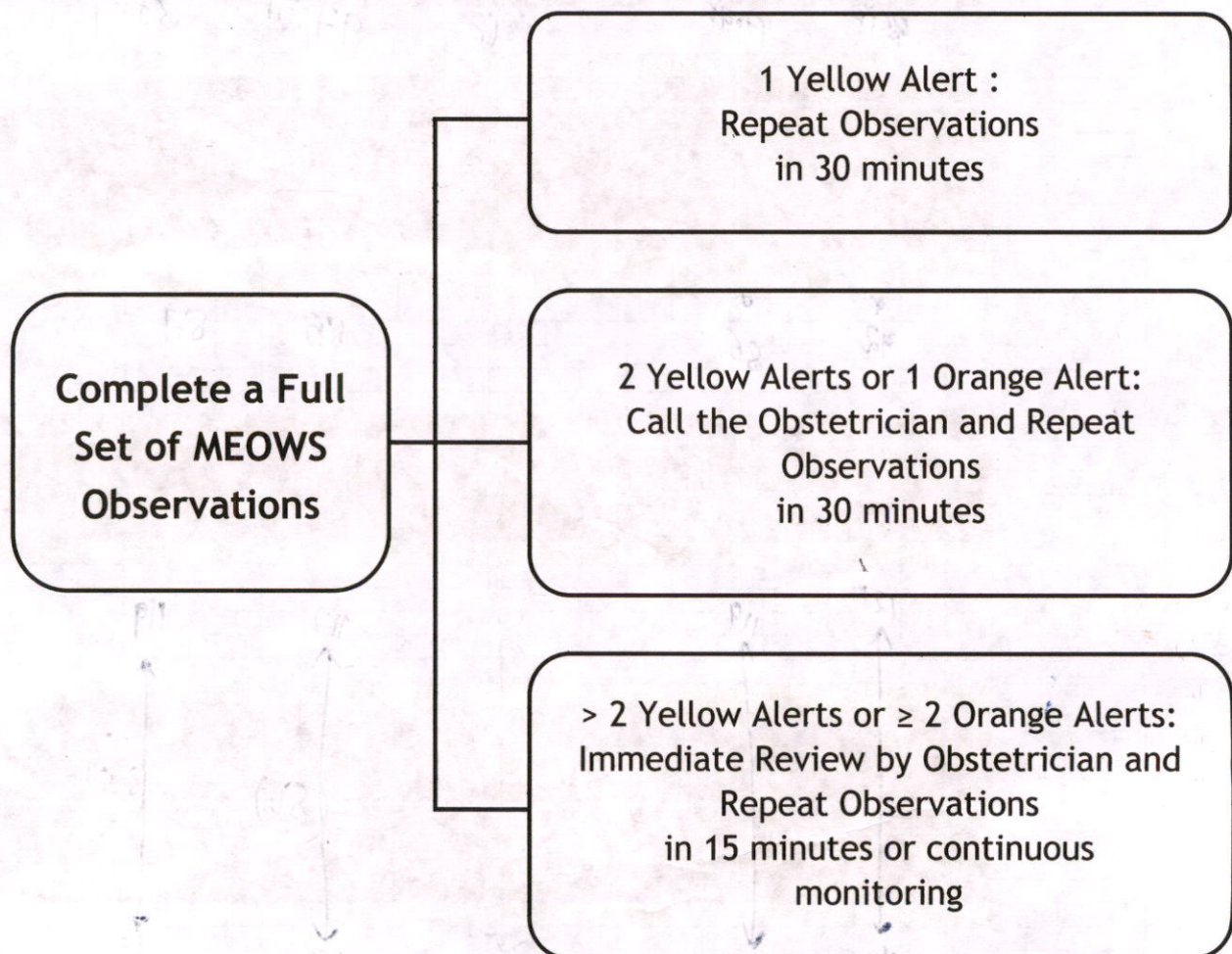
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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

[illegible]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 29 D (F)
Dr. DR.M PRATHYUSHA REDDY

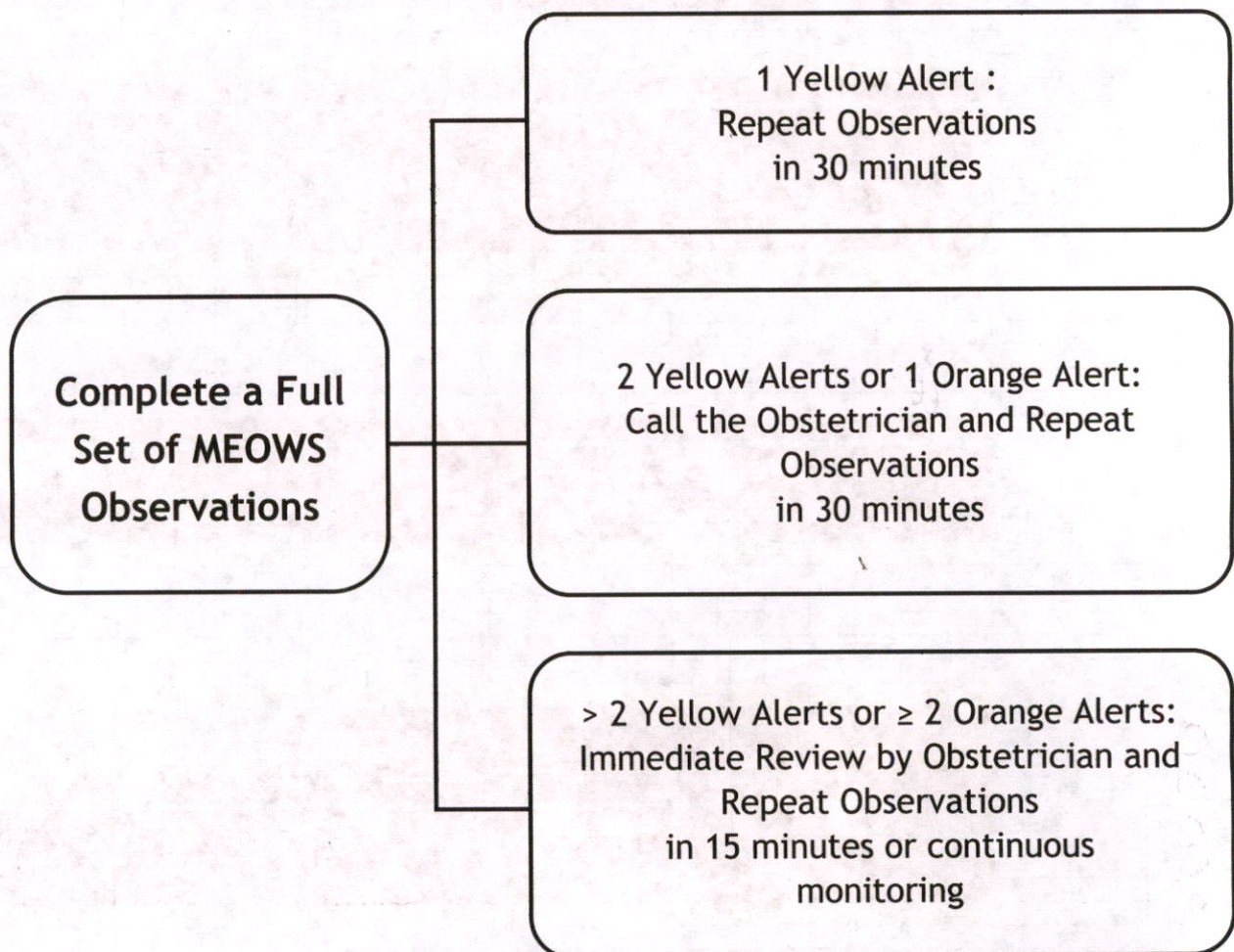



Learning Observation Score Chart - Obstetrics

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

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



FLUID CHART

Sheet No. :

18/2/26

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

		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											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							



FLUID CHART

Sheet No. : ①

9/12/26

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

		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							
9/12/26	08:00 am	PL	N	100ml			✓			✓	0	Sundade
	09:00 am	PL	B	100ml						✓	0	
	10:00 am	PL	M	100ml						✓	0	
	11:00 am	PL	N	100ml						✓	0	
	12:00 pm	PL	B	100ml						✓	0	
	01:00 pm	PL	M	100ml			✓			✓	0	
Total Intake :			NBM			Total Output :			passed			
9/12/26	02:00 pm	RL	N	150ml			1				0	Sunitha
	03:00 pm	RL	B	100ml							0	
	04:00 pm	RL	M	150ml			2			200ml	0	
	05:00 pm	RL	N	100ml			2				0	
	06:00 pm	RL	B	100ml						100ml	0	
	07:00 pm		M								0	
Total Intake :			NBM			Total Output :			passed			
12/12	08:00 pm	RL	N	100ml			1			200ml	0	Sundade
	09:00 pm	RL	B	100ml							0	
	10:00 pm		M	100ml			NP				0	
	11:00 pm	RL	HPD	100ml			1			100ml	0	
	12:00 am			100ml							0	
	01:00 am										0	
Total Intake :			NBM			Total Output :			passed			
20/12	02:00 am						1				0	Sundade
	03:00 am		Water								0	
	04:00 am						NP				0	
	05:00 am										0	
	06:00 am		Water							500ml	0	
	07:00 am										0	
Total Intake :			Taken			Total Output :			N-0 U-500ml			
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			M-2 U-1100ml			

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20-06-2003 21 Y 0 M 29 D (F)

Dr. DR. M PRATHYUSHA REDDY



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FLUID CHART

Sheet No. : 2

20/7/26

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

		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
	08:00 am					1				0	JSA
	09:00 am								sooal	0	
	10:00 am	water				1				0	JSA
	11:00 am								sooal	0	
	12:00 pm	water				1				0	JSA
	01:00 pm									0	
Total Intake :					Total Output : 0-100ml m-o						
20/7	02:00 pm					1				0	JSA
	03:00 pm	water							✓	0	
	04:00 pm					1				0	JSA
	05:00 pm	water								0	
	06:00 pm									0	JSA
	07:00 pm									0	
Total Intake : Taken					Total Output : 0-1 m-o						
	08:00 pm					1				0	JSA
	09:00 pm	water							✓	0	
	10:00 pm	soop								0	JSA
	11:00 pm					1			✓	0	
	12:00 am	water				1				0	JSA
	01:00 am									0	
Total Intake :					Total Output : 0-2m-o						
	02:00 am									0	JSA
	03:00 am	water							✓	0	
	04:00 am					1				0	JSA
	05:00 am								✓	0	
	06:00 am	milk				1			✓	0	JSA
	07:00 am									0	
Total Intake :					Total Output : 0-2m-o						
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		0-5m-o				

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FLUID CHART

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Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :					Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output						



NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/7/20

Assessment:

patient come for SOL

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
10 AM	Assess the pt condition	11 AM	Assessed the pt condition	pt is Cannababule
12 AM	Monitoring vitals	2 PM	vitals checked & record	
	NST		NST due.	
4 PM	2/0 chest monitoring	5 PM	2/0 chest monitoring	
6 PM	soft diet	7:30 PM	soft diet given	
	0 observation		0 observation due.	

Re-Assessment:

Re-Assessment 200 hours NST

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Salle

Date & Time: 18/7/20 8 PM



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 19/6/26

Assessment: patient complaint 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
8AM	* Assessed top condition	8:30 AM	* Assessed top condition	* Pts
9AM	* I/O Hard	9:30 AM	* I/O Hard monitoring done	comfortable
10AM	* Medication's	10:30 AM	* Medication's as per chart	
11AM	* NST	11:30 AM	* NST done	
12PM	* IV fluids	12:30 PM	* PAIN REL LACTATED	
2PM	* Satisfy	2PM	* IV 500 ml provided satisfy's provided	

Re-Assessment: re assessment 2nd hourly done

Special Notes: NBM till doctor's orders

Nurse Signature: [Signature] Nurse Name: Sumanth (606249) Date & Time: 19/6/26 2PM



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 19/7/26

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 patient General Condition	2:5 pm	Assessed the patient General condition	patient is stable
4pm	provide monitor vitals	4:10 pm	provided monitor vitals	
	provide I/O chart		provided I/O chart	
5pm	provide comfortable position	5:15 pm	provided comfortable position	
7pm	provide medication	7:5 pm	provided medication	
8pm	provide patient safety	8:10 pm	provided patient safety	

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

Special Notes:

Nurse Signature: Sel

Nurse Name: Sunitha

Date & Time: 19/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 19/7/20

Assessment:

patient is having mild pain at ligal site

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
8pm	- Assess the patient's general condition	8:30 pm	- Assessed the patient's general condition	- patient is stable & comfortable
10pm	- monitor vitals	10:30pm	- monitoring vitals, BP, PR, RR, SpO2, checked & recorded	
12Am	- NBM	12:30am	- NBM still further order	
2Am	- IV fluids	2:30am	- IV fluids are on flow	
4Am	- medication	4:30am	- medication given as per doctor's order	
7Am	- maintain I/O chart	7:30am	- I/O chart maintaining	

Re-Assessment:

Special Notes: w/o bleeding, NBM, CRP 7/20 8am

Nurse Signature:

SP

Nurse Name:

Sang

Date & Time:

19/7/20 @ 8am

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 20/7/26

Assessment: Patient having acute pain

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
8:30am	→ Assess the general Condition of the pt	8:10am	→ Assessed the general Condition of the patient	patient is stable & comfortable
10am	→ monitor vital signs & Record	10:10am	→ Monitored vital signs & Record	
12pm	→ Ensure safety	12:15 pm	→ Ensured safety	
1pm	→ Maintain I/O chart	1:15 pm	→ Maintained I/O chart	
2pm	→ Maintain fluid balance	2:10 pm	→ Maintained fluid balance	

Re-Assessment: Reassessment done

Special Notes: N/A

Nurse Signature: Ashwini Nurse Name: Ashwini Date & Time: 20/7/26 @ 2pm

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 20/8/26

Assessment: Patient is having pain in abdomen

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 general condition of the patient	2pm	Assessed general condition of the patient	Patient is stable
3pm	Monitor vitals	3pm	monitored vitals.	
5pm	Maintain I/O chart	5pm	Maintained I/O chart	
7pm	Ensure safety	7pm	Ensured safety	
8pm	Administered medication as per	8pm	Administered medication as per chart	

Re-Assessment: Done

Special Notes: not

Nurse Signature: [Signature]

Nurse Name: Syonny

Date & Time: 20/8/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☒ Night

Date: 20/7/26

Assessment: patient having 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 general condition	8:10pm	* Assessed the general condition	patient is Stable
10pm	* monitor vitals and Record	10:10pm	* monitored vitals and Recorded	
12am	* maintain I/O chart	12:10am	* maintained I/O chart	
2am	* medication administered as per chart	2:10am	* medication administered as per chart	
4am	* Ensure Safety	4:10am	* Ensured Safety	
6am	* Comfortable position	6:10am	* comfortable position	

Re-Assessment: patient pain Reduced. Feel comfortable

Special Notes: - NA -

Nurse Signature: Latha Nurse Name: Latha Date & Time: 21/7/26 @ 8am



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Shift: ☒ Day ☐ Night

Date:

Goals

- | Time | Plan of Care | Time | Implementation | Evaluation |
|------|--------------|------|----------------|------------|
| | | | | |

Re-Assessment:

Special Notes:

Nurse Signature: _____ Nurse Name: _____ Date & Time: _____

NURSING CARE RECORD

Date:

Assessment:

☐ 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

Re-Assessment:

Special Notes:

Nurse Signature: _____ Nurse Name: _____ Date & Time: _____

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

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

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Prathyusha Reddy Department: BC Date of Admission: 18/7/20

SITUATION		Diagnosis:		Any Infection: ☐ Yes ☒ No ☐ Not Known	
BACKGROUND		Area		If Yes Specify:	
		Shift Time	Medical Condition (Any special condition to be noted):		
ASSESSMENT	Allergy: ☐ Yes ☒ No Tubes/Drains/Catheter: ☐ Yes ☒ No Vital Signs: Temp: <u>97.2</u> <u>98.6</u> <u>98.4</u> <u>98.3</u> <u>98.1</u> <u>98.1</u> Res: <u>19</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> <u>20</u> SpO ₂ : <u>100%</u> <u>99%</u> <u>99%</u> <u>99%</u> <u>100%</u> <u>100%</u> Pulse: <u>88</u> <u>87</u> <u>85</u> <u>84</u> <u>84</u> <u>82</u> BP: <u>92/70</u> <u>100/62</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> Fall Risk Score: <u>20</u> <u>20</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> <u>0</u>	<u>08:30-12:00</u>	<u>NA</u>	<u>08:30-12:00</u>	<u>NA</u>
		<u>12:00-2:00</u>	<u>NA</u>	<u>2:00-4:00</u>	<u>NA</u>
		<u>4:00-8:00</u>	<u>NA</u>	<u>8:00-12:00</u>	<u>NA</u>
		<u>12:00-2:00</u>	<u>NA</u>	<u>2:00-4:00</u>	<u>NA</u>
		<u>4:00-8:00</u>	<u>NA</u>	<u>8:00-12:00</u>	<u>NA</u>
		<u>12:00-2:00</u>	<u>NA</u>	<u>2:00-4:00</u>	<u>NA</u>
		<u>4:00-8:00</u>	<u>NA</u>	<u>8:00-12:00</u>	<u>NA</u>
		<u>12:00-2:00</u>	<u>NA</u>	<u>2:00-4:00</u>	<u>NA</u>
		<u>4:00-8:00</u>	<u>NA</u>	<u>8:00-12:00</u>	<u>NA</u>
		<u>12:00-2:00</u>	<u>NA</u>	<u>2:00-4:00</u>	<u>NA</u>
Recommendations	Safety Needs:	<u>side rail</u>	<u>side rail</u>	<u>yes</u>	<u>yes</u>
	Physiotherapy	☐ 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
	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>Budh</u>	<u>Gurande</u>	<u>Gurande</u>	<u>Gurande</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>19/7/20</u>	<u>19/7/20</u>	<u>19/7/20</u>	<u>20/7</u>
Time:		<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>
Taken Over By Name :		<u>Gurande</u>	<u>Gurande</u>	<u>Ashwini</u>	<u>Latha</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>19/7/20</u>	<u>19/7/20</u>	<u>20/7/20</u>	<u>20/7/20</u>
Time:		<u>8am</u>	<u>2pm</u>	<u>8am</u>	<u>8pm</u>

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Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 29 D (F)
Dr. DR.M PRATHYUSHA REDDY



SING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Prathyusha Department: 3rd Floor Date of Admission: 12/7/20

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>primi 37+6 wks.</u>							
BACKGROUND	Area	Shift Time						
	Medical Condition (Any special condition to be noted):	<u>3rd Floor 8PM-8AM</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>98.9F</u>					
		Res:	<u>19b/m</u>					
		SpO ₂ :	<u>99.1</u>					
		Pulse:	<u>85b/m</u>					
		BP:	<u>117/74</u>					
	Fall Risk Score:	<u>35</u>						
Pain Score:	<u>0/10</u>							
Recommendations	Safety Needs:	<u>yes</u>						
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>						
	Special Diet:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>						
Post Operative Procedure Special Orders:		<u>NA</u>						
Handed Over By Name :		<u>Latha</u>						
Signature :		<u>Latha</u>						
Date:		<u>21/7</u>						
Time:		<u>@ 8PM</u>						
Taken Over By Name :		<u>Sushma</u>						
Signature :		<u>Su</u>						
Date:		<u>21/7</u>						
Time:		<u>@ 8AM</u>						



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/20	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rudh
18/7/20	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rudh
19/7/20	4am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rudh
19/7	8pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sunanda
19/7	10am	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sunanda
19/7	12pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sunanda
19/7	2pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sunanda
19/7	4pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Sunitha
19/7	6pm	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Sunitha
19/7	8pm	0/10	No Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Under Observation	Sunitha

Re-assessment Frequency:

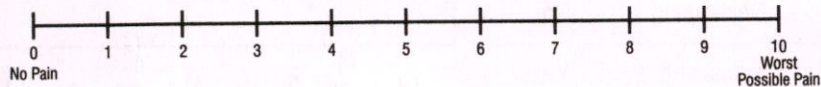
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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 - slow 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	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	10 am	0/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Aswer
20/7	2pm	0/10	no pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	by An
20/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Latta
21/7	12am	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Latta
21/7	6am	0/10	No pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	under observation	Latta
				☐ 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:

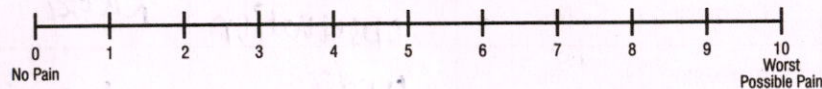
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- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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	
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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





BRADEN 'Q' SCALE

					Date : 18/7/2018	Time : 12:15 PM - 2:00 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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	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
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
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
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
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
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
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
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Dr. Prathyusa Reddy

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

PHW-00108658

Mrs KAVYA JAMPALLY

20-06-2003

IP5-00176588

21 Y 0 M 29 D

(F)

Dr. DR.M PRATHYUSHA REDDY



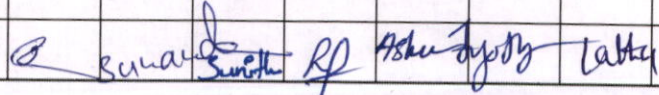
BRADEN 'Q' SCALE

				Date :	20/7	20/7	20/7	
				Time :	8 PM	8 PM	8 PM	
Mobility	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 extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	
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Docu. No. : RCHBH /FRM / CLINICAL / 119								
					TOTAL SCORE	28	28	28
					Evaluator's Name	[Signature]	[Signature]	[Signature]

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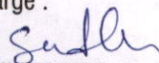


CHECKLIST FOR THROMBOPHLEBITIS

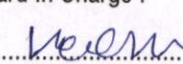
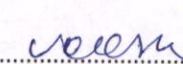
S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-		
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													

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 :  Name : 

Signature of Ward In Charge :

Signature :  Name : 

PHW-00108658
Mrs KAVYA JAMPALLY
21 Y 1 M 0 D (F)
20-06-2005
Dr. DR.M PRATHYUSHA REDDY

IP5-00176588

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	
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Signature of the Nurse													

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Signature of Shift In Charge :
Signature : Name :

Signature of Ward In Charge :
Signature : Name :

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	Fall Risk Grading		
		Score			
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			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	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		0	
Total Morse Fall Scale Score:			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

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 28 D (F)
Dr. DR.M PRATHYUSHA REDDY



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time				Fall Risk Grading		
		Score						
History of Falling (immediately or w/in 3 months)	Yes	25				Risk Level	Morse Fall Score (MFS)	Action
	No	0						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Low Risk	0 - 24	Standard Fall Precaution
	No	0						
Ambulatory Aid	Furniture	30				Moderate Risk	25 - 50	Implement Moderate 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	High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	No	0	0	0	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	0	0	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

PHW-00108658 IP5-00176588
 Mrs KAVYA JAMPALLY
 20-06-2005 21 Y 1 M 0 D (F)
 Dr. DR.M PRATHYUSHA REDDY



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	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						
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	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						
IV / Heparin Lock or Saline	Yes	20				Total Morse Fall Scale Score:	20	Signature
	No	0						
GAIT / Transferring	Impaired	20	Signature	Laltu				
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15						
	Oriented to own ability	0						

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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- ☐ Use chairs with arm rests
- ☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 28 D (F)
Dr. DR.M PRATHYUSHA REDDY



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Name: Kavya Jampally Age: 21y Sex: F UHID.No: PHW-00108658
Date: 19/7/20 Time: 2:05pm Proposed Operation: Emergency LSCS
Diagnosis: primigravida 37th weeks
B.P / CRT: 117/67 H.R: 76bpm Weight: 74kg ASA Physical Status: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Hgb: 10.5
PCV: 30.9
WBC: 10,800
Plate: 210b/c
PT:
PTT:
INR:

Glucose: Protein:
Urea: Alb:
Creat: 0.6 Total Bill:
Na: Dir. Bill:
K: LDH:
Ca++: Alk phos:
Mg++: Amylase:
Cl-: SGOT/SGPT:

Laboratory Data:

HIV: NE X-Ray:
HBS Ag: NE ECG:
HCV: 2D Echo:
Blood group: A positive Stress/Angio:
T3: Other:
T4:
TSH:

Medical History: CVS:

RESP:

CNS:

Renal:

Hepatic / GE:

Others:

Diabetes: Nil

Physical Activity: METS 24

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4

Mouth Opening: adequate Mentohyoid Distance: 2

Neck: 3

Teeth: All teeth intact

Lungs: BAE+, clear

Heart: S2+

CNS: Grossly Intact

Pregnant: ☒ Yes ☐ No ☐ NA

Venous Access Site: RG Spine Exam for regional: 3

4 hand

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 $\rightarrow$ Water / ORS 2 Hours
 $\rightarrow$ Others 6 Hours
- Informed Consent: ☐ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:

last meal: 8:00am
liquid: 8:00am

Signature: Dr. S. S. Sanyal Name: Dr. S. S. Sanyal



ANAESTHESIA CHART

Pre Induction Assessment:

Change in Patient Condition:

☐ Yes ☒ No

Fasting Status:

Adequate

Physical Status:

☒ Patient Identified

☒ Consent Present

☒ Chart Reviewed

H.R: 68 bpm

B.P / CRT: 131 / 71

SpO₂: 96% on RA

R.R: 14/min

Last Feed: > 6 hrs

Pre-OP Diagnosis:

Operation: Emergency LRS

Date: 19/4/26

Surgeon: Dr. Prathyusha

Anaesthesiologist: Dr. R. S. Sanyal

Technician: Venkat

TIME
N₂O / AIR / O₂ LPM
HALO / ISO / SEVO
Drugs:

2:45 3:00 3:15 3:30 3:45 4:00

Antibiotic

Suppository

Supp DICLOFENAC 100mg
Supp TRAMADOL 100mg
Blood Loss

NOTES

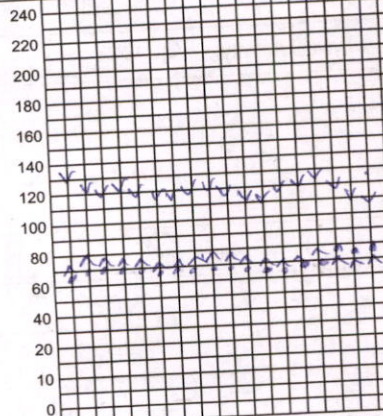
Male birth
@ 3:03 pm

FI_{O2} / SaO₂
ETCO₂
ECG
Temperature
Urine Output

96 95 94 95 96 97
NSR NSR NSR NSR NSR NSR

Fluids
Blood

B.P
V Systolic
A Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out



LAB Values

ABG

GRBS

Others

☒ Equipment Checked and Functional

☒ BP
☒ Cuff Site: (Right Arm)

☐ Art Site:
☒ EKG Lead
☐ Temp Site
☐ FI_{O2} Monitor
☐ Agent Monitor
☒ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine

☒ Pressure Points Checked

Eye Care:

☐ Oint
☐ Tape
☐ Padding
☒ Awake

Temp:

☐ HME ☒ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:

Anaes Start: 2:45 pm
OP Start: 3:00 pm
OP End: 3:45 pm
Leave OR: 4:00 pm

Anaesthesia:

☐ GA
☐ Monitored Anaesthesia Care
☒ Regional

Line (Size & Location)

☐ CVP
☐ ART
☒ IV: RG (Right Hand)
☐ IV:
☐ IV:

Induction

☐ IV ☐ Inhal
☐ Pre O₂ ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# at cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# Attempts:
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:

Extremity ☐ Spinal ☐ Epidural ☐ Caudal

Others:

Position: Sitting

Site: L3-L4

Needle Size: 25G Depth: SAS

Parasthesia ☐ Yes ☐ No

Catheter at skin cm

Drug Name & Conc: 0.5% BUPRENORPHINE

Bolus: HEAVY 2ml

Infusion: + 25mcg FENTANYL

Block Level: T₄

Comments:

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

Name of the Doctor: Dr. R. S. Sanyal

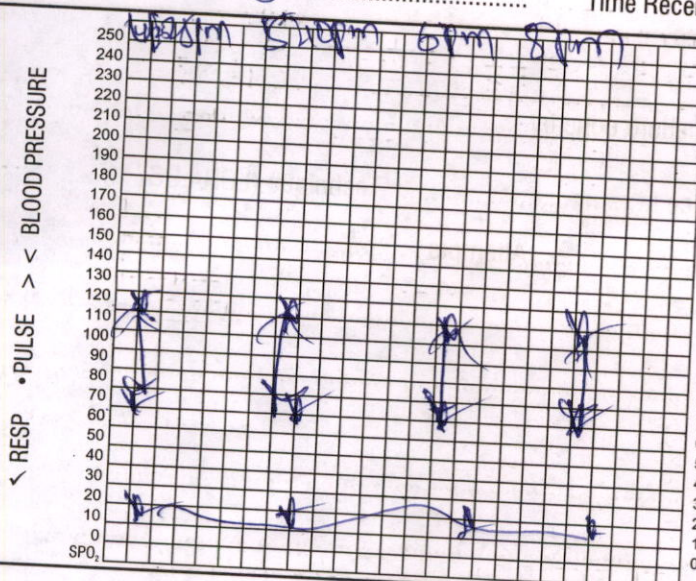
Signature of the Doctor: [Signature]

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Sunita

Time Received: 4:10 pm

Time Discharged:



IV Cannula Site: Yel
☐ O₂ Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting: ☐ Yes ☒ No

Drug:

NG Tube: ☐ Yes ☒ No

Drain: ☐ Yes ☒ No

Urinary Catheter: ☒ Yes ☐ No

Chest Tube: ☐ Yes ☒ No

Nil Oral ☒ Yes ☐ No

IV Fluids: Re

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)

	IN	MINUTES			OUT	SCORING INTERPRETATION
		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	1	2	2		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	2	2	2		
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	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		9	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/11/26	4:30 pm	0	NA	Sunita
19/11/26	6:30 pm	0	NA	Sunita

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

Anaesthesiologist Name: Dr. K. Sri. Surya

Anaesthesiologist Signature: [Signature]

Date & Time: 19/11/26 7:10 pm

PACU Nurse Name: Sunita

PACU Nurse Signature: [Signature]

Date & Time: 19/11/26

Reassessment Frequency:

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

Transferred to Unit by (PACU): 08205

Date & Time: 19/11/26 am

Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

Date:
CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)
Attempts :

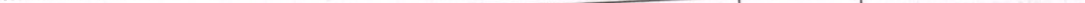
Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b) 

[illegible]

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

CONSENT FOR ANAESTHESIA

Authorization By: ☒ Patient ☐ Patient Attendant

Operative Procedure: Kavya Jampally

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. M. Prathyusha

Please read this before you consent for Anaesthesia

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

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

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

☐ Shock ☐ Obesity ☐ Chronic Obstructive Pulmonary Disease

☐ Others: bleeding, cholecystitis, Diabetes, Hypertension, High spinal, post dental puncture head

Declaration by Patient Attendant

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

Patient / Patient Attendant:

Signature: Kavya

Name: J. Kavya

Relationship with patient: Self

Date & Time: 19/07/26 2:12 PM

Witness:

Signature: Srikanth Jampally

Name: Srikanth Jampally

Date & Time: 19/07/26 14:24

Doctor (who is taking consent):

Signature: Dr. K. S. Soma Name: Dr. K. S. Soma

Date: 19/7/26 Time: 2:12 pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శరీరానికి ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

రీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మల్ టెక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

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

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

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

☐ ఇతరవి:

రోగి / రోగి అటెండెంట్

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

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Prathyusha Reddy
Asst. Surgeon : Dr. Naraya
Anaesthetist : Dr. Surya
Scrub Nurse : Dr. Sarada

Patient No. PHW-00108658 IP5-4-88
Mrs KAVYA JAMPALLY
20-06-2005 21 Y 0 M 28 D (F)
UHID No. Dr. DR.M PRATHYUSHA REDDY
Date :

Gender :
t-time :

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Your Right to a Safe Delivery

Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>2:20 pm</u>
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☒ Yes ☐ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☐ Yes ☐ No ☒ NA
Anaesthesia Safety Check Completed	☐ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☐ Yes ☒ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA
Blood Units Reserved	☐ Yes ☒ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☐ Yes ☐ No ☐ NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. K. Sri Surya</u>	

TIME OUT	Time: <u>2:40 pm</u>
Confirm all team members have introduced themselves by Name and Role	
☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☐ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☐ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding,</u> ☒ Yes ☐ No ☐ NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	☐ Yes ☐ No ☐ NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	☐ Yes ☒ No ☐ NA
Is Essential Imaging Displayed?	☐ Yes ☐ No ☒ NA
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☒ Yes ☐ No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Sarada</u>	

SIGN OUT	Time: <u>2:40 pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	☐ Yes ☐ No
Signature : <u>[Signature]</u>	
Name : <u>Dr. Surya</u>	

SURGICAL SAFETY CHECKLIST

Surgeon :
Asst. Surgeon :
Anaesthetist :
Scrub Nurse :

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



Before Induction of Anaesthesia ➤ ➤

SIGN IN		Time:.....
Patient Has Confirmed		
Identity	☐ Yes ☐ No	
Site	☐ Yes ☐ No	
Procedure	☐ Yes ☐ No	
Consent	☐ Yes ☐ No	
Site Marked	☐ Yes ☐ No ☐ NA	
Anaesthesia Safety Check Completed	☐ Yes ☐ No	
Pulse Oximeter on Patient & Functioning	☐ Yes ☐ No	
Does Patient have a:		
Known Allergy?	☐ Yes ☐ No	
Difficult Airway / Aspiration Risk?		
Yes, & Equipment / Assistance Available	☐ Yes ☐ No	
Risk of > 500ml Blood Loss (7ml/kg In Children)?		
Yes, and Adequate Intravenous Access and Fluids Planned	☐ Yes ☐ No ☐ NA	
Blood Units Reserved	☐ Yes ☐ No ☐ NA	
Has Antibiotic Prophylaxis been given within the last 60 minutes?	☐ Yes ☐ No ☐ NA	
Signature :		
Name :		

Before Skin Incision ➤ ➤

TIME OUT		Time:.....
Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No		
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm		
Correct Patient (Check ID Band)	☐ Yes ☐ No	
Correct Site	☐ Yes ☐ No	
Correct Procedure	☐ Yes ☐ No	
Anticipated Critical Events		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☐ Yes ☐ No ☐ NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA		
Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA		
Power Supply, Earthing, Power Backup and functioning of equipment checked. ☐ Yes ☐ No		
Signature :		
Name :		

Before Patient Leaves Operating Room

SIGN OUT		Time:.....
Nurse Verbally Confirms with the Team:		
The Name of the Procedure Recorded	☐ Yes ☐ No	
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☐ Yes ☐ No ☐ NA	
The Specimen is Labelled (including patient name)	☐ Yes ☐ No ☐ NA	
Whether there are any Equipment Problems to be addressed	☐ Yes ☐ No ☐ NA	
To Surgeon, Anaesthetist and Nurse:		
What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No		
Signature :		
Name :		

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 28 D (F)
Dr. DR.M PRATHYUSHA REDDY



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Patient Name : KAVYA JAMPALLY Gender: ☐ Male ☒ Female Age : 21 yrs
UHID No : PHW-00108658 Date : 19/7/2016

Instruction:

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

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

EMERGENCY LOWER SEGMENT CESAREAN SECTION
upon
(Name of the Patient) Mrs. KAVYA JAMPALLY

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

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

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

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

My signature on this form indicates that

- I have read and understood the information provided in this form
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. prathyusha reddy

Consentee :

Signature : [Signature]
Name : J. Kavya
Date & Time : 19/7/2016, 1:30pm

Patient Attendant :

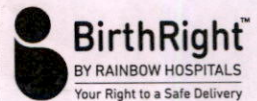
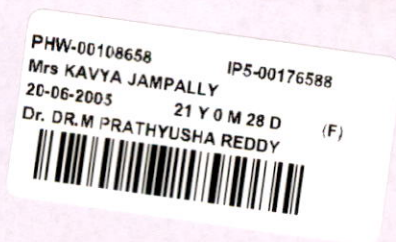
Signature : [Signature]
Name : Kalamma
Relationship with Patient: mother
Date & Time : 19/7/2016, 1:30pm

Witness :

Signature : [Signature]
Name : Guaranda
Date & Time : 19/7/2016 1:30 PM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. prathyusha
Date & Time : 19/7/2016, 1:30pm



INDUCTION OF LABOR CONSENT

Name: Mrs. Kavya Jampally Age: 21 Gender: Male ☐ Female ☒
UHID.No: PHW-00108658 Date: 18/7/26

You are scheduled for an induction of labor on 37+6 ^{18/7/26} (date) at 37+6 (weeks of gestation).

The reason for your induction is SOB & Term

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

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

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

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

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

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

Patient

Signature: [Signature]

Name: Mrs. Kavya

Date & Time: 18/7/26 3:40pm

Patient Attendant:

Signature: [Signature]

Name: Mother

Relationship with Patient: Mother
Date & Time: 18/7/26 3:40pm

Doctor:

Signature: [Signature]

Name: Dr. Diya

Date & Time: 18/7/26

Witness

Signature: [Signature]

Name: [Signature]

Date & Time: 18/7/26 @ 10M

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Jampally kavya UHID No : PHW-00108658
Gender : ☐ Male ☒ Female Date : 18/7/26 Time : 18/7/26

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 baby 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 : [Signature]

Name : Mrs. Kavya. J

Date & Time : 18/7/26 ; 8:45 PM

Witness :

Signature : [Signature]

Name : Radha

Date & Time : 18/7/26 10 PM

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

Patient Attendant :

Signature : BSe

Name : _____

Relationship with Patient : Mother

Date & Time : 18/7/26 ; 8:45 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. D'Uze

Date & Time : 18/7/26 ; 8:45 PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

యు.పి.ఎ.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను 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 పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, 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 బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

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

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

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

Patient Sticker

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2003 21 Y 0 M 28 D (F)
Dr. DR. M PRATHYUSHA REDDY
It takes a lot to treat the little.

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

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS (Postnatal Assessment and Management (to be assessed on delivery suite))

Pre-Existing Risk Factors Tick Score	Tick	Score
Previous VTE (except a single event related to major surgery)	—	4
Previous VTE provoked by major surgery	—	3
Known high-risk thrombophilia	—	3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory poly arthropathy or inflammatory bowel disease; nephrotic syndrome; type-I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user	—	3
Family history of unprovoked or estrogen-related VTE in first-degree relative	—	1
Known low-risk thrombophilia (no VTE)	—	1
Age (? 35 years)	—	1
Obesity	—	1 or 2
Parity ≥ 3	—	1
Smoker	—	1
Gross varicose veins	—	1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy	—	1
ART/IVF (antenatal only)	—	1
Multiple pregnancy	—	1
Caesarean section in labour	2	2
Elective caesarean section	—	1
Mid-cavity or rotational operative delivery	—	1
Prolonged labour (? 24 hours)	—	1
PPH (? 1 litre or transfusion)	—	1
+0 Preterm birth? 37 weeks in current pregnancy	—	1
Still birth in current pregnancy	—	1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilization	—	3
Hyperemesis	—	3
OHSS (first trimester only)	—	4
Current systemic infection	—	1
Immobility, dehydration	—	1
Total	2	

Signature of the Doctor: Date: 16/06/2023 Time: 4 PM

Action Plan: Hydration & Ambulation

Risk Assessment Tool for Deep Vein Thrombosis

- ☐ If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- ☐ If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- ☐ If total score > 2 postnatally, consider thromboprophylaxis for at least 10 days.
- ☐ If total score = 2, Hydration & Ambulation.
- ☐ If admitted to hospital antenatally consider thromboprophylaxis.
- ☐ If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.
- ☐ For patient with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Patient Sticker

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2005 21 Y 0 M 28 D (F)
Dr. DR.M PRATHYUSHA REDDY


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POST-SURGICAL CARE PLAN FORM

Procedure Done: Emergency Lower S and Cesarean Section

Post-Surgical Diagnosis: P.O.D-0

Post-Operative Monitoring Parameters /Frequency:

Monitor vitals Every 2 hrs

Wound Care:

→ W/Lt Plw dressing

Drain /Special Lines/Catheters:

Foley's 24 hrs

Special Patient Positioning and Requirements:

Can move sit to side in Bed

Nutritional Instructions:

- NBM for 4-6 hrs

When to Start Mobilization:

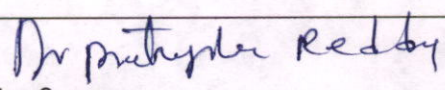
- after Removal of foley's.

Special Referrals:

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

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up


Treating Surgeon
(Signature & Stamp)

Date: 19/7/26 Time: 4pm

Note: Plan of care will be readjusted if necessary.

Patient Sticker

PHW-00108658 IP5-00176588
 Mrs KAVYA JAMPALLY
 20-06-2003 21 Y 0 M 29 D (F)
 Dr. DR.M PRATHYUSHA REDDY

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 18/7/26

Department : OBG-OT Duration of Procedure : 1 Hr.

Name of Surgeon : Dr. Prathyusha Reddy Date of Admission : 18/7/26

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

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : <u>2g Cefazolin 1 gram</u>	<u>Dr.</u>
2.	Hair Removal ☒ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☒ Yes ☐ No	<u>Dr.</u>
3.	Patient's body temperature immediately post operation (Recovery Room) <u>37</u> °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	<u>Dr.</u>
4.	Name of doctor or staff administering the antibiotic : <u>Dr.</u> Date & Time of antibiotic administration : <u>19/7/26 @</u> Date & Time procedure started : <u>19/7/26 @</u>	<u>Dr.</u>

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

PATIENT TRANSFER FORM

Patient Name & UHID No. PHW-00108658 IP5-00176588 Mrs KAVYA JAMPALLY 20-06-2005 21 Y 0 M 28 D (F) Dr. DR.M PRATHYUSHA REDDY 		Date & Time of Admission 18/7/26	Date & Time of Transfer Order 19/7/26 @ 4:15pm
		Transfer Ordered by Dr. Lavanya	Reason for Transfer Post op OBS
From Unit OBS - OT	To Unit OBS	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	/	/	
2.			
3.			
4.			
5.			
Sig Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Anjali / Gay		Name of Person Ordered Transfer Dr. Lavanya	
Patient & Clinical Records Received by : Dr. Senthil			
Date & Time of Patient Received : 19/7/26 @ 4:15pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- ☐ Unavailable Bed
 ☐ Nurse not Available
 ☐ Available Bed not ready

PHW-00108658 IP5-00176588
Mrs KAVYA JAMPALLY
20-06-2005 21 Y 0 M 29 D (F)
Dr. DR.M PRATHYUSHA REDDY



331-B

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/7/26

Time: 8:30am

Origin: Indian

Height: 163cm

Weight: 73kg's

BMI: 27.5kg/m²

Food Allergies: No

Diagnosis: PDD-1 / Emg: LSCS (Lower Segment Cesarean Section)

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

☐ Vegetarian ☒ Non-Vegetarian ☐ Vegan

Diet Advised:

soft High protein diet

include plenty of oral eliquids

avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature:

Name: Kavya

Date & Time: 20/7/26
8:40am

Dietician's

Signature:

Name: Saima

Date & Time: 20/7/26
8:30am

DIETARY NOTES

[illegible]